



benefit
choice

STATE OF ILLINOIS

BENEFIT CHOICE OPEN ENROLLMENT SEMINAR

Open Enrollment Period

May 1, 2022 – May 31, 2022

Effective July 1, 2022

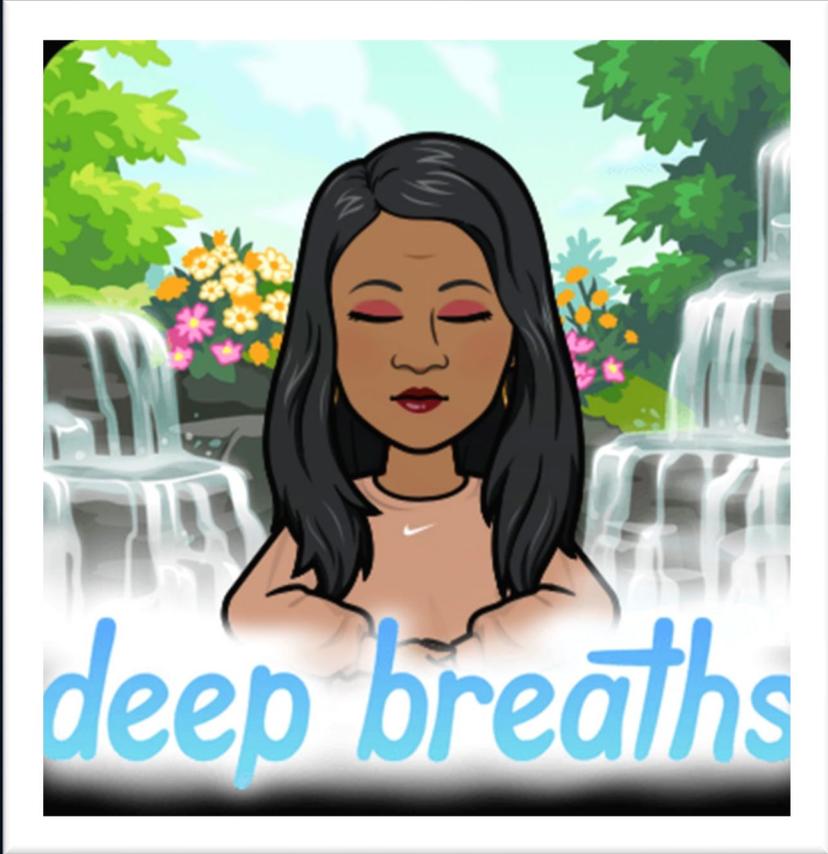


PRESENTED BY:

Julia Snyder
Service Delivery
Manager



Colby Vail
Program Liaison



SHANTÉ BURKE

Manager,
Wellness Program

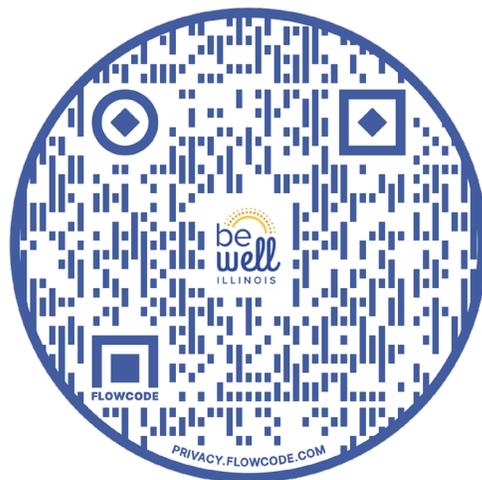


The **Illinois Department of Central Management Services** (CMS) launched a comprehensive wellness program, **Be Well Illinois** in 2021, to expand access to wellness opportunities and features educational resources, webinars, motivational messages and engaging events.

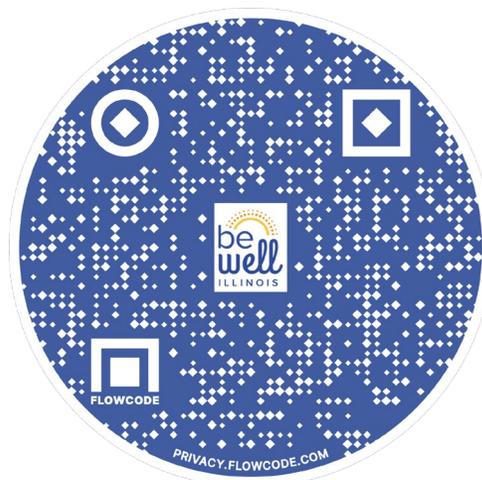
Be Well Illinois focuses on:

- Physical
- Mental
- Financial
- Social wellbeing

Visit the **Be Well Illinois** website to access the latest wellness information. Also, follow us on **Facebook** to join special challenges and to engage with a community of your peers looking to strive to live healthier.

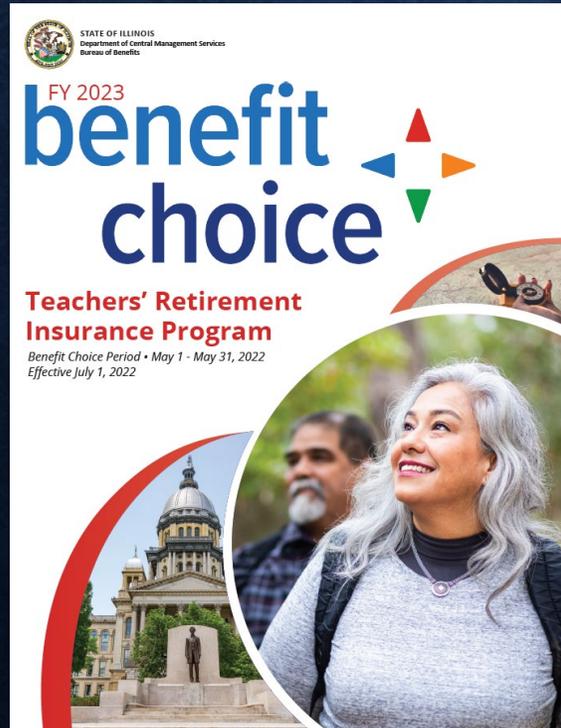
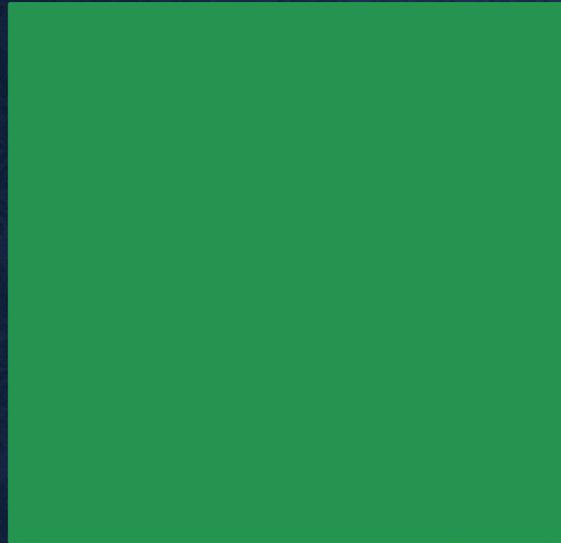
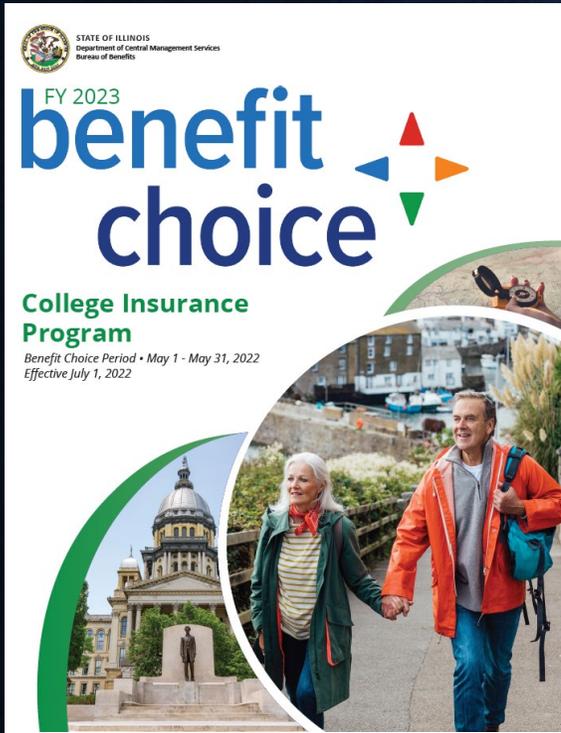


