SIUC New Employee Orientation

Employee Benefits
Employee Benefits Staff

- Mary Nippe
  - Deputy Director
- Cathy Yeager
  - Benefits Services Supervisor
- Holly Rick
  - Benefits Counselor
- Beverly Phillips
  - Human Resource Assistant
- Jeni Batson
  - Workers’ Compensation & Disability Coordinator
SIU Credit Union
1217 West Main Street
PO Box 2888
Carbondale IL 6290
www.siucu.org  618- 457-3595
Optional Benefit Programs

“CU at Work” Program

- As an employee of SIUC, you are eligible to join the SIU Credit Union. The partnership between SIU and the Credit Union allows employees to receive:
  - Discounts on vehicle loan rates below the basic rate
  - Discounts on fixed rate home equity loans below the basic rate
  - Increases on certificate of deposits above the basic rate
Important Information
Important Information

Web sites

- Human Resources, Employee Benefits
  - hr.siu.edu/benefits/index.php
- Department of Central Management Services
  - www.benefitschoice.il.gov
  - Select:
    - Benefits Website
    - State Employees Benefits
    - Group Insurance Benefits and Programs

Forms and State Benefits handbooks are on-line
Time Limits
Benefit Enrollment Time Limits

- **Health, Dental & Life**
  - 10 calendar days from hire date
  - Those who do not make a selection will be defaulted into the *Quality Care Health, Quality Care Dental* with no dependent coverage and will receive only *basic* life insurance with no optional life units.

- **Flex Spending Accounts**
  - 60 days from date-of-hire

- **Prudential Voluntary Supplemental Long Term Disability Insurance**
  - 60 days from date-of-hire

- **VOYA Supplemental Term Life Insurance**
  - 30 days from date-of-hire

- **State Universities Retirement System (SURS)**
  - 6 months from certification
Special Notice Regarding Social Security

- SIUC and its employees are exempt from Social Security participation.
  - Social Security will not be deducted from your paycheck.
  - Medicare is deducted from your pay (1.45%)
State Universities Retirement System

1901 Fox Drive
Champaign IL 61820

www.surs.org 1-800-275-7877
SURS provides retirement, disability, death and survivor benefits.

- 8% of your gross salary is contributed to SURS*
- Deductions begin from hire date

Members must choose from one of three retirement option plans:

- Traditional
- Portable
- Self Managed Plan (SMP)
Retirement Benefits

SURS – Plan Election

- Employees have **six months** to make a decision.
  - One-time, life-time irrevocable choice
  - If enrolled previously, no need to make another selection.
  - Default for no election is the Traditional Plan

- New members must choose a plan within six months from the date SURS receives certification of your employment from SIUC. Your choice is permanent and cannot be changed. If you were previously certified with SURS, you will not be allowed to change your selection.
Retirement Benefits

SURS – Plan Election

- Welcome letter with deadline dates

- Tier Fact Sheet indicates whether you are Tier I or Tier II

- SURS ID #: This ID number is unique to SURS. Use it to open your account to view your contributions and to run estimates of your retirement benefit.

- Workbook to help you make your choice of retirement plan.
Retirement Benefits

SURS – Plan Election

- Election Form: Included in your information from SURS will be an election form. Complete and submit this form directly to SURS in the postage paid envelope provided.

- It is strongly recommended that you keep a copy of the completed form for your personal records.
Retirement Benefits

SURS – Help to make your election

- Call SURS at 1-800-ASK-SURS (1-800-275-7877) or visit their website at www.surs.org

- Details about the steps needed to make your election can be found at http://www.surs.org/life-events/new-to-surs
Retirement Benefits

SURS – Help to make your election

- **Webinar:** For Tier II members who first begin on or after January 1, 2011. See SURS website at http://www.surs.org/news-article/062515/plan-choice-webinar-tier-ii and register on a date that fits your schedule.

- **Videos:** There are several videos that you may view at http://www.surs.org/videos to help you decide.

- **Member Guides:** Review these guides to further answer questions about the plan.
SURS - How much does my employer contribute?

The State of Illinois shares the cost of providing benefits to SURS participants.

- **Traditional** and **Portable** plans
  The State contribution averages about 9.1% of the total earnings of all SURS participants in the Traditional and Portable plans.

- If you remain a SURS participant for many years and receive a retirement annuity, the State’s share for your benefits could be more than the 9.1% average of total earnings.

- **Self-Managed plan** (SMP)
  The state contributions toward SMP equal 7.6% of earnings. Approximately 7.1% of those earnings will go directly to the member’s individual SMP account,
After making your election, you will receive confirmation and a beneficiary designation to complete and return to SURS.
You may qualify for disability benefits if, after you have at least two years of service credit, you are sick or injured and unable to work for 60 or more days.

If you become disabled due to an accident, there is no minimum service credit required to qualify for a disability benefit.
Retirement Benefits

SURS - Disability

- Elimination Period
  - 60 days or through the exhaustion of your sick leave whichever is greater

- Disability Benefit Amount
  - Payment will be 50% of your basic compensation on the day you became disabled, or 50% of your average earnings for the 24 months prior to the date you became disabled.

- Duration of Disability Benefits
  - Maximum benefit amount you can draw is 50% of your total earnings while a participant of SURS.
Voluntary Supplemental Long Term Disability Plan (LTD)

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, NJ 07039
1-800-290-5903
Optional Benefit Programs

Prudential LTD

- This voluntary LTD plan was designed in consultation with the SURS disability plan and is considered a supplement to your disability coverage with SURS.

