

benefit choice

State of Illinois Benefit Choice Open Enrollment Seminar

Open Enrollment Period
May 1, 2023 – May 31, 2023
Effective July 1, 2023



PRESENTED BY:



Open Enrollment Period is May 1, 2023 – May 31, 2023, Effective July 1, 2023

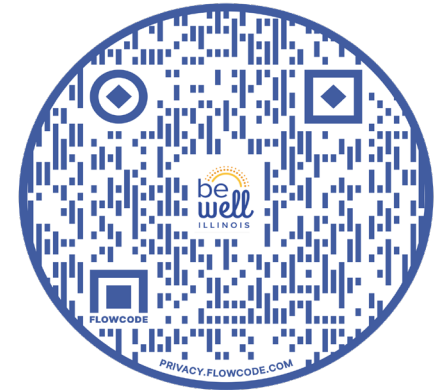


The **Illinois Department of Central Management Services (CMS)** ³ launched a comprehensive wellness program, **Be Well Illinois**.

Be Well Illinois helps expand access to wellness opportunities and features educational resources, webinars, motivational messages and engaging events.

Be Well Illinois focuses on:

- Physical
- Mental
- Financial
- Social wellbeing



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

- The Benefit Choice Annual Open Enrollment Period is May 1 - 31, 2023.
- Plan year effective July 1, 2023.
- The Benefit Choice Booklets were mailed with an expected delivery date on/around May 1st.
- If you have not received it, you can access the electronic version through the Benefit Choice tile at mybenefits.illinois.gov



Teachers' Retirement Insurance Program

benefit
choice



Open Enrollment Period is May 1, 2023 – May 31, 2023 Effective July 1, 2023

New for TRIP Benefit Recipients



Health Plan Availability

New this fiscal year, effective July 1, 2023, changes have been made to the out-of-state areas covered by the Open Access Plans (OAP) offered by Aetna, HealthLink and Blue Cross Blue Shield. If you live outside of Illinois, you may have changes to your plan options.

There is now a broader coverage area for some of the OAP plans, therefore you may have the option to elect an OAP plan that was previously unavailable. If you have a Managed Care Plan available in your county and choose to elect the Teachers' Choice Health Plan (TCHP) coverage, you will pay the higher TCHP rate.

If your current OAP is no longer available in your area, and you do not elect a new plan, you will be defaulted to the TCHP.

CRUCIAL INFORMATION



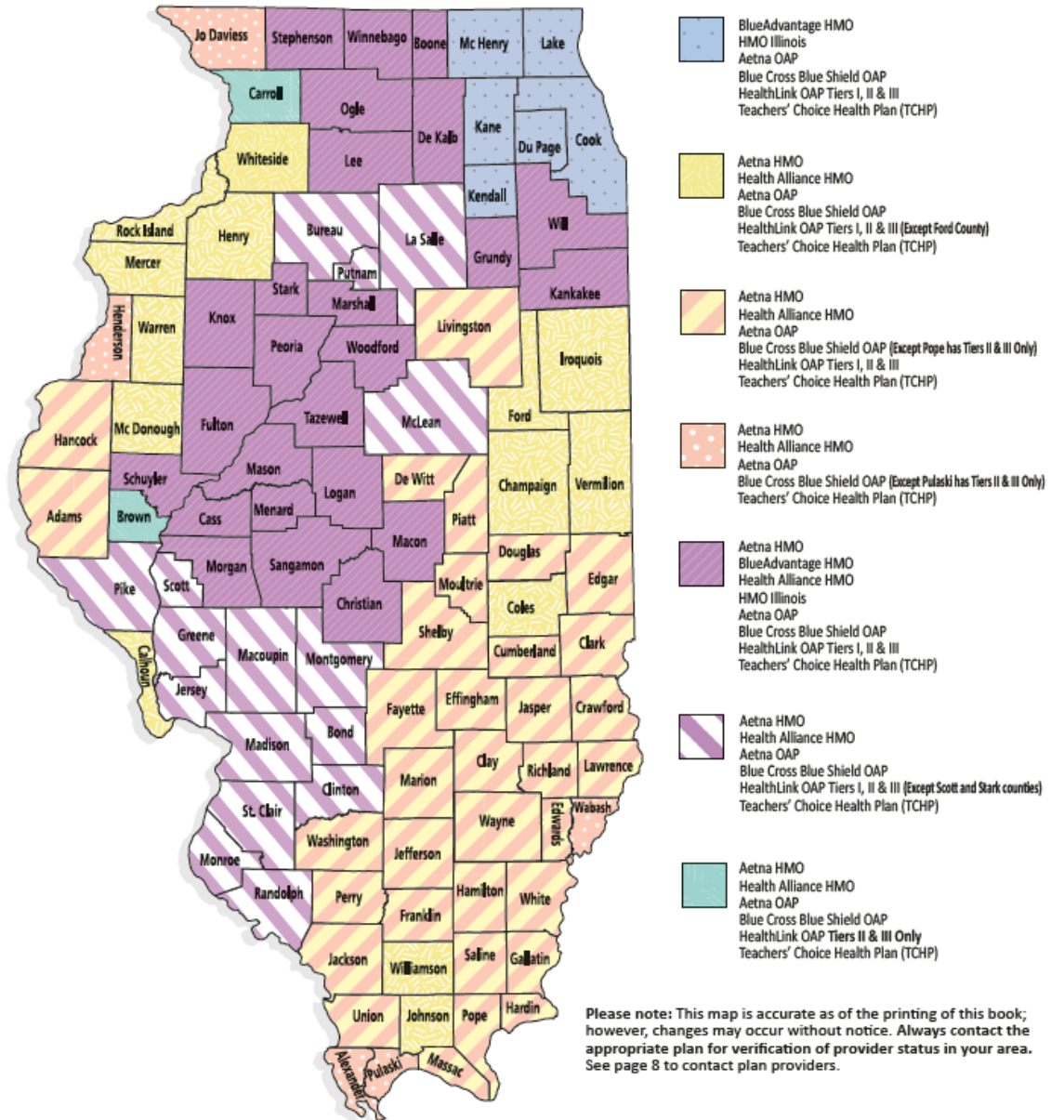
Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Older	All Ages
Benefit Recipient	Managed Care Plan (OAP and HMO)	\$106.45	\$330.67	\$450.52	\$130.68
	Teachers Choice Health Plan (TCHP)	\$276.27	\$771.71	\$1,172.71	\$309.86
	TCHP when managed care is not available in your county	\$138.13	\$385.85	\$586.37	\$154.94
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$425.96	\$1,322.65	\$1,802.05	\$450.24**
	Teachers Choice Health Plan (TCHP)	\$552.55	\$1,543.41	\$2,345.44	\$619.72
	TCHP when managed care is not available in your county	\$552.55	\$1,543.41	\$2,345.44	\$464.80**

