



FY26 BENEFIT CHOICE SEMINAR

Open Enrollment Period
May 1, 2025 – June 2, 2025
Effective: July 1, 2025

State Employees Group Insurance Program Members (SEGIP)

College Insurance Program Members (CIP)

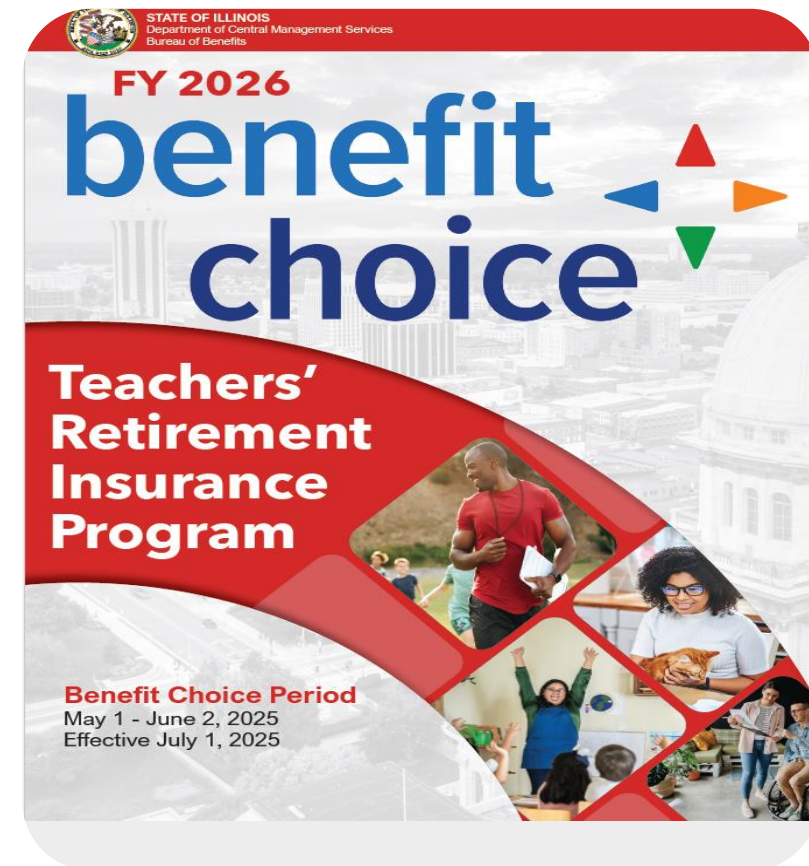
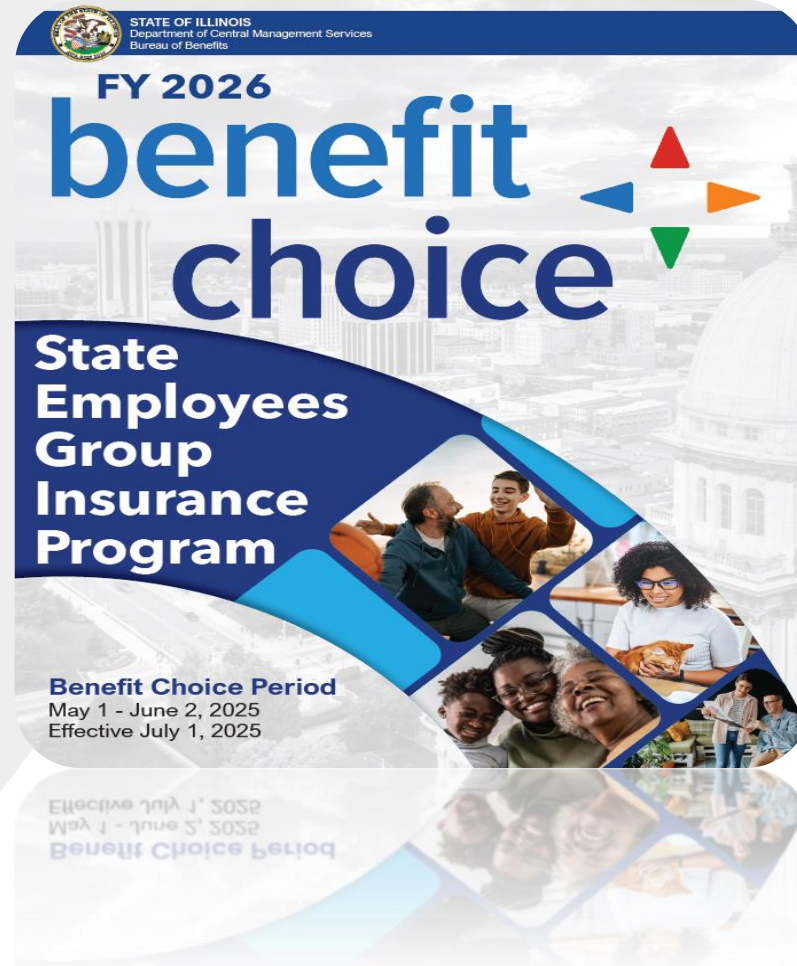
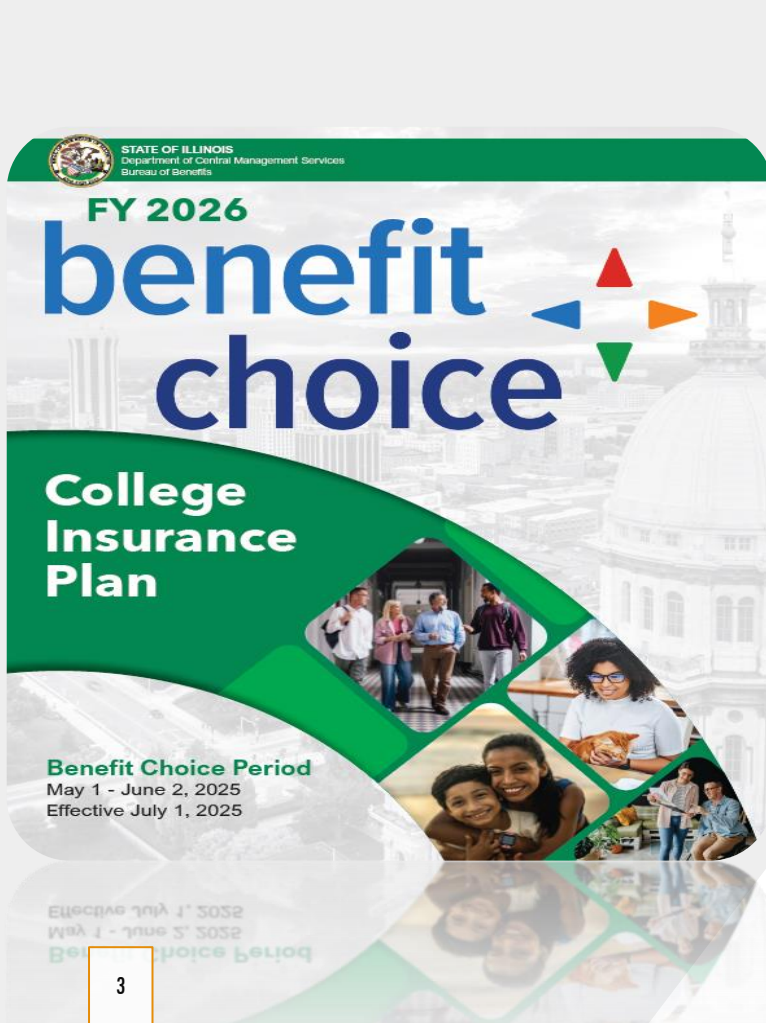
Teachers' Retirement Insurance Program Members (TRIP)



Q-CARDS

- Information is linked to the Bureau of Benefits (BOB) webpage.
- Linked to all benefit information, not just Benefit Choice related.
- CIP/TRIP cards are only for those enrolled in CIP/TRIP.

- ▶ The Benefit Choice Booklets were mailed out the week of 4/21.
- ▶ An electronic version can be viewed at mybenefits.illinois.gov



State Employees Group Insurance Program

benefit
choice 



Benefit Choice Period

Elect Your Benefits May 1 - June 2, 2025

What's New

① 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.

① 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)

Health Alliance HMO, Transition of Services and Medicare Split Family Policy Changes

Health Alliance HMO

**Coverage is
No Longer
Available
Effective
July 1, 2025**

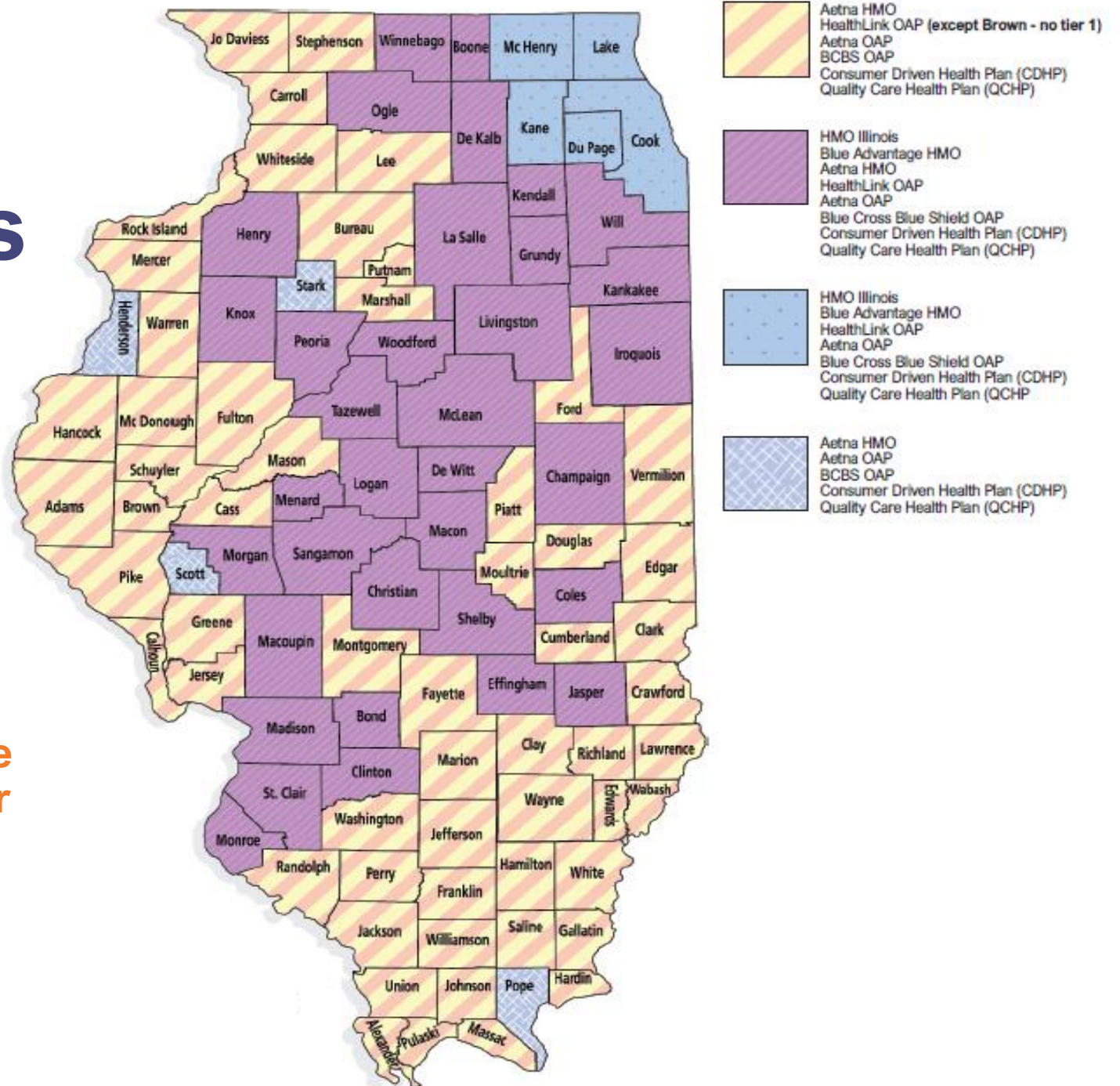
- Everyone currently enrolled with Health Alliance will have to make election changes during this Open Enrollment Period.
- Everyone must either elect a new health plan or opt out of coverage, effective July 1, 2025.
- Anyone enrolled with Health Alliance who fails to make an enrollment change by June 2, 2025, will be defaulted into the Quality Care Health Plan (QCHP).

TRANSITION OF SERVICES

- If a member/dependent is inpatient prior to July 1, 2025, and the inpatient stay continues beyond July 1, 2025, then Health Alliance will continue to be responsible for the claims until the member is discharged.
- If a member/dependent is in an ongoing course of treatment or in the third trimester of pregnancy, the member will need to reach out to their new health plan to inform them of this situation. The member will have 90 days to work with the new health plan and receive a pre-authorization if the provider is in network or transition to an in-network provider.
- If a member/dependent has a current prescription, they will have 30 days from the date of the re-fill request to work with the health plan or CVS to obtain a pre-authorization or change medications if necessary.

Plan Administrators available by County has changed.

New elections are required when current health plans are no longer available in work or residential county.



Current guidelines dictate that State, CIP and TRIP **retirees, annuitants, and survivors** do not transition to the TRAIL MAPD program until **they and all covered dependents** are eligible for Medicare Parts A and B.

With this change, **retired** Medicare eligible plan participants will no longer be eligible to remain covered under a Non-Medicare Retiree Plan effective July 1, 2025. They will be required to enroll in the TRAIL MAPD Plan on a forward-rolling basis.

Instead, accounts that have both Medicare and Non-Medicare eligible plan participants will result in split family coverage, where family members will be enrolled in different health plans.

SPLIT FAMILY PROJECT

Changing the guidelines for
Total Retiree Advantage Illinois (TRAIL)
Medicare Advantage Prescription Drug (MAPD)

WHO IS AFFECTED?

