

choice

benefit  
choice 



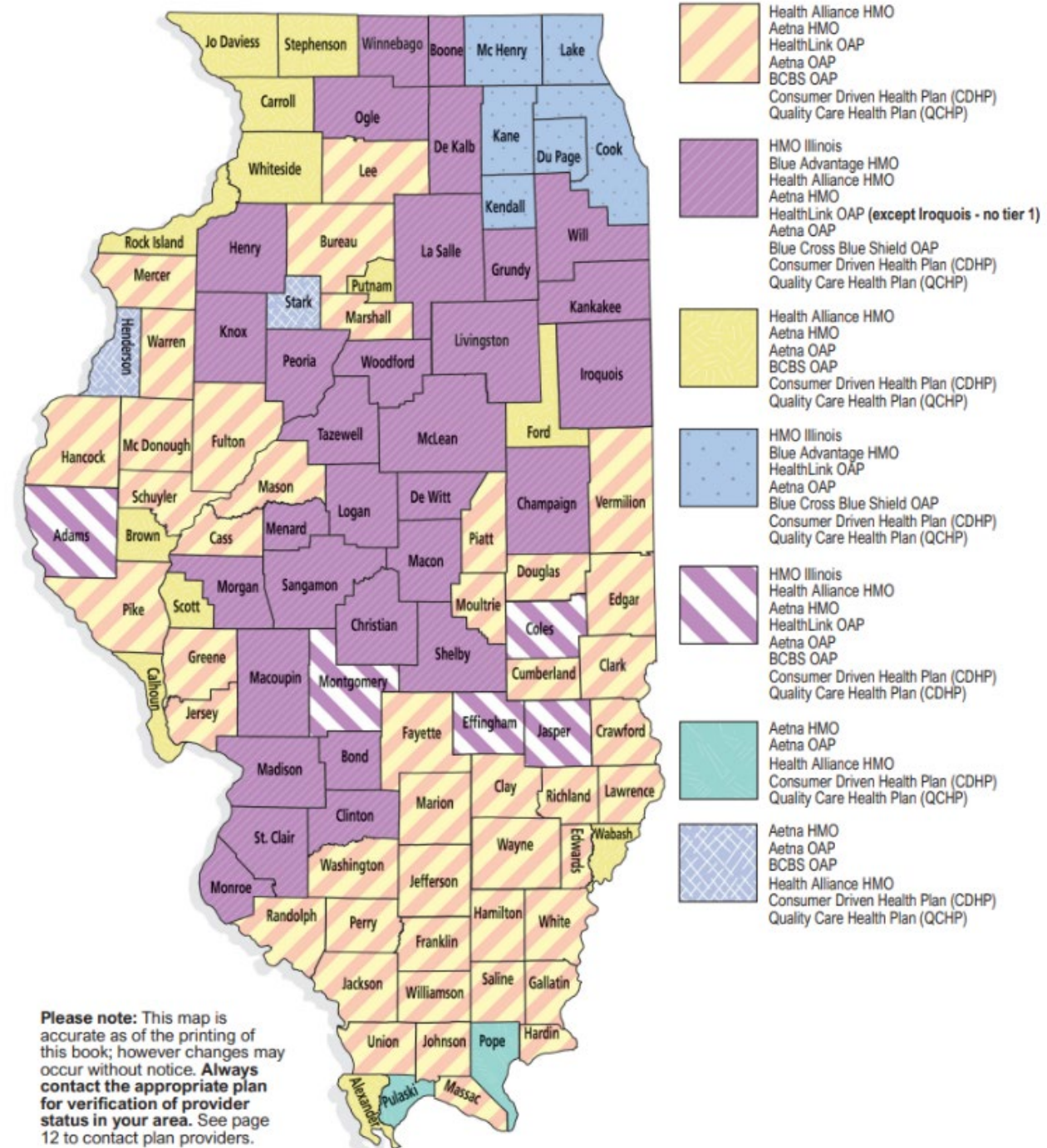
State Employees Group  
Insurance Program

Open Enrollment Period is May 1, 2024 - May 31, 2024. Effective July 1, 2024

# Plan Administrators available by County has changed.

New elections are required if your current health plan is no longer available in your work or residential county.

The map, in the printed version of the booklet, has since been updated; please use the online version.



