

New Insurance Plan Selection for
Health Alliance Members:

Frequently Asked Questions



In February 2025, Illinois Central Management Services learned that Health Alliance's regional, individual, and group insurance plans are discontinuing. CMS is working to ensure each affected member – which includes State employees, retirees, and their dependents – experiences a smooth transition. Affected members will need to take action to select a different plan during the Benefit Choice Open Enrollment period, which is May 1, 2025 to June 2, 2025. Below is a list of FAQs to help individuals through this process.

When is the benefits choice period?

The annual Benefit Choice Open enrollment period will be held May 1, 2025 – June 2, 2025.

Can I switch insurance companies now, without penalty, instead of waiting for the benefits choice period?

There is no qualifying event that allows members to change health insurance carriers presently. Health Alliance will continue to provide coverage to members through the end of the plan year, which ends June 30, 2025.

Will Health Alliance be a choice during the benefits choice period?

No, Health Alliance is closing this line of business at the end of calendar year 2025 and therefore, will not be offered as an option for the upcoming plan year.

What will happen if I am unable to make a decision on a new health insurance plan? Will a health insurance plan be assigned to me?

If you fail to make an election of a new health insurance carrier during the Benefit Choice Open Enrollment period, you will be defaulted to the PPO plan, in accordance with program rules. The PPO plan offered by the State has the largest number of providers available to our members both in and out of the State of Illinois. The plan does have deductibles and claims are paid on a coinsurance basis for both in and out of network. Copayments that you currently have under your Health Alliance plan are not available under this plan.

Am I required to get health insurance through the State's plans?

No, you are not required to enroll in health insurance through the State of Illinois; however, if you choose to enroll under a spouses employer plan or purchase insurance on your own, you will be required to make the election to opt out of coverage during the Benefit Choice Open Enrollment period. Failure to opt out will result in a default to the PPO plan, in accordance with program rules.

Will I end up paying more for health insurance for me and my family?

There are currently eight other health plans available from which to choose. The amount you will pay for your coverage will depend on the plan you choose along with your family makeup (spouse/dependents as applicable). When you receive your Benefit Choice Open Enrollment booklet, please review the information regarding member contribution and health plan designs to determine which plan is appropriate for you and your family. That information will outline important rate, copay, and deductible details.

Will I be able to keep my primary care physician and specialists?

Many of the other available health plans contract with the same providers under your current Health Alliance HMO; however, where those providers fall within each of the health plan networks will differ. It is important you review the provider directories for each of the health plans to determine if your provider is in network and what your member responsibility will be for visits to that provider. You will find the link to the health plan provider directories on the [Bureau of Benefits page](#) of the Illinois Central Management Services website.

If I cannot find a health plan that my current doctors accept, will I have access to other doctors on State plans? I am concerned that the doctors on the current health plans will not have the capacity to accept new patients.

If your current doctors are not available under the health plan you ultimately choose, there will be other providers available to provide services. Each health plan provider network has a significant number of providers that will accept new patients.

I am currently under care of a doctor for a medical condition and am concerned about continuity of care. Will the new insurance cover my previously diagnosed condition, or will they be able to deny coverage for my condition because it is pre-existing?

The State of Illinois health plans do not impose a pre-existing clause. There are provisions set forth within our contract that require the carrier to continue to provide coverage for an individual that is inpatient or in an extended care facility prior to the end of the policy termination and the stay extends beyond the policy termination until the stay is no longer medically necessary.

Is there a service to help me compare insurance plans to help me determine what insurance plan is best for me and my family?

There is a comparison tool available to you within the online Benefit Choice enrollment event at mybenefits.illinois.gov. You can use this tool to decide which health plan will be the best option based on you and your family situation.

I thought Health Alliance had a multi-year contract with the State. Why did the State not notify me that Health Alliance was ceasing operations at the end of the year?

The procurement awarded to Health Alliance is a multi-year contract; however, the contract is renewed every year. The decision to terminate this coverage was not made by the State of Illinois. Health Alliance's parent company Carle Health made the decision to discontinue offering commercial health plans in the State of Illinois; therefore, coverage was terminated not only for the State of Illinois but all other individual and group contracts within the state. The State of Illinois was only made aware of this business decision on February 25, 2025, along with all of Health Alliance's clients. The decision for Health Alliance to sunset providing these services was a decision made on their own and not a result of failed negotiations or payment issues by the State of Illinois.

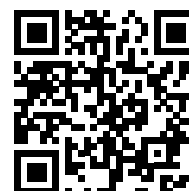
Are there major differences in the State offered health plans? Is so, what are the differences?

There are four different types of health plans that are available to those individuals covered under the State Employees Group Insurance and the Local Government Health Plans and three available to TRIP and CIP members.

- a. HMO – As a Health Alliance enrollee you are familiar with this type of plan. Depending on the county you reside or work in you may have the option of remaining in an HMO by enrolling in Aetna HMO, BlueAdvantage HMO, or HMO Illinois.
- b. Open Access Plan (OAP) – OAP offer the convenience of an HMO benefit without the requirement of referrals by utilizing Tier 1 providers, the choice to access to a wider PPO (deductible and coinsurance) benefit by accessing other Tier 2 in network providers, or lastly Tier 3 out of network providers with a reduced insurance reimbursement.
- c. Quality Care, Teachers Choice, College Choice, Local Care Health Plans – Each of these health plans is a PPO plan that allows you coverage in and out the state of Illinois, a larger choice of physicians to choose from, and a benefit both in and out of network. These plans have both a deductible and coinsurance level of payment.
- d. Consumer Driven and Local Consumer Driven Health Plan – These health plans are only available to State employees and Local Government Health Plan members. The plan is a PPO plan just like the plans listed in c above; however, the deductible is higher and the in-network member coinsurance is lower. **State employees only have the option of enrolling in the companion Health Savings Account (HSA). The State will contribute 1/3 of the deductible to your HSA account, if you enroll, at the beginning of the plan year. Members have the option of contributing an additional amount pre tax through payroll during the plan year. The fund deposited in your HSA account can be used to pay for approved medical, dental, or vision expenses. More information can be found on the [Health Savings Account page](#) of the Illinois Central Management Services website.



Health Savings Account



Bureau of Benefits



My Benefits