



STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2026

benefit choice



State Employees Group Insurance Program

Benefit Choice Period

May 1 - June 2, 2025

Effective July 1, 2025



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Benefit Choice Period

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ONLINE ENROLLMENT PLATFORM

Making benefit elections is simple through the MyBenefits website. Follow these steps:

1. Go to MyBenefits.illinois.gov.
2. In the top right corner of the home page, click **Login**.
3. If you are logging in for the first time, click **Register** in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on the Benefit Choice materials mailed to your home.
4. Enter your login ID and password. After logging in and landing on the welcome page, explore your benefit options by clicking on the benefit tiles.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the Benefit Choice Event, located on the Welcome page.

Need Help?

AVA, the interactive digital assistant, is available online at MyBenefits.illinois.gov

Or

Contact [MyBenefits Service Center](https://MyBenefits.illinois.gov) (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries. Representatives are available Monday – Friday, 8:00 AM - 6:00 PM CT.

WHAT YOU NEED TO DO

1. Go to MyBenefits.illinois.gov to review your benefit options.
2. Choose the benefits you'd like to elect at MyBenefits.illinois.gov between May 1 - June 2, 2025.
3. Provide, or update your email address at MyBenefits.illinois.gov to receive quick responses and notifications through electronic communications.
4. Take advantage of your new benefits which will become effective July 1, 2025.

Note: If you are not currently enrolled in benefits due to previous nonpayment of premiums, contact the Premium Collection Unit at 217-558-4783 to discuss your enrollment options.

DISCLAIMER

Monthly health insurance contributions are based on your March 1st salary, or initial salary for new hires. Your monthly contribution amount reflected within this site is based on the salary reported on your paycheck for the first pay period in March, and will be adjusted as necessary, if updated information is provided.

Benefit Choice Period

Elect Your Benefits May 1 - June 2, 2025

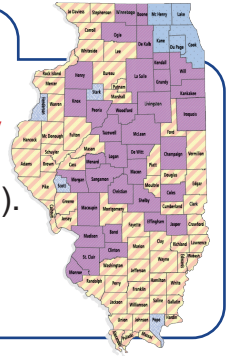
What's New

! Health Alliance: Action Required

Effective July 1, 2025, Health Alliance will no longer be an available option. If you are currently enrolled in Health Alliance and you do not select a new plan, you will be defaulted to the Quality Care Health Plan (QCHP) for the FY2026 Benefit Period.

! Health Plan Availability

There are several changes this year. It is **your responsibility** to verify what Health Plans are available in your area (see page 2).



Medicare Split Family

Attention - Retirees, Annuitants, & Survivors

There is a **VERY IMPORTANT** change in the required Total Retiree Advantage Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) enrollment effective July 1, 2025.

As a retiree, you and any covered dependents are required to apply for Medicare insurance benefits. Those retirees eligible for premium-free Medicare Part A are required to enroll in both Medicare Part A and Part B. Failure to enroll in these benefits will result in a reduction of eligible claim benefits.

New Starting July 1, 2025

Retired members and dependents who are eligible to enroll in Medicare Parts A and B are also required to enroll in a TRAIL Medicare Advantage Prescription Drug (MAPD) Program. Effective July 1, 2025, you or your dependent will be required to enroll in the TRAIL MAPD plan when you are first eligible for Medicare, either by age or disability.

If you currently cover **2 or more dependents**, you nor your Medicare eligible dependent(s) will be required to enroll in the TRAIL MAPD plan **until** there is only one covered dependent remaining or all covered dependents are Medicare eligible.