# Teamsters Union Insurance coverage will no longer be available after June 30, 2024.



- Due to the upcoming contract changes for the Teamsters Union, insurance plans currently offered will no longer be available after June 30, 2024. Therefore, during the Benefit Choice Open Enrollment period you must make health and dental elections, for coverage to be effective on July 1, 2024. To make your plan year elections visit the MyBenefits website or contact the MyBenefits Service Center.
- If you fail to make elections prior to midnight on May 31<sup>st</sup>, you and any covered dependents will no longer have health insurance coverage through the State of Illinois as of July 1, 2024.

# Health Plan Administrators

- Aetna HMO
- BlueAdvantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

**HMO**



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

**OAP**



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

**PPO**



# State Members Monthly Health Plan Contributions

Employee Annual Salary	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP**	QCHP***
\$30,200 & below	\$130	\$104	\$130	\$108	\$124	\$124	\$138	\$105	\$144
\$30,201 - \$45,600	\$149	\$123	\$149	\$127	\$143	\$143	\$157	\$124	\$163
\$45,601 - \$60,700	\$168	\$142	\$168	\$146	\$162	\$162	\$176	\$143	\$181
\$60,701 - \$75,900	\$186	\$160	\$186	\$164	\$180	\$180	\$194	\$161	\$200
\$75,901 - \$100,000	\$205	\$179	\$205	\$183	\$199	\$199	\$213	\$180	\$219
\$100,001 - \$125,000	\$259	\$233	\$259	\$237	\$253	\$253	\$267	\$234	\$273
\$125,001 - and over	\$292	\$266	\$292	\$270	\$286	\$286	\$300	\$267	\$306

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

# State Members Dependent Monthly Health Plan Contributions

Number of Dependents	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP**	QCHP***
1 Dependent	\$201	\$164	\$201	\$168	\$192	\$192	\$210	\$175	\$297
2+ Dependents	\$246	\$200	\$247	\$207	\$237	\$237	\$263	\$219	\$335
1 Medicare A & B Primary Dependent	\$178	\$143	\$177	\$147	\$169	\$169	\$186	\$152	\$190
2+ Medicare A & B Primary Dependents	\$220	\$178	\$221	\$184	\$211	\$211	\$233	\$193	\$251

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

- **HMO**
  - Plan year Out of Pocket Max:
    - \$3,000 Individual
    - \$6,000 Family
  - In-Network
    - Preventive Care 100%
    - Physician Office Visit \$30
    - Specialist & Home Health Care Visit \$40
    - ER Services \$275
    - Inpatient Hospitalizations \$425
    - Outpatient Surgery \$300
  - Out-of-Network
    - Nothing is covered except ER Services \$275

## Coinsurance & Deductibles

- **OAP**
  - Tier I
    - See HMO In-Network
  - Tier II \$300 Plan Year Deductible/Enrollee
    - Preventive Care 100%
    - Physician & Specialist 90%
    - ER Services \$275/visit
    - Inpatient Hospitalizations 90% after \$475 copay
    - Outpatient Surgery 90% after \$300 copay
  - Tier III \$400 Plan Year Deductible/Enrollee
    - Preventive Care not covered
    - Physician & Specialist 60%
    - ER Services \$275
    - Inpatient Hospitalizations 60% after \$575 copay
    - Outpatient Surgery 60% after \$300 copay

## Coinsurance & Deductibles

- **PPO-QCHP**
  - Plan Year Deductibles
    - Salary/Individual/Family
  - In-Network – Deductible Applies
    - Preventive Care 100%
    - Physician & Specialist visits 85%
    - ER Services \$450
    - Inpatient Hospitalizations 85% after \$200
    - Outpatient Surgery 85%
  - Out-of-Network – Deductible Applies
    - Preventive Care 60%
    - Physician & Specialist 60%
    - ER Services \$450
    - Inpatient Hospitalizations 60% after \$800
    - Outpatient Surgery 60%

## Coinsurance & Deductibles

- **PPO-CDHP**
  - Plan Year Deductibles
    - \$1,600 Individual
    - \$3,200 Family
  - In-Network – Deductible Applies
    - Preventive Care 100%
    - Preventive Services 90%
    - Physician & Specialist visits 90%
    - ER Services 90%
    - Inpatient Hospitalizations 90%
    - Outpatient Surgery 90%
  - Out-of-Network – Deductible Applies
    - Preventive Care/Services 65%
    - Physician & Specialist 65%
    - ER Services 90%
    - Inpatient Hospitalizations 65%
    - Outpatient Surgery 65%

- **HMO (not CVS)**

Prescription Drugs				
Plan Year Pharmacy Deductible – \$150 per enrollee		Preventive Prescription Drugs – \$0		
	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$4.00	\$20.00	\$35.00	\$60.00
Copayments (90-day supply)	\$10.00	\$50.00	\$87.50	\$150.00

\* Applies to specific medications as defined by the plan.  
Some HMOs may have benefit limitations based on a calendar year.