Website



Facebook





- The Benefit Choice annual Open Enrollment Period for the College Insurance Program (CIP) and the Teachers' Retirement Insurance Program (TRIP) is May 1, 2022 – May 31, 2022.

- The Benefit Choice Booklets were mailed on April 22nd and you should have received your booklet on/after May 1st.

- If you have not received it, you can access the electronic version through the Benefit Choice tile on the MyBenefits website.



DO YOU NEED TO UPDATE YOUR ADDRESS?

- This can only be done by contacting your Group Insurance Representative (GIR) at your Retirement System.
- If you do not know who your GIR is, please contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY).





IS YOUR DEPENDENT'S ADDRESS DIFFERENT?

If you need to add a different address for your dependent(s) due to them living separate from you, contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY) to have this done.

THINGS TO REMEMBER

- **After the Benefit Choice Open Enrollment Period ends, you will only be able to change your benefits if you have an enrollment opportunity.**
- **You must report an enrollment opportunity at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) within 60 days of the event to be eligible to make benefit changes outside of the Benefit Choice Period.**
- **Also note that it is required to report important events to the MyBenefits Service Center, including, a change in Medicare status, marriage or divorce.**
- **To report a financial or medical power of attorney, contact your retirement system.**



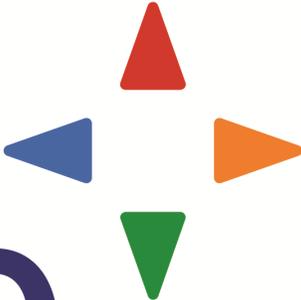
The State of Illinois implemented a healthcare program called **Total Retiree Advantage Illinois (TRAIL)** which is a **Medicare Advantage Prescription Drug (MAPD)** plan. Each benefit recipient must contact the Social Security Administration and apply for Medicare benefits upon turning age 65. Retirees are encouraged to enroll in Medicare Parts A&B in order to receive a reduced premium rate.

Please contact your Retirement System or the CMS-MCOB Unit at 217-782-7007.

TERMINATING COVERAGE

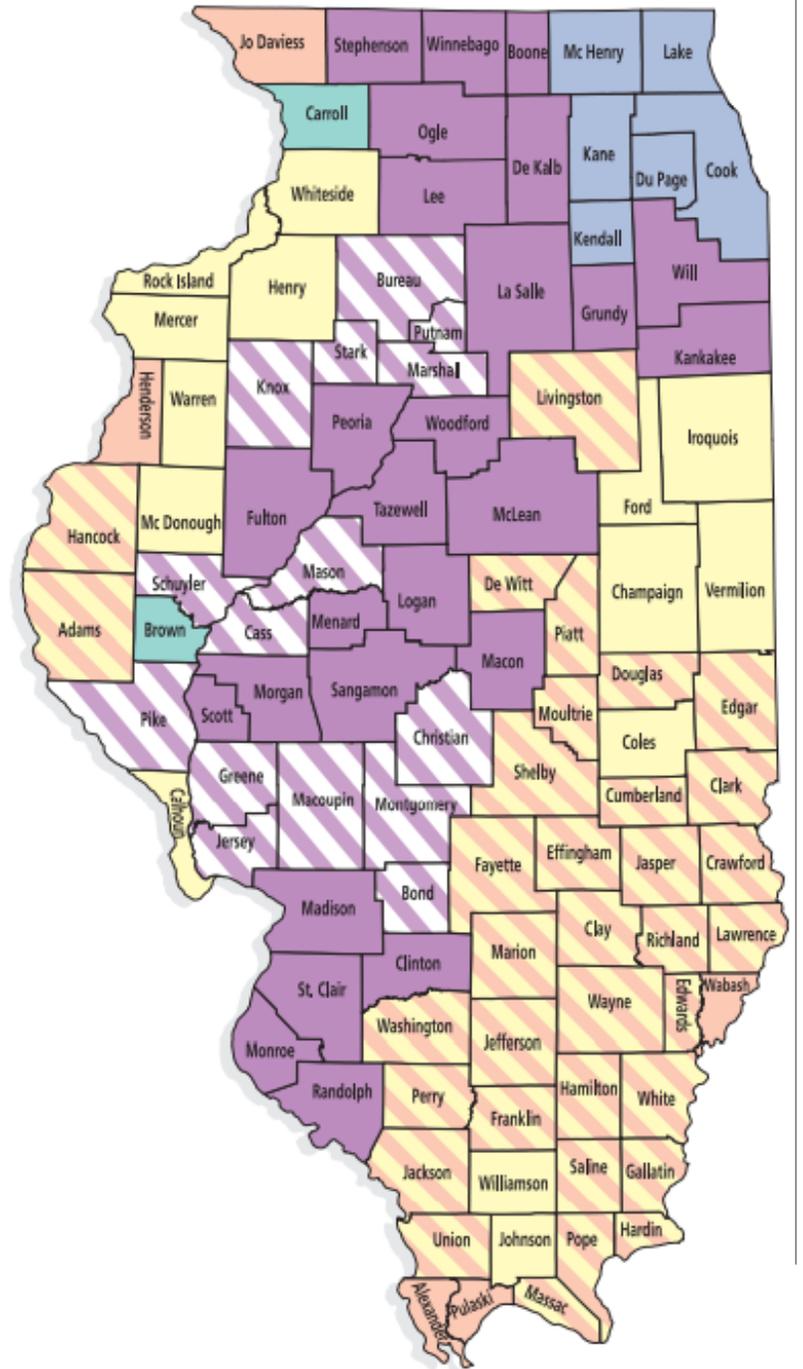
- To terminate coverage at any time, contact the MyBenefits Service Center by calling (toll-free) 1-844-251-1777.
- The cancellation of coverage will be effective the first of the month following receipt of the request.
- Benefit recipients and dependent beneficiaries who terminate coverage may re-enroll during an open enrollment period or other qualifying enrollment opportunity.
- Please refer to program's Benefit Handbook for other qualifying enrollment opportunities.

benefit
choice



**FY23 OPEN
ENROLLMENT
PERIOD**

NO NEW PLAN ADMINISTRATORS OR CHANGES IN PLAN AVAILABILITY





STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2023

benefit choice



College Insurance Program

Benefit Choice Period • May 1 - May 31, 2022
Effective July 1, 2022



CIP HEALTH PLAN ADMINISTRATORS

HMO

- Aetna HMO
- Blue Advantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

OAP

- Aetna OAP
- Blue Cross Blue Shield OAP
- HealthLink OAP

PPO

- College Choice Health Plan (CCHP) - Aetna PPO

COLLEGE INSURANCE PROGRAM (CIP)

BENEFIT RECIPIENT AND DEPENDENT RATES

Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Older	All Ages
Benefit Recipient	Managed Care Plan (OAP and HMO)	\$158.10	\$395.23	\$549.60	\$152.15
	College Choice Health Plan (CCHP)	\$178.36	\$445.89	\$636.31	\$137.86
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$575.43	\$1,369.22	\$2,000.46	\$530.98
	College Choice Health Plan (CCHP)	\$649.17	\$1,472.18	\$2,316.06	\$501.81

* This rate applies to benefit recipients enrolled in Medicare Part A only and whose Part B benefits are reduced. If you, or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit (see page 7).

Co-payments ▪

- **HMO**
 - Plan year Out of Pocket Max:
 - \$3,000 Individual
 - \$6,000 Family
 - In-Network
 - Physician Office Visit,
 - Specialist & Home Health Care Visit \$30
 - ER Services \$200
 - Inpatient Hospitalizations \$250
 - Outpatient Surgery \$200
 - Out-of-Network
 - ER Services \$200
 - No other coverage options

Coinsurance & Deductibles ▪

- **OAP**
 - Tier I
 - Same as HMO
 - Tier II Plan \$300 Year Deductible/Enrollee
 - Physician & Specialist 80%
 - ER Services \$200/visit
 - Inpatient Hospitalizations Services 80% after \$300 copay
 - Outpatient Surgery 80% after \$200 copay
 - Tier III Plan \$400 Year Deductible/enrollee
 - Physician & Specialist 60%
 - ER Services \$200
 - Inpatient Hospitalizations Services 60% after \$400 copay
 - Outpatient Surgery Services 60% after \$200 copay

Coinsurance & Deductibles ▪

- **PPO**
 - In-Network
 - Physician & Specialist visits 80%
 - ER Services \$400
 - Inpatient Hospitalizations Services 80% after \$250
 - Outpatient Surgery 80%
 - Out-of-Network
 - Physician & Specialist 60%
 - ER Services \$400
 - Inpatient Hospitalizations Services 60% after \$500
 - Outpatient Surgery 60%

Dental

- College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members.
- The plan is administered by Delta Dental of Illinois.

Vision

- Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan.
- The plan is administered by EyeMed.

COLLEGE INSURANCE PROGRAM (CIP)

Contacts

Purpose	Administrator Name and Address	Phone	Website
Enrollment Customer Service	MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	mybenefits.illinois.gov
Health Plan	Aetna HMO (Group Number 285657) Aetna OAP (Group Number 285653) College Choice Health Plan (CCHP) - Aetna PPO	855-339-9731 800-628-3323 (TDD/TTY) Fax: 859-455-8650 attn: Claims	aetnastateofillinois.com
Prescription Plan			
Vision Plan	Mail Order Rx: CVS Caremark® PO Box 94467, Palatine, IL 60094-4467 EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111	866-723-0512 TTY users, call 711	eyemedvisioncare.com/stil
Dental Plan	Delta Dental of Illinois (Group Number 20242) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	soi.deltadentalil.com
State Universities Retirement System	1901 Fox Drive Champaign, IL 61820	800-275-7877 800-526-0844 (TDD/TTY) 217-378-8800 (dial direct) 217-378-9800 (fax)	surs.org

Contact Information



STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2023

benefit choice



Teachers' Retirement Insurance Program

*Benefit Choice Period • May 1 - May 31, 2022
Effective July 1, 2022*



TRIP HEALTH PLAN ADMINISTRATORS

HMO

- Aetna HMO
- Blue Advantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

OAP

- Aetna OAP
- Blue Cross Blue Shield OAP
- HealthLink OAP

PPO

- Teachers' Choice Health Plan (TCHP) - Aetna PPO

TEACHERS' RETIREMENT INSURANCE PLAN (TRIP)

BENEFIT RECIPIENT AND DEPENDENT RATES

Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Older	All Ages
Benefit Recipient	Managed Care Plan (OAP and HMO)	\$101.38	\$314.92	\$429.07	\$124.46
	Teachers Choice Health Plan (TCHP)	\$263.11	\$734.96	\$1,116.87	\$295.10
	TCHP when managed care is not available in your county	\$131.55	\$367.48	\$558.45	\$147.56
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$405.68	\$1,259.67	\$1,716.24	\$428.80
	Teachers Choice Health Plan (TCHP)	\$526.24	\$1,469.91	\$2,233.75	\$590.21
	TCHP when managed care is not available in your county	\$526.24	\$1,469.91	\$2,233.75	\$442.67

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit (see page 6).

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

Co-payments ▪

- **HMO**
 - Plan year Out of Pocket Max:
 - \$3,000 Individual
 - \$6,000 Family
 - In-Network
 - Physician & Specialist Office Visit \$20
 - Home Health Care Visit \$15
 - ER Services \$200
 - Inpatient Hospitalizations \$250
 - Outpatient Surgery \$150
 - Out-of-Network
 - ER Services \$200
 - No other coverage options

Coinsurance & Deductibles ▪

- **OAP**
 - Tier I
 - Same as HMO
 - Tier II Plan \$300 Year Deductible/Enrollee
 - Physician & Specialist 80%
 - ER Services \$200/visit
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 - Outpatient Surgery 80% after \$150 copay
 - Tier III Plan \$400 Year Deductible/enrollee
 - Physician & Specialist 60%
 - ER Services \$200
 - Inpatient Hospitalizations Services 60% after \$400 copay
 - Outpatient Surgery Services 60% after \$150 copay

Coinsurance & Deductibles ▪

- **PPO**
 - In-Network
 - Physician & Specialist visits 80%
 - ER Services \$400
 - Inpatient Hospitalizations Services 80% after \$200
 - Outpatient Surgery 80%
 - Out-of-Network
 - Physician & Specialist 60%
 - ER Services \$400
 - Inpatient Hospitalizations Services 60% after \$400
 - Outpatient Surgery 60%

You can contact the
Illinois Retired Teachers
Association for possible
coverage details.
1-800-728-4782 or
www.irtaonline.org

**THERE IS NO
DENTAL/VISION
COVERAGE
OPTION FOR
TRIP MEMBERS**

Contacts

Purpose	Administrator Name and Address	Phone	Website
Enrollment Customer Service	MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	mybenefits.illinois.gov
Health Plan	Aetna HMO (Group Number 285655)	855-339-9731	aetnastateofillinois.com
Prescription Drug Plan	Group Numbers: (ICRP 1402TDS) (Aetna OAP 1402TCH) (BCBSIL OAP TRIP=1402TCJ) (HealthLink OAP 1402TCF) Paper Claims: CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 Mail Order Rx: CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	800-251-4403 (TDD/TTY)	trsil.org
Teachers' Retirement System (TRS)	2815 West Washington Street PO Box 19253, Springfield, IL 62794-9253	877-927-5877 (877-9-ASK-TRS) 866-326-0087 (TDD/TTY)	trsil.org

Contact Information

Illinois Department of Central Management Services

CMS

TO BROWSE T

Login

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

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

STATI
INSURA

ERS' RETIREMENT
CE PROGRAM (TRIP)

MyBenefits WEB PORTAL

Select



Select



Select

Select



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

The screenshot displays four colored cards for selection:

- STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)** (Purple card)
- COLLEGE INSURANCE PROGRAM (CIP)** (Orange card, circled in green)
- LOCAL GOVERNMENT HEALTH PLAN (LGHP)** (Green card)
- TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP)** (Blue card, circled in red)

Each card features a 'Select' button with a downward arrow at the bottom.

MyBenefits HOME PAGE

- <http://MyBenefits.Illinois.gov>
- Home screen allows members to select which state group they are under and view basic benefit info.
- Users can Register and/or Login.

Illinois Department of Central Management Services



[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](#)

LOGIN PAGE

- Login using Login ID and existing password.
- Use the [Forgot my login ID](#) or [Forgot my password](#) links for assistance.
- Register for the first time.

REGISTERING FOR THE FIRST TIME

- Enter a series of information to secure access for the first time to the MyBenefits web portal.
- Check the box to complete the security challenge.

Illinois Department of Central Management Services

CMS

Please answer the following questions to register the user.

Please answer the following questions to register the user.

LAST 4 DIGITS OF SSN (9999)

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST TWO LETTERS OF FIRST NAME

MAILING ZIP CODE (99999)

I'm not a robot

reCAPTCHA
Privacy - Terms

Cancel Continue

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



Illinois Department of Central Management Services
CMS

Please enter password and confirm password to finish the registration flow.

Please enter password and confirm password to finish the registration flow.

Password Requirements

- Password must be between 8 and 12 characters.
- Should have at least one lower character.
- Should have at least one upper character.
- Should have at least one number.
- Should have at least one special character.
- Must not contain your login ID.
- Must not contain your first name or last name.
- Must not re-use your previous 10 passwords.
- Must not be repeated within the past 365 days.

PASSWORD

CONFIRM PASSWORD

Secure account
access with
security
questions &
password.

Welcome TestFirst002

Search here?

Home

TestFirst002, here are some things you may do next


BENEFIT CHOICE
You have 33 days to complete this event.
Start Modify Cancel


VERIFY YOUR EMAIL

MY BENEFITS

\$0.00
YOUR MONTHLY BENEFIT COST

Self-Service Tools

FY2023 benefit choice



Benefit Choice Period • May 1-May 31, 2022
College Insurance Program

FY2023 Benefit Options
College Insurance Plan >

ASK AVA



Hi, I'm AVA your automated virtual assistant. How can I help you?

Start Ava

PERSONALIZED HOME PAGE

- Call-to-Action Bar
- Self-Service Tools
- Benefit Choice Options
- Ask Ava
- Informational Tiles