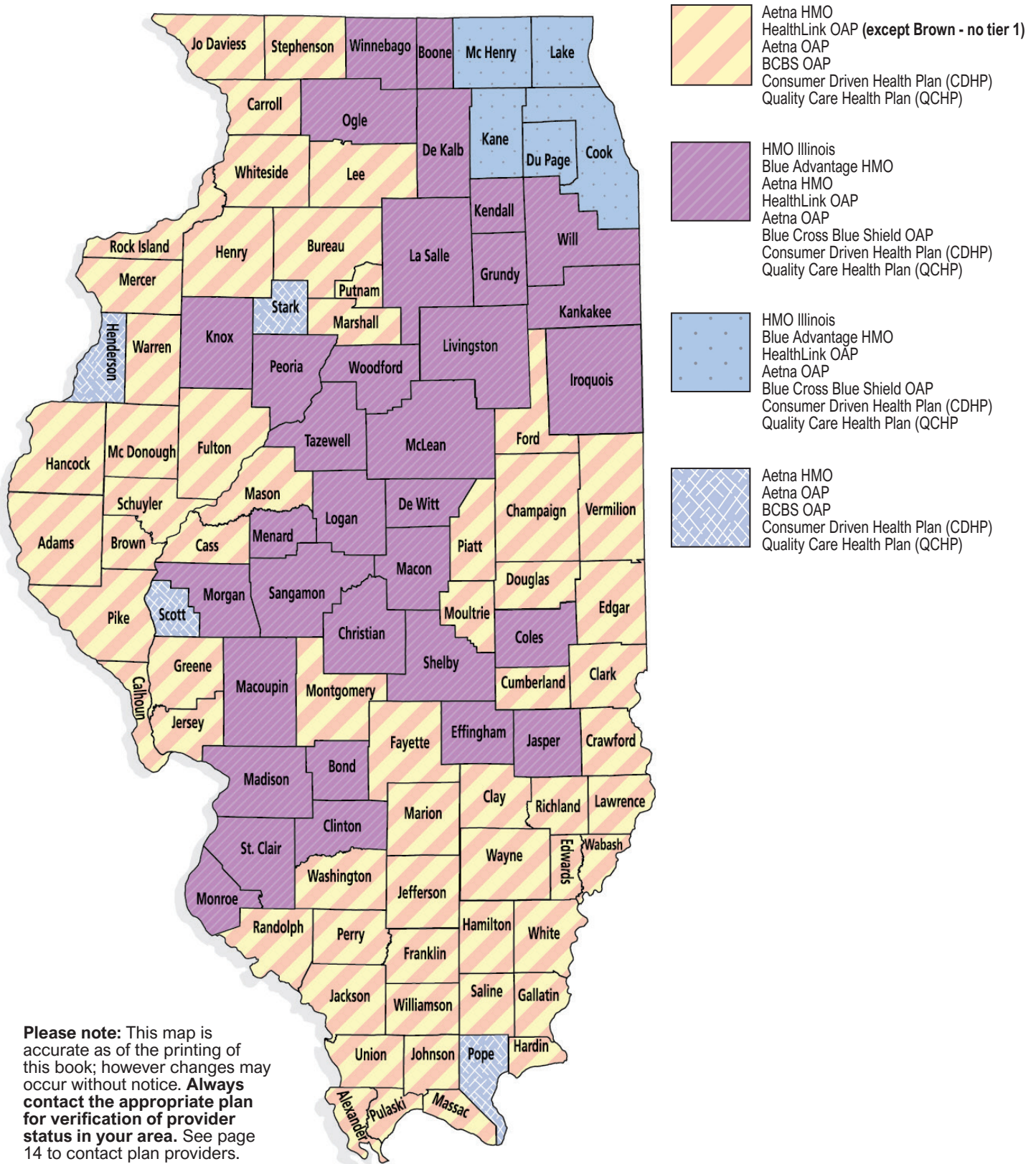
What do you need to do?

- During this Benefit Choice Open Enrollment period (May 1 – June 2, 2025), the Medicare eligible member or dependent will be required to enroll in the TRAIL MAPD plan for coverage to be effective July 1, 2025. If the member is eligible, failure to enroll will result in the termination of coverage for the member and any covered dependents. If the dependent is eligible, failure to enroll will result in the termination of the dependent's coverage.

More information on this change will be available at the Benefit Choice Member Fairs (Dates/Times/Locations are listed on the back of this booklet)

What is Available in Your Area in FY26

Review the following map and charts to identify plans available in your county. Then, review your monthly contribution and plan benefits to determine which plan is best for you.



Monthly Contributions

The State shares the cost of health coverage with you. While the State covers most of the cost, you must make monthly contributions determined by your annual salary. The following charts outline monthly contribution rates for full-time members. Part-time members are required to pay a percentage of the State's portion of the monthly contribution in addition to their own. Special rules apply for non-IRS dependents (see [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) for more information).

| Employee Annual Salary | Aetna HMO | Blue Advantage | HMO Illinois | Aetna OAP | BCBSIL OAP * | HealthLink OAP | CDHP ** | QCHP *** |
|------------------------|-----------|----------------|--------------|-----------|--------------|----------------|---------|----------|
| \$30,200 & below | \$138 | \$112 | \$116 | \$132 | \$132 | \$146 | \$113 | \$152 |
| \$30,201 - \$45,600 | \$157 | \$131 | \$135 | \$151 | \$151 | \$165 | \$132 | \$171 |
| \$45,601 - \$60,700 | \$176 | \$150 | \$154 | \$170 | \$170 | \$184 | \$151 | \$189 |
| \$60,701 - \$75,900 | \$194 | \$168 | \$172 | \$188 | \$188 | \$202 | \$169 | \$208 |
| \$75,901 - \$100,000 | \$213 | \$187 | \$191 | \$207 | \$207 | \$221 | \$188 | \$227 |
| \$100,001 - \$125,000 | \$267 | \$241 | \$245 | \$261 | \$261 | \$275 | \$242 | \$281 |
| \$125,001 - and over | \$300 | \$274 | \$278 | \$294 | \$294 | \$308 | \$275 | \$314 |

Members who retire, accept a salary reduction, or return to State employment at a different salary may have their monthly contribution adjusted based upon the new salary. This applies to members who return to work after having a 10-day or greater break in State service after terminating employment. This does not apply to members who have a break in coverage due to a leave of absence.