- **OAP**

Prescription Drugs			
Plan Year Pharmacy Deductible – \$150 per enrollee		Preventive Prescription Drugs – \$0	
	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$20.00	\$35.00	\$60.00
Copayments (90-day supply)***	\$50.00	\$87.50	\$150.00
Maintenance Choice (90-day supply)****	\$25.00	\$43.75	\$75.00

\* 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.

# Prescription Drug Coverage

877-232-8128 or [caremark.com](http://caremark.com)

- **PPO-CDHP**

- **PPO-QCHP**

Prescription Drugs			
Plan Year Pharmacy Deductible – \$175 per enrollee		Preventive Prescription Drugs – \$0	
	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$20.00	\$40.00	\$65.00
Copayments (90-day supply)	\$50.00	\$100.00	\$162.50
Maintenance Choice (90-day supply)**	\$25.00	\$50.00	\$81.25

\* 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.

Prescription Drugs			
Preventive Prescription Drugs – \$0		Preventive Prescription Drugs (IRS-allowed) **	
90% covered; No Deductible			
	Tier I	Tier II	Tier III
Copayments (30-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Copayments (90-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Maintenance Choice (90-day supply)***	95%; Deductible Applies	95%; Deductible Applies	95%; Deductible Applies

\* 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.  
 \*\* Contact Aetna for IRS-allowed services and prescriptions.  
 \*\*\* Medications received at CVS Caremark® Retail Pharmacy or through CVS Caremark® Mail Service Pharmacy.





## MCAP

The maximum contribution limit is \$3,200.  
The rollover for unused funds will be capped at \$640.

## DCAP

The maximum contribution amount is \$5,000.  
All unused funds at the end of the plan year will be forfeited.

## Reminder

If you do not re-enroll for the new plan year, you will forfeit any amount eligible for rollover.



# Flexible Spending Accounts

888-469-3363 or  
[optumfinancial.com](https://optumfinancial.com)

**Optum**

# Health Savings Accounts (HSA) Companion to CDHP Enrollment ONLY

Under Age 55			Aged 55 and older		
	Individual	Family		Individual	Family
Employer Contribution =	\$533.34	\$1,066.68	Employer Contribution =	\$533.34	\$1,066.68
Employee Contribution =	\$3,616.66	\$7,233.32	Employee Contribution =	\$4,616.66	\$8,233.32
Max IRS Allowed Contribution =	\$4,150	\$8,300	Max IRS Allowed Contribution =	\$5,150	\$9,300

- Health Savings Account (HSA) enrollment options:
  - The employ<sup>er</sup> contribution and/or
  - The employ<sup>ee</sup> contribution.
- If you were previously enrolled in CDHP/HSA and elected the employ<sup>er</sup> contribution, that election will automatically be re-enrolled each year, as long as you remain under the CDHP.
- However, you must make the employ<sup>ee</sup> contribution elections every year.



888-469-3363 or [optumfinancial.com](https://www.optumfinancial.com)

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	\$30 copayment	\$30 allowance	Once every 12 months
Standard Frames	\$30 copayment (up to \$175 retail frame cost; member responsible for balance over \$175)	\$70 allowance	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	\$30 copayment	\$50 allowance for single vision lenses. \$80 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$120 allowance	\$120 allowance	Once every 12 months

\* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchases.

\*\* Out-of-network claims must be filed within one year from the date of service.



- Vision coverage is still included with the Health Plan enrollment.
- EyeMed now offers additional coverage for Progressive Lenses, Premiums Anti-Reflective Coating and coverage for Photochromic and Polarized lenses.
- There are also new Diabetic Care Services.
- 866-723-0512 or [eyemedvisioncare.com/stil](http://eyemedvisioncare.com/stil)

DIABETIC CARE SERVICE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<i>For Type 1 or Type 2 Diabetes with Diabetic Retinopathy</i>		
Medical Follow-Up Eye Examination	\$0 copay	Up to \$77
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15
Fundus Photography Examination	\$0 copay	Up to \$50
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33
<i>Benefit frequency: All Diabetic Care Services are covered once every 6 months*</i>		

### Member Monthly Quality Care Dental Plan (QCDP) Contributions\*\*

Member Only	Member + 1 Dependent	Member + 2 or More Dependents
\$15.00	\$25.00	\$27.50

 **DELTA DENTAL**



- You still have the Dental Only coverage option, and dependent coverage must mirror that coverage.
- Delta Dental of Illinois has a new enhanced coverage for individuals who have specific health conditions that can be positively affected by additional oral health care.
- 800-323-1743 or [soi.deltadentalil.com](http://soi.deltadentalil.com)



- ▶ Basic Life Insurance coverage is provided at no cost to all active employees, retirees, and annuitants.
- ▶ Member Optional Life coverage is provided at a cost.
  - ▶ For active employees, and retirees and annuitants under age 60 - coverage is available up to 8 times their Basic Life amount.
  - ▶ For retirees and annuitants aged 60 or older - coverage is available up to 4 times their Basic Life amount.
- ▶ A Statement of Health (SOH) is required for members to add/increase optional life or to add Spouse Life (unless you are a new hire, or this is a newly acquired spouse/civil union partner). A Statement of Health is not needed to add Child Life coverage or AD&D.
- ▶ **800-880-6394** or [metlife.com/stateofillinois](http://metlife.com/stateofillinois)

Optional Term Life Rate	
Member Age	Monthly Rate Per \$1,000
Under 30	\$0.03
30-39	\$0.05
40-44	\$0.09
45-49	\$0.12
50-54	\$0.19
55-59	\$0.36
60-64	\$0.56
65-69	\$1.26
70 and Over	\$2.06

AD&D Monthly Rate per \$1,000
\$0.02

Spouse Life Monthly Rates	
Spouse Life \$10,000 Coverage (Members, retirees, and annuitants under aged 60)	\$5.70
Spouse Life \$5,000 Coverage (Retirees and annuitants aged 60 and older)	\$2.85

Child Life Monthly Rate	
Child Life \$10,000 Coverage	\$0.60



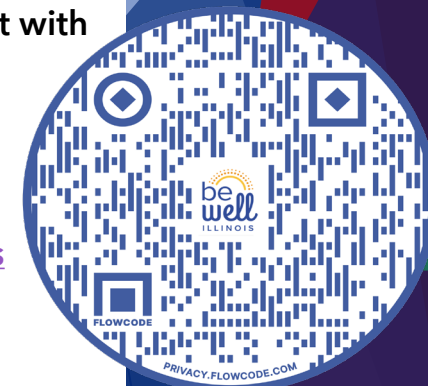
## The State of Illinois' ongoing comprehensive approach to wellness.

**Be Well Illinois** is designed to not only focus on supporting your physical health but also your mental, financial, and social wellbeing. As a wellness plan member, you can use this site to access health plan information and educational resources including wellness webinars, monthly health awareness causes, financial wellness, healthy eating, and exercise.

While the decision to make healthy lifestyle changes is your choice and not a job requirement, the hope is that by creating an environment where these choices are supported by the work culture makes it easier and supports your success.

Engaging with Be Well Illinois is easy, connect with us in one of the following ways.

- Visit us at [www.Illinois.gov/BeWell](http://www.Illinois.gov/BeWell)
- Follow us on Facebook at <https://www.facebook.com/BeWellIllinois>
- Or email us at [BeWell@illinois.gov](mailto:BeWell@illinois.gov)



# Deferred Compensation Plan



- As of January 1, 2024, all new contribution elections made will be effective as soon as administratively possible. You will no longer have to wait until the first pay period of the following month for a new contribution election to take effect. If you manually enroll, change your contribution, or revoke your contribution, then your deduction will be adjusted on the earliest pay period that your payroll office can facilitate the change. Please consult with your payroll office to determine which paycheck will reflect the change.
- The combined pre-tax and Roth contributions cannot exceed the limit set by the IRS.
  - ▶ In 2024, employees are allowed to defer up to \$23,000.
  - ▶ Employees over age 50 are allowed to defer up to \$30,500.
  - ▶ Employees enrolled in Special Catch-Up are allowed to defer up to \$46,000. Participants that are within three years of retiring must contact CMS Deferred Compensation to apply for Special Catch-Up.
- Pre-tax contributions accumulate tax-deferred until the employee terminates service, dies, or incurs unforeseeable financial hardship. Once distributions begin, the distributed monies are fully taxable as ordinary income for federal tax purposes. The funds are never taxed by the State of Illinois.
- Roth contributions qualify for tax-free distribution when the initial after-tax contributions to the account are at least 5 years old and the employee is age 59 ½ or older, dies, or becomes disabled.