- SURS provides the greater of (1) 50% of your basic compensation on the day you became disabled or (2) 50% of your average earnings for the 24 months prior to the date you became disabled. It is paid until you have received 50% of your earnings while a participant of SURS.
Optional Benefit Programs

Prudential LTD

Advantages of participation:

- Economical group rates – typically lower than individual rates
- Convenient payroll deduction
- Benefits are not subject to income tax
- Partial income replacement
- Rates based on age and salary
Optional Benefit Programs

Prudential LTD

- Monthly LTD benefit will be 66.67% of your monthly pre-disability earnings.

- If eligible to draw from SURS, Prudential LTD will only pay a maximum of 16.67% for a combined total of 66.67%.

- Benefits continue to age 65 if you are unable to perform any gainful occupation.
Optional Benefit Programs

Prudential LTD

- Certain exclusions apply that are listed in your brochure including pre-existing conditions.

- If you enroll within 60 days of your date-of-hire, there is no medical underwriting.

- Complete and submit the enrollment form and coverage will begin after a 60-day waiting period.
Tax Sheltered Annuities (TSA)

403(b) Plans
Optional Benefit Programs

Tax Sheltered Annuities

Supplemental retirement investment choices, which also reduces your taxable income

- Defer a dollar amount or a percentage of income
- Enroll or change at any time
- Contributions are conveniently payroll deducted
- Enroll, change or cancel at any time
Optional Benefit Programs

Tax Sheltered Annuities

For TIAA CREF - Enrollment packets are available from SIUC Employee Benefits office.

To Enroll:
- Open an account on the TIAA-CREF web page at https://www.tiaa-cref.org/public/register-enroll or complete an enrollment form
- Complete a Salary Reduction Agreement Form
- Return both forms to Employee Benefits for processing.
Optional Benefit Programs

Tax Sheltered Annuities

Maximum Deferral Amounts

- If under age 50, $18,000
- If over age 50, $24,000

Enrollment may be done at any time during your employment and is not restricted at any particular time. Enroll when it is convenient for you.
Deferred Compensation Program

801 South 7th Street
PO Box 19208
Springfield IL  62794
1-800-442-1300
Optional Benefits Programs

Deferred Compensation Plan

Supplemental retirement investment plan, which also reduces your taxable income

- Administered by State of Illinois
- Defer a dollar amount of your income
- Contributions are conveniently payroll deducted
- Enroll, change contributions or cancel at any time.

http://www2.illinois.gov/cms/Employees/benefits/Deferred/Pages/DeferredCompensation.aspx
Deferred Compensation

- **Maximum Deferral Amounts**
  - If under age 50, $18,000
  - If over age 50, $24,000

Enrollment may be done at any time during your employment and is not restricted at any particular time. Enroll when it is convenient for you but Deferred Compensation does require a completed enrollment form a month prior to the first deduction.
Workers’ Compensation

Tristar Risk Management
PO Box 2803
Clinton IA 52733-2803
1-855-495-1554
Workers’ Compensation Program

Administered by TriStar Risk Management

- Steps to take if injured on the job:
  - For life threatening injuries, seek prompt medical care and then proceed with the reporting process
  - Notify Supervisor
  - Report the accident to TriStar 1-855-495-1554
  - If medical treatment is needed, contact your primary care physician.
  - Contact Jeni Batson at 618-453-6690
  - Complete the injury packet!
Flexible Spending Accounts (FSA)

Connect Your Care

http://www.connectyourcare.com

1-888-469-3363
What is an FSA?

- An account that you set up and contribute a predetermined amount of money thru payroll deductions.
- Deductions begin the first of the following month following your enrollment and ends at the end of the fiscal year on 6/30/xx.
- This lowers your taxable income which saves in federal income taxes.
- Separate accounts are set up for medical expenses and/or dependent care expenses.
- Unused MCAP funds of up to $500.00 will automatically roll over to the next plan year.
Optional Benefit Programs

**FSA Types**

**Medical Care Assistance Plan (MCAP)**
- Allows eligible out-of-pocket medical, dental and vision expenses that are not covered by your insurance plans to be paid by tax-free dollars.

**Dependent Care Assistance Plan (DCAP)**
- Allows eligible child and/or adult day care expenses to be paid with tax-free dollars.
Optional Benefit Programs

FSA Account Information

MCAP
- Minimum deposit is $20 per month or $240 annually
- Maximum deposit is $208.33 per month or $2,550.00 annually

DCAP
- Minimum deposit is $20 per month or $240 annually
- Maximum deposit is $416.66 per month or $5,000 annually
- DCAP amount is per family
Optional Benefit Programs

FSA – NEW Carryover

- Beginning with FY2016 plan year, MCAP participants who have a balance in their MCAP account after September 30th, will have up to $500 of that account balance automatically carried over to their next plan year MCAP account.

- This carried-over amount will be available for use throughout the next plan year.
Effective Dates of FSA

- **New Hires:** Effective the first day of the pay period following the date the enrollment form is signed or on the date of the event, whichever is later.

- **Mid Year Enrollments:** Effective the first day of the pay period following the date the enrollment form is signed or the date of the event, whichever is later.

- **Benefits Choice:** Effective date is 7/1/xx
Optional Benefit Programs

Enrollment & Reenrