



benefit  
choice

# STATE OF ILLINOIS

## BENEFIT CHOICE OPEN ENROLLMENT SEMINAR

Open Enrollment Period

May 1, 2022 – May 31, 2022

Effective July 1, 2022

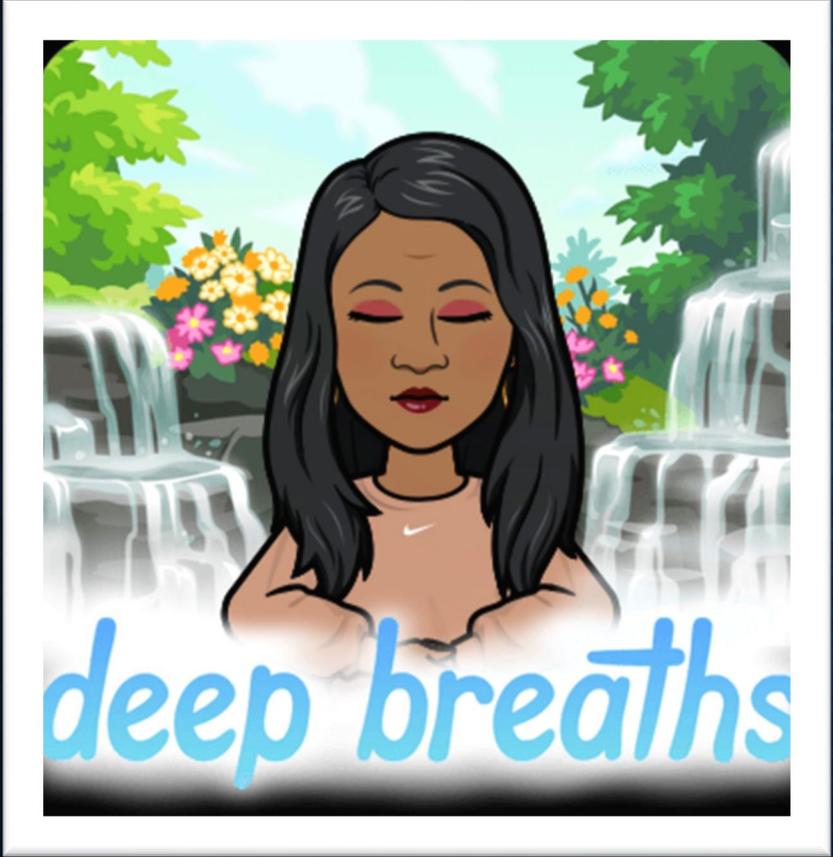


**PRESENTED BY:**

**Julia Snyder**  
Service Delivery  
Manager



**Colby Vail**  
Program Liaison



# SHANTÉ BURKE

Manager,  
Wellness Program

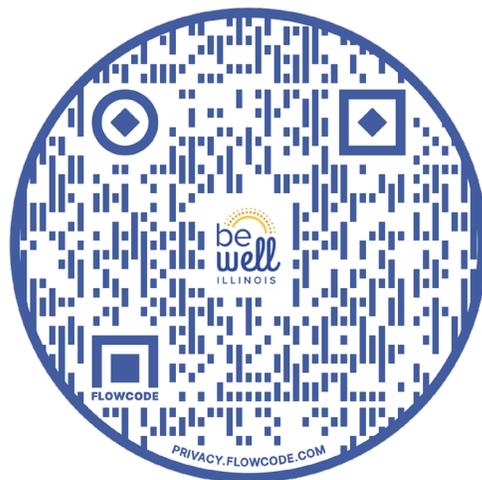


The **Illinois Department of Central Management Services** (CMS) launched a comprehensive wellness program, **Be Well Illinois** in 2021, to expand access to wellness opportunities and features educational resources, webinars, motivational messages and engaging events.

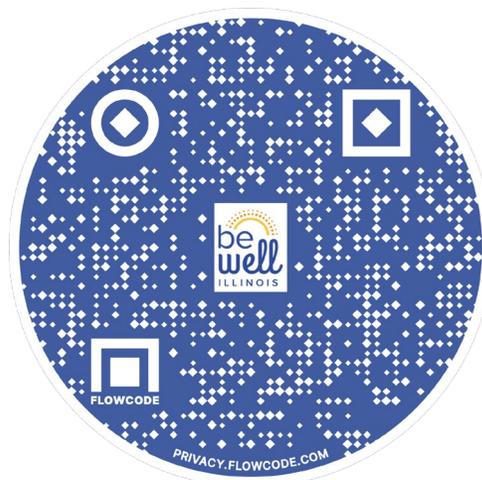
Be Well Illinois focuses on:

- 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





STATE OF ILLINOIS  
Department of Central Management Services  
Bureau of Benefits

FY 2023

# benefit choice



## State Employees Group Insurance Program

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



- The Benefit Choice annual Open Enrollment Period for State Active Employees and Non-Medicare Retirees is May 1, 2022 – May 31, 2022.

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

- 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?

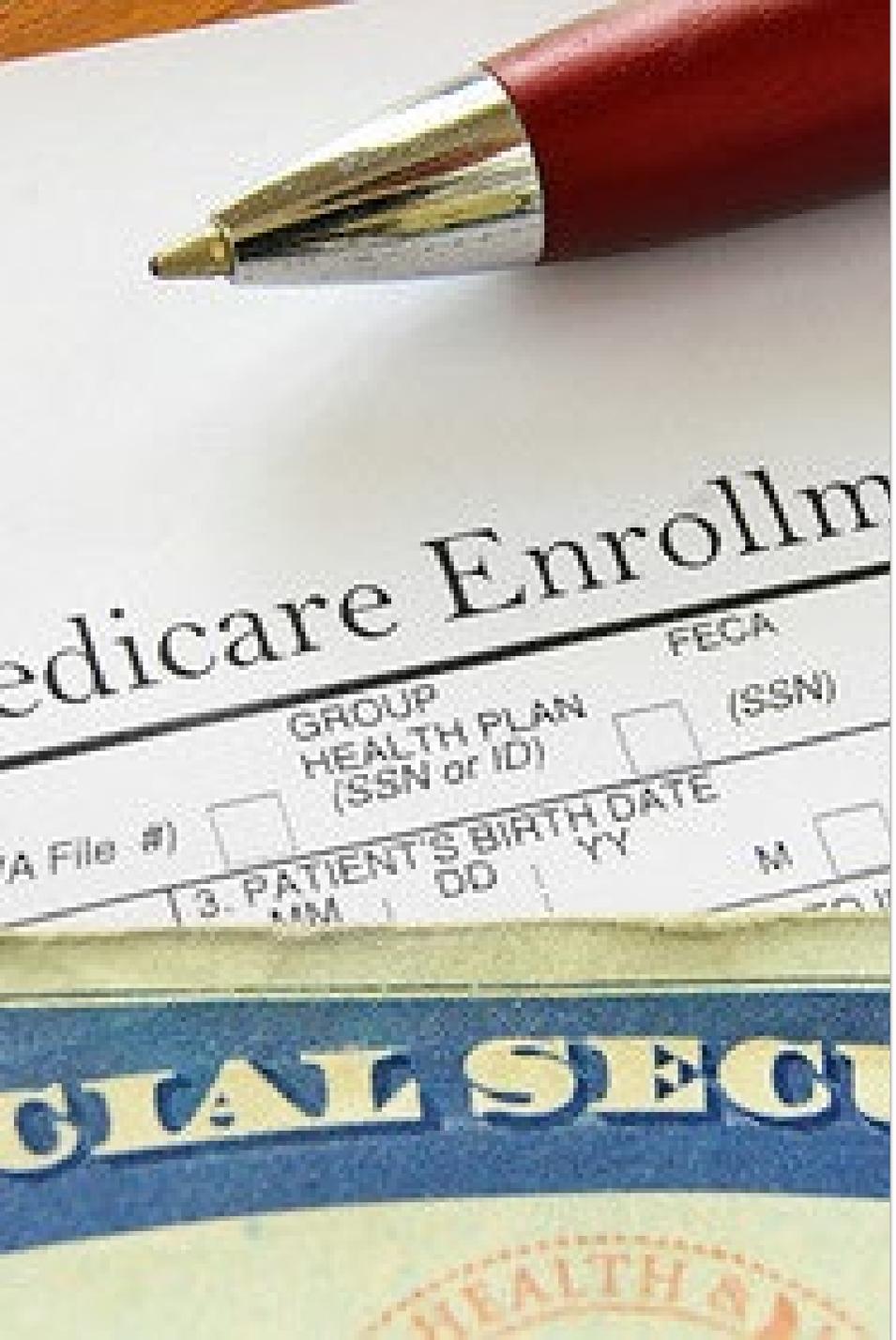
- This can only be done by contacting your Group Insurance Representative (GIR) at your Agency or Retirement System.
- If you do not know who your GIR is, please contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY).