- Visit [myillinoisdcplan.com](https://myillinoisdcplan.com), click on Register, then I do not have a PIN, and follow the prompts to verify your information and enroll.
- Enroll by calling the Empower Customer Care Center at 833-969-ILDC (833-969-4532).
- Download the Empower app by searching for “Empower” and click on Register to begin.



Purpose	Administrator Name and Address	Phone	Website
<b>Enrollment</b>	MyBenefits – MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	<a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a>
<b>Health Plan</b>	Aetna HMO (Group Number 285654) Aetna OAP (Group Number 285650) Consumer Driven Health Plan (CDHP) - Aetna PPO (Group Number 285658) Quality Care Health Plan (QCHP) - Aetna PPO (Group Number 285658) Address for all Aetna Plans: PO Box 981106, El Paso, TX 79998-1106	855-339-9731 800-628-3323 (TDD/TTY) Fax: 859-455-8650 Attn: Claims	<a href="http://aetnastateofillinois.com">aetnastateofillinois.com</a>
	BlueAdvantage HMO (Group Number 806800) HMO Illinois (Group Number H06800) Blue Cross Blue Shield OAP (Group Number 263995) Address for all Blue Cross Plans: PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY) 855-810-6537	<a href="http://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>
	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/so/learn-more">healthlink.com/so/learn-more</a>
<b>Prescription Drug Plan</b>	CVS Caremark® (for QCHP, CDHP, or OAP Plans) Group Numbers: (QCHP 1400SD3) (CDHP 1400SD9) (Aetna OAP 1400SCH) (BCBSIL OAP 1400SCJ) (HealthLink OAP 1400SCF) Paper Claims: CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 Mail Order Rx: CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	<a href="http://caremark.com">caremark.com</a>
<b>Vision Plan</b>	EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111	866-723-0512 TTY users, call 711	<a href="http://eyemedvisioncare.com/stil">eyemedvisioncare.com/stil</a>
<b>Dental Plan</b>	Della Dental of Illinois (Group Number 20240) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	<a href="http://sol.delladental.com">sol.delladental.com</a>
<b>Life Insurance</b>	MetLife Insurance Company, Group Life Claims PO Box 6100, Scranton, PA 18505	800-880-6394 TTY users, call 711	<a href="http://metlife.com/stateofillinois">metlife.com/stateofillinois</a>
<b>Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA)</b>	Optum Financial PO Box 622317, Orlando, FL 32862-2317	888-469-3363 800-526-0844 (TDD/TTY) 443-681-4602 (tax)	<a href="http://Optumfinancial.com">Optumfinancial.com</a>
<b>Commuter Savings Program (CSP)</b>	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>
<b>Employee Assistance Program (EAP)</b>	ComPsych Corporation 455 N. Cityfront Plaza Drive, Chicago, IL 60611	833-955-3400 800-697-0353 (TDD/TTY)	<a href="http://guidanceresources.com">guidanceresources.com</a> ComPsych Member Web ID Code: StateofIllinois
<b>Personal Support Program (PSP – AFSCME EAP)</b>	AFSCME Council 31 205 N Michigan 2100, Chicago, IL 60601	800-647-8776 (statewide) 800-526-0844 (TDD/TTY)	<a href="http://afscme31.org">afscme31.org</a>
<b>State Employees' Retirement System</b>	2101 South Veterans Parkway PO Box 19255, Springfield, IL 62794-9255	217-785-7444 866-321-7625 (TDD/TTY)	<a href="http://srs.illinois.gov">srs.illinois.gov</a>
<b>State Universities Retirement System</b>	1901 Fox Drive, Champaign, IL 61820	800-275-7877 800-526-0844 (TDD/TTY) 217-378-8800 (dial direct) 217-378-9800 (tax)	<a href="http://surs.org">surs.org</a>
<b>Teachers' Retirement System (TRS)</b>	2815 West Washington Street PO Box 19253, Springfield, IL 62794-9253	877-927-5877 (877-9-ASK-TRS) 866-326-0087 (TDD/TTY)	<a href="http://trsi.org">trsi.org</a>
<b>CMS Bureau of Benefits Group Insurance</b>	PO Box 19208, Springfield, IL 62794-9208	800-442-1300 800-526-0844 (TDD/TTY)	<a href="http://benefitschoice.il.gov">benefitschoice.il.gov</a>

