

Benefit Choice Changes for Plan Year 2013

(Enrollment Period begins May 1, 2012)

The information below represents changes to the LGHP benefit plans. Please carefully review all the information in this booklet to be aware of the benefit changes. **The Benefit Choice Period will begin May 1, 2012.** All elections will be effective July 1, 2012.

- **Managed Care Contracts** The health carrier options for plan year 2013 have not yet been finalized; therefore, the plan administrator listing on the inside front cover of this booklet, along with the managed care plan map (page 7) are shown as 'To Be Determined'. As the health carrier contracts are finalized, that information will be posted to the website and provided to unit Health Plan Representatives (HPRs). Members are encouraged to check the Benefits website on a regular basis to ensure they have the most up-to-date information. A follow-up letter will be mailed to members once all information, including the Benefit Choice Period end date, has been determined.
- **HMO Illinois and BlueAdvantage HMO Medical Group Code** Members and/or dependents enrolling in HMO Illinois or BlueAdvantage HMO must enter a 3-digit medical group code on the Benefit Choice Election Form. Medical group codes can be found on the provider directory page of the plan administrator's website. Members may call HMO Illinois or BlueAdvantage HMO for assistance.
- **Federal Healthcare Reform** Effective July 1, 2012, the copayment for compound drugs will be at the nonpreferred drug level due to compound drug billing layout changes as a result of federal healthcare reform. Compound drug patients should be encouraged to contact their doctor for less expensive alternatives.

HMO and OAP Changes

- Physician office visit copayment increases to \$30
- Specialist office visit copayment increases to \$30
- Behavioral health office visit copayment increases to \$30
- Prescription copayment for generic drugs increase to \$12
- New prescription 'specialty' category (see page 16) added with copayment of \$96

Local Care Health Plan (LCHP) Changes

- Plan year deductible for a plan participant increases to \$750
- Plan coinsurance for out-of-network charges decreases to 60%
- Inpatient hospital deductible (in-network) increases to \$250
- Inpatient hospital deductible (out-of-network) increases to \$500
- In-network, out-of-pocket maximum (family) decreases to \$3,000
- Prescription copayments increase to \$12.50/\$25/\$50
- New prescription 'specialty' category (see page 16) added with copayment of \$100