## **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, i.e., with a custodial parent or attending college, you must contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY) to have this done.



# MEDICARE INFORMATION

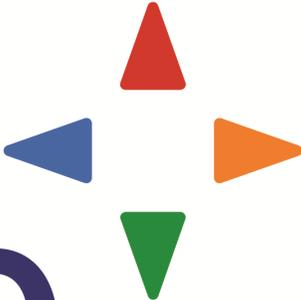
- If you are still actively working, you are no longer required to enroll in Medicare Part A upon turning age 65.
- You cannot be enrolled in Medicare and the Consumer Driven Health Plan (CDHP) with the Health Savings Account (HSA).
- Dependents are still required to enroll in Medicare Parts A&B upon meeting eligibility requirements.
- If you are planning to retire and will be Medicare A&B eligible, you should begin the enrollment process 90 days prior to your retirement date.



As of January 1, 2021, the State of Illinois implemented a healthcare program called **Total Retiree Advantage Illinois (TRAIL)** which is a Medicare Advantage Prescription Drug (MAPD) plan. TRAIL MAPD is for **all retirees, annuitants and survivors**, to enroll effective the date all enrollees/dependents become Medicare A&B eligible.

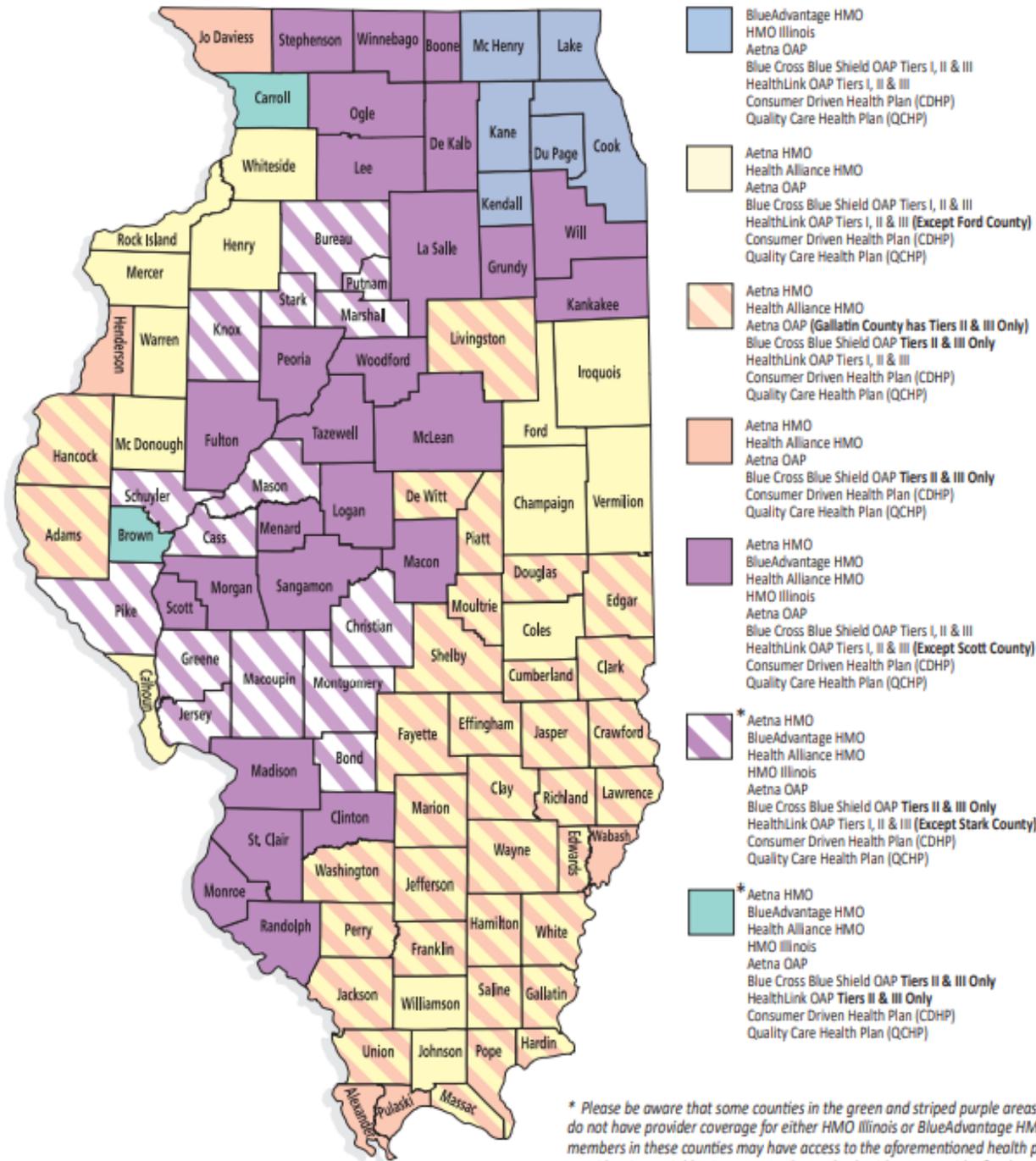
**TOTAL RETIREE ADVANTAGE ILLINOIS**

benefit  
choice



**FY23 OPEN  
ENROLLMENT  
PERIOD**

# NO NEW PLAN ADMINISTRATORS OR CHANGES IN PLAN AVAILABILITY



Employee Annual Salary	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP**	QCHP***
\$30,200 & below	\$120	\$94	\$120	\$98	\$114	\$114	\$128	\$95	\$134
\$30,201 - \$45,600	\$139	\$113	\$139	\$117	\$133	\$133	\$147	\$114	\$153
\$45,601 - \$60,700	\$158	\$132	\$158	\$136	\$152	\$152	\$166	\$133	\$171
\$60,701 - \$75,900	\$176	\$150	\$176	\$154	\$170	\$170	\$184	\$151	\$190
\$75,901 - \$100,000	\$195	\$169	\$195	\$173	\$189	\$189	\$203	\$170	\$209
\$100,001 - \$125,000	\$249	\$223	\$249	\$227	\$243	\$243	\$257	\$224	\$263
\$125,000 - and over	\$282	\$256	\$282	\$260	\$276	\$276	\$290	\$257	\$296

**Member Rates are based on your March 1<sup>st</sup> Annual Salary.**

Number of Dependents	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP**	QCHP***
1 Dependent	\$195	\$158	\$195	\$162	\$186	\$186	\$204	\$169	\$291
2+ Dependents	\$240	\$194	\$241	\$201	\$231	\$231	\$257	\$213	\$329
1 Medicare A & B Primary Dependent	\$172	\$137	\$171	\$141	\$163	\$163	\$180	\$146	\$184
2+ Medicare A & B Primary Dependents	\$214	\$172	\$215	\$178	\$205	\$205	\$227	\$187	\$245