RECOMMENDED FOR ME



4

Provider Directories and Helpful Information

TOPICS



Health Plan



Vision Plan



Dental Plan



INFORMATIONAL TILES

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

RECOMMENDED FOR ME

PROVIDER DIRECTORIES AND HELPFUL INFORMATION



PLAN INFORMATION FORMS AND DOCUMENTS LINKS TO WEBSITES PROVIDER DIRECTORIES

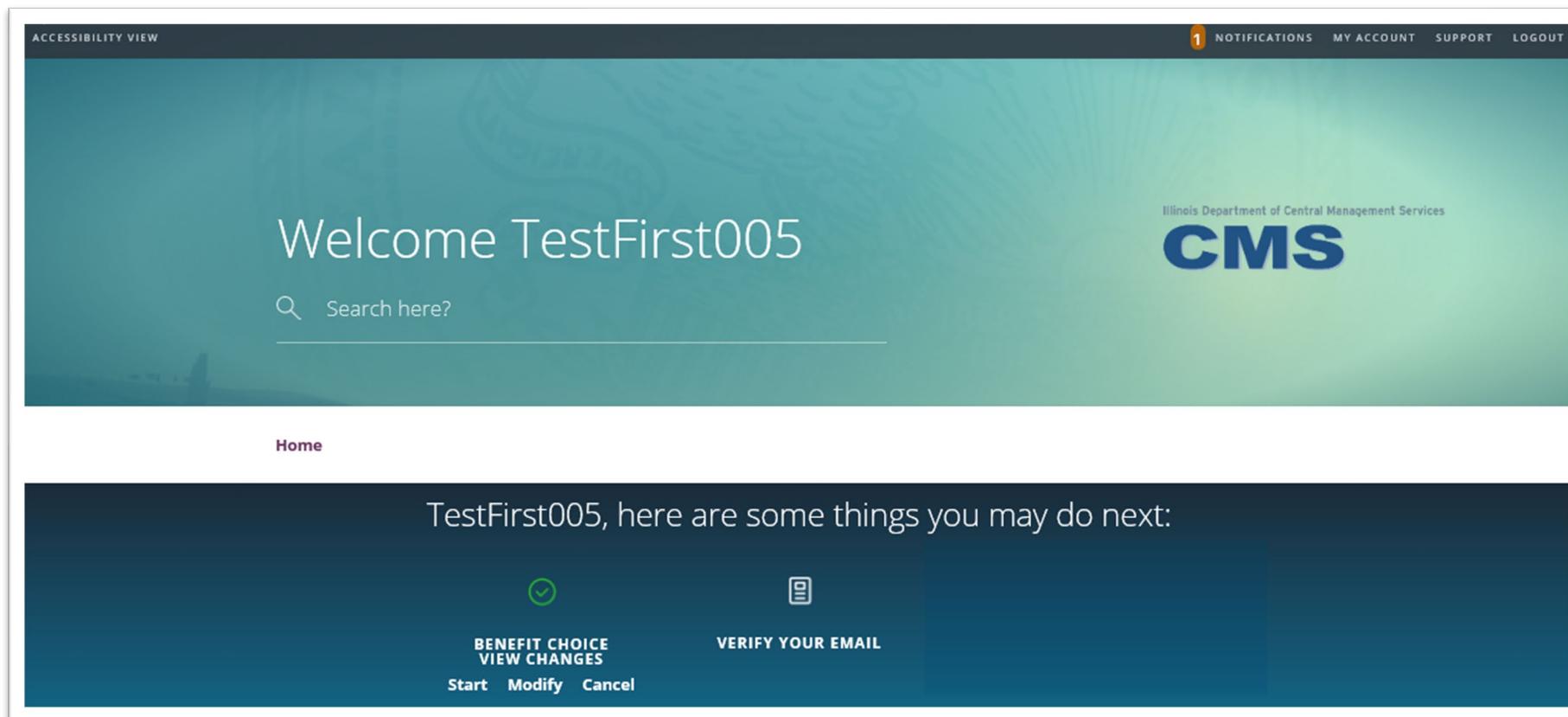
RESOURCES

Health	Vision	Dental
Prescription Drugs	Life Insurance	Behavioral Health
Optional Pre-tax Programs	Qualifying Change In Status / Life Events	FAQs
How to enroll	Basic Insurance Terms	Summary of Benefits and Coverage
Latest News	Federally Required Notices	Be Well Illinois
State Retiree Rate with less than 20 Years of Service	Adoption Benefit Program	Smoking Cessation Program

RELATED TOOLS

MyElections
Enroll/Make Changes
Update Your Email
Required Documents
Upload Documents

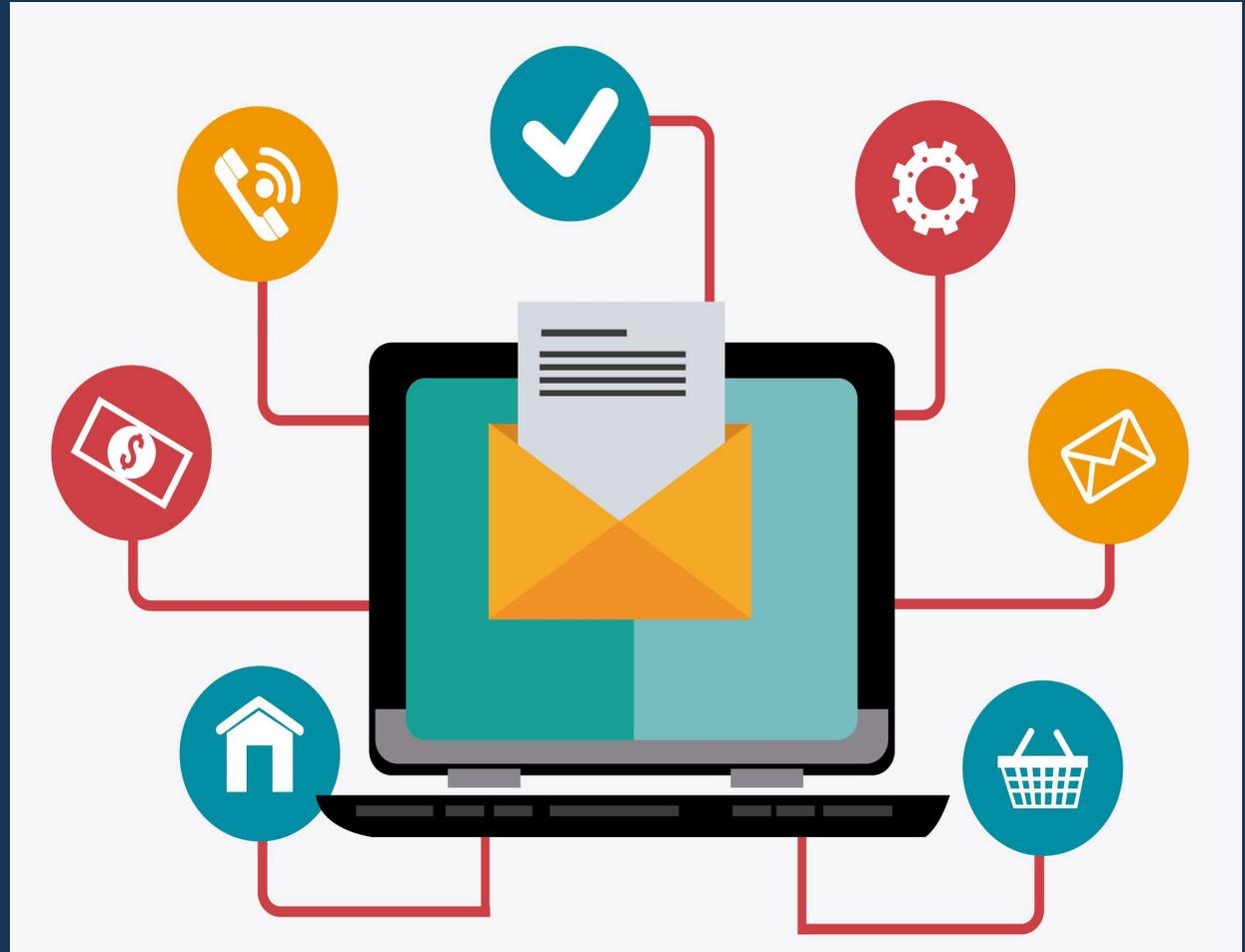




- The site is designed with a Call-to-Action Bar. This bar will notify users of any actions that need to be taken regarding their benefits.
- Enrollment opportunities, pending documentation and request for updates, such as email address, will be displayed front and center on the Call-to-Action bar.

EMAIL COLLECTION

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



EMPLOYEE SELF-SERVICE TOOLS

- Members have access to several self-service tools.
- Self service tools allow completion of variety of changes, view current coverage and upload required documentation.

MY BENEFITS
\$0.00
YOUR MONTHLY BENEFIT COST

\$0.00
ANNUAL VALUE OF YOUR BENEFITS

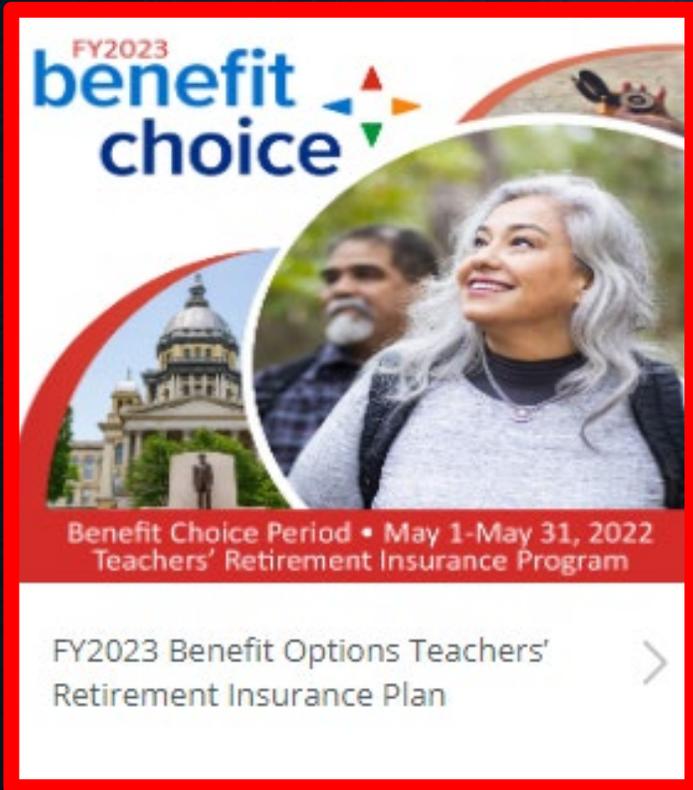
Benefits	Plan	Your Monthly Cost
Retiree Medical	Waive	\$0.00

