

# choice

benefit  
choice 

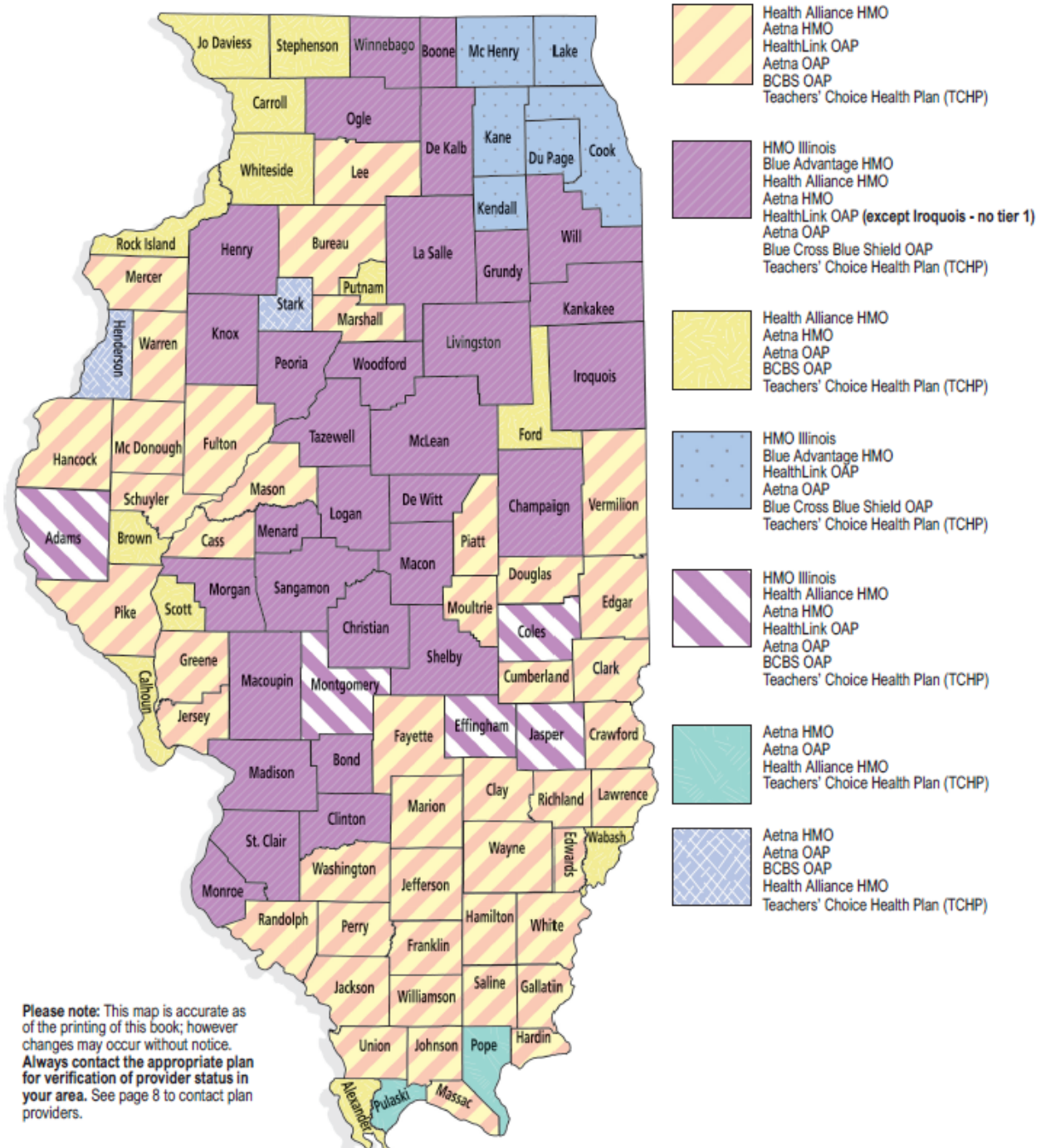


**Teachers' Retirement  
Insurance Program**

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

# Plan Administrators available by County has changed.

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



- ▶ If the Benefit Recipient lives outside of Illinois, they may have coverage through the Open Access Plans (OAP) offered by Aetna, HealthLink and Blue Cross Blue Shield. There is now a broader coverage area for some of the OAP plans, therefore they may have the option to elect an OAP plan that was previously unavailable.
- ▶ If the Benefit Recipient has a Managed Care Plan available in their county but choose to elect the Teachers' Choice Health Plan (TCHP) coverage, they will pay the higher TCHP rate.
- ▶ If their current OAP is no longer available in their area, and they do not elect a new plan, they will be defaulted to the TCHP.



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 above	All Ages
<b>Benefit Recipient</b>	Managed Care Plan (OAP and HMO)	\$111.77	\$347.20	\$473.05	\$137.21
	Teachers Choice Health Plan (TCHP)	\$290.08	\$810.30	\$1,231.35	\$325.35
	TCHP when managed care is not available in your county	\$145.04	\$405.14	\$615.69	\$162.69
<b>Dependent Beneficiary</b>	Managed Care Plan (OAP and HMO)	\$447.26	\$1,388.78	\$1,892.15	\$472.75 **
	Teachers Choice Health Plan (TCHP)	\$580.18	\$1,620.58	\$2,462.71	\$650.71
	TCHP when managed care is not available in your county	\$580.18	\$1,620.58	\$2,462.71	\$488.04 **

\* 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.

## Monthly Contributions

# 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**



# Co-payments

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

# Coinsurance & Deductibles

- **OAP**
  - Plan year Out of Pocket Max Tier I & II:
    - \$6,600 Individual
    - \$13,200 Family
  - Tier I
    - See HMO In-Network
  - Tier II \$300 Plan Year Deductible/Enrollee
    - Preventive Care 100%
    - Physician & Specialist 80%
    - ER Services \$200/visit
    - Inpatient Hospitalizations 80% after \$300 copay
    - Outpatient Surgery 80% after \$150 copay
  - No Out of Pocket Max
    - Tier III \$400 Plan Year Deductible/Enrollee
      - Preventive 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%
    - ER Services \$400
    - Inpatient Hospitalizations 80% after \$200
    - Outpatient Surgery 80%
    - Plan year Out of Pocket Max:
      - \$1,200 Individual
      - \$2,750 Family
  - Out-of-Network – Deductible Applies
    - Preventive Care 60%
    - Physician & Specialist 60%
    - ER Services \$400
    - Inpatient Hospitalizations 60% after \$400
    - Outpatient Surgery 60%
    - Plan year Out of Pocket Max:
      - \$4,400 Individual
      - \$8,800 Family

## ■ 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.

# Prescription Drugs Coverage

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



## ■ 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.



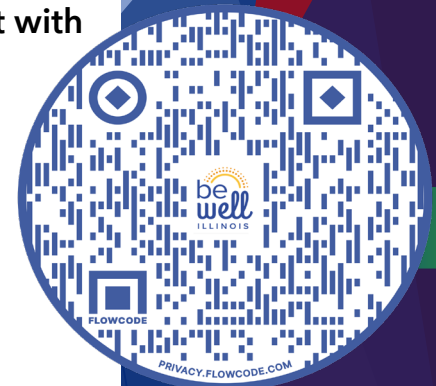
## The State of Illinois' ongoing comprehensive approach to wellness.