**Dependent Rates are in addition to Member Rates and based on the Number of Dependents, Plan Enrollment and Medicare Primacy.**

## MONTHLY HEALTH PLAN CONTRIBUTIONS

# 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

- Consumer Driven Health Plan (CDHP) - Aetna PPO
- Quality Care Health Plan (QCHP) - Aetna PPO

## Co-payments ▪

- **HMO**
  - Plan year Out of Pocket Max:
    - \$3,000 Individual
    - \$6,000 Family
  - Physician Office Visit \$30
  - Specialist & Home Health Care Visit \$35
  - ER Services \$275
  - Inpatient Hospitalizations \$425
  - Outpatient Surgery \$300

## Coinsurance & Deductibles ▪

- **OAP**
  - **Tier I**
    - Same as HMO
  - **Tier II Plan \$300 Year Deductible/Enrollee**
    - Physician & Specialist 90%
    - ER Services \$275/visit
    - Inpatient Hospitalizations Services 90% after \$475 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 ▪

- **PPO**
  - Plan Year Deductibles
    - Salary based
      - Individual/Family
  - In-Network
    - Physician & Specialist visits 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 \$800
    - Outpatient Surgery 60%

## Open Access Plan (OAP) Benefits

Prescription Drugs			
Plan Year Pharmacy Deductible – \$150 per enrollee		Preventive Prescription Drugs – \$0	
	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$16.00	\$33.00	\$57.00
Copayments (90-day supply)***	\$40.00	\$82.50	\$142.50
Maintenance Choice (90-day supply)****	\$20.00	\$41.25	\$71.25

\* A plan year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.  
 \*\* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.  
 \*\*\* If a member or dependent elects a higher Tier drug where a lower Tier drug is available, the member or dependent is responsible for the higher copayment plus the difference in cost between the drugs.  
 \*\*\*\* Medications received at CVS Caremark® Retail Pharmacy or through CVS Caremark® Mail Service Pharmacy.

MyBenefits.illinois.gov SEGIP 5



The printed Booklets have errors on pages 5 & 6.

- The Co-Payment amounts for the Prescription Drug, Maintenance Choice (90-day supply) for the OAP and QCHP.
- Corrected amounts are listed in the online versions.

## Quality Care Health Plan (QCHP) Benefits

Prescription Drugs			
Plan Year Pharmacy Deductible – \$175 per enrollee		Preventive Prescription Drugs – \$0	
	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$18.00	\$38.00	\$60.00
Copayments (90-day supply)	\$45.00	\$95.00	\$150.00
Maintenance Choice (90-day supply)**	\$22.50	\$47.50	\$75.00

\* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.  
 \*\* Medications received at CVS Caremark® Retail Pharmacy or through CVS Caremark® Mail Service Pharmacy.

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# WHEN ELECTING THE CONSUMER DRIVEN HEALTH PLAN (CDHP)

Under Age 55			Age 55 and older		
	Individual	Family		Individual	Family
Employer Contribution =	\$500	\$1,000	Employer Contribution =	\$500	\$1,000
Employee Contribution =	\$3,150	\$6,300	Employee Contribution =	\$ 4,150	\$7,300
Max IRS Allowed Contribution =	\$3,650	\$7,300	Max IRS Allowed Contribution =	\$4,650	\$8,300

You have the option to enroll in the Health Savings Account (HSA) with:

1. The **employer** contribution and
  2. The **employee** contribution.
- The HSA is still being administered by Pay Flex.
  - If you were previously enrolled in CDHP/HSA and elected the **employer** contribution, that election will automatically be re-enrolled each year.
  - However, you must make your **employee** contribution elections for the next plan year.

# FLEXIBLE SPENDING ACCOUNTS



Questions regarding  
Optional Tax Programs  
contact 217-558-4509 or  
[CMS.Ben.FSA@illinois.gov](mailto:CMS.Ben.FSA@illinois.gov)

Open Enrollment May 1, 2022 – May 31, 2022,  
to be effective July 1, 2022.

## MCAP

Max contribution amount  
has increased to \$2,850.

Unused rollover will be  
capped at \$570.

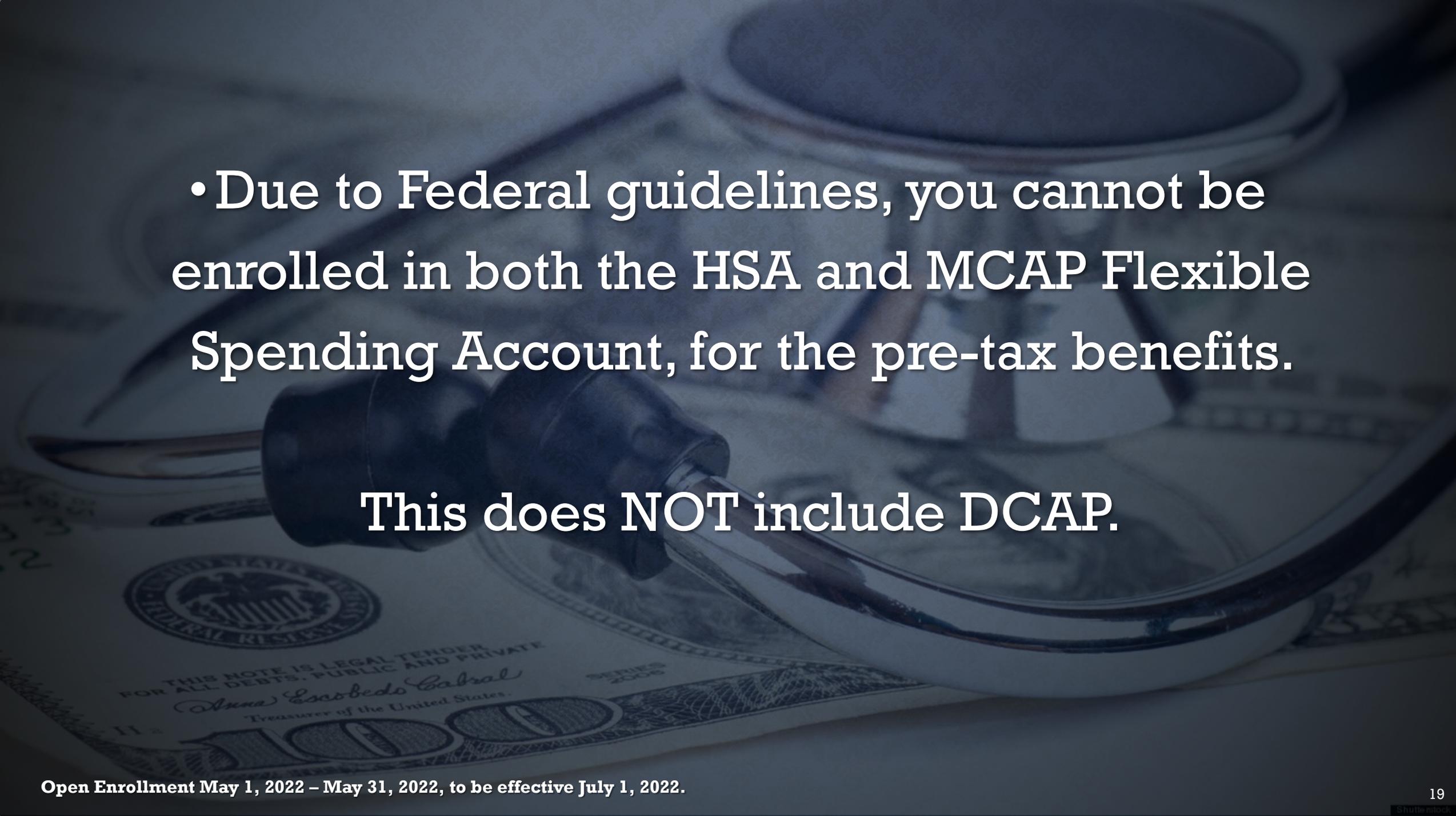
## DCAP

Max contribution amount  
has decreased to \$5,000.