Dependent Monthly Health Plan Contributions

In addition to monthly contributions for their own health coverage, members must make additional monthly contributions for dependents they cover. Dependents must be enrolled in the same plan as the member. The Medicare dependent monthly contribution applies only if the member is a retiree or annuitant and Medicare is primary for both Parts A and B.

| Number of Dependents | Aetna HMO | Blue Advantage | HMO Illinois | Aetna OAP | BCBSIL OAP * | HealthLink OAP | CDHP ** | QCHP *** |
|--------------------------------------|-----------|----------------|--------------|-----------|--------------|----------------|---------|----------|
| 1 Dependent | \$205 | \$168 | \$172 | \$196 | \$196 | \$214 | \$179 | \$301 |
| 2+ Dependent | \$250 | \$204 | \$211 | \$241 | \$241 | \$267 | \$223 | \$339 |
| 1 Medicare A & B Primary Dependent | \$182 | \$147 | \$151 | \$173 | \$173 | \$190 | \$156 | \$194 |
| 2+ Medicare A & B Primary Dependents | \$224 | \$182 | \$188 | \$215 | \$215 | \$237 | \$197 | \$255 |

DISCLAIMER

Retiree, annuitant, and survivor contributions for all health plan options will be in accordance with the levels set forth above in FY26. For future years, the State reserves the right to designate the plan options which constitute the basic program of health benefits and to require additional contributions in accordance with the law for any optional coverage elected by an annuitant, retiree, or survivor.

* BCBSIL OAP = Blue Cross Blue Shield of Illinois

** CDHP = Consumer Driven Health Plan

*** QCHP = Quality Care Health Plan

Adding a Dependent

If you add a dependent for the first time, or re-enroll a dependent during open enrollment, you must provide the required documentation to complete enrollment no later than June 12, 2025. Failure to provide adequate documentation by this deadline, will result in dependents not being added to your plan. Note: Any documentation received after June 2, 2025, may result in a delay of ID cards.

Opt-Out

Full-time employees, retirees, annuitants, and survivors have the option to opt-out of health coverage if they have other comprehensive coverage provided by an entity other than the Department of Central Management Services. Be advised that if you have previously opted out, or waived benefits, you can re-enroll during the Benefit Choice Period or if you experience a Qualifying Change in Status.

Transition of Care after Health Plan Change

Members and their dependents who elect to change health plans and are then hospitalized prior to July 1, 2025 and discharged on or after July 1, 2025, are involved in an ongoing course of treatment, or have entered the third trimester of pregnancy, should contact their new plan administrator before July 1, 2025 to coordinate the transition of services.

State Employees Group Insurance Program

Medicare Requirements

Retirees and survivors must apply for Medicare benefits upon turning age 65. If the Social Security Administration (SSA) determines that the member and/or dependent is eligible for Medicare Part A and/or Part B, the member and/or dependent is required by the State to enroll in Medicare Parts A and B. Those on a disability leave are also required to apply for Medicare Part A and B. Once enrolled in Medicare, the member and/or dependent is required to fax or email the front-side copy of the Medicare identification card to the State of Illinois Medicare COB Unit (contact information below).

If the SSA determines that a member and/or dependent is not eligible for premium-free Medicare Part A based on their own work history or the work history of a spouse (current, ex-spouse or deceased) at least 62 years of age, the member must request a written statement of the Medicare ineligibility from the SSA. Upon receipt, the written statement must be forwarded to the State of Illinois Medicare COB Unit to avoid a financial penalty.

For more information regarding the Medicare Advantage Prescription Drug “TRAIL” Program, go to <https://cms.illinois.gov/benefits/trail.html>, or contact:

State of Illinois Medicare COB Unit
PO Box 19208
Springfield, Illinois 62794-9208
CMS.Ben.MedicareCOB@illinois.gov
Fax: 217-557-3973

HMO Benefits

Health Maintenance Organization (HMO) members are required to stay within the health plan provider network. No out-of-network services are available, other than listed below. Members will need to select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and make referrals to specialists and hospitalization. Benefits are outlined in each plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the HMO plan selected. For a copy of the SPD, contact the plan administrator (see page 14).

HMO Plan Design

| | | |
|---------------------------------|--------------------|----------------|
| Plan Year Out-of-Pocket Maximum | \$3,000 Individual | \$6,000 Family |
|---------------------------------|--------------------|----------------|

Hospital Services

| | In-Network | Out-of-Network |
|---------------------------------------|-------------------------------|---------------------------|
| Emergency Room Services | \$275 copayment per visit | \$275 copayment per visit |
| Inpatient Hospitalization | \$475 copayment per admission | Not covered |
| Inpatient Alcohol and Substance Abuse | \$475 copayment per admission | Not covered |
| Inpatient Psychiatric Admission | \$475 copayment per admission | Not covered |
| Outpatient Surgery | \$350 copayment per visit | Not covered |
| Skilled Nursing Facility | 100% covered | Not covered |
| Diagnostic Lab and X-ray | 100% covered | Not covered |
| Complex Imaging (CT/Pet Scans/MRIs) | \$30 copayment | Not covered |

Transplant Services

| | |
|------------------------------|--|
| Organ and Tissue Transplants | \$375 copay limited to network transplant facilities as determined by the medical plan administrator. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services. |
|------------------------------|--|

Professional and Other Services

| | In-Network | Out-of-Network |
|--|----------------------------------|----------------|
| Preventive Care/Well-Baby/Immunizations | 100% covered | Not covered |
| Physician Office Visit | \$30 copayment per visit | Not covered |
| Specialist Office Visit | \$40 copayment per visit | Not covered |
| Telemedicine | \$10 copayment | Not covered |
| Outpatient Psychiatric and Substance Abuse | \$30 or \$40 copayment per visit | Not covered |
| Durable Medical Equipment | 80% covered | Not covered |
| Home Health Care | \$40 copayment per visit | Not covered |
| Complex Imaging (CT/Pet Scans/MRIs) | \$30 copayment | Not covered |

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.

