

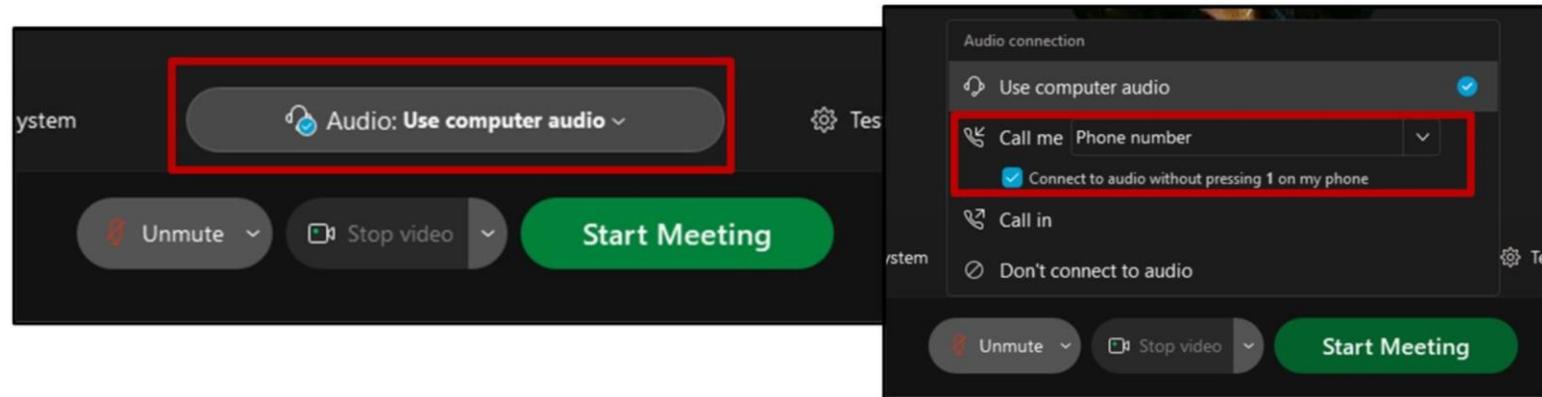
\*\*\*There will be moments of silence prior to the event start time\*\*\*

## Thanks for joining

If you joined the meeting by using the “Call in” option, please disconnect and select one of the following audio preferences.

**BEST PRACTICE** for joining the Webex Audio Conference

1. From the audio connection options button, select “Use computer for audio” **OR** “Call Me”
2. If using “**Call me**” input your call-back number
3. Click the **GREEN JOIN/START MEETING BUTTON**



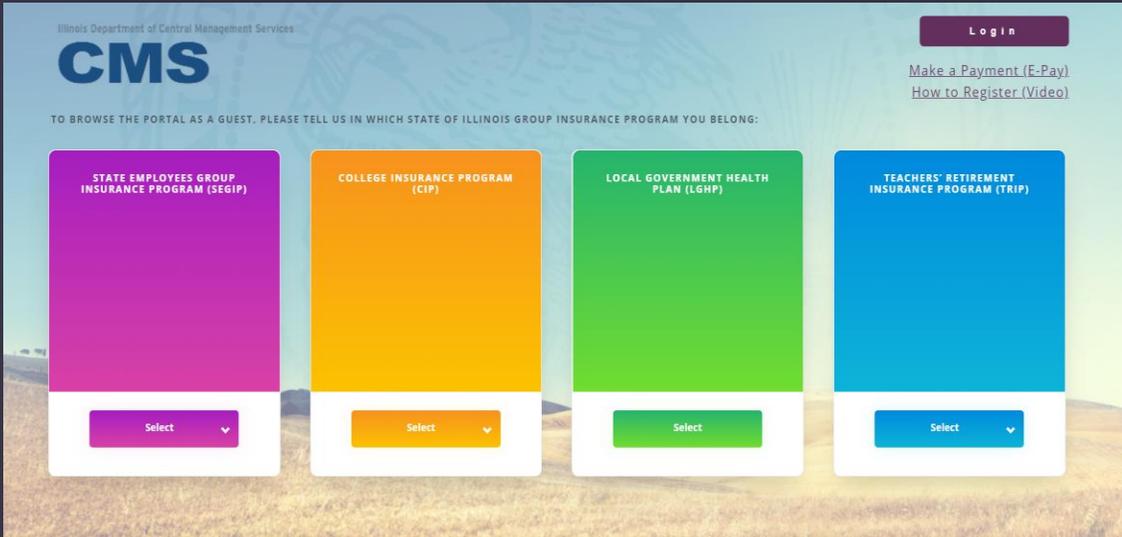


STATE OF ILLINOIS

# EMPLOYEE BENEFIT CHOICE FAIR

Open Enrollment May 1, 2021 – June 1, 2021

Effective July 1, 2021



Presented by:

Central Management  
Services  
Group Insurance Division  
&  
Morneau Shepell

# CMS Group Insurance



Colby Vail,  
Program Liaison

Jessica Kushner,  
Service Delivery  
Manager



Julia Snyder,  
Service Delivery  
Manager



## Morneau Shepell



Sheena Hudson,  
Service Delivery  
Manager



stay    
 healthy   
 helpful   
 & calm

Shanté Burke,  
Wellness  
Program  
Manager



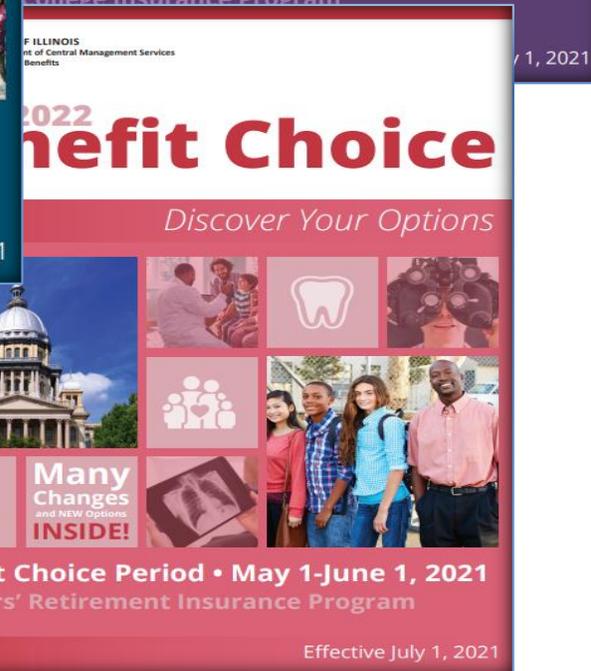
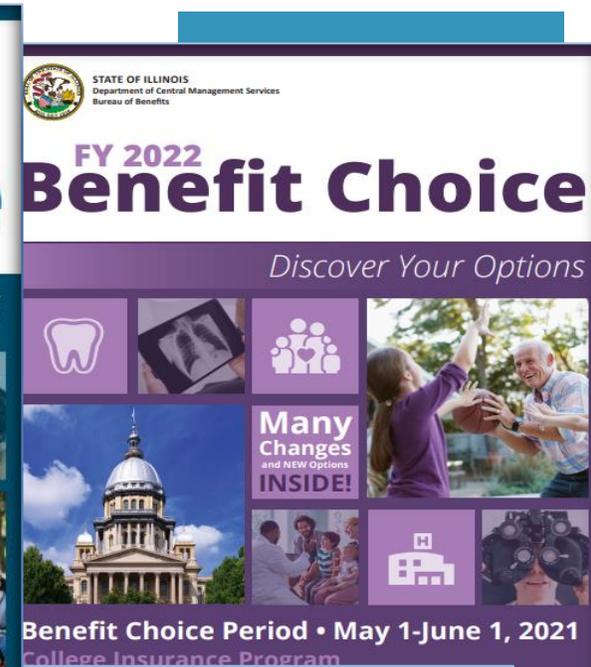
Be Well Website