All unused funds will be  
forfeited.

## Reminder

Members must re-enroll in MCAP/DCAP every year  
for continued benefits.



- Due to Federal guidelines, you cannot be enrolled in both the HSA and MCAP Flexible Spending Account, for the pre-tax benefits.

**This does NOT include DCAP.**



- Vision coverage is provided at no cost to those enrolled in a State health plan and is administered by EyeMed.
- All enrolled members and dependents receive the same vision coverage regardless of the health plan selected.

# DENTAL ONLY COVERAGE

- If you opt-out out of health coverage, you may elect dental only for you and your dependent(s).
- If you are enrolled in health and dental coverage for yourself, your dependent(s) must mirror your health and dental elections. You cannot be enrolled in health and dental coverage, and request to elect dental only coverage for your dependent(s).



### Planning for the future

- **Funeral Discounts & Planning Services**<sup>1</sup>: Helping to alleviate the burden of making funeral arrangements for your loved ones. Get access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
- **Will Preparation**: Helping to ensure your final wishes are clear. Choose to work one-on-one with an attorney, in-person or on the phone, to prepare or update a will, living will or power of attorney<sup>2</sup>
- **Retirement Planning**<sup>3</sup>: Retiring with confidence. Access workshops that offer comprehensive retirement and financial education to help you plan for the future, through our *Retirewise* program.

### Assisting through life's changes

- **Transition Solutions**<sup>3</sup>: Having assistance when moving on from a company. Receive help with time-sensitive benefit and financial decisions so you can make the right choices during employment transitions.

### Supporting you and your loved ones through difficult times

- **Grief Counseling**<sup>4</sup>: Accessing professional support in a time of need. Meet in-person or on the phone with a licensed counselor to help cope with a loss or major life change.
- **Funeral Assistance**<sup>4</sup>: Honoring a loved one's life. Work with compassionate counselors that assist with customizing funeral arrangements with personalized one-on-one service.
- **Estate Resolution Services**<sup>5</sup>: Settling an estate with confidence. With unlimited consultations, either in person with an attorney or by phone, including court representations, you can feel confident you've made the right decisions.
- **Life Settlement Account**<sup>9</sup>: Reducing the pressure of immediate financial decisions. Your beneficiaries can take their time to make the right decision with the flexible settlement option that gives full access to policy funds while earning a guaranteed minimum interest rate.

- Prepare your family for life's unexpected outcomes with MetLife Advantages.

- Upload your Statement of Health.
- View life coverage details.
- Update your beneficiary information.

# METLIFE MEMBER PORTAL

	PO Box 805107, Chicago, IL 60680-4112		
	Health Alliance Medical Plans HMO (Group Number 2001688) 3310 Fields South Drive, Champaign, IL 61822	800-851-3379 800-526-0844 (TDD/TTY)	<a href="http://healthalliance.org/stateofillinois">healthalliance.org/stateofillinois</a>
	HealthLink OAP (Group Number 160000) PO Box 419104, St. Louis, MO 63141-9104	877-379-5802 877-232-8388 (TDD/TTY)	<a href="http://healthlink.com/soi/learn-more">healthlink.com/soi/learn-more</a>
Prescription Drug Plan	CVS Caremark® (for QCHP, CDHP, or OAP Plans) Group (Group Number 1400000)	877-232-8128 800-231-1100 (TDD/TTY)	<a href="http://caremark.com">caremark.com</a>

# Contact Information

Vision Plan			<a href="http://com/stil">com/stil</a>
Dental Plan			<a href="http://n">n</a>
Life Insurance			<a href="http://illinois">illinois</a>
Flexible Spending Accounts (FSA)	Optum Financial/ConnectYourCare PO Box 622317, Orlando, FL 32862-2317	888-469-3363 800-526-0844 (TDD/TTY) 443-681-4602 (fax)	<a href="http://Optumfinancial.com">Optumfinancial.com</a>
Health Savings Accounts (HSA)	PayFlex Systems USA, Inc. 10802 Farnam Drive, Suite 100 Omaha, NE 68154	888-678-8242	<a href="http://payflex.com">payflex.com</a>
Commuter Savings Program (CSP)	Edenred Benefits Claims Administrator 265 Winter Street, 3rd Floor, Waltham, MA 02451	888-235-9223 844-878-0594 (TDD/TTY)	<a href="http://login.commuterbenefits.com/">login.commuterbenefits.com/</a>

# MyBenefits Plus

- MyBenefits Plus is a voluntary program available to all State Active Full-Time Employees, Non-MAPD Retirees and Survivors.
- To be eligible for this benefit, member's must be active on payroll or receiving annuity benefits.
- Premiums must be deducted.
- MyBenefits Plus Service Center for details at 1-855-548-8800 or [mybenefitsplus@corestream.com](mailto:mybenefitsplus@corestream.com)

## Open Enrollment/New Hire 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
- Purchasing Power\*



# PREPARE FOR LIFE'S ACCIDENTS



MyBenefits Plus

OPEN ENROLLMENT MAY 1- 31

**ACCIDENT INSURANCE:** There are things you and your family do **daily** that may lead to an accident or out-of-pocket expenses. **Get protected.**

LUMP SUM BENEFITS



ON & OFF-THE JOB COVERAGE



GUARANTEED ISSUE



IMMEDIATE COVERAGE NO WAITING PERIODS



COVERED HOSPITAL STAYS



ANNUAL HEALTH SCREENING BENEFIT




Visit MyBenefits Plus To Learn More



Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.





# PREPARE FOR THE FUTURE



MyBenefits Plus

OPEN ENROLLMENT MAY 1- 31

**CRITICAL ILLNESS INSURANCE:** Gain the **power** to make treatment decisions, without putting your **finances at risk**.

SIMPLIFIED UNDERWRITING



DEPENDENT COVERAGE AVAILABLE



CASH BENEFITS DISTRIBUTED



CHOICE PLANS AVAILABLE



USE BENEFITS FOR ANY EXPENSES



COVERED HOSPITAL STAYS



Visit MyBenefits Plus To Learn More 



Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.



# YOU NEVER KNOW



MyBenefits Plus

OPEN ENROLLMENT MAY 1- 31

**HOSPITAL INDEMNITY INSURANCE:** Achieve peace of mind knowing you have **additional coverage** to help ease your **financial** responsibility while you recover.

ANNUAL HEALTH SCREENING BENEFIT



DEPENDENT COVERAGE AVAILABLE



LUMP SUM DISTRIBUTIONS



PLAN LEVEL OPTIONS



USE BENEFITS FOR ANY EXPENSES



PORTABLE PLANS



Visit MyBenefits Plus To Learn More



Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.





# LIVE YOUR LIFE CONFIDENTLY



MyBenefits Plus

OPEN ENROLLMENT MAY 1- 31

**LEGAL SERVICES:** 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



Visit MyBenefits Plus To Learn More



Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.





# SECURE YOUR IDENTITY



MyBenefits  
Plus

AVAILABLE ANYTIME!

**IDENTITY THEFT PROTECTION:** In 2019 **14.4 million consumers** became victims of identity theft. That's nearly **40,000 victims** per day. Don't wait to get protected..

CREDIT  
ALERTS



CREDIT  
REPORTING



SOCIAL MEDIA  
REPUTATION  
MONITORING



DIGITAL  
WALLET



IDENTITY  
REMEDiation



ID THEFT  
INSURANCE  
POLICY



Visit MyBenefits Plus To Learn More



powered by  
corestream®



# FETCH GREAT SAVINGS



MyBenefits Plus

AVAILABLE ANYTIME!

**PET INSURANCE:** Protect your pet and your wallet with **exceptional savings** on veterinary bills. You'll find coverage for your furry, feathery and scaly friends that **fits your needs and your budget.**

VISIT ANY VET, ANYWHERE



24/7 VET HELPLINE



X-RAYS, MRIs, AND CT SCANS COVERED



INJURIES LIKE CUTS & BROKEN BONES COVERED



SURGERIES & HOSPITALIZATIONS COVERED



CHOICE PLANS AVAILABLE



Visit MyBenefits Plus To Learn More 



# WE'VE GOT YOU COVERED



MyBenefits Plus

AVAILABLE ANYTIME!

**AUTO & HOME INSURANCE:** Start saving on your **Auto and Home Insurance** by choosing from three 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



Visit MyBenefits Plus To Learn More



Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.



# FLEXIBILITY WITHOUT COMPLEXITY



MyBenefits  
Plus

**AVAILABLE ANYTIME!**

**PURCHASE FINANCING:** Shop **thousands of brand-name products** today. Your order ships right away but you get to pay over time, right from your paycheck -- with **no credit checks, hidden fees, or interest.**

THOUSANDS OF  
BRAND-NAME  
PRODUCTS



APPLIANCES,  
COMPUTERS,  
FURNITURE, MORE



NO DOWN  
PAYMENT



NO CREDIT  
CHECK



PAY USING  
PAYROLL  
DEDUCTION



UPFRONT  
PRODUCT  
DELIVERY



Visit MyBenefits Plus To Learn More



# **PROGRAM ELIGIBILITY REQUIREMENTS**

- 1. Must be at least 18 years of age.**
- 2. Active full-time employee.**
- 3. Minimum of 12 months.**
- 4. Earn at least \$16,000.**
- 5. Must provide a valid bank account or credit card.**



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 STATE OF ILLINOIS GROUP INSURANCE PROGRAM YOU BELONG:

The screenshot shows the home page of the MyBenefits Illinois.gov portal. At the top left, it says 'Illinois Department of Central Management Services' and 'CMS'. At the top right, there is a 'Login' button and links for 'Make a Payment (E-Pay)' and 'How to Register (Video)'. Below this, a prompt asks users to select their state group insurance program. There are four large, colorful buttons: a purple one for 'STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)', an orange one for 'COLLEGE INSURANCE PROGRAM (CIP)', a green one for 'LOCAL GOVERNMENT HEALTH PLAN (LGHP)', and a blue one for 'TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP)'. Each button has a 'Select' label and a small downward arrow icon.

## MyBenefits HOME PAGE

- <http://MyBenefits.Illinois.gov>
- Home screen allows members to select which state group they are under and view basic benefit info.
- Employees 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**



## 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


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 a  
security  
questions &  
password.

🔍 Search here?

Home

TestFirst005, here are some things you may do next:

 <b>BENEFIT CHOICE</b> VIEW CHANGES Start Modify Cancel	 <b>VERIFY YOUR EMAIL</b>	 <b>MYBENEFITS PLUS VOLUNTARY</b> BENEFIT PROGRAM
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**MY BENEFITS**

**\$152.00**  
YOUR MONTHLY BENEFIT COST

[Self-Service Tools](#)

**FY2023 benefit choice**



Benefit Choice Period • May 1-May 31, 2022  
State Employees Group Insurance Program

FY2023 Benefit Options State Employees' Group Insurance Plan >

**MyBenefits Plus**



**DON'T MISS THESE BENEFITS AVAILABLE YEAR-ROUND**

[Learn and Enroll](#)

**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
- MyBenefits Plus
- Ask Ava
- Informational Tiles

RECOMMENDED FOR ME



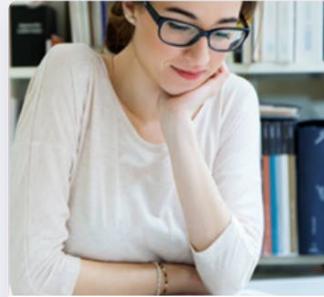
4

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 the employee's 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

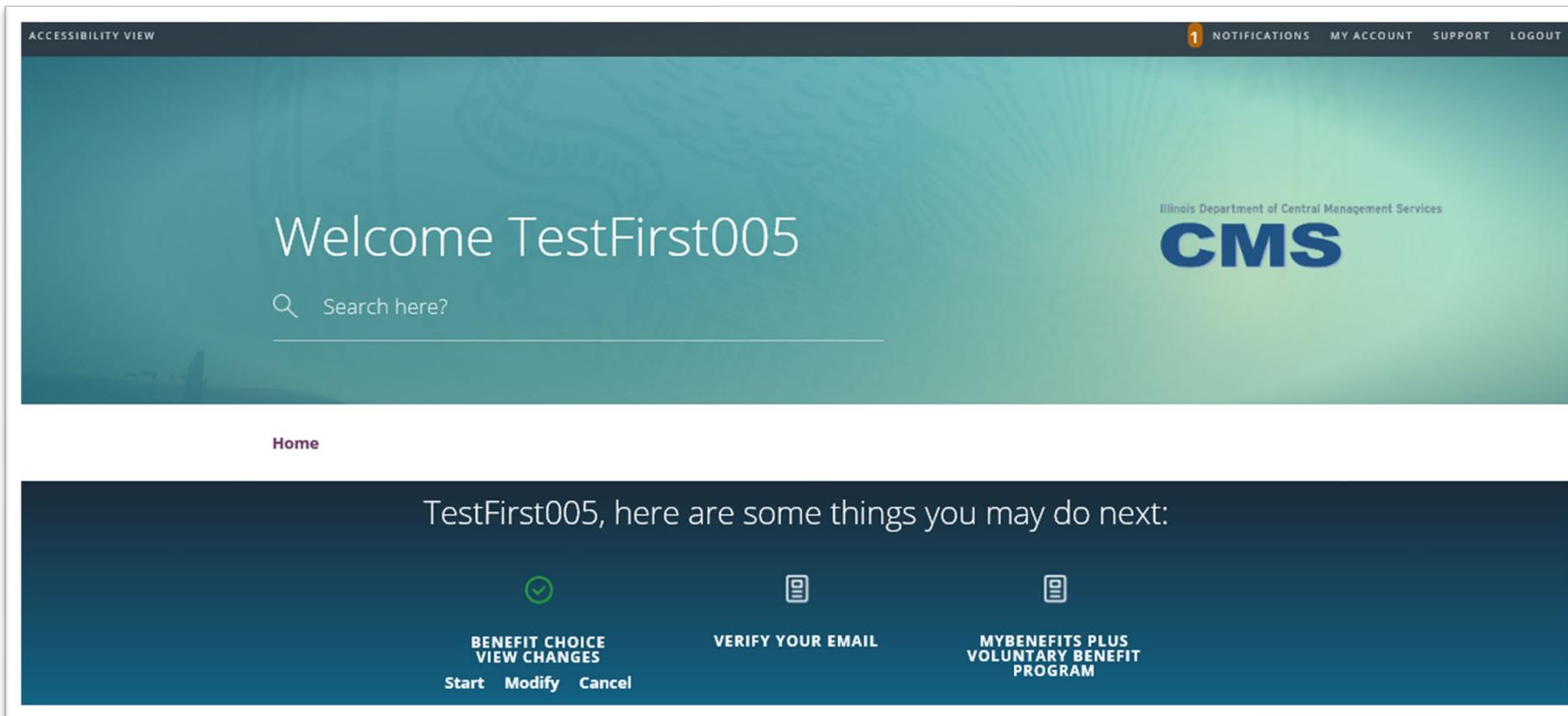
RESOURCES

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 employees 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

- 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

**MY BENEFITS**  
**\$152.00**  
YOUR MONTHLY BENEFIT COST

**\$12,578.40**  
ANNUAL VALUE OF  
YOUR BENEFITS

Benefits	Plan	Your Monthly Cost
Medical	Quality Care Health Plan	\$139.00
Dental	Quality Care Dental Plan	\$13.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	8 x Annual Base Salary	\$0.00
Optional Accidental Death and Dismemberment (AD&D)	Waive	\$0.00

View Benefits Selections

Self-Service Tools

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

ASK AVA

Self-Service Tools

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



FY 2023

# benefit choice



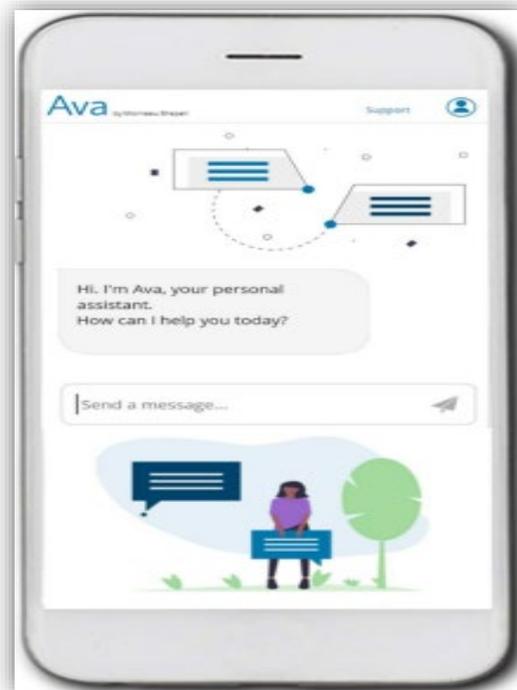
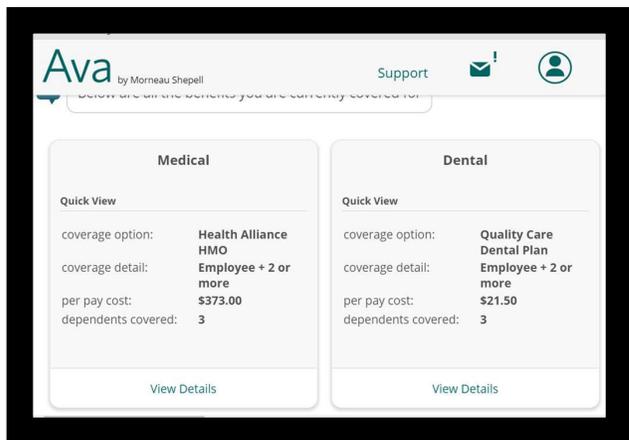
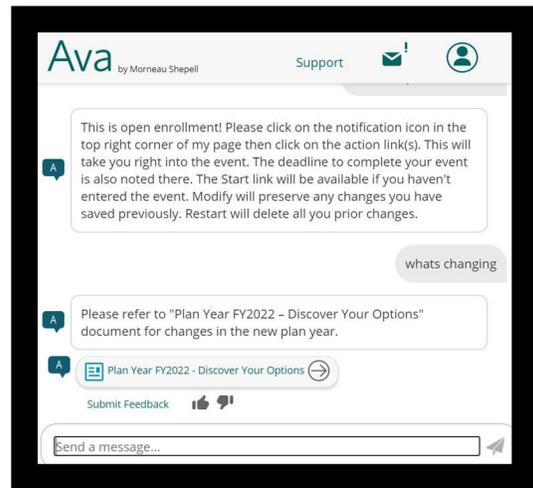
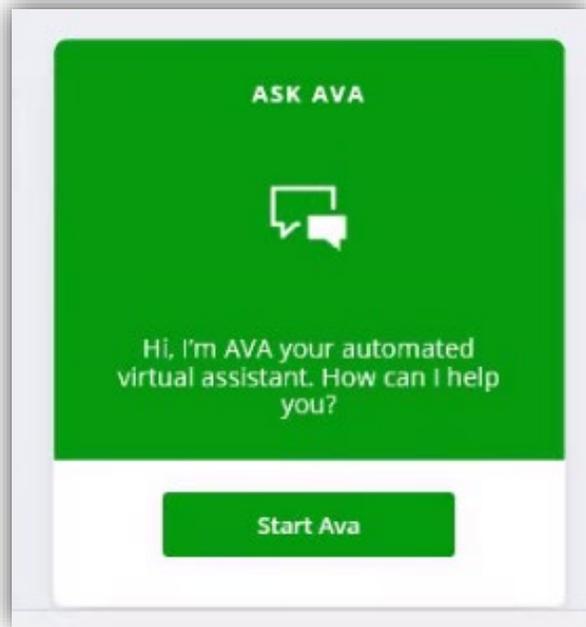
## State Employees Group Insurance Program

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



## FY2023 BENEFIT CHOICE TILE

- All employees eligible for the Benefit Choice enrollment, will see a tile specifically designed to provide information regarding the FY23 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.



# 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?



Welcome TestFirst005

Illinois Department of Central Management Services



Search here

# BENEFIT CHOICE ENROLLMENT EVENT

TestFirst005, here are some things you may do next:



**BENEFIT CHOICE  
VIEW CHANGES**  
Start Modify Cancel



**VERIFY YOUR EMAIL**



**MYBENEFITS PLUS VOLUNTARY  
BENEFIT PROGRAM**

**MY BENEFITS**

**\$152.00**  
YOUR MONTHLY BENEFIT COST

Self-Service Tools

FY2023  
**benefit choice**

Benefit Choice Period • May 1-May 31, 2022  
State Employees Group Insurance Program

FY2023 Benefit Options State  
Employees' Group Insurance Plan

**MyBenefits Plus**

**DON'T MISS THESE BENEFITS  
AVAILABLE YEAR-ROUND**

Learn and Enroll

**ASK AVA**

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

Start Ava



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**



**MYBENEFITS PLUS VOLUNTARY  
BENEFIT PROGRAM**

# 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



Life Insurance and AD&D



Health Savings Accounts



Flexible Spending Accounts (MCAP/DCAP)



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.**



# FAMILY PAGE

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

Life Insurance and AD&D

Health Savings Accounts

Flexible Spending Accounts (MCAP/DCAP)

Complete your Enrollment



Benefit Choice - July 1, 2022

## Health and Dental Plans

Health and Dental Plans

### Important information

Medical

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.

### 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 a “/” instead of a “✓”.

Medical ⓘ Compare Plans

Select who is covered

TestFirst005 TestLast005  
Myself

TestChild TestLast005  
Child

<p>BlueAdvantage HMO</p> <p><b>\$271.00</b> Your monthly cost</p> <p>Select</p>	<p>Aetna HMO</p> <p><b>\$334.00</b> Your monthly cost</p> <p>Select</p>	<p>Aetna OAP</p> <p><b>\$319.00</b> Your monthly cost</p> <p>Select</p>
<p>Health Alliance HMO</p> <p><b>\$334.00</b> Your monthly cost</p> <p>Select</p>	<p>HealthLink OAP</p> <p><b>\$351.00</b> Your monthly cost</p> <p>Select</p>	<p>HMO Illinois</p> <p><b>\$279.00</b> Your monthly cost</p> <p>Select</p>
<p>Quality Care Health Plan</p> <p><b>\$444.00</b> Your monthly cost</p> <p>Select</p>	<p>STATE Consumer-Driven Health Plan</p> <p><b>\$283.00</b> Your monthly cost</p> <p>Select</p>	<p>BCBS OAP</p> <p><b>\$319.00</b> Your monthly cost</p> <p>Select</p>

Scroll down

Your pre-tax deductions:  
\$342.00

Your post-tax deductions:  
\$741.60

[See all benefits and costs](#)

## Health and Dental

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

**i** Important information

Medical

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.

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.

Medical **i**

Compare Plans

Select who is covered

- TestFirst005 TestLast005  
Myself
- TestChild TestLast005  
Child

BlueAdvantage HMO

**\$271.00**  
Your monthly cost

Select

Aetna HMO

**\$334.00**  
Your monthly cost

Select

Aetna OAP **✓**

**\$319.00**  
Your monthly cost

# 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, employees will be prompted to assign their primary care physician.

