## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Malcolm Weems, Director

ILLINOIS

December 17, 2012

Local Member Name Address 1 Address 2 City, State Zip

**URGENT – RESPONSE REQUIRED** 

## Dear Member:

Our records indicate that you and your covered dependents, if any, are currently enrolled in Health Alliance Illinois under the Local Government Health Plan. We regret to inform you that Health Alliance Illinois will no longer be available to Local Government Health Plan members after January 31, 2013.

Due to Health Alliance Illinois no longer being available, Health Alliance Illinois members must choose another managed care health plan or the Local Care Health Plan; therefore, a Special Enrollment Period will be held from now through January 31, 2013, for these impacted members.

Please refer to the enclosed map regarding the health plans available. The information is also available on our website at <a href="www.benefitschoice.il.gov">www.benefitschoice.il.gov</a>. If you are electing an HMO plan, you should contact the HMO plan to ensure the primary care physician (PCP) in which you are interested is in the plan's network. **Contacting the HMO plan directly will give you the most current information.** You should also contact the PCP's office to verify they are accepting new patients before making your election.

The Special Enrollment form on the back of this letter must be completed and returned to your Health Plan Representative (HPR) no later than January 31, 2013, who will then forward to our office. The effective date of your new health plan will be February 1, 2013. Failure to choose another health plan by January 31, 2013, will result in our office automatically enrolling you in the Local Care Health Plan.

If you have any questions or concerns, please contact your unit's HPR indicated on the back of this letter.

## Special Enrollment Period for Health Alliance Illinois Members

Special Em officer of the for Treaten Timunee minors frembers	
Member Name:	SSN: xxx-xx-***
complete and return this form to you who will then forward to our office.	olled in Health Alliance Illinois must select a new health plan. You must ur unit's Health Plan Representative (HPR) no later than January 31, 2013, This new election will be effective February 1, 2013. Please note, you cannot Special Enrollment Period. You may only change your health plan.
Election sections below indic	you must complete the <b>Health Plan Election</b> and <b>Primary Care Physician</b> cating a primary care physician (PCP) for you and each of your dependents. MO Illinois plans also require the physician medical group number.
·	ealth Plan (LCHP), HealthLink OAP or Coventry OAP, you need only indicate e <b>Health Plan Election</b> section below.
Health Plan Election (select one – if you are electing an HMO, ensure the option you elect is available in your area).  BlueAdvantage HMO Coventry Open Access *	
Coventry HMO	HealthLink Open Access *
HMO Illinois	Local Care Health Plan (LCHP) *
Health Alliance HMO	
* If you elect one of these carriers, you	u do <u>not</u> need to complete the <b>Primary Care Physician Election</b> section below.
Primary Care Physician Election (onli	y complete this section if you elected an HMO)

**Member Name Primary Care Physician Name Provider Identifier** Medical Group #

Dependent(s) Name **Primary Care Physician Name Provider Identifier** Medical Group #

I agree to abide by all Local Government Health Plan rules. Member Signature \_\_\_\_\_ HPR Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: **HPR Name** 

> **HPR Address** HPR City, State, Zip HPR Phone and Fax #'s