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit (see page 7).

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

Slight Increase in Monthly Contributions

Plan Administrators available by County have changed.



Health Plan Administrators

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

HMO



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

OAP



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

PPO



- **HMO**
 - Plan year Out of Pocket Max:
 - \$3,000 Individual
 - \$6,000 Family
 - In-Network
 - Preventive Care 100%
 - Physician & Specialist visits \$20
 - Home Health Care \$15
 - ER Services \$200
 - Inpatient Hospitalizations \$250
 - Outpatient Surgery \$150
 - Out-of-Network
 - Nothing is covered except ER Services \$200

Coinsurance & Deductibles

- **OAP**
 - Tier I
 - See HMO In-Network
 - Tier II \$300 Plan Year Deductible/Enrollee
 - Preventive Care 100%
 - Physician & Specialist visits 80%
 - Home Health Care 80%
 - ER Services \$200
 - Inpatient Hospitalizations 80% after \$300 copay
 - Outpatient Surgery 80% after \$150 copay
 - Tier III \$400 Plan Year Deductible/Enrollee
 - Preventive Care & Home Health Care not covered
 - Physician & Specialist 60%
 - ER Services \$200
 - Inpatient Hospitalizations 60% after \$400 copay
 - Outpatient Surgery 60% after \$150 copay

Coinsurance & Deductibles

- **PPO-TCHP**
 - Plan Year Deductibles
 - \$500 per enrollee
 - In-Network – Deductible Applies
 - Preventive Care 100%
 - Physician & Specialist visits 80%
 - Home Health Care 80%
 - ER Services \$400
 - Inpatient Hospitalizations 80% after \$200
 - Outpatient Surgery 80%
 - Out-of-Network – Deductible Applies
 - Preventive Care 60%
 - Physician & Specialist visits 60%
 - Home Health Care 60%
 - ER Services \$400
 - Inpatient Hospitalizations 60% after \$400
 - Outpatient Surgery 60%

Prescription Drugs

See your Benefit Choice Booklet for details

■ HMO

Prescription Drugs

Preventive Prescription Drugs – \$0

	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$4	\$10	\$20	\$40
Copayments (90-day supply)	\$10	\$25	\$50	\$100

* Applies to specific medications as defined by the plan.

Some HMOs may have benefit limitations based on a calendar year.

■ OAP

Prescription Drugs

Preventive Prescription Drugs – \$0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$10	\$20	\$40
Copayments (90-day supply)	\$20	\$40	\$80
Maintenance Choice (90-day supply)***	\$10	\$20	\$40

* 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.

*** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.

■ PPO-TCHP

Prescription Drugs

Preventive Prescription Drugs – \$0 | Out-of-Pocket Maximum – \$1,500

TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment.

	Tier I	Tier II	Tier III
Copayments (30-day supply)	Greater of 20% or \$7	Greater of 20% or \$14	Greater of 20% or \$28
Copayments (90-day supply)	Greater of 20% or \$14	Greater of 20% or \$28	Greater of 20% or \$56
Maintenance Choice (90-day supply)**	Greater of 10% or \$14	Greater of 10% or \$28	Greater of 10% or \$56

* 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® Pharmacy or through CVS Caremark® Mail Service Pharmacy.