Health and Dental Plans

**Error**  
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](#)

**Important information**  
Medical  
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.

Medical ⓘ ⓘ [Compare Plans](#)

Select who is covered

- TestFirst005 TestLast005  
Myself
- TestChild TestLast005  
Child

<b>BlueAdvantage HMO</b> ✓  <b>\$271.00</b> Your monthly cost	<b>Aetna HMO</b>  <b>\$334.00</b> Your monthly cost <a href="#">Select</a>	<b>Aetna OAP</b>  <b>\$319.00</b> Your monthly cost <a href="#">Select</a>
--	--	--

# PLAN COMPARE

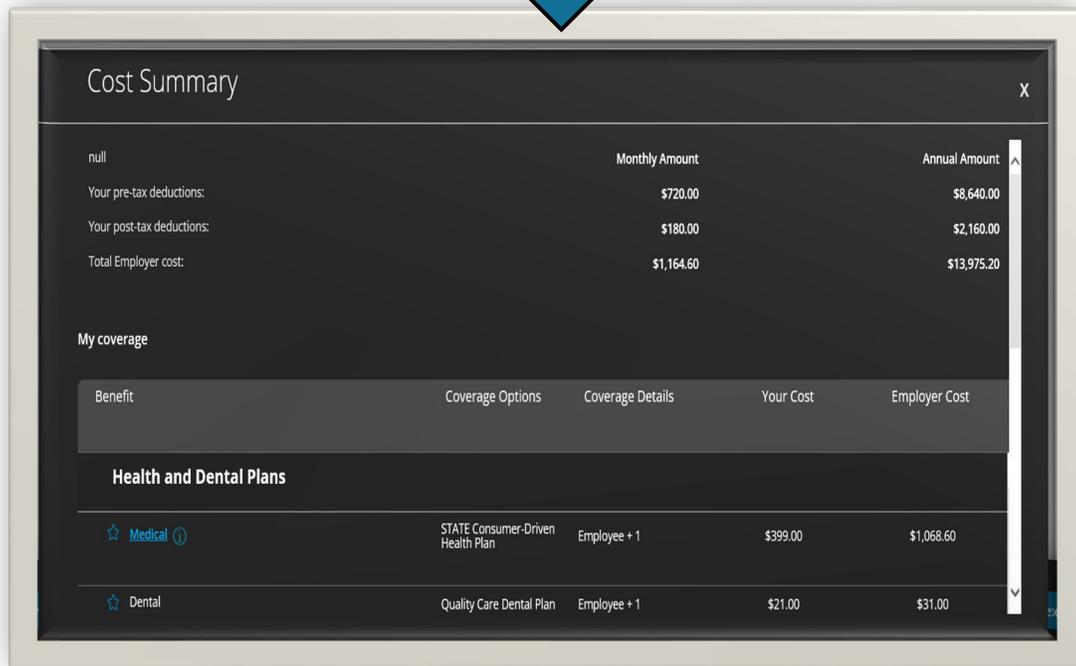
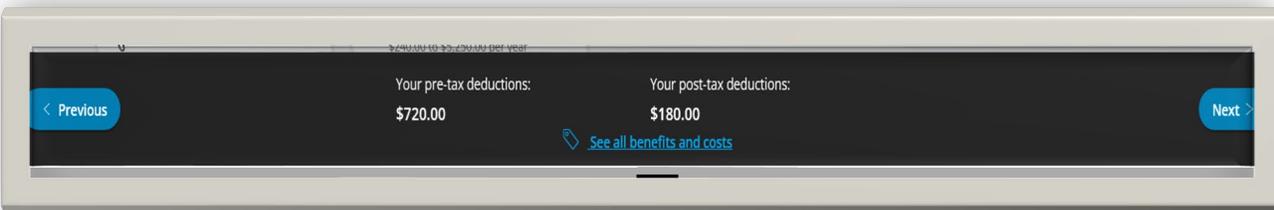
- The compare plan option gives the employees an opportunity to view details on medical plans side by side.
- The tool displays plan details to assist the member in making a decision on a health plan election.

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 this 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.



## 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.

**Error**  
Medical  
Your dependents must be covered under both medical and dental.

**Important information**  
Medical  
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.

Medical **i** **i** [Compare Plans](#)

**Select who is covered**

- DANIEL TEST Myself
- Test Spouse Spouse
- Test Dependent Child

Plan Name	Monthly Cost	Action
BlueAdvantage HMO	\$299.00 Your monthly cost	Select
Aetna HMO	\$359.00 Your monthly cost	Select (Scroll down)
Aetna OAP	\$344.00 Your monthly cost	Select

# ENROLLMENT TOOL

- 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.

# LIFE INSURANCE AND AD&D

- The Next step is the life insurance.
- To make changes within the enrollment, use the drop downs to select the desired volume of coverage.
- Options shown are unique to each individual.
- The tool will prompt employees to recalculate when changes are made in order to display accurate costs based on March salaries.
- Employees may be required to provide a statement of health form.

Life Insurance and AD&D

Benefit Choice - July 1, 2022



**Important information**  
Optional Member Life  
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.

**Basic Life**

Basic Life

**\$0**  
Your monthly cost

Coverage level  
1 x Annual Base Salary

**\$45,000.00**  
Amount Elected

Scroll down

**Option Life and AD&D**

Your pre-tax deductions: **\$467.00**  
Your post-tax deductions: **\$741.60**  
[See all benefits and costs](#)

**Option Life and AD&D**

**Optional Member Life**

**\$741.60**  
Your monthly cost

Coverage level  
8 x Annual Base Salary

**\$360,000.00**  
Amount Elected

**Optional Child Life**

**\$0**  
Your monthly cost

Coverage level  
Waive

**Optional Accidental Death and Dismemberment (AD&D)**

**\$0**  
Your monthly cost

Coverage level  
Waive

Back to top

Your pre-tax deductions: **\$467.00**  
Your post-tax deductions: **\$741.60**  
[See all benefits and costs](#)



# HEALTH SAVINGS ACCOUNT

- Employees may also be eligible to enroll in a Health Savings Account if they are enrolled in the CDHP plan.
- If so, they can select the employee contribution level on this screen and view the employer contribution.

Insurance and AD&D   Health Savings Accounts   Flexible Spending Accounts (MCAP/DCAP)   Complete your Enrollment

Benefit Choice - July 1, 2022  
Health Savings Accounts

**Important information**  
HSA Employer Contribution  
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  
HSA Employer Contribution  
Please note, you have enrolled in the HSA plan and will be ineligible to enroll in the MCAP plan.

Health Savings Accounts

**HSA Employer Contribution**

HSA Company Provided Contribution Coverage level

Amount Elected  
I want the HSA Emplo... ▾

**HSA Employee Contribution**

Annual Contribution

I do not want to contribute  
Amount Elected

Back to top

Your pre-tax deductions: \$306.00   Your post-tax deductions: \$741.60  
[See all benefits and costs](#)

**HSA Employee Contribution**

Annual Contribution  
**\$ 799.92**

799.92  
Amount Elected

# \$\$ FLEXIBLE SPENDING ACCOUNTS

Benefit Choice - July 1, 2022

## Flexible Spending Accounts (MCAP/DCAP)



### ① Important information

Medical Care Assistance Plan (MCAP)

Dependent Care Assistance Plan (DCAP)

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.

Dependent Care Assistance Plan (DCAP)

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.

### Flexible Spending Accounts (MCAP/DCAP)

#### Medical Care Assistance Plan (MCAP)

Annual Contribution

900

\$240.00 to \$2,850.00 per year

\$900.00  
Amount Elected

[View Details](#)

#### Dependent Care Assistance Plan (DCAP)

Annual Contribution

999.96

\$240.00 to \$5,000.00 per year

\$999.96  
Amount Elected

[View Details](#)

[Back to top](#)

Your pre-tax deductions:  
\$181.33

Your post-tax deductions:  
\$741.60

[See all benefits and costs](#)

- To enroll in flex benefits, employees will enter the annual goal amount in the coverage option fields.
- If the employee selected an amount that was too high or too low, the enrollment tool will:
  - Recalculate to adjust to the allowable amount.
  - Displays the minimum and maximum.