Be Well Facebook

- On behalf of the Central Management Services team, we'd like to welcome you to **Be Well Illinois**, the State of Illinois' new comprehensive wellness program.
- **Be Well Illinois** was developed to help you create and maintain an active lifestyle, provide access to mental health awareness materials and treatment, financial services, nutritional information and group and individual exercise programs.
- **Engaging with Be Well Illinois is quick and easy.** Visit the [Be Well Illinois website](#) to access the latest wellness information from health plan partners, monthly health awareness education and much more.
- Follow us on **Facebook** to join special wellness challenges, motivational messages and to engage with a community of your peers who are striving to live healthier in 2021 and beyond.

- Benefit Choice is the annual enrollment period for Active Employees and Non-Medicare Retirees for those enrolled in:
  - State Employees Group Insurance Program (SEGIP)
  - College Insurance Program (CIP)
  - Teachers Retirement Insurance Program (TRIP)
- The Benefit Choice Booklets were mailed out on April 20<sup>th</sup> and you should have received yours around May 1<sup>st</sup>.





# Need to update your Address?

This can only be done by contacting your Group Insurance Representative (GIR) at your **Agency** or **Retirement System**.

If you do not know who your GIR is, please contact MyBenefits Service Center (toll-free) at 844-251-1777, or 844-251-1778 (TDD/TTY).

# REMINDER



If your dependent spouse had previously terminated through the DEVA and you are wanting to add them to coverage during this open enrollment period, you must provide one of following, [in addition to a marriage certificate:](#)

- A current year tax return, or
- A piece of mail dated within the last 60 days to verify dependents address.



As of January 1, 2021, the State of Illinois requires **all retirees, annuitants and survivors** to enroll in a healthcare program called Total Retiree Advantage Illinois (TRAIL) effective the date all enrollees become eligible to enroll in Medicare A & B, whether due to age or disability.

# Who is Required to Enroll?

**You are REQUIRED to enroll in one of the Medicare Advantage Prescription Drug plans if ALL OF THESE APPLY...**

You are a retired member of the State Employees Group Insurance Program

You live in the United States or one of the U.S. Territories

You are eligible for Medicare Parts A and B, due to age or disability

All dependents covered on your State of Illinois insurance plan are eligible for Medicare Parts A and B, due to age or disability

# MEDICARE REQUIREMENTS HAVE CHANGED

If you are still actively working, you no longer required to enroll in Medicare Part A upon turning age 65.

If you are retiring and Medicare A/B eligible then you should begin the process to enroll 90 days prior to your retirement date.

Dependents are still required to enroll in Medicare Parts A and B upon meeting eligibility requirements.



**Benefit Choice Period • May 1-June 1, 2021**  
State Employees Group Insurance Program

Effective July 1, 2021

# NEW FOR FY22 BENEFIT CHOICE OPEN ENROLLMENT PERIOD



# Many Changes and NEW Options **INSIDE!**

- Rate Changes
- Co-payments, Coinsurance, Deductible Changes
- Dental Only Coverage
- Health Plan Availability
- Behavioral Health Changes
- Life Insurance Update
- Optional Tax Programs Highlights

# Monthly Rates

- Each health plan has its own designated monthly employee contribution rate.
- Based on the March 1<sup>st</sup> annual salary.

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP*	QCHP*
\$0 to \$30,200	\$107	\$83	\$107	\$87	\$101	\$101	\$114	\$85	\$120
\$30,201 - \$45,600	\$126	\$102	\$126	\$106	\$120	\$120	\$133	\$104	\$139
\$45,601 - \$60,700	\$145	\$121	\$145	\$125	\$139	\$139	\$152	\$123	\$157
\$60,701 - \$75,900	\$163	\$139	\$163	\$143	\$157	\$157	\$170	\$141	\$176
\$75,901 - \$100,000	\$182	\$158	\$182	\$162	\$176	\$176	\$189	\$160	\$195
\$100,001 - \$125,000	\$235	\$211	\$235	\$215	\$229	\$229	\$242	\$213	\$248
\$125,001 & Over	\$268	\$244	\$268	\$248	\$262	\$262	\$275	\$246	\$281

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP*	QCHP*
1 Dependent	\$177	\$141	\$177	\$145	\$168	\$168	\$185	\$153	\$272
2+ Dependents	\$222	\$177	\$223	\$184	\$213	\$213	\$238	\$197	\$310
1 Medicare A & B Primary Dependent	\$154	\$120	\$153	\$124	\$145	\$145	\$161	\$130	\$165
2+ Medicare A & B Primary Dependents	\$196	\$155	\$197	\$161	\$187	\$187	\$208	\$171	\$226



## Co-payments

- Physician Office Visit \$30
- Specialist & Home Health Care Visit \$35
- ER Services \$275
- Inpatient Hospitalizations \$400
- Outpatient Surgery \$300

## OAP Open Access Plan

## Coinsurance & Deductibles

- Tier I
  - Same as HMO
- Tier II Plan \$300 Year Deductible/enrollee
  - Physician & Specialist 90%
  - ER Services \$275
  - Inpatient Hospitalizations Services 90% after \$450 copay
  - Outpatient Surgery 90% after \$300 copay
- Tier III Plan \$400 Year Deductible/enrollee
  - Physician & Specialist 60%
  - ER Services \$275
  - Inpatient Hospitalizations Services 60% after \$550 copay
  - Outpatient Surgery Services 60% after \$300 copay



## Coinsurance & Deductibles

- Plan Year Deductibles
  - Salary based
  - Individual/Family
- In-Network
  - Physician & Specialist 85%
  - ER Services \$450
  - Inpatient Hospitalizations Services 85% after \$200
  - Outpatient Surgery 85%
- Out-of-Network
  - Physician & Specialist 60%
  - ER Services \$450
  - Inpatient Hospitalizations Services 60% after \$700
  - Outpatient Surgery 60%

# Dental Only Coverage

You now have the option to enroll in Dental Only coverage. However, if you enroll in health coverage and elect dental coverage, your dependent(s) must mirror your health and dental elections, this includes tier levels for health coverage.