Medicare eligible Retirees, Annuitants, Survivors, and covered dependents enrolled in all three groups:

- State Employee Group Insurance Program (SEGIP),
 - Teachers' Retirement Insurance Program (TRIP), and
 - College Insurance Program (CIP).
1. A Medicare eligible Retiree that is covering a Non-Medicare eligible dependent, member will have to enroll in TRAIL MAPD and their dependent remains covered by the Non-Medicare Retiree Plan.
 2. A Non-Medicare eligible Retiree that is covering a Medicare eligible dependent, member coverage will remain in Non-Medicare Retiree Plan and dependent will have to enroll in TRAIL MAPD.
- **Exception:** SEGIP members with two (2) or more covered dependents will not be subject to Split Family until the coverage level becomes Retiree +1 or all covered dependents become eligible for Medicare due to age or disability.

MEDICARE REQUIREMENTS AND TRAIL MAPD

Actively working members should:

- Apply for Medicare Part A three months prior to their 65th birthday. If you are still actively working, you are not required to enroll in Medicare Part A upon turning age 65, however there are benefits to enrolling. Dependents are required to enroll in Medicare Part A upon meeting eligibility requirements.
- Sign up for Medicare Part B three months prior to retirement date. Provide all Medicare coverage information to the MCOB Unit: CMS.Ben.MedicareCOB@illinois.gov

Retirees are required to enroll in the TRAIL MAPD Plan upon Medicare eligibility.

- The State-sponsored TRAIL MAPD plan includes the benefits of Medicare Part A, Part B and Part D prescription drug coverage.
- Waiving the TRAIL MAPD coverage does not maintain enrollment the Non-Medicare Retiree Plan.
- The TRAIL MAPD Plan has different premiums than the Non-Medicare Retiree Plan and requires payment of Medicare premiums to Social Security.

STATE MEMBERS

MONTHLY HEALTH PLAN CONTRIBUTIONS

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

Member Rates are based on the March 1st Annual Salary.

STATE RETIREE HEALTH PLAN CONTRIBUTIONS BY YEARS OF SERVICE

Years of Service at Retirement (1)	Contribution Percentage	QCHP Coverage		HMO Coverage	
		Medicare	Non-Medicare	Medicare	Non-Medicare
		Total Rate =	Total Rate =	Total Rate =	Total Rate =
		729.13	\$1,558.00	\$855.21	\$1,456.06
0	100%	\$ 729.13	\$ 1,558.00	\$ 855.21	\$ 1,456.06
1	95%	\$ 692.67	\$ 1,480.10	\$ 812.44	\$ 1,383.25
2	90%	\$ 656.21	\$ 1,402.20	\$ 769.68	\$ 1,310.45
3	85%	\$ 619.76	\$ 1,324.30	\$ 726.92	\$ 1,237.65
4	80%	\$ 583.30	\$ 1,246.40	\$ 684.16	\$ 1,164.84
5	75%	\$ 546.84	\$ 1,168.50	\$ 641.40	\$ 1,092.04
6	70%	\$ 510.39	\$ 1,090.60	\$ 598.64	\$ 1,019.24
7	65%	\$ 473.93	\$ 1,012.70	\$ 555.88	\$ 946.43
8	60%	\$ 437.47	\$ 934.80	\$ 513.12	\$ 873.63
9	55%	\$ 401.02	\$ 856.90	\$ 470.36	\$ 800.83
10	50%	\$ 364.56	\$ 779.00	\$ 427.60	\$ 728.03
11	45%	\$ 328.10	\$ 701.10	\$ 384.84	\$ 655.22
12	40%	\$ 291.65	\$ 623.20	\$ 342.08	\$ 582.42
13	35%	\$ 255.19	\$ 545.30	\$ 299.32	\$ 509.62
14	30%	\$ 218.73	\$ 467.40	\$ 256.56	\$ 436.81
15	25%	\$ 182.28	\$ 389.50	\$ 213.80	\$ 364.01
16	20%	\$ 145.82	\$ 311.60	\$ 171.04	\$ 291.21
17	15%	\$ 109.36	\$ 233.70	\$ 128.28	\$ 218.40
18	10%	\$ 72.91	\$ 155.80	\$ 85.52	\$ 138.32
19	5%	\$ 36.45	\$ 77.89	\$ 42.76	\$ 72.80
20+	0%	\$ -	\$ -	\$ -	\$ -

⁽¹⁾ The rates shown for less than 8 years of service apply to survivors.

STATE MEMBERS DEPENDENT MONTHLY HEALTH PLAN CONTRIBUTIONS

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

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

HEALTH PLAN ADMINISTRATORS

There are three Health Maintenance Organization (HMO) options – depending on work/residential county.

- Aetna HMO, BlueAdvantage HMO, or HMO Illinois.