# Plan Contacts



Illinois Department of Central Management Services

# CMS

Login

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

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

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

STATE EMPLOYEES GROUP  
INSURANCE PROGRAM (SEGIP)

COLLEGE INSURANCE PROGRAM  
(CIP)

LOCAL GOVERNMENT HEALTH  
PLAN (LGHP)

TEACHERS' RETIREMENT  
INSURANCE PROGRAM (TRIP)

**Mybenefits.Illinois.gov**  
**844-251-1777**

Select



Select

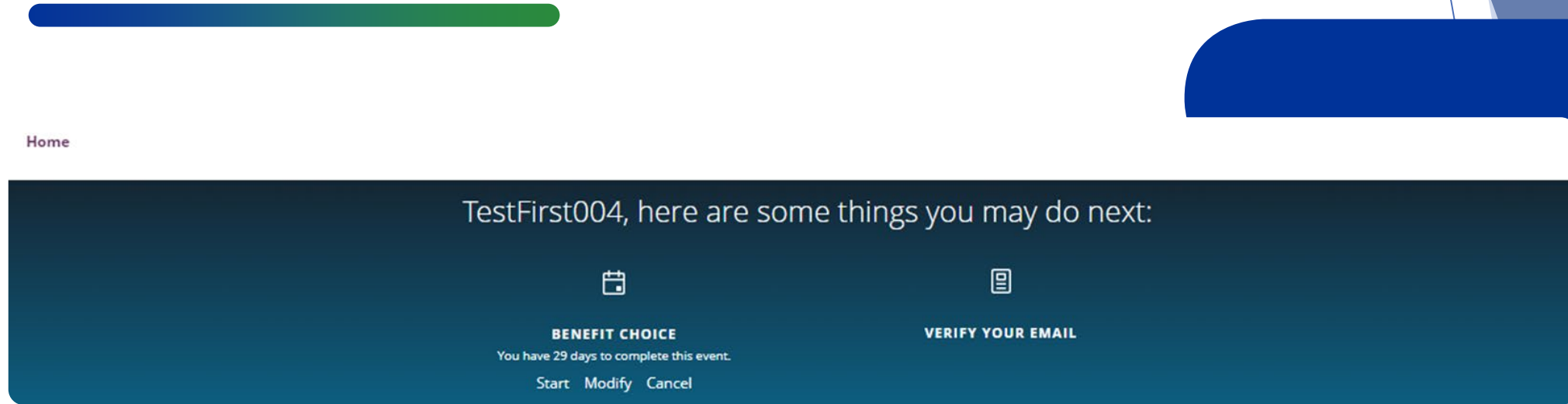


Select

Select



# Personalized Home Page



- Displays events that need to be processed
- Update email address
- Link to the MyBenefits Plus website
- Self-Service tools
- Plan information

## 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 7/1/2024, subject to the approval of any required documentation and statement of health. 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.

[Read full terms and conditions](#)



I agree to the Terms and Conditions

[Go back and make changes](#)

[Complete Enrollment](#)

- ▶ You must agree to the Terms and Conditions at the end of the enrollment flow, by checking the box at the bottom of the screen and click the green 'Complete Enrollment' button to finalize your elections.

# Enrollment Confirmed

Event type: Benefit Choice | July 1, 2024

[View my Enrollment Summary](#)

## To do

Documents below are required to be filled and returned to MyBenefits. If you decide to download or upload them later, they will be available on the home page through the self-service tools.

 [Birth Certificate/Official Adoption Decree](#)

Submit by: June 10, 2024

Next



- ▶ A green check mark will display once elections have been successfully submitted.
- ▶ If documentation is required, you will see a message indicating what is required and when it must be submitted by.
- ▶ If eligible, you will see a link to enroll in the MyBenefits Plus program.

### 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

# MyBenefits Plus

---

## Open Enrollment/New Hire Event

Accident Insurance

Critical Illness Insurance

Hospital Indemnity Insurance

Legal Services

## Evergreen Enrollments/Anytime Elections

▶ GradFin

▶ Home & Auto Insurance

▶ Salary Finance

▶ Identity Theft Protection

▶ Pet Insurance

▶ Purchasing Power

# Thank you for your participation!