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

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

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

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





Purpose	Administrator Name and Address	Phone	Website
Enrollment Customer Service	MyBenefits Service Center (MBSC) 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	<a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a>
Health Plan	Aetna HMO (Group Number 285655)  Aetna OAP (Group Number 285651)  Teachers' Choice Health Plan (TCHP) - Aetna PPO (Group Number 285659)  Address for all Aetna Plans: PO Box 981106, El Paso, TX 79998-1106	855-339-9731 800-628-3323 (TDD/TTY) Fax: 859-455-8650 attn: Claims	<a href="http://aetnastateofillinois.com">aetnastateofillinois.com</a>
	BlueAdvantage HMO (Group Number B06802) HMO Illinois (Group Number H06802)	800-868-9520 866-876-2194 (TDD/TTY)	<a href="http://bcbsil.com/stateofillinois">bcbsil.com/ stateofillinois</a>
	Blue Cross Blue Shield OAP (Group Number 263998)  Address for all Blue Cross Plans: PO Box 805107, Chicago, IL 60680-4112	855-810-6537	
	Health Alliance Medical Plans HMO (Group Number 1000041) 3310 Fields South Drive, Champaign, IL 61822	800-851-3379 800-526-0844 (TDD/TTY)	<a href="http://healthalliance.org/stateofillinois">healthalliance.org/ stateofillinois</a>
	HealthLink OAP (Group Number 160002) PO Box 419104, St. Louis, MO 63141-9104	877-379-5802 877-232-8388 (TDD/TTY)	<a href="http://healthlink.com/soi/learn-more">healthlink.com/soi/ learn-more</a>
Prescription Drug Plan	CVS Caremark® (for TCHP or OAP Plans) Group Numbers: (TCHP 1402TD3) (Aetna OAP 1402TCH) (BCBSIL OAP TRIP=1402TCJ) (HealthLink OAP 1402TCF) <b>Paper Claims:</b> CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 <b>Mail Order Rx:</b> CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	<a href="http://caremark.com">caremark.com</a>
Teachers' Retirement System (TRS)	2815 West Washington Street PO Box 19253, Springfield, IL 62794-9253	877-927-5877 (877-9-ASK-TRS) 866-326-0087 (TDD/TTY)	<a href="http://trsil.org">trsil.org</a>

# Plan Contacts

Illinois Department of Central Management Services

# CMS

Login

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

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

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

STATE EMPLOYEES GROUP  
INSURANCE PROGRAM (SEGIP)

COLLEGE INSURANCE PROGRAM  
(CIP)

LOCAL GOVERNMENT HEALTH  
PLAN (LGHP)

TEACHERS' RETIREMENT  
INSURANCE PROGRAM (TRIP)

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

Select



Select

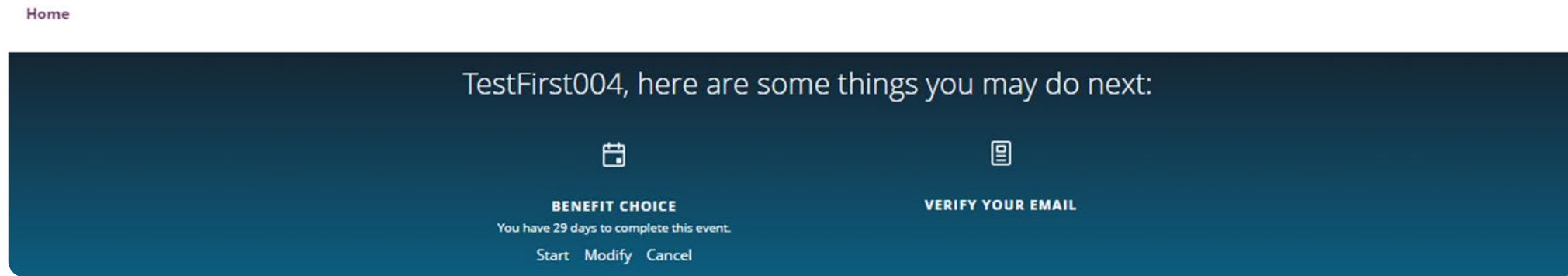


Select

Select



# Personalized Home Page



- Displays events that need to be processed
- Update email address
- Self-Service tools
- Plan information

## Terms and Conditions

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of: Benefit Choice. I understand that the modifications made during this session are effective 7/1/2024, subject to the approval of any required documentation and statement of health. I understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I certify that the information and documentation I have provided is true and complete. I understand that falsifying or misrepresenting any information or documentation, or failing to provide requested information or documentation, in order to obtain or continue coverage under the Program will be considered a fraudulent act which may result in the forfeiture of insurance coverage and that I may also be subject to a financial penalty, including but not limited to repayment of all premiums and claims paid by the State on behalf of myself or any of my dependents and all expenses incurred by the Program arising out of the coverage

[Read full terms and conditions](#)

I agree to the Terms and Conditions

[Go back and make changes](#)

[Complete Enrollment](#)

- ▶ **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.**



# Enrollment Confirmed

Event type: Benefit Choice | July 1, 2024

[View my Enrollment Summary](#)

## To do

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

 [Birth Certificate/Official Adoption Decree](#)

Submit by: June 10, 2024

Next



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

### SOI MyBenefits Plus Voluntary Benefit Program

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

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

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



Learn and Enroll

# Thank you for your participation!