- If you are **already** opted out of health coverage, you may elect dental only for you and your dependent(s).
- If you are **elect** to opt out of health coverage, you may enroll in dental only coverage. **Proof of other health coverage is required to complete this election.**





# HealthLink Service Area Outside of Illinois has changed.

HealthLink members will continue to have network access in Missouri, Arkansas, Indiana, Kentucky, Ohio and Wisconsin.

However, HealthLink members will no longer have access in **any other state** outside of those listed above and the state of Illinois.

# My provider is terminating, what are my options?

If your Physician is terminating from your current health plan, now is the time to make a change.

- During the open enrollment period, you have the opportunity to change health plans in order to continue to see your current physician or select a new health plan available in your area.
- A physician or provider group terminating from a health plan during the plan year is NOT a qualifying change and you will not be able to change health plans after the close of open enrollment.



Cancellation Notice

# Behavioral Health Changes

- For those enrolled in the **Quality Care Health Plan (QCHP)** and the **Consumer Driven Health Plan (CDHP)**, your behavioral health provider network and claims will now be administered by **Aetna**. Please make sure to review the Aetna provider directory to ensure your provider is in-network or contact Aetna to discuss transition of care. This was previously administered by Magellan.





# Employee Assistance Program (EAP)

## ComPsych GuidanceResources Employee Assistance Program

New Program Starting July 1, 2021  
*All non- AFSCME Council 31 eligible*

Free, Confidential, 24/7 Assistance

Our counseling, self-improvement tools and solutions for everyday issues can help you be your best, at home and at work.

**NEW** FIVE (5) sessions of short term counseling available per person, per issue per year virtually or in person

**NEW** unlimited legal and financial telephonic consultations

**NEW** unlimited work life research and referral to elder care, child care, relocation, and more.

**NEW** digital tools thru myStrength CCBT and GuidanceResources.com



# Life Insurance Options

- The options to make life insurance elections are not available currently, due to the ongoing procurement process for a life insurance carrier. Additional communication will be sent to your home once the process has been finalized.
- You will have the opportunity to make enrollment changes/elections at that time.

Employees must re-enroll in MCAP/DCAP every year in order to participate.

There is no maximum rollover for FY22, and all unused funds will rollover with re-enrollment.

DCAP maximum contribution amount is \$5250 for FY22.

MCAP maximum contribution amount is \$2750 for FY22.

# Optional Tax Programs (for SEGIP):

# Health Saving Account (HSA)

- Those enrolled in the HSA last year will automatically be re-enrolled for the **employer** contribution this year.
- You will need to elect your **employee** contribution for the next plan year.

## Under Age 55

	Individual	Family
Employer Contribution =	\$500	\$1,000
Employee Contribution =	\$3,100	\$6,200
Max IRS Allowed Contribution =	\$3,600	\$7,200

## Age 55 and older

	Individual	Family
Employer Contribution =	\$500	\$1,000
Employee Contribution =	\$ 4,100	\$7,200
Max IRS Allowed Contribution =	\$4,600	\$8,200

PAYFLEX®

- **Get Plan Suggestions**

Answer four simple questions to see what type of plan might be right for you and your family.

- **Understand How the Health Plans Differ**

A simple chart compares key features of our medical plans to make it easier to see what sets them apart from each other.

- **Understanding How You Pay for Healthcare**

We've created 4 personas, shared information about their medical needs, and then showed how their total costs add up for the year in each plan.

## Decision Support Tools



Located on the home page within the Benefit Choice card

Illinois Department of Central Management Services

# CMS

Login

[Make a Payment \(E-Pay\)](#)

[How to Register \(Video\)](#)

TO BROWSE THE PORTAL AS A GUEST, PLEASE TELL US IN WHICH STATE OF ILLINOIS GROUP INSURANCE PROGRAM YOU BELONG:

STATE EMPLOYEES GROUP  
INSURANCE PROGRAM  
(SEGIP)

Select



COLLEGE INSURANCE  
PROGRAM (CIP)

Select



LOCAL GOVERNMENT  
HEALTH PLAN (LGHP)

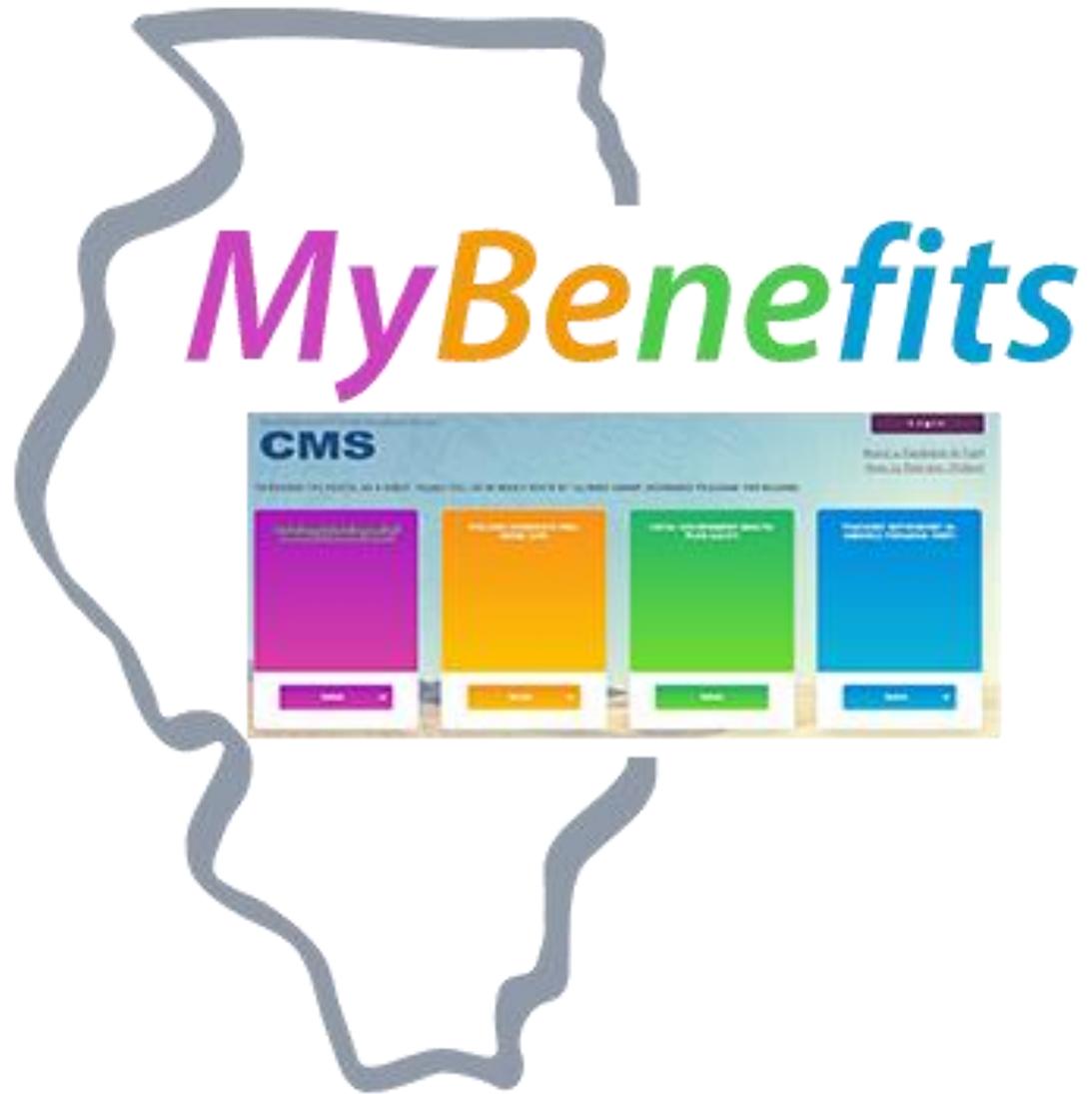
Select

TEACHERS' RETIREMENT  
INSURANCE PROGRAM  
(TRIP)