[View Benefits Selections](#) [Self-Service Tools](#)

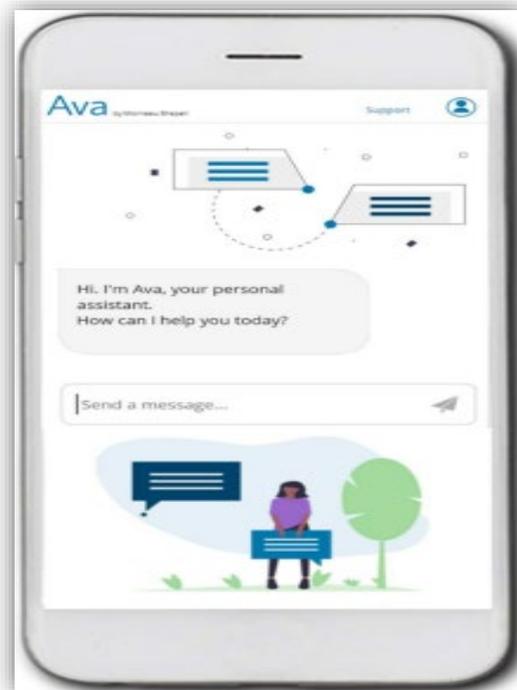
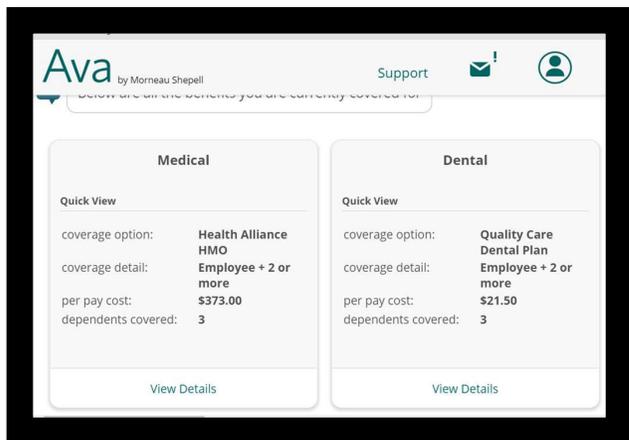
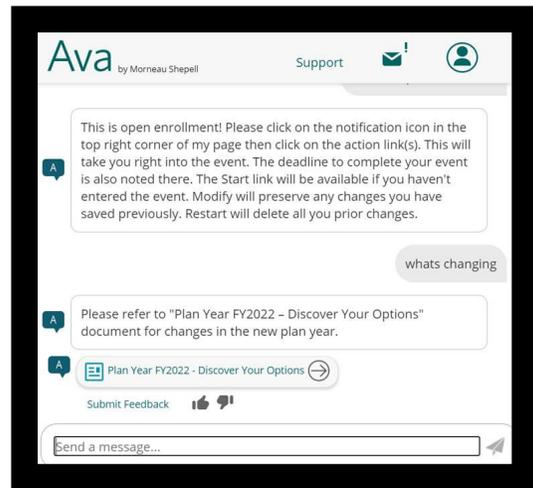
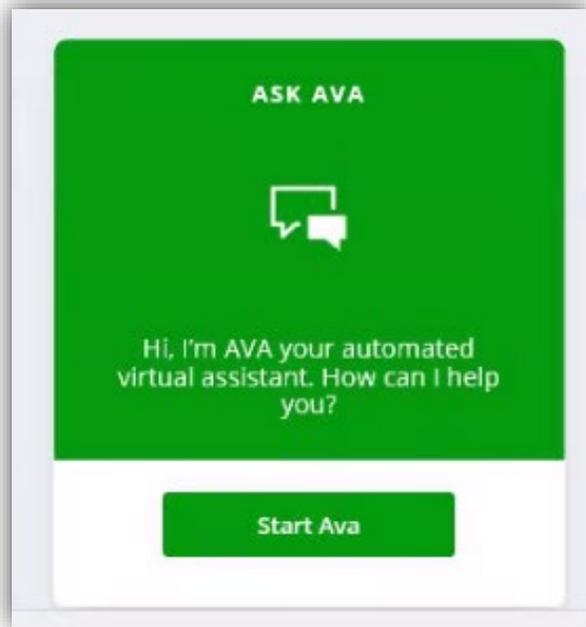
Self-Service Tools

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

FY2023 BENEFIT CHOICE TILE



- All members eligible for the Benefit Choice enrollment, will see a tile specifically designed to provide information regarding the FY23 plan year.
- Inside the tile, members can read through what's changing for the upcoming year, link to the Benefit Choice booklets and obtain provider information.



AVA AUTOMATED VIRTUAL ASSISTANT

AVA has been trained on several topics with the focus around information on the Benefits Enrollment Website. Here are some sample questions that you can ask AVA:

- Do I have benefit coverage for orthodontics?
- What is my benefits policy number?
- Who are my dependents on file?
- Where can I find the benefits guide?
- When is benefits enrollment?



BENEFIT CHOICE

Home

ENROLLMENT EVENT

TestFirst002, here are some things you may do next:



BENEFIT CHOICE

You have 33 days to complete this event.

[Start](#) [Modify](#) [Cancel](#)



VERIFY YOUR EMAIL

MY BENEFITS

\$0.00

YOUR MONTHLY BENEFIT COST



ASK AVA



Hi, I'm AVA your automated virtual assistant. How can I help you?

TestFirst005, here are some things you may do next:



BENEFIT CHOICE

You have 41 days to complete this event.

Start Modify Cancel



VERIFY YOUR EMAIL

STARTING THE ENROLLMENT PROCESS

- Use the *Start* or *Modify* button to begin making elections for the FY23 Benefit Choice period.
- ***Start:*** Make all elections for the first time with a blank slate.
- ***Modify:*** Make changes to last saved elections.

FAMILY PAGE

 Family

 Health and Dental Plans

 Complete your Enrollment

Benefit Choice - July 1, 2022

Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.



+ Add Family Member

TestFirst004
TestLast004

Relationship Myself
D.O.B Oct 27, 1978

[View Details](#)

- **The first step in the benefit enrollment process is to review and update information.**
- **On this screen, you will see member and any benefit-eligible dependents.**



Benefit Choice - July 1, 2022

Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.

[+ Add Family Member](#)

TestFirst004
TestLast004

Relationship Myself
D.O.B Oct 27, 1978

[View Details](#)

- Use +Add Family Member to add dependents.
- Pop-up window will appear to prompt member to add family information.
- Use the Tip Tools  as a guide to understand requested information.