Open Access Plan (OAP) Benefits

Open Access Plan (OAP) members will have three tiers of providers from which to choose to obtain services.

- **Tier I** offers a managed care network which provides enhanced benefits and operates similar to an HMO.
- **Tier II** offers an expanded network of providers and is a hybrid plan operating like an HMO and PPO.
- **Tier III** covers all providers which are not in the managed care networks of Tiers I or II (out-of-network providers). It is the member's responsibility to know and follow the specific requirements of the OAP. Benefits are outlined in the plan's Summary Plan Document (SPD). For a copy of the SPD, contact the plan administrator (see page 14).

| Benefit | Tier I | Tier II | Tier III (Out-of-Network)** |
|---|--|---------------------|-----------------------------|
| Plan Year Out-of-Pocket Maximum • Per Individual • Per Family | \$3,000 (includes eligible charges from Tiers I & II combined) \$6,000 (includes eligible charges from Tiers I & II combined) | | Not Applicable |
| Plan Year Deductible (must be satisfied for all services) | \$0 | \$325 per enrollee* | \$425 per enrollee* |

Hospital Services (Percentages listed represent how much is covered by the plan)

| | | | |
|---------------------------------------|-------------------------------|---|---|
| Emergency Room Services | \$275 copayment per visit | \$275 copayment per visit | \$275 copayment per visit |
| Inpatient Hospitalization | \$475 copayment per admission | 90% of network charges after \$525 copayment per admission* | 60% of allowable charges after \$625 copayment per admission* |
| Inpatient Alcohol and Substance Abuse | \$475 copayment per admission | 90% of network charges after \$525 copayment per admission* | 60% of allowable charges after \$625 copayment per admission* |
| Inpatient Psychiatric Admission | \$475 copayment per admission | 90% of network charges after \$525 copayment per admission* | 60% of allowable charges after \$625 copayment per admission* |
| Outpatient Surgery | \$350 copayment per visit | 90% of network charges after \$350 copayment* | 60% of allowable charges after \$350 copayment* |
| Skilled Nursing Facility | 100% covered | 90% of network charges* | Not covered |
| Diagnostic Lab and X-ray | 100% covered | 90% of network charges* | 60% of allowable charges* |
| Complex Imaging (CT/Pet Scans/MRIs) | \$30 copayment | 90% of network charges* | 60% of allowable charges* |

Transplant Services

| | | | |
|------------------------------|---|--|--|
| Organ and Tissue Transplants | Tier I: 100% covered. Tier II: 90% of network charges. Tier III: Not covered. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services. | | |
|------------------------------|---|--|--|

Professional and Other Services

| | | | |
|--|------------------------|-------------------------|---------------------------|
| Preventive Care/Well-Baby /Immunizations | 100% covered | 100% covered | Not covered |
| Physician Office Visits | \$30 copayment | 90% of network charges* | 60% of allowable charges* |
| Specialist Office Visits | \$40 copayment | 90% of network charges* | 60% of allowable charges* |
| Telemedicine | \$10 copayment | Not covered | Not covered |
| Outpatient Psychiatric and Substance Abuse | \$30 or \$40 copayment | 90% of network charges* | 60% of allowable charges* |
| Durable Medical Equipment | 80% of network charges | 80% of network charges* | 60% of allowable charges* |
| Home Health Care | \$40 copayment | 90% of network charges* | Not covered |

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.

Quality Care Health Plan (QCHP) Benefits

Quality Care Health Plan (QCHP) members may choose any physician or hospital for medical services; however, when receiving services from a QCHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. QCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the QCHP. For a copy of the SPD, contact the plan administrator (see page 14).

Plan Year Maximums and Deductibles

| Employee's Annual Salary (based on each employee's annual salary as of March 1st) | Individual Plan Year Deductible | Family Plan Year Deductible Cap |
|---|---------------------------------|---------------------------------|
| \$60,700 or less | \$450 | \$1,125 |
| \$60,701 - \$75,900 | \$550 | \$1,375 |
| \$75,901 and more | \$600 | \$1,500 |
| Retiree/Annuitant/Survivor | \$450 | \$1,125 |
| Dependents | \$450 | N/A |

Out-of-Pocket Maximum Limits

| In-Network Individual \$1,750 | In-Network Family \$4,375 | Out-of-Network Individual \$7,000 | Out-of-Network Family \$13,500 |
|----------------------------------|------------------------------|--------------------------------------|-----------------------------------|
|----------------------------------|------------------------------|--------------------------------------|-----------------------------------|