There are three Open Access Plan (OAP) options – offers the convenience of an HMO benefit without the requirement of referrals, with access to a PPO network.

- Aetna OAP, BCBS OAP, or HealthLink OAP.

There are two Preferred Provider Organization (PPO) options – coverage in and out the state of Illinois, a larger network of physicians, and a benefit both in and out of network. These plans have both a deductible and coinsurance level of payment.

- Quality Care Health Plan (QCHP)
- Consumer Driven Health Plan (CDHP) – This health plan is only available to State employees. The plan is a PPO, with a high deductible, lower coinsurance and lower monthly premiums. State employees have the option of enrolling in the companion Health Savings Account (HSA), in which the State will contribute 1/3 of the deductible to the HSA. Members have the option of also contributing a pretax amount to be deposited into the HSA, which can be used to pay for approved medical, dental, or vision expenses.

Newly hired members who choose to elect Health Alliance HMO in their New Hire event, coverage will ONLY be valid through June 30, 2025 and MUST complete their Benefit Choice event to either elect a new health plan or opt-out of coverage.

Co-payments

- **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 Services \$475
 - Outpatient Surgery \$350
 - Out-of-Network
 - Nothing is covered except ER Services \$275

Coinsurance & Deductibles

- **OAP**
 - Tier I
 - See HMO In-Network
 - Tier II \$325 Plan Year Deductible/Enrollee
 - Preventive Care 100%
 - Physician & Specialist 90%
 - ER Services \$275/visit
 - Inpatient Services 90% after \$525 copay
 - Outpatient Surgery 90% after \$350 copay
 - Tier III \$425 Plan Year Deductible/Enrollee
 - Preventive Care not covered
 - Physician & Specialist 60%
 - ER Services \$275
 - Inpatient Services 60% after \$625 copay
 - Outpatient Surgery 60% after \$350 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 Services 85% after \$250
 - Outpatient Surgery 85%
 - Out-of-Network – Deductible Applies
 - Preventive Care 60%
 - Physician & Specialist 60%
 - ER Services \$450
 - Inpatient Services 60% after \$850
 - Outpatient Surgery 60%

Coinsurance & Deductibles

- **PPO-CDHP**
 - Plan Year Deductibles
 - \$1,650 Individual
 - \$3,300 Family
 - In-Network – Deductible Applies
 - Preventive Care 100%
 - Preventive Services 90%
 - Physician & Specialist visits 90%
 - ER Services 90%
 - Inpatient Services 90%
 - Outpatient Surgery 90%
 - Out-of-Network – Deductible Applies
 - Preventive Care/Services 65%
 - Physician & Specialist 65%
 - ER Services 90%
 - Inpatient Services 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.				

PRESCRIPTION DRUG COVERAGE

- **PPO-CDHP**

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.			

- **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.			

- **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.			



MCAP

The maximum contribution limit is \$3,300.
Rollover for unused funds for the end of FY25 is \$640.
The rollover for unused funds for the end of FY26 is \$660.

DCAP

The maximum contribution amount is \$5,000.
All unused funds at the end of the plan year will be forfeited.
No rollover option.

Reminder

Participants who do not re-enroll for the new plan year will forfeit any amount eligible for rollover.



Optum

FLEXIBLE SPENDING ACCOUNTS

Contact the Optional Tax
Programs Unit at 217-558-4509
or CMS.Ben.FSA@illinois.gov

HEALTH SAVINGS ACCOUNTS (HSA) COMPANION TO CDHP ENROLLMENT ONLY

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

- Health Savings Account (HSA) enrollment options:
 - The employ^{er} contribution and/or
 - The employ^{ee} contribution.
- Previously elected employ^{er} contribution will automatically be re-enrolled each year.
- However, you must make the employ^{ee} contribution elections every year for continued contributions.

The Optum logo, featuring the word "Optum" in a bold, orange, sans-serif font.

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. As well as Diabetic Care Services.
- For more information visit <https://member.eyemedvisioncare.com/stil/en>

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
\$16.00	\$27.00	\$29.50

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

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year
Individuals with: <ul style="list-style-type: none"> • Diabetes • Kidney Failure/Dialysis Treatment • High-Risk Cardiac Conditions* 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group/Individual Contracted Benefit Level	4 Times Total in any Combination
Individuals with: <ul style="list-style-type: none"> • Periodontal Disease • Suppressed Immune Systems** • Cancer-Related Chemotherapy and/or Radiation Treatments • Special Needs*** 	Prophylaxis (General Cleaning) and Periodontal Maintenance Topical Fluoride Treatment (No Age Limits)	Same Percent as the Group/Individual Contracted Benefit Level Same percent as the Group/Individual Contracted Benefit Level	4 Times Total in any Combination Frequency Determined by Group/Individual Contract
Pregnant Women	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group/Individual Contracted Benefit Level	3 Times Total in any Combination

- Dental Only coverage is still on option, and dependent coverage must mirror that coverage.
- Delta Dental of Illinois has enhanced coverage for individuals who have specific health conditions that can be positively affected by additional oral health care.
- For more information on this program visit www.deltadentalil.com



- There have been no premium changes for life coverage.
- 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 –Basic Life drops to \$5,000 in coverage with optional life available up to 4 times 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 SOH is not needed to add Child Life coverage or AD&D.
- Don't forget to elect beneficiaries at <https://www.metlife.com/info/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 (Spouse under age 60)	\$5.70
Spouse Life \$5,000 Coverage (Spouse age 60 or older)	\$2.85

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

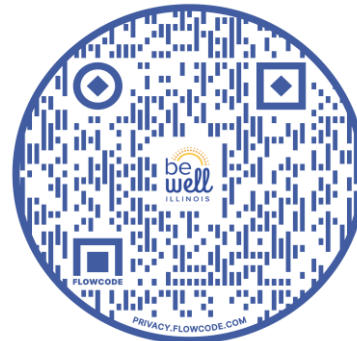
THE STATE OF ILLINOIS' ONGOING COMPREHENSIVE APPROACH TO WELLNESS.

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
- Follow us on Facebook at <https://www.facebook.com/BeWellIllinois>
- Or email us at BeWell@illinois.gov





QUALIFYING LIFE EVENTS & EMPLOYEE RESPONSIBILITIES

Employee Responsibilities

The following is a list of your responsibilities as a participant in the Group Insurance Program:

- Notify **MyBenefits.illinois.gov**, or by calling the **MyBenefits Service Center (toll-free) 844-251-1777** immediately when life changes occur that may impact your eligibility or your dependent(s)' eligibility. If you are unsure if an event could affect your Group Insurance coverage, we strongly urge you to contact your Group Insurance Representative and they will guide you. Life changing events include:
 - Birth/adoption of a child
 - Marriage or Civil Union Partnership
 - Divorce, legal separation, annulment, or Dissolution of Civil Union Partnership
 - Death of a spouse or other dependent
 - Change in your, your spouse's or your dependent's employment status that affects eligibility under the plan
 - Your dependent is provided group insurance through their employer
 - Your dependent no longer meets the group insurance eligibility criteria
 - Your dependent becomes ineligible for other coverage
 - You gain or lose custody of a dependent (must be through a court order)
 - Your Public Aid or Medicare status changes

NOTE: When adding or dropping a dependent, proper documentation must accompany your request.

- Employees must notify your **Group Insurance Representative** immediately when you go on and return from a Leave of Absence.
- Notify your **Group Insurance Representative** immediately when you change your home address. However, if a dependent changes their address, the member must **call MyBenefits Service Center (toll-free) 844-251-1777** immediately.
- Notify the **Medicare COB at 217-782-7007** immediately if you experience a change in your Medicare status, or if another insurance plan becomes primary payer.
- Monitor your payroll deductions and coverage elections to verify accuracy. Notify the **MyBenefits Service Center by calling (toll-free) 844-251-1777** immediately if the deductions or elections are not correct. If not, you may not be eligible for a full refund.

For further information concerning your benefits under the Group Insurance Program refer to the latest version of the *State of Illinois Benefits Handbook* ([MyBenefits.illinois.gov](https://mybenefits.illinois.gov)), or call the **MyBenefits Service Center (toll-free) 844-251-1777**.

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)

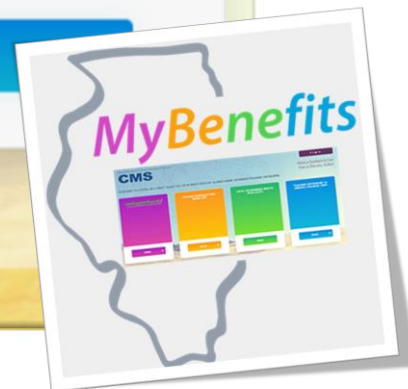
MyBenefits Web Portal

Select

Select

Select

Select





Enrollment Notice
State Employees Group Insurance Program

April 15, 2025

John Smith
1515 Smith Lane
Springfield, IL 62704

You are receiving this notice as you have an enrollment opportunity with the State of Illinois Employees Group Insurance Program (SEGIP), due to your new hire/new eligibility event. We understand that there are many questions about the plans and we want to simplify your understanding of benefit actions you need to take now.

Benefit actions to consider now

Enrollment in benefits must be completed no later than 30 days following the date of your new hire/new eligibility. The online enrollment tool is available to you now at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). Below, for your convenience, is your current LoginID.

LoginID: 123456789

If this is your first time entering the site, you will be asked to answer some identifying questions, which will allow you to register and set your password and challenge questions.

If you have registered in the past and your password has expired, you may be prompted to change your password after logging on.

If your event allows you to add dependents, you will need to provide the appropriate documentation, which can be uploaded.


If you do not make election choices by May 16, 2025, you will be defaulted according to the rules outlined in your Benefits Handbook.

If you have questions or require assistance, please contact the MyBenefits Service Center (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY, which is available Monday - Friday, 8:00 AM - 6:00 PM CT, or visit [MyBenefits.illinois.gov](https://mybenefits.illinois.gov). These benefits resources are available for you to access year-round, as needed.

Thank you for your cooperation.

MyBenefits Service Center
134 N LaSalle Street, Suite 2200
Chicago, IL 60602
844-251-1777
844-251-1778 TDD/TTY

BWID: 459041



[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 ID


- Enrollment Notice and Benefit Confirmation Statement
- Forgot Login ID



Forgot Login Id - Step 1

Please answer the following questions to retrieve login id.

LAST 4 DIGITS OF SSN (9999)

☐ I'm not a robot  [Privacy](#) [Terms](#)

DATE OF BIRTH (MM/DD/YYYY)

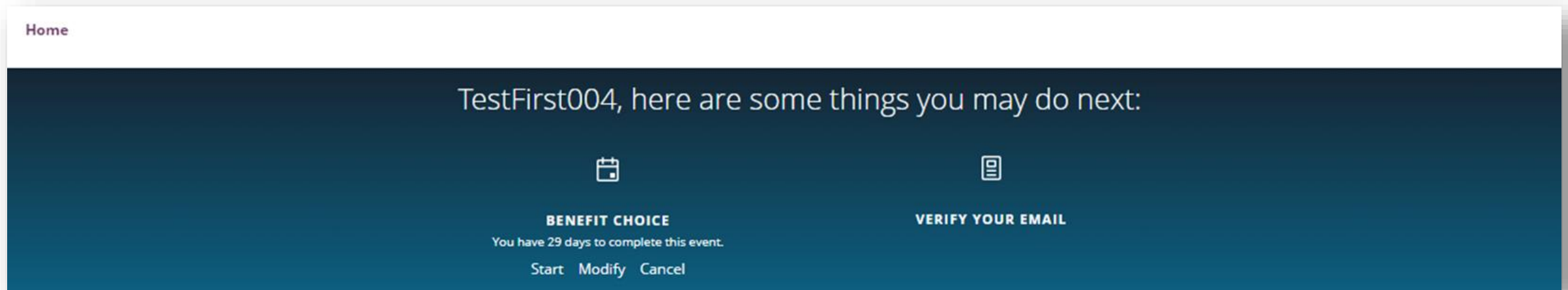
LAST NAME

FIRST TWO LETTERS OF FIRST NAME

MAILING ZIP CODE (99999)

[Cancel](#) [Continue](#)

PERSONALIZED HOME PAGE



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

BENEFIT CHOICE ENROLLMENT

- The tabs are located at the top of the enrollment flow.
- The first step in the enrollment process is to review and update information, if needed.
- Optional tax programs must be re-enrolled in each year to continue participation.