Family Member

Additional Coverage Information

Are you currently covered under any other

[Cancel](#)[Save](#)

Benefit Choice - July 1, 2022

Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.

- After successful addition of dependents, the family screen will display all family members added to your profile.
- Select Next or the Health and Dental Tab.

+ Add Family Member

TestFirst005
TestLast005

Relationship Myself
D.O.B Jul 9, 1949

[View Details](#)

Benefit Choice - July 1, 2022

Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.



+ Add Family Member

TestFirst005
TestLast005

Relationship Myself
D.O.B Jul 9, 1949

[View Details](#)

TestChild TestLast005

Relationship Child
D.O.B Mar 9, 2020

[View Details](#)

Health and Dental

 [Health and Dental Plans](#)

 Complete your Enrollment

Benefit Choice - July 1, 2022

Health and Dental Plans



[Health and Dental Plans](#)

Retiree Medical

[Compare Plans](#)

Select who is covered

- TestFirst005 TestLast005
Myself
- TestChild TestLast005
Child
- TestChild TestLast0
Child

BlueAdvantage HMO

\$271.00

Your monthly cost

[Select](#)

Aetna HMO

\$334.00

Your monthly cost

[Select](#)

Aetna OAP

\$319.00

Your monthly cost

[Select](#)

Health Alliance HMO

HealthLink OAP

HMO Illinois

[Scroll down](#)

Your pre-tax deductions:
\$467.00

Your post-tax deductions:
\$741.60

[See all benefits and costs](#)

- The next step is selecting medical and dental options.
- Dependents are displayed on the side of the benefits making it easy to select who is covered.
- If a dependent is ineligible, they will be marked with an “/” instead of a “✓”.

Retiree Medical Compare Plans

Select who is covered

TestFirst002 TestLast002 Myself

BlueAdvantage HMO \$0.00 Your monthly cost Select	Aetna OAP \$0.00 Your monthly cost Select	HealthLink OAP \$0.00 Your monthly cost Select
HMO Illinois \$0.00 Your monthly cost Select	College Choice Health Plan \$0.00 Your monthly cost Select	BCBS OAP \$0.00 Your monthly cost Select
Waive ✓ \$0.00 Your monthly cost Waived	Scroll down	

Your pre-tax deductions: \$0.00 Your post-tax deductions: \$0.00

[See all benefits and costs](#)

[Previous](#) [Next](#)

Health and Dental

- Upgraded enrollment tool allows members the ability to see all plans they are eligible for.
- Tiles display each plan available along with the monthly cost.

📘 Important information

Retiree Medical

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.

Retiree Medical ⓘ

Compare Plans

Select who is covered

TestFirst002 TestLast002
Myself

BlueAdvantage HMO

\$395.23

Your monthly cost

Select

Aetna OAP ✓

\$395.23

Your monthly cost

HealthLink OAP

\$0.00

Your monthly cost

Select

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.

HMO ELECTION PRIMARY CARE PROVIDER

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

Health and Dental Plans

Error
Retiree Medical
To enter your primary care physician's number (PCP) for yourself and any covered dependents, please click the "Select your Primary Care Provider" button.
[Select Your Primary Care Provider](#)

Retiree Medical ⓘ [Compare Plans](#)

Select who is covered

TestFirst002 TestLast002
 Myself

BlueAdvantage HMO ✓ \$395.23 Your monthly cost	Aetna OAP \$395.23 Your monthly cost Select	HealthLink OAP \$0.00 Your monthly cost Select
--	--	---

PLAN COMPARE

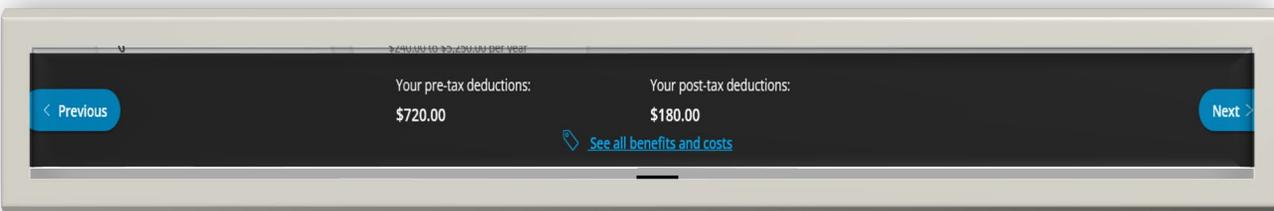
- The compare plan option gives the member an opportunity to view details on medical plans side by side.
- The tool displays plan details to assist the member in making a decision on a health plan election.

The screenshot displays a web interface for comparing health plans. At the top right, there is a logo of a stethoscope with a heart. Below it, the heading "Compare your health plans" is followed by a sub-heading: "See your plan options side by side to help in your decision. Select 2 or 3 plans for a more detailed comparison." A "Select Plans:" section on the right lists three options with checkboxes: "BlueAdvantage HMO" at \$244.00, "Aetna HMO" at \$268.00, and "Aetna OAP" at \$262.00. The main area shows a grid of plan cards. The first row includes "Aetna HMO" (\$268.00) and "Aetna OAP" (\$262.00), both with "Select" buttons. The second row includes "HealthLink OAP" (\$275.00) and "HMO Illinois" (\$248.00), also with "Select" buttons. A "Scroll down" button is visible between the two rows. At the bottom, a detailed view of the "Compare Plans" section shows three plan cards: "Aetna HMO" (\$359.00), "Health Alliance HMO" (\$359.00), and "HealthLink OAP" (\$374.00), each with a "Select" button. Below the cards is a table for "Deductible" information.

Deductible			
Employee	In-Network: \$0 copay	In-Network: \$0 copay	Tier I: \$0 per enrollee
	Out-of-Network:	Out-of-Network:	Tier II:



- Recalculate button is at the bottom of the screen.



Cost Summary

	Monthly Amount	Annual Amount
Your pre-tax deductions:	\$720.00	\$8,640.00
Your post-tax deductions:	\$180.00	\$2,160.00
Total Employer cost:	\$1,164.60	\$13,975.20

My coverage

Benefit	Coverage Options	Coverage Details	Your Cost	Employer Cost
Health and Dental Plans				
Medical	STATE Consumer-Driven Health Plan	Employee + 1	\$399.00	\$1,068.60
Dental	Quality Care Dental Plan	Employee + 1	\$21.00	\$31.00

ADDITIONAL FEATURES

- Shopping cart at the bottom of the screen allowing members to see their monthly pre and post tax costs.
- [See all benefits and costs](#)
- Cost summary will display in a pop-up window with a break down of monthly and annual, as well as employee and employer costs.

COMPLETE ENROLLMENT PAGE

- The last step is to complete the enrollment.
- Members will have an opportunity to review:
 - All personal information and selections.
 - Monthly costs for the benefits selected.
 - Employer contribution amounts.
- Elections that have changed will be displayed in **blue** and marked with a star.

Benefit Choice - July 1, 2022

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.