Hospital Services (Percentages listed represent how much is covered by the plan)

| | In-Network | Out-of-Network* |
|---------------------------------------|--|--|
| Emergency Room Services | \$450 per visit; Deductible applies | \$450 per visit; Deductible applies |
| Inpatient Hospitalization | 85% of network charges; Deductible applies after \$250 per admission | 60% of allowable charges; Deductible applies after \$850 per admission |
| Inpatient Alcohol and Substance Abuse | 85% of network charges; Deductible applies after \$250 per admission | 60% of allowable charges; Deductible applies after \$850 per admission |
| Inpatient Psychiatric Admission | 85% of network charges; Deductible applies after \$250 per admission | 60% of allowable charges; Deductible applies after \$850 per admission |
| Outpatient Surgery | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Skilled Nursing Facility | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Diagnostic Lab and X-ray | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Complex Imaging (CT/Pet Scans/MRIs) | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |

Transplant Services

| | |
|------------------------------|--|
| Organ and Tissue Transplants | 85% after \$250 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services. |
|------------------------------|--|

Professional and Other Services

| | In-Network | Out-of-Network* |
|--|--|--|
| Preventive Care/Well-Baby/Immunizations | 100% covered | 60% of allowable charges; Deductible applies |
| Physician Office Visit | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Specialist Office Visit | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Telemedicine | 85% of network charges; Deductible applies | Does Not Apply |
| Outpatient Psychiatric and Substance Abuse | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Durable Medical Equipment | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |
| Home Health Care | 85% of network charges; Deductible applies | 60% of allowable charges; Deductible applies |

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.

Consumer Driven Health Plan (CDHP) Benefits

This is a high-deductible health plan as defined by the IRS. Consumer Driven Health Plan (CDHP) members may choose any physician or hospital for medical services; however, when receiving services from a CDHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. CDHP has a nationwide network of providers through Aetna PPO. CDHP is available for active employees only, under the State Employees' Group Insurance Program. This plan is not available to retirees. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CDHP. For a copy of the SPD, contact the plan administrator (see page 14).

| Plan Year Medical Deductibles | | | |
|----------------------------------|------------------------------|--------------------------------------|----------------------------------|
| In-Network Individual \$1,650 | In-Network Family \$3,300 | Out-of-Network Individual \$1,650 | Out-of-Network Family \$3,300 |

| Out-of-Pocket Maximum Limits | | | |
|----------------------------------|------------------------------|--------------------------------------|----------------------------------|
| In-Network Individual \$3,000 | In-Network Family \$6,000 | Out-of-Network Individual \$3,000 | Out-of-Network Family \$6,000 |

Hospital Services *(Percentages listed represent how much is covered by the plan)*

| | In-Network | Out-of-Network* |
|---------------------------------------|--|--|
| Emergency Room Services | 90% of coinsurance; Deductible applies | 90% of coinsurance; Deductible applies |
| Inpatient Hospitalization | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Inpatient Alcohol and Substance Abuse | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Inpatient Psychiatric Admission | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Outpatient Surgery | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Skilled Nursing Facility | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Diagnostic Lab and X-ray | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Complex Imaging (CT/Pet Scans/MRIs) | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |

Transplant Services

| | |
|------------------------------|---|
| Organ and Tissue Transplants | 90% after plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services. |
|------------------------------|---|

Professional and Other Services

| | In-Network | Out-of-Network* |
|--|--|--|
| Preventive Care/Well-Baby/Immunizations | 100% covered | 65% of allowable charges; Deductible applies |
| Preventive Services (IRS-allowed)** | 90% of network charges; No Deductible | 65% of allowable charges; Deductible applies |
| Physician Office Visit | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Specialist Office Visit | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Telemedicine | 90% of network charges; Deductible applies | Does Not Apply |
| Outpatient Psychiatric and Substance Abuse | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Durable Medical Equipment | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Complex Imaging (CT/Pet Scans/MRIs) | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |

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.

Medical Care Assistance Program (MCAP) - Companion to your HMO, OAP, QCHP, or CDHP (if not enrolled in an HSA)

EMPLOYEES MUST RE-ENROLL EACH PLAN YEAR

The MCAP maximum contribution limit is \$3,300 for the FY26 plan year period. Funds must be used within the plan year, July 1, 2025 - June 30, 2026. All claims and documentation must be submitted and approved by September 30, 2026. The rollover of unused FY26 funds will be capped at \$660.00. Participants who do not re-enroll for the new plan year will forfeit any amount eligible for rollover.

Dependent Care (Day Care) Assistance Program (DCAP)

DCAP is an account that allows you to set aside pre-tax contributions per pay period to pay for dependent care (Day Care) expenses, for children aged 12 and under, or care for a physically or mentally disabled dependent. DCAP cannot be used for dependent medical expenses or for children for which you are not considered the primary or custodial parent. The DCAP maximum contribution limit is \$5,000 for the FY26 plan year period. Any unused DCAP funds at the end of the plan year will be forfeited.

Health Savings Accounts (HSA) for Active State Employees - Companion to CDHP Enrollment ONLY

EMPLOYEE CONTRIBUTION MUST BE RE-ELECTED EACH PLAN YEAR

An HSA is like a 401(k) for healthcare, yet the HSA tax benefits are far greater. Administered by Optum Financial, the HSA is a tax-favored, interest-bearing account that active State employees can use to pay for qualified medical expenses now, or in the future. Active State employees who qualify (see Qualifying for an HSA below), can save, or invest the account funds. Paired with the Consumer Driven Health Plan (CDHP), an HSA is a powerful financial tool that gives you more control of your healthcare decisions.