# COMPLETE ENROLLMENT PAGE

- The last step is to complete the enrollment.
- Employees 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.

## Complete Enrollment

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



### Important information

#### Medical

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.

#### Optional Member Life

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.

#### Medical Care Assistance Plan (MCAP)

#### Dependent Care Assistance Plan (DCAP)

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.

#### Dependent Care Assistance Plan (DCAP)

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.

### Family Members

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

#### TestFirst005 TestLast005

Relationship: Myself  
D.O.B: Jul 9, 1949

[View Details](#)

#### TestChild TestLast005

Relationship: Child  
D.O.B: Mar 9, 2020

Coverage: Dental

[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
<b>Health and Dental Plans</b>				
☆ <a href="#">Medical</a> ⓘ	Opt Out	Opt Out	-	-
☆ Dental	Quality Care Dental Plan	Employee + 1	\$23.00	\$47.76
<b>Life Insurance and AD&amp;D</b>				
<b>Basic Life</b>				
Basic Life	1 x Annual Base Salary	\$45,000.00	-	\$11.70
<b>Option Life and AD&amp;D</b>				

# 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, employees 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.

## Enrollment Confirmed

Event type: Benefit Choice | July 1, 2022

[Download my Enrollment Summary](#)



### SOI MyBenefits Plus Voluntary Benefit Program

- **Purchasing Power:** Get what you need now and pay for it over time, right from your paycheck. Shop for the latest appliances, outdoor living essentials, fitness, tech and more.
- **Auto & Home Insurance:** Offering special rates on insurance for auto, home, renters, recreational vehicles and more.
- **Identity Theft Protection:** Protect your identity and your financial information from digital thieves, near and far.
- **Pet Health Insurance:** Protect your pets and your wallet with exceptional savings on veterinary bills with coverage that fits your needs and your budget.

**Get Coverage for unexpected health events. Available during Benefit Choice only.**

Critical Illness Insurance – Accident Insurance – Hospital Indemnity Insurance – Legal Insurance



[Learn and Enroll](#)

[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**



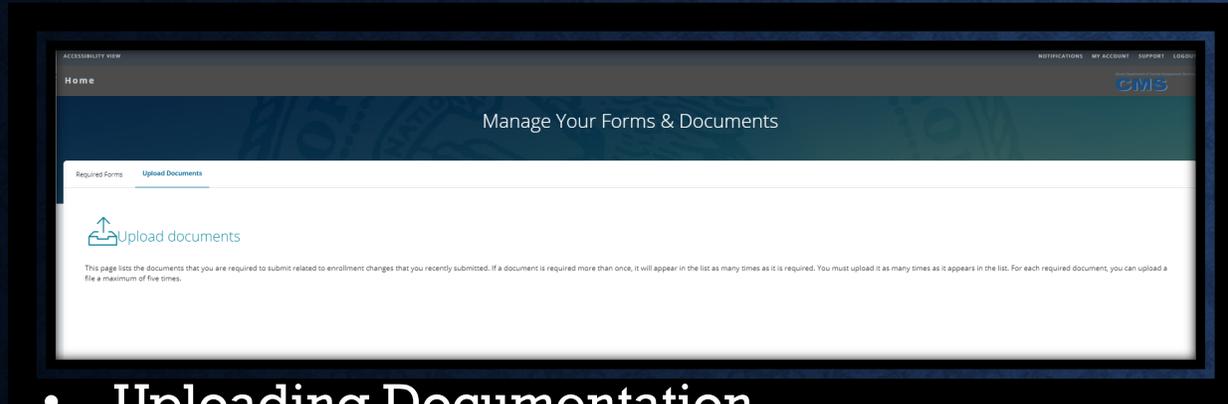
**MYBENEFITS PLUS VOLUNTARY  
BENEFIT PROGRAM**



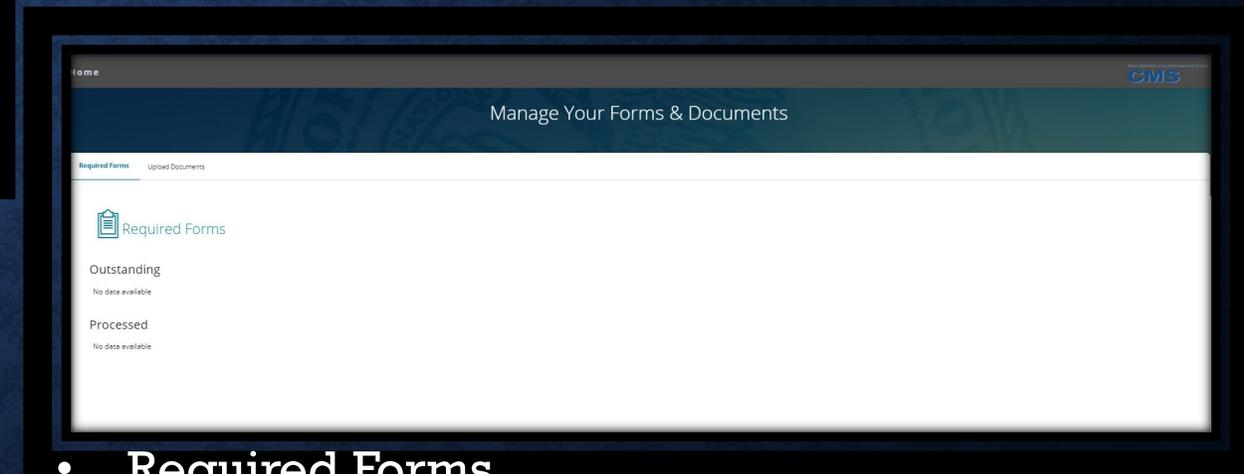
**ENROLLMENT FORMS  
REQUIREMENTS**

- 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 employees 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 10<sup>th</sup>.

# 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

Timeline events:

- Current Salary Cha...**  
Nov 1, 2020  
Defaulted  
[View Details](#)
- Benefit Choice**  
Jul 1, 2021  
Completed  
[View Details](#) [Actions](#)
- Current Coverage** ✓  
Aug 31, 2021  
[View Details](#)

Hide cancelled transactions

**Current Coverage**  
Aug 31, 2021

Today's Coverage   Personal Information   Dependents

[Print my coverage details](#)

Dependent Name	Birth Date	Coverage
Spouse, Female	Jul 21, 1967	Dental, Medical
Child, Male	Jul 13, 1999	Dental, Medical

**Update your coverage**  
Make changes to your coverage by starting a new event [Start new event](#)

# 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
<b>Life Event</b>		
Birth/Adoption/Legal Guardianship	60 days of the event date	<a href="#">Start &gt;</a>
Dependent Data Change	n/a	<a href="#">Start &gt;</a>
Divorce/Legal Separation Non MAPD	60 days of the event date	<a href="#">Start &gt;</a>
Gain of Dependent Eligibility	60 days of the event date	<a href="#">Start &gt;</a>
Gain of Other Coverage	60 days of the event date	<a href="#">Start &gt;</a>
Loss of Dependent Eligibility	60 days of the event date	<a href="#">Start &gt;</a>
Loss Of Other Coverage	60 days of the event date	<a href="#">Start &gt;</a>
Significant change in Daycare Provider costs	n/a	<a href="#">Start &gt;</a>
Temporary Guardianship Verification	60 days of the event date	<a href="#">Start &gt;</a>
<b>Any Time Change</b>		
Voluntary Benefit Change (Anytime Event)	n/a	<a href="#">Start &gt;</a>

 View myelection history

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

# ENROLL & MAKE CHANGES PAGE