Select



**MyBenefits** 1-844-251-1777



# Email Collection

- Ability to update email address and designate communication preferences
- Email collection is encouraged for all members through the Call to Action bar

## AVA – Automated Virtual Assistant

- Plan information
- Benefits eligibility
- Current benefits enrollment
- Personal information

The screenshot shows the top navigation bar with the Ava logo (by Morneau Shepell), a Support link, a notification icon, and a user profile icon. Below the navigation bar, there is a section titled "Below are all the benefits you are currently covered for:". This section contains two side-by-side cards for "Medical" and "Dental" plans. Each card has a "Quick View" section with the following details:

Plan Type	Coverage Option	Coverage Detail	Per Pay Cost	Dependents Covered
Medical	Health Alliance HMO	Employee + 2 or more	\$373.00	3
Dental	Quality Care Dental Plan	Employee + 2 or more	\$21.50	3

Each card also has a "View Details" link at the bottom.

The screenshot shows the Ava chat interface. At the top, there is a navigation bar with the Ava logo, a Support link, a notification icon, and a user profile icon. The main chat area contains a message from the assistant (A) that reads: "This is open enrollment! Please click on the notification icon in the top right corner of my page then click on the action link(s). This will take you right into the event. The deadline to complete your event is also noted there. The Start link will be available if you haven't entered the event. Modify will preserve any changes you have saved previously. Restart will delete all you prior changes." Below this message is a user input field containing the text "whats changing". The assistant responds with a message: "Please refer to 'Plan Year FY2022 - Discover Your Options' document for changes in the new plan year." This message includes a link with a document icon and the text "Plan Year FY2022 - Discover Your Options" followed by a right-pointing arrow. At the bottom of the chat area, there is a "Submit Feedback" button with thumbs up and down icons, and a text input field with the placeholder "Send a message..." and a send arrow icon.



## New Voluntary Benefit Program availability

- MyBenefits Plus program was introduced last year as being available to all State full-time employees.
- Now being offered to all Non-MAPD Retirees.
- Enrollment eligible for payroll deduction.

## Voluntary Benefit Plans

### Elections available during Open Enrollment Only

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Legal Services

### Evergreen Enrollments (Anytime Elections)

- Identity Theft Protection
- Pet Health Insurance
- Auto and Home Insurance

# Plan For The Future

## Enroll May 1<sup>st</sup> – June 1<sup>st</sup>

**NEW!** Gain the power to make treatment decisions, without putting your finances at risk.

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance



**Guaranteed Issue**



**Includes Cancer Coverage**



**Pays Benefits Directly to You**



**Easy Online Application**



**Includes Health Screening Benefit**

**MyBenefits Plus**

# Be Fully Prepared and Confident Enroll May 1<sup>st</sup> – June 1<sup>st</sup>

## Legal Services

**NEW!** Protect yourself and your family. Legal Services can help you find the extra guidance you need, when you need it.



**Expert  
Attorneys  
in All Fields**



**National  
Network of  
Attorneys**



**Real Estate  
Transaction  
Coverage**



**Family Law  
Coverage**



**Financial &  
Consumer  
Coverage**



**Auto & Traffic  
Coverage**

**MyBenefits  
Plus**

# Don't Wait To Become A Victim of Identity Theft

## Enroll May 1<sup>st</sup> – June 1<sup>st</sup>

### Identity Theft Protection

**NEW!** 13.1 Million Americans have their identity stolen annually, losing nearly \$15 Billion. Stay protected and gain peace of mind.



**Credit Alerts**



**Credit Reporting**



**Social Media Reputation Monitoring**



**Digital Wallet**



**Identity Remediation**



**ID Theft Insurance Policy**

**MyBenefits Plus**

# Fetching Savings Has Never Been Easier

## Pet Health Insurance

**NEW!** Get reimbursed up to 90% for eligible vet expenses and use any vet nationwide or internationally.



**Visit Any Vet, Anywhere**



**24/7 Vet Helpline**



**X-Rays, MRIs, and CT Scans Covered**



**Injuries Like Cuts & Broken Bones Covered**



**Surgeries & Hospitalizations Covered**

**MyBenefits Plus**

# Protect More For Less

## Auto & Home Insurance

Start saving on your Auto and Home Insurance by choosing from two of the nation's top providers, offering plans that fit your lifestyle, and your wallet.