The State will contribute a third of the deductible to an active State employee's HSA. Maximum HSA contributions (Employer + Employee) for FY26 will be:

| Under Age 55 | | | Aged 55 and older | | |
|--------------------------------|------------|---------|--------------------------------|------------|---------|
| | Individual | Family | | Individual | Family |
| Employer Contribution = | \$550 | \$1,100 | Employer Contribution = | \$550 | \$1,100 |
| Employee Contribution = | \$3,750 | \$7,450 | Employee Contribution = | \$4,750 | \$8,450 |
| Max IRS Allowed Contribution = | \$4,300 | \$8,550 | Max IRS Allowed Contribution = | \$5,300 | \$9,550 |

Contributions to your HSA can be made through pre-tax payroll deductions or post-tax direct payment. Active State employees can make tax-free withdrawals to pay for qualified medical expenses, for you and your eligible dependents. HSAs are portable and all contributions rollover to the next plan year. If the employee invests HSA funds, those funds remain in the investment account. HSAs may be used for future healthcare expenses including out-of-pocket expenses after retirement, Medicare, and long-term care (LTC) premiums, up to IRS limits and certain LTC expenses. There are no income limitations.

Qualifying for an HSA

To be an eligible individual and qualify for an HSA, you must:

- Be covered under a high-deductible health plan.
- Have no other health coverage (except what is permitted under Other health coverage: https://www.irs.gov/publications/p969#en_US_2019_publink1000204039)
- Not be enrolled in Medicare. This includes Part A.
- Not be claimed as a dependent on someone else's tax return.
- Complete the Customer Identification Program through OPTUM Financial

You cannot be enrolled in BOTH an HSA and MCAP Flexible Spending Account.

Vision

Vision coverage is provided at no cost to all members 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.

| 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.

Additional Vision Benefits

EyeMed offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating, and coverage for Photochromic and Polarized lenses. For more information on this program visit eyemedvisioncare.com/stil or contact EyeMed at 1-866-723-0512



Dental

Employees have the option to enroll in Dental Only coverage. However, if you enroll in health coverage and choose dental coverage, dependents must mirror the coverage of the member.

The State's Quality Care Dental Plan (QCDP) offers a comprehensive range of benefits and is available to all members and is administered by Delta Dental of Illinois. Visit [MyBenefits.illinois.gov](https://www.MyBenefits.illinois.gov) for a Dental Schedule of Benefits.

Deductible and Plan Year Maximum

| | |
|--|---------|
| Plan year deductible for preventive services | N/A |
| Plan year deductible for all other covered services | \$175 |
| Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit) | |
| In-network plan year maximum benefit | \$2,500 |
| Out-of-network plan year maximum benefit | \$2,000 |

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

Enhanced Delta Dental Benefits Program

The Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. For more information on this program visit www.deltadentalil.com or contact Delta Dental at 1-800-323-1743.

Child Orthodontia Benefit

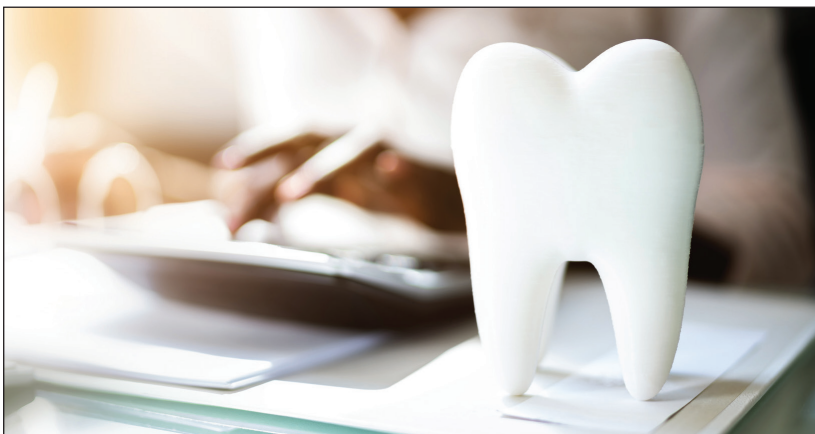
| Length of Orthodontia Treatment* | Maximum Benefit | |
|----------------------------------|-----------------|----------------|
| | In-Network | Out-of-Network |
| 0 - 36 Months | \$2,000 | \$1,500 |
| 0 - 18 Months | \$1,820 | \$1,364 |
| 0 - 12 Months | \$1,040 | \$780 |

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

| Member Only | Member + 1 Dependent | Member + 2 or More Dependents |
|-------------|----------------------|-------------------------------|
| \$16.00 | \$27.00 | \$29.50 |

* Orthodontia Treatments must start prior to age 19.

** Part-time employees are required to pay a percentage of the State's portion of the contribution in addition to the member contribution. Special rules apply for non-IRS dependents (see [MyBenefits.illinois.gov](https://www.MyBenefits.illinois.gov) for more information).