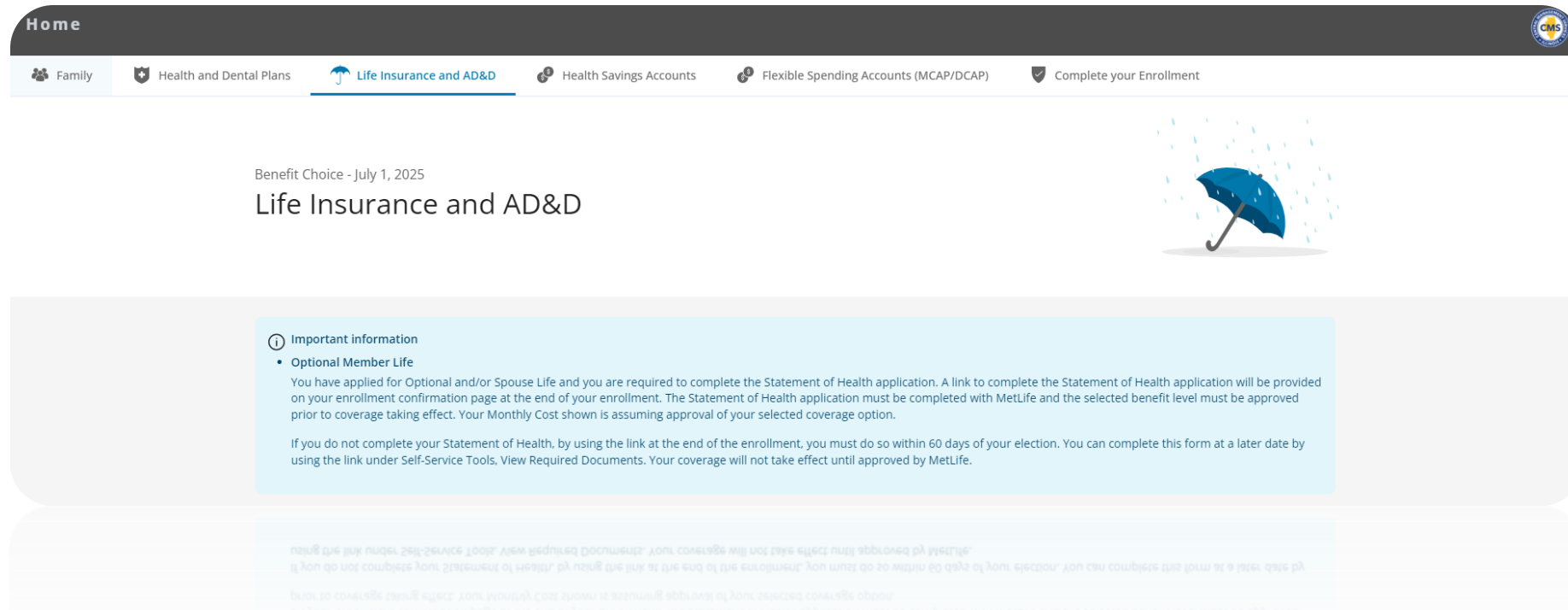
The image displays three overlapping screenshots of the Benefit Choice Enrollment website, illustrating the steps in the enrollment process.

Top Screenshot (Home Page): The header shows the "Home" tab selected. The navigation bar includes: Family, Health and Dental Plans, Life Insurance and AD&D, Health Savings Accounts, Flexible Spending Accounts (MCAP/DCAP), and Complete your Enrollment. The main content area is titled "Benefit Choice - July 1, 2025" and "Family". It includes a sub-header "Please review your family members currently on file. You may add or up family members if the information displayed is not accurate. Family me must be listed below to be eligible for coverage." and a button labeled "+ Add Family Member".

Bottom Left Screenshot (Health Savings Accounts): The header shows the "Health Savings Accounts" tab selected. The main content area is titled "Benefit Choice - July 1, 2025" and "Health Savings Accounts". It displays two sections: "HSA Employer Contribution" and "HSA Employee Contribution". The "HSA Employer Contribution" section shows "HSA Company Provided Contribution Coverage level" and "Amount Elected" with a dropdown menu set to "I do not want the HSA ...". The "HSA Employee Contribution" section shows "Your monthly cost" as "\$0" and "Ineligible Coverage level" as "Ineligible Amount Elected".

Bottom Right Screenshot (Flexible Spending Accounts (MCAP/DCAP)): The header shows the "Flexible Spending Accounts (MCAP/DCAP)" tab selected. The main content area is titled "Benefit Choice - July 1, 2025" and "Flexible Spending Accounts (MCAP/DCAP)". It displays two sections: "Medical Care Assistance Plan (MCAP)" and "Dependent Care Assistance Plan (DCAP)". Each section has an "Annual Contribution" input field and a "View Details" button. A "Back to top" button is located at the bottom right.

BENEFIT CHOICE ENROLLMENT



- Members are required to provide a Statement of Health application for certain life insurance elections.
- The Statement of Health application and Beneficiary Forms must be returned to MetLife.
- Premiums and coverage will not be effective until approval is provided from MetLife.

- Members 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 their elections.

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

COMPLETE ENROLLMENT PAGE

Enrollment Confirmed

Event type: Benefit Choice | July 1, 2025

[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.

 [Marriage Certificate Required Form](#)

Submit by: June 13, 2025



- A green check mark will display once elections have been successfully submitted.
- If eligible, members will see a link to enroll in the mybenefits plus program.
- If documentation is required, you will see a message indicating what is required and that it must be submitted by June 12th.
 - Upload documentations online
 - Submit by mail: MyBenefits Service Center, PO Box 9927, Providence, RI 02940-4027

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](#)

Evergreen/Anytime Elections

Gradfin

Home & Auto Insurance

Identity Theft Protection

Pet Insurance/Pet Discount Programs

Purchasing Power

Kashable

The logo for MyBenefits Plus. The word "My" is in purple, "Benefits" is in orange, green, and blue, and "Plus" is in grey with a blue underline.

Open Enrollment/New Hire Event

Accident Insurance

Critical Illness Insurance

Hospital Indemnity Insurance

Legal Services

QUESTIONS?



**THANK YOU
FOR
PARTICIPATING**