**Multi-Policy  
Discounts**



**Special  
Employee  
Savings**



**Coverage  
Can Begin  
Next Day**



**24/7/365 Claim  
Reporting**



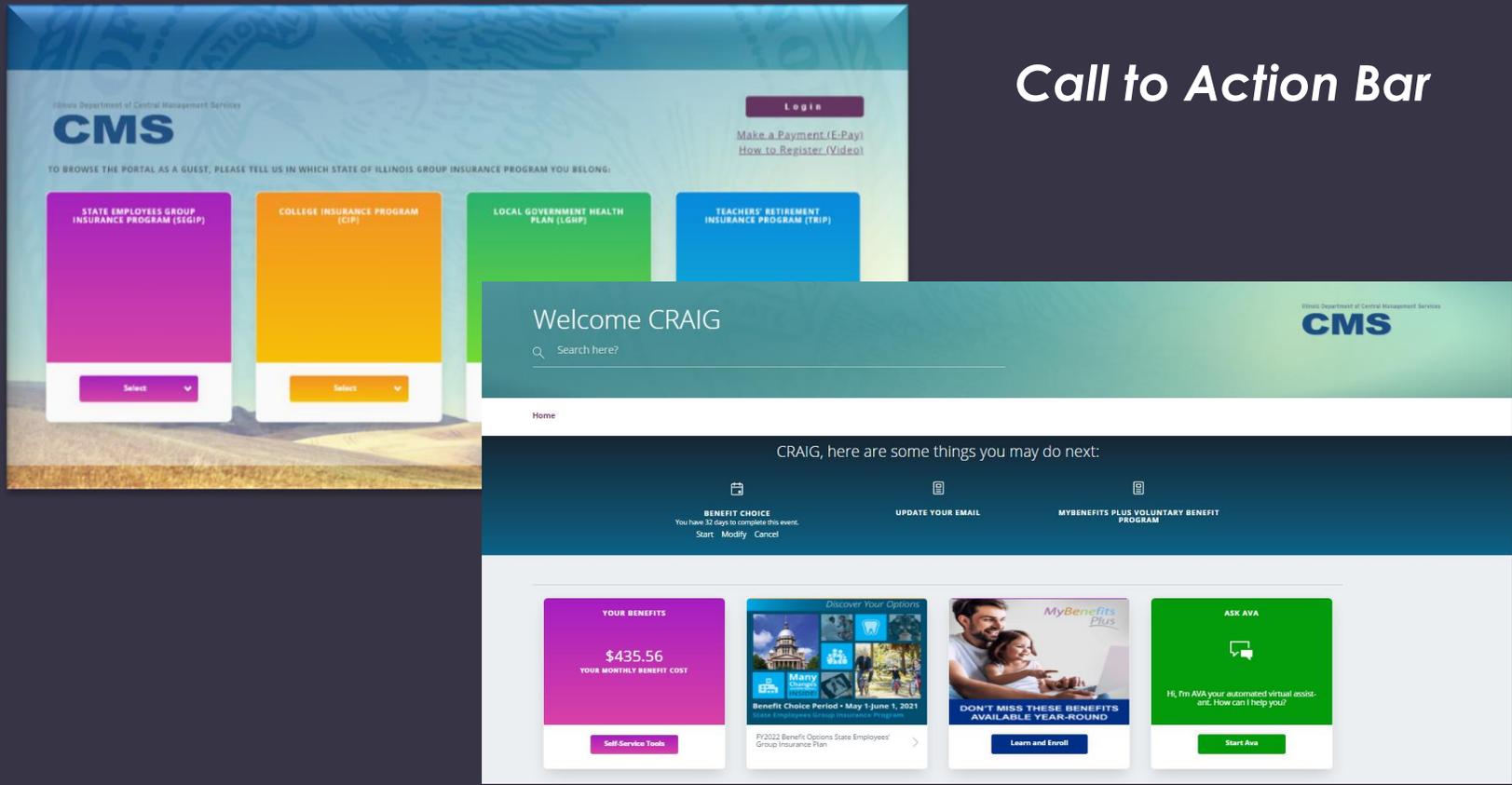
**Portable  
Plans**



**Switch Carriers  
Anytime**

**MyBenefits  
Plus**

# MYBENEFITS WEB PORTAL



## Call to Action Bar

# MyBenefits Web Portal

- Self-Service Tools
- Benefit Choice Options
- MyBenefits Plus
- Ask Ava
- Decision Support Tool

Site is designed with a “Call to Action Bar” this bar will notify employees of any actions that need to be taken.

Enrollment opportunities, pending documentation and request for updates, such as email address, will be displayed front and center on the site.

**YOUR BENEFITS**  
**\$114.00**  
YOUR MONTHLY BENEFIT COST

**\$11,048.40**  
ANNUAL VALUE  
OF YOUR  
BENEFITS

**Employee Only**

Benefits	Plan	Your Monthly Cost
Medical	Health Alliance HMO	\$103.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Waive	\$0.00

[View All](#)

**Self-Service Tools**

- View MyElections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

**RECOMMENDED FOR ME**

## Employee Self-Service Tools

Employees have access to several self-service tools.

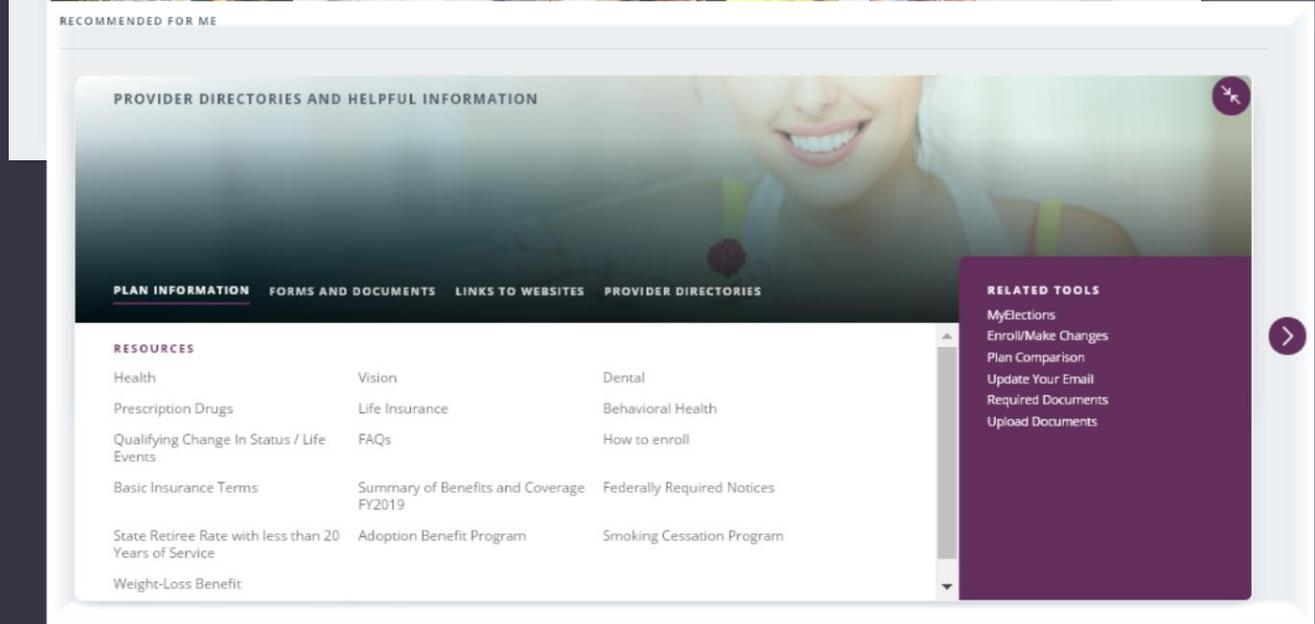
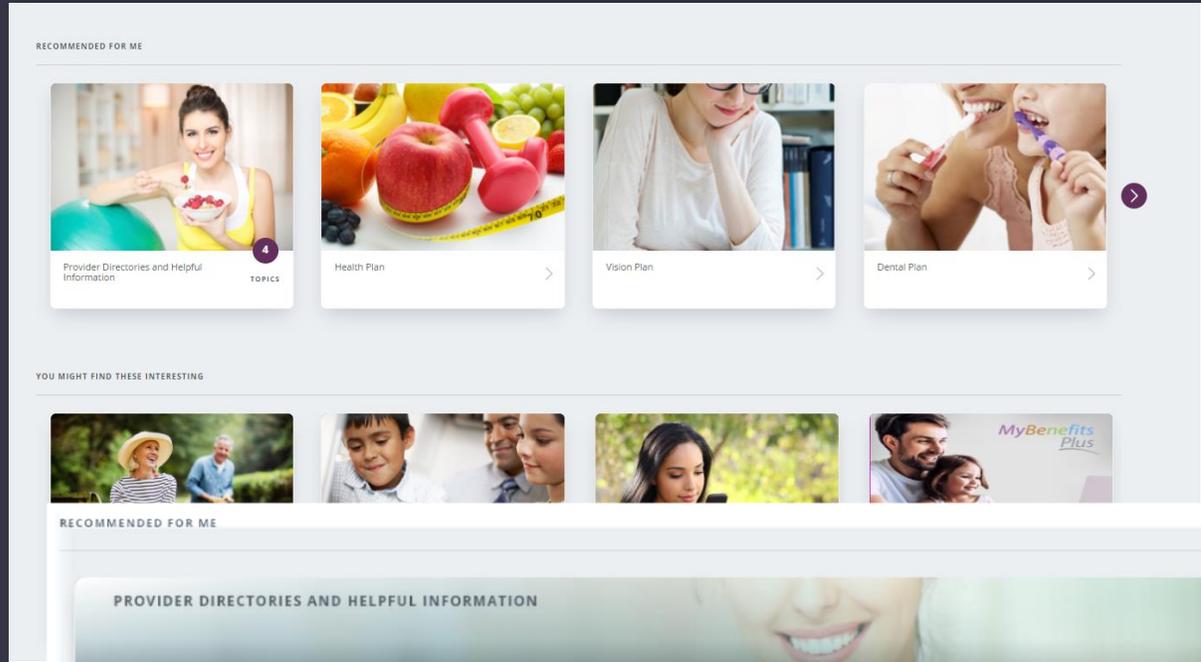
Self service tools allow the employee to complete a variety of changes, view current coverage and upload required documentation.

## Benefit Choice FY22 Tile

All employees eligible for the Benefit Choice Enrollment, will see a tile specifically designed to provide information regarding the FY22 plan year.

Inside the tile, employees can read through what's changing for the upcoming year, link to the Benefit Choice booklets and obtain provider information.

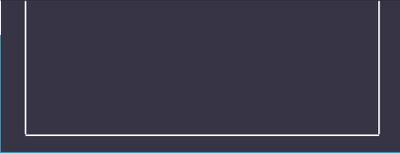




# Informational Tiles

The tiles under the Recommended For Me section provide information related to the employee's current benefits, eligibility and optional coverage choices.

Each tile will expand providing employee specific information and helpful tools related to their current coverage and employment status.



# ACCESSING MYBENEFITS WEB PORTAL

Illinois Department of Central Management Services  
**CMS**

[Need Help?](#)

Welcome.

This site provides information and tools related to your Group Insurance Benefits.

If you are logging onto the site for the first time, click on "Register."

If you are unable to login, contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY, Monday - Friday, 8:00 AM - 6:00 PM CT.

**LOGIN ID** [Forgot my login ID](#)

**PASSWORD** [Forgot my password](#)

**Login** [Logging in for the first time? Register](#)  
[Browse as guest](#)

## EMPLOYEE PORTAL

Illinois Department of Central Management Services  
**CMS**

### Select Your Challenge Questions

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers.

**QUESTION 1**

**QUESTION 2**

**QUESTION 3**

**Cancel** **Continue**

- Login Using Existing Password Or Register For The First Time

Use The Forgot My Login ID Or Forgot My Password Links For Assistance

Secure Account Access With A Password And Security Questions



# BENEFIT CHOICE ENROLLMENT EVENT

DAVID, here are some things you may do next:



**BENEFIT CHOICE**

You have 34 days to complete this event.

Start Modify Cancel



**VERIFY YOUR EMAIL**



**MYBENEFITS PLUS VOLUNTARY BENEFIT PROGRAM**

Use the *Start* or *Modify* button to begin making elections for the FY22 Benefit Choice period.

**Start:** Make all elections for the first time with a blank slate.

**Modify:** Make changes to last saved elections.

## Starting the Enrollment Process

# Step 1- Family

- Review and update family information in Step 1 of the enrollment.
- Add dependents and edit basic dependent information.

**Personalize your benefits plan**  
Benefit Choice - July 1, 2021

1 Family    2 Benefits    3 Finalize

⚠ This dependent is not eligible for benefits. Coverage is restricted and cannot be granted. For information, contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY Monday – Friday, 8:00 AM – 6:00 PM CT.

				<input type="button" value="Add a Dependent"/>
<b>DAVID SMITH</b> You Age: 48	<b>Sasha SMITH</b> Spouse Age: 39	<b>Chelsea SMITH</b> Child Age: 26 ⚠	<b>Kelsey SMITH</b> Child Age: 21	
<a href="#">View Profile</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	
Covered elsewhere? ⓘ	No	No	No	

### Add a Dependent

**Personal Information**

**\*Required Fields**

SSN:

First Name: \*

Middle Initials:

Last Name: \*

Relationship: \*

Gender: \*  Male  Female

Date of Birth \*  Age: 0 ⓘ

Please contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY if your child is over age 26 and is eligible for continued coverage under the plan as a disabled dependent or a non-IRS veteran.

**Additional Coverage Information ⓘ**

Is this person currently covered under any other health and/or dental plan(s) (such as your spouse's employee benefit plan)?

Dental  Medical

## Personalize your benefits plan

Benefit Choice - July 1, 2021

① Family    ② Benefits    ③ Finalize

Health Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	STATE Consume	Who is covered? You Sasha ... Kelsey ...	Recalculate
Dental	Quality Care Der	Who is covered? You	

Help me decide

Recalculate

Next

### Compare Plans

Here are some other great plans that may interest you.

HMO OAP PPO

BlueAdvantage HMO	Aetna HMO
\$103.00 /mo	\$103.00 /mo
INCLUDES [Icons: Pharmacy, Vision, Hearing, Dental, Hospital]	INCLUDES [Icons: Pharmacy, Vision, Hearing, Dental, Hospital]
Compare Plan	Compare Plan
Health Alliance HMO	HMO Illinois

## Step 2 - Benefits

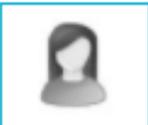
Step 2 in the enrollment process allows employees to elect coverage for FY22.

Use the **Help me Decide** link to compare medical plans side by side.

## ▶ Health Benefits i

**i<sub>1</sub> Information** You have selected an Open Access Plan (OAP) please review the elected plans provider directory to ensure your provider is covered in the desired Tier level.

**i<sub>2</sub> Information** For additional Supplemental Medical coverages, such as Critical Illness, Hospital Indemnity and Accident Insurance please check out MyBenefits Plus at the end of your enrollment. These programs can help provide coverage in addition to your group medical plan but are not considered major Medical insurance plans.

Benefit	Coverage Options	Coverage Level	Employer Cost	Your Monthly Cost
Medical <span>i<sub>1</sub></span> <span>i<sub>2</sub></span>	BCBSIL OAP ▾	Who is covered?  You  DENNI... <a href="#">Change who is covered</a>	-	\$307.00
Dental	Quality Care Den ▾	Who is covered?  You  DENNI...	-	\$21.00

## OAP Informational Message

- You have selected an OAP please review the elected plans provider directory to ensure your provider is covered in the desired Tier level.

Health Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical <a href="#">Help me decide</a>	STATE Consume Aetna HMO Aetna OAP Health Alliance HMO HealthLink OAP Quality Care Health Plan	Who is covered? a ... Kelsey ... covered	Recalculate
Dental	STATE Consumer-Driven Health Plan BCBSIL OAP Opt Out	? You Sasha ... Kelsey ... <a href="#">Change who is covered</a>	\$23.50

[Next](#)

- Life Insurance ⓘ
- Health Savings Accounts
- Flexible Spending Accounts (MCAP/DCAP)

## Step 2 - Benefits

Using the drop down, the enrollment tool will display only plans that are available to each specific employee.

If an HMO plan is selected, employees will be prompted to assign their primary care physician.

Health Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	STATE Consume	<a href="#">Who is covered?</a>	Recalculate
<a href="#">Help me decide</a>		  	
		You Sasha ... Kelsey ...	
		<a href="#">Change who is covered</a>	

**My Plan Covers:**

 DAVID SMITH  
You

Family: [Select All](#) - [Select None](#)

 Sasha SMITH  
Spouse

 Chelsea SMITH  
Child

 Kelsey SMITH  
Child

[Save and Close](#) [Cancel](#)

- [Next](#)
- [Life Insurance](#)
- [Health Savings Accounts](#)
- [Flexible Spending Accounts \(MCAP/DC\)](#)

# Step 2 - Benefits

To add a dependent to coverage, select the **Change Who Is Covered** link.

All dependents who were set up in Step 1, will appear in the popup window.

If the dependents are over-age or ineligible, the tool will not allow that dependent to be added to coverage.

Health & Group Benefits ✕

✕<sub>1</sub> **Critical warning** Your dependents must be covered under both medical and dental.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical <span>Help me decide</span> <span>✕</span> <sub>1</sub>	Quality Care He ▾	Who is covered?  You  Depen... <a href="#">Change who is covered</a>	\$376.00
Dental	Quality Care De ▾	Who is covered?  You <a href="#">Change who is covered</a>	\$11.00

Next

## Step 2 - Benefits

After adding any dependent to the medical plan, the enrollment tool will display a critical error to ensure that the dependent is added to dental coverage.

Critical errors, displayed in red, will appear throughout the enrollment to enforce all plan rules.

Employees will not be able to complete their enrollment if a critical error is present.

# Personalize your benefits plan

Benefit Choice - July 1, 2021

1 Family      2 Benefits      3 Finalize

Health Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical <a href="#">Help me decide</a>	STATE Consume	Who is covered?    <a href="#">Change who is covered</a>	Recalculate
Dental	Quality Care Der	Who is covered?    <a href="#">Change who is covered</a>	\$23.50

Next

Recalculate  
↓

## Step 2 - Benefits

All covered dependents will appear in the tool, if a new dependent is added within Step 1 – Family, the dependent will also need to be added to coverage in Step 2.

Benefit Choice - July 1, 2021

- ① Family      ② Benefits      ③ Finalize

Health Benefits

Life Insurance ⓘ

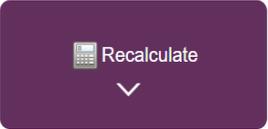
**Information** Because the procurement of a life insurance carrier for FY22 has not yet been finalized, enrollment or changes to optional life insurance coverage are not available at this time. The rates displayed for optional, spouse and child life coverage are subject to change upon finalization of the procurement. If you wish to make changes or enroll in optional life insurance coverage, you will be able to do so by utilizing the voluntary benefit change (anytime) event. Please watch your mail and email for additional communications.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Basic Life ⓘ	1 x Annual Base Salary	\$64,400.00	-
Optional Member Life	4 x Annual Base Salary	\$257,600.00	\$30.92
Spouse Life	Waive	-	-
Child Life	\$10,000 per Child	\$10,000.00	\$0.70
Voluntary AD&D	Waive	-	-

Previous    Next

Health Savings Accounts

Flexible Spending Accounts (MCAP/DCAP)



# Step 2 - Benefits

At this time, there are no life insurance changes or enrollments for Benefit Choice FY22.

The rates displayed for optional, spouse and child life are subject to change.

Please watch your mail and email for additional communication.

Health Savings Accounts

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
HSA Employer Contribution	HSA Company Provided Contribution	I do not want the	-
HSA Employee Contribution	Ineligible	Ineligible	-

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
HSA Employer Contribution	HSA Company Provided Contribution	I want the HSA E	-
HSA Employee Contribution	\$ 0.00	I do not want to contribute	-

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
HSA Employer Contribution	HSA Company Provided Contribution	I want the HSA E	-
HSA Employee Contribution	\$ 6,099.84	\$6,099.84	\$508.32

## Step 2 - Benefits

Enrollment into a CDHP plan provides an enrollment opportunity into an HAS.

An employer contribution is an option when an employee selects “ I want the employer contribution”.

Employee contributions are an option by entering an annual goal amount in the coverage option field.

Flexible Spending Accounts (MCAP/DCAP)

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ?	<input type="text" value="\$ 0"/>	-	-
Dependent Care Assistance Plan (DCAP) ?	<input type="text" value="\$ 0"/>	-	-

[Previous](#)

Flexible Spending Accounts

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ?	<input type="text" value="\$ 0"/>	-	-
Dependent Care Assistance Plan (DCAP) ?	<input type="text" value="\$ 0"/>	-	-

[Previous](#)

MCAP allows to you to use tax-free dollars to pay out-of-pocket eligible medical, dental, and vision expenses incurred during the plan year July 1st through June 30th for you and your dependents, in accordance with IRS regulations.

The entire elected amount is eligible for reimbursement your first day of eligibility.

Note: To ensure consistency in your payroll deductions, the annual paid amount may be adjusted slightly from the elected goal amount based on the number of pay periods in the plan year.

## Step 2 - Benefits

To enroll in flex benefits employees will enter the annual goal amount in the coverage option fields.

Tip Tools are provided for guidance on Flexible Spending Accounts.

Benefit Choice - July 1, 2021

- 1 Family
- 2 Benefits
- 3 Finalize

- Health Benefits
- Life Insurance
- Health Savings Accounts
- Flexible Spending Accounts (MCAP/DCAP)

Recalculate

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP)			\$0
Dependent Care Assistance Plan (DCAP)			\$0

Previous

Flexible Spending Accounts (MCAP/DCAP)

**Non-critical warnings** You have elected an amount greater than the maximum allowable amount. Your election has been automatically adjusted to the maximum amount available.

**Information** To ensure consistency in your payroll deductions, the annual paid amount may be adjusted slightly from the elected goal amount based on the number of pay periods in the plan year.  
If you are a university employee on payroll less than 12 months your monthly deduction(s) may be adjusted accordingly.  
**Information** DCAP is an account that allows you to set aside contributions to pay for dependent care (Day Care) expenses for children under age 13, or care for physically or mentally disabled dependents.  
DCAP cannot be used for any medical expenses or for day care expenses for children for which you are not considered the primary or custodial parent.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost	
Medical Care Assistance Plan (MCAP)		\$2,749.92	\$2,749.92	\$229.16
Dependent Care Assistance Plan (DCAP)		\$5,250	\$5,250.00	\$437.50

Previous

# Step 2 - Benefits

After entering the desired goal amounts for the FY22 plan year, the enrollment tool will require users to recalculate in order to display the correct benefit costs.

Each time an employee changes the entered amount, the tool will require a recalculation.

# Step 3 - Finalization

- Step 3 of the enrollment is the finalization step.
- Employees will have an opportunity to review all of their elections.
- Elections that have changed will be displayed in blue to highlight changes made for FY22.

**Benefit Choice - July 1, 2021**

① Family
② Benefits
③ Finalize

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**Cost Summary**

**Your Pre-Tax Costs**

Your Costs: \$1,028.16 / per month

**Your Post-Tax Costs**

Your Costs: \$31.62 / per month

[Items that have been changed](#)

Benefits					
Benefit name	Coverage options	Coverage details	Employer Cost	Your Costs	
<b>Health Benefits</b>					
Medical	<b>STATE Consumer-Driven Health Plan</b>	<b>Employee + 2 or more</b>	\$1,500.20	\$338.00	
Dental	Quality Care Dental Plan	Employee + 2 or more	\$65.56	\$23.50	
<b>Life Insurance</b>					
Basic Life	1 x Annual Base Salary	\$64,400.00	\$21.26	-	★ 1
Optional Member Life	4 x Annual Base Salary	\$257,600.00	-	\$30.92	
Spouse Life	Waive		-	-	
Child Life	\$10,000 per Child	\$10,000.00	-	\$0.70	
Voluntary AD&D	Waive		-	-	
<b>Health Savings Accounts</b>					
HSA Employer Contribution	<b>HSA Company Provided Contribution</b>	<b>I do not want the HSA plan</b>	-	-	
HSA Employee Contribution	Ineligible	Ineligible	-	-	
<b>Flexible Spending Accounts (MCAP/DCAP)</b>					
Medical Care Assistance Plan (MCAP)	<b>2749.92</b>	<b>\$2,749.92</b>	-	<b>\$229.16</b>	
Dependent Care Assistance Plan (DCAP)	<b>5250</b>	<b>\$5,250.00</b>	-	<b>\$437.50</b>	
<b>Totals:</b>			<b>\$1,587.02</b>	<b>\$1,059.78</b>	

# Step 3 - Finalization

- In order to finalize elections, employees will have to accept the attestation statement by checking the box to acknowledge the statement.
- Once the attestation acknowledgement is checked, the Next button will engage allowing employees to submit their elections.

**★ Special Reminders**

1. Because the procurement of a life insurance carrier for FY22 has not yet been finalized, enrollment or changes to optional life insurance coverage are not available at this time. The rates displayed for optional, spouse and child life coverage are subject to change upon finalization of the procurement. If you wish to make changes or enroll in optional life insurance coverage, you will be able to do so by utilizing the voluntary benefit change (anytime) event. Please watch your mail and email for additional communications.

**Do you agree to the following terms and conditions?**

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of Benefit Choice. I understand that the modifications made during this session are effective 7/1/2021, subject to the approval of any required documentation and evidence of insurability. I understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I certify that the information and documentation I have provided is true and complete. I understand that falsifying or misrepresenting any information or documentation, or failing to provide requested information or documentation, in order to obtain or continue coverage under the Program will be considered a fraudulent act which may result in the forfeiture of insurance coverage and that I may also be subject to a financial penalty, including but not limited to repayment of all premiums and claims paid by the State on behalf of myself or any of my dependents and all expenses incurred by the Program arising out of the coverage provided to me.

I consent to the collection, use, and exchange of my personal information by and between:

- My Employer,
- The administrators of my Employee benefits program,
- The agents retained by my Employer or the Benefits Administrator,
- A company who requires information for the purpose of retirement, savings, or other Employee benefits plan administration.

• The information I have provided is complete and accurate to the best of my knowledge.

[◀ Previous](#) [Next ▶](#)

# Step 3 - Finalization

- Once elections have been successfully submitted employees can print a confirmation summary of the elections made during the Benefit Choice event.
- \*\*If documentation is required, members will see a Form box outlining what is required\*\*

## Personalize your benefits plan

Benefit Choice - July 1, 2021

### Print your confirmation statement

The selections you made have been submitted successfully.

**Event name:** Benefit Choice

**Effective date:** July 1, 2021

**Date completed:** April 29, 2021



**REVIEW  
YOUR AVAILABLE  
PLANS**

MyBenefits  
Plus

• Accident Insurance • Critical Illness Insurance •  
• Hospital Insurance • Legal Services •

**Enroll Now**

Elections may be changed through the end of business on June 1st by selecting Modify on your Benefit Choice event and finalizing your changes. Your selections will appear in your Personal Profile after the Benefit Choice enrollment period has closed. Please make sure to upload any required documentation here [MyBenefits.Illinois.gov](https://mybenefits.illinois.gov). If you fail to submit any required documentation, your elections will not be approved.

If you have applied for Optional and/or Spouse Life insurance, you will receive an evidence of insurability packet from Securian Financial under separate cover after the enrollment period has closed. The selected benefit level must be approved by Securian Financial. Your Monthly Cost shown is assuming approval of your selected coverage option.

[Click here to complete member survey.](#)

 [If you wish, you can print a summary of your new selections.](#)

**Done**

DAVID, here are some things you may do next:



**BENEFIT CHOICE  
VIEW CHANGES**  
Start Modify Cancel



**VERIFY YOUR EMAIL**

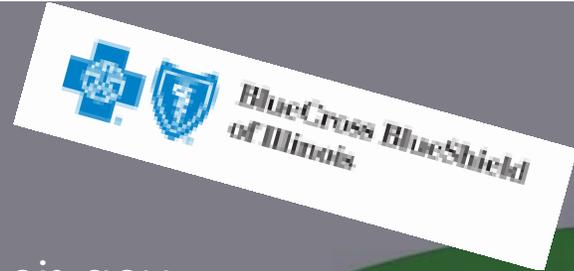


**MYBENEFITS PLUS VOLUN-  
TARY BENEFIT PROGRAM**

When the Benefit Choice enrollment is complete, the icon on the Call to Action Bar will display in green indicating completion.

The Benefit Choice event will remain on the Call to Action Bar until the end of the enrollment period allowing employees to make additional changes.

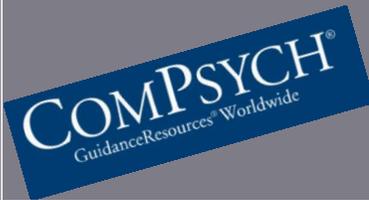
## Step 3 - Finalization



[www.mybenefits.illinois.gov](http://www.mybenefits.illinois.gov)  
1-844-251-1777

[www.benefitchoice.il.gov](http://www.benefitchoice.il.gov)  
CMS 1-800-442-1300

# Time for Questions





**THANK YOU!**