Life Insurance

Basic Life Insurance coverage is provided by MetLife at no cost to all active employees, retirees, and annuitants through the State Employees Group Insurance Program.

- Active employees, and retirees and annuitants under the age of 60, receive a benefit amount equal to their annual salary.
- Retirees and annuitants, age 60 or older, receive a \$5,000 benefit.

Member Optional Life coverage is provided at a cost to all active employees, retirees, and immediate annuitants.

- For active employees, and retirees and immediate annuitants under age 60 – coverage is available up to 8 times their Basic Life amount.
- For retirees and immediate annuitants aged 60 or older – coverage is available up to 4 times their Basic Life amount.

The maximum benefit allowed for Member Optional Life plus Basic Life is \$3,000,000. Rate changes due to age will be effective the first pay-period following the member's birthday.

| 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 |

Accidental Death & Dismemberment (AD&D) coverage is available to eligible members in an amount equal to either their Basic Life amount or the combined amount of their Basic and Member Optional Life. This coverage is subject to a total maximum of 5 times the Basic Life amount or \$3,000,000, whichever is less.

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

Beneficiary Elections

Don't forget to elect your beneficiaries at metlife.com/stateofillinois/ and make the appropriate updates when necessary to ensure that your Life Insurance benefit is paid out according to your wishes. Remember, you may also have death benefits through various state-sponsored programs, each having a separate beneficiary form, including Life Insurance, retirement benefits, and the Deferred Compensation Program.

Spouse life coverage is available for:

- The spouse of an active employee.
- The spouse of a retiree or an annuitant.

The lump sum amount is either \$10,000 or \$5,000 depending upon the spouse's age

| Spouse Life Monthly Rates | |
|---|--------|
| Spouse Life \$10,000 Coverage (Spouse under age 60) | \$5.70 |
| Spouse Life \$5,000 Coverage (Spouse age 60 or older) | \$2.85 |

Note: Rate changes due to age will be effective the first day of the pay period following the **spouse's** birthday.

Child life coverage is available in a lump sum amount of \$10,000 per child to active employees, retirees, and immediate annuitants. The monthly contribution applies to all dependent children regardless of the number of children enrolled. Eligible children include children aged 25 and under or, children in the disabled category.

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

Note: Deferred Annuitants are not eligible for Member Optional Life, AD&D, Child Life or Spouse Life Coverage.

Underwriting

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.



The State of Illinois' ongoing comprehensive approach to wellness.

The State of Illinois cares about you and your health.

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

📘 Follow us on Facebook at <https://www.facebook.com/BeWellIllinois>

✉ Or email us at BeWell@illinois.gov

Be Well Featured Resources



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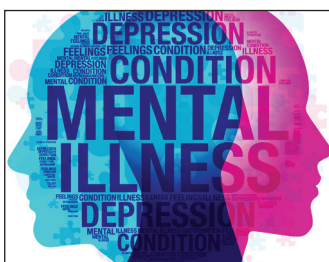
[Get Moving](#)



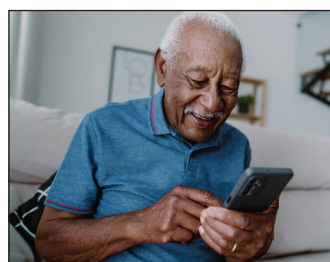
[Kid's Corner](#)



[Healthcare Resources](#)



[Mental Health Resources](#)



[Retiree Wellness](#)



[Women's Health Resources](#)



[BeWell Recipes](#)

Contacts

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Federally Required Notices

Notice of Creditable Coverage (HMO, OAP, and QCHP ONLY)

Prescription Drug information for State of Illinois Medicare-eligible Plan Participants

This Notice confirms that the State Employees Group Insurance Program (SEGIP) has determined that the prescription drug coverage it provides for its HMO, OAP, and QCHP plans is Creditable Coverage. This means that the prescription coverage offered through SEGIP is, on average, as good as, or better than the standard Medicare prescription drug coverage (Medicare Part D). You can keep your existing group prescription coverage and choose not to enroll in a Medicare Part D plan.

Because your existing coverage is Creditable Coverage, you will not be penalized if you later decide to enroll in a Medicare prescription drug plan. However, you must remember that if you drop your coverage through SEGIP and experience a continuous period of 63 days or longer without Creditable Coverage, you may be penalized if you enroll in a Medicare Part D plan later. If you choose to drop your SEGIP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your SEGIP coverage ends.

If you keep your existing group coverage through SEGIP, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll in a Medicare prescription drug plan may need to provide a copy of the Notice of Creditable Coverage to enroll in the Medicare prescription plan without a financial penalty. Participants may obtain a Benefits Confirmation Statement as a Notice of Creditable Coverage by contacting the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).

Notice of Non-Creditable Coverage (CDHP ONLY)

Prescription Drug information for State of Illinois Medicare-eligible Plan Participants

This will serve as notice that the State Employees Group Insurance Program (SEGIP) has determined that the prescription drug coverage it provides for the Consumer Driven Health Plan (CDHP) is Non-Creditable Coverage as of July 1, 2025. This is due to provisions of the Federal Inflation Reduction Act (IRA) that went into effect in 2025, reducing the True Out of Pocket costs (TrOOP) on standard Medicare prescription drug coverage (Medicare Part D). This means that the CDHP plan likely does not cover as much of the cost of prescription drugs as a standard Medicare Part D plan.