Family Members

Below is a summary of the dependents you have on file.

TestFirst002 TestLast002

Relationship Myself
D.O.B Aug 10, 1957

[View Details](#)

TestSpouse TestLast002

Relationship Spouse
D.O.B Aug 9, 1962
Coverage No Coverage

[View Details](#)

Your coverage

All benefits are effective as of July 1, 2022 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Options	Coverage Details	Your Cost	Employer Cost
Health and Dental Plans				
 Retiree Medical	College Choice Health Plan	Retiree Only	\$445.89	-
Total			\$445.89	\$0.00

COMPLETE ENROLLMENT PAGE

Cost Summary

	Monthly Amount	Annual Amount
null		
Your pre-tax deductions:	\$720.00	\$8,640.00
Your post-tax deductions:	\$180.00	\$2,160.00
Total Employer cost:	\$1,164.60	\$13,975.20

Notes

- Please review the companion Health Savings Account section to determine your contribution options.
- 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.
- You have applied for Optional and/or Spouse Life and you are required to complete the Statement of Health application. A link to complete the Statement of Health application will be provided on your enrollment confirmation page at the end of your enrollment. The Statement of Health application must be completed with MetLife and the selected benefit level must be approved prior to coverage taking effect. Your Monthly Cost shown is assuming approval of your selected coverage option.

If you do not complete your Statement of Health, by using the link at the end of the enrollment, you must do so within 60 days of your election. You can complete this form at a later date by using the link under Self-Service Tools, View Required Documents. Your coverage will not take effect until approved by MetLife.

- Please reference your handbook for additional clarification of how Employer Contributions are provided.

Member Only Employer Contribution: \$500
Member + 1 or More Employer Contribution: \$1000

- Please note, you have enrolled in the HSA plan and will be ineligible to enroll in the MCAP plan.
- 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.
- 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.

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:

[Read full terms and conditions](#)

I agree to the Terms and Conditions

[Go back and make changes](#)

[Complete Enrollment](#)

- Total Cost Summary is displayed.
- Must agree to Terms and Conditions, by checking the box at the bottom of the screen.
- To finalize elections, click the Complete Enrollment button at the bottom of the screen.

- Once elections have been successfully submitted, members will have a green check mark display.
- To print the summary of elections, click **Download my Enrollment Summary**.
- If documentation is required, members will see a message indicating what is required.

ACCESSIBILITY VIEW

1 NOTIFICATIONS MY ACCOUNT SUPPORT LOGOUT

Home

Illinois Department of Central Management Services
CMS

Enrollment Confirmed

Event type: Benefit Choice | July 1, 2022

[Download my Enrollment Summary](#)

Next

Welcome TestFirst005

Illinois Department of Central Management Services

CMS

🔍 Search here?

Home

TestFirst005, here are some things you may do next:



**BENEFIT CHOICE
VIEW CHANGES**

Start Modify Cancel



VERIFY YOUR EMAIL



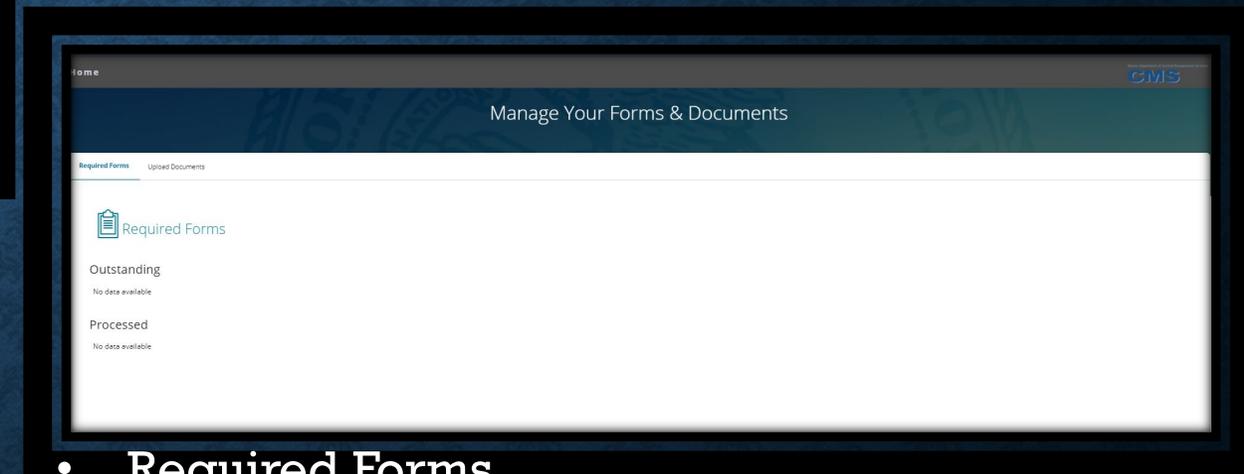
**ENROLLMENT FORMS
REQUIREMENTS**

- 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 members to make additional changes.

MANAGE FORMS & DOCUMENTS



- **Uploading Documentation**
 - Enhancement provides more documentation options to upload (ie: picture, word document, etc.)



- **Required Forms**
 - Enrollment tool will display any documentation that is required for benefit changes.
 - Reflects what has been processed and what remains outstanding.
 - Must be uploaded by June 10th.

MyElections HISTORY PAGE

- Additional Features
 - The display of information under Self Service Tools has been enhanced.
 - Ability to update coverage through the “start new event” button at the bottom of the page.

MyElections History

Below is a timeline of your elections
Select an event for more details

←

Marriage CIP/TRIP
Oct 1, 2021
Pending approval

[View Details](#) [Actions](#)

Current Coverage ✓
Apr 27, 2022
-

[View Details](#)

Benefit Choice
Jul 1, 2022
In progress

[Actions](#)

→

Hide cancelled transactions

Current Coverage

Apr 27, 2022

Today's Coverage Personal Information Dependents

[Print my coverage details](#)

Your coverage

All benefits are effective as of April 27, 2022 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Options	Coverage Details	Your Cost	Employer Cost
Health and Dental Plans				
Retiree Medical	Waive	Waive	-	-

Enroll & Make Changes

UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

EVENTS

Description	Eligibility Period	Actions
Life Event		
Birth/Adoption/Legal Guardianship	60 days of the event date	Start >
Dependent Data Change	n/a	Start >
Divorce/Legal Separation Non MAPD	60 days of the event date	Start >
Gain of Dependent Eligibility	60 days of the event date	Start >
Gain of Other Coverage	60 days of the event date	Start >
Loss of Dependent Eligibility	60 days of the event date	Start >
Loss Of Other Coverage	60 days of the event date	Start >
Significant change in Daycare Provider costs	n/a	Start >
Temporary Guardianship Verification	60 days of the event date	Start >
Any Time Change		
Voluntary Benefit Change (Anytime Event)	n/a	Start >

 [View myelection history](#)

- Initiate Qualifying Life Events.
 - Outside of the Benefit Choice Open Enrollment Period.
- Provides description of life events the member is eligible for.
- Displays eligibility period for each event.

ENROLL & MAKE CHANGES PAGE