As a result, you may be penalized if you elect the CDHP (high deductible) plan and later decide to enroll in a Medicare prescription drug plan. To avoid any future penalties, please consider enrolling in one of the creditable coverage plans listed above.

Summary of Benefits and Coverage (SBC) and Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The summary is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in coverage, or if you request a copy from your issuer or group health plan. You may also request a paper copy of the SBCs and glossary of terms from your health insurance company or group health plan. All State health plan SBCs are available on [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), effective July 1, 2025. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

Benefit Choice Fairs

CMS sponsored Benefit Choice Open Enrollment Member Fairs are scheduled from **9:00 am to 4:00 pm**, with two identical presentations given at **11:00 am and 2:00 pm**. Events are open to all active and retired members not enrolled in the Medicare Advantage Prescription Drug (MAPD) plan. CMS representatives, as well as various benefit vendors, will be present during the in-person fairs to answer questions.

| Date | | Agency/ Location | Address |
|-----------|--------------|------------------------|---|
| Thursday | May 1, 2025 | Virtual Recording | https://cms.illinois.gov/benefits/benefit-choice-fairs.html |
| Friday | May 2, 2025 | Stratton - Springfield | 401 S. Spring St, Stratton Building, 4th Floor, Room 413, Springfield, 62701 |
| Monday | May 5, 2025 | GSU - University Park | 1 University Parkway, Engbretson Hall & Hall of Honors, University Park, 60484 |
| Tuesday | May 6, 2025 | Downtown - Chicago | 555 W. Monroe, Lincoln & Chicago Conference Rooms, 4th Floor, Chicago, 60661 |
| Wednesday | May 7, 2025 | CSU - Chicago | 9501 South King Drive, Gwendolyn Brooks Library, 4th Floor, Rooms 410 & 415, Chicago, 60628 |
| Thursday | May 8, 2025 | NEIU - Chicago | 5500 N. St. Louis Ave, Rooms SU003 & SU214, Chicago, 60625 |
| Friday | May 9, 2025 | NIU - Dekalb | 340 Carroll Ave, Holmes Student Center, Regency Room & Carl Sandburg Auditorium, Dekalb, 60115 |
| Monday | May 12, 2025 | ISU - Normal | 100 N. University St, Bone Student Center, Prairie Room, Normal, 61790 |
| Tuesday | May 13, 2025 | DHS - Elgin | 750 S. State St, Rehabilitation Building, Rehab Auditorium, Elgin 60123 |
| Wednesday | May 14, 2025 | Downtown - Chicago | 160 N. LaSalle St, 5th Floor Auditorium & Room N505, Chicago, 60601 |
| Thursday | May 15, 2025 | UIC - Chicago | 1200 West Harrison St, Student Services Building Rooms A, B & C, Chicago, 60607 |
| Friday | May 16, 2025 | WIU - Moline | 3300 River Drive, W Riverfront Hall, Goldfarb Grand Atrium, Moline, 61265 |
| Monday | May 19, 2025 | IDOT- Collinsville | 1102 Eastport Plaza Drive, IDOT District 8, Class Room, Lunch Room and Foyer, Collinsville, 62234 |
| Tuesday | May 20, 2025 | SIU - Carbondale | 1255 Lincoln Drive, Student Center, Ballroom B & Corker Lounge, Carbondale, 62901 |
| Wednesday | May 21, 2025 | EIU - Charleston | 600 Lincoln Ave, Martin Luther King Jr. University Union, Grand Ballroom & Room 1895, Charleston, 61920 |
| Wednesday | May 21, 2025 | Virtual Recording | https://cms.illinois.gov/benefits/benefit-choice-fairs.html |
| Thursday | May 22, 2025 | UIUC - Champaign | iHotel 1900 S. First St, Quad & Technology Rooms, Champaign, 61820 |
| Friday | May 23, 2025 | UIS - Springfield | 2251 Richard Wright Dr, Student Union, Rooms 224, 224 & 226, Springfield, 62703 |
| Monday | May 26, 2025 | Memorial Day | CLOSED. No Member Fairs Scheduled. |
| Tuesday | May 27, 2025 | IDOT - Springfield | 2300 S. Dirksen Parkway, Auditorium, Springfield, 62764 |
| Wednesday | May 28, 2025 | DVA - Quincy | 1707 N. 12th Street, Lippincott Building, Quincy, 62301 |
| Thursday | May 29, 2025 | IDOT - Peoria | 401 Main St, Becker Building, 6th Floor, Peoria, 61602 |
| Friday | May 30, 2025 | WIU - Macomb | 911 W. Murray St, Multicultural Center, Macomb, 61455 |

The two virtual recordings will begin at 11:00 am.
To join the virtual recordings for the Member Fairs, please scan the QR code:
or use <https://cms.illinois.gov/benefits/benefit-choice-fairs.html>

**SCAN
ME!**



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Illinois Department of
Central Management Services
Bureau of Benefits
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Springfield, IL 62794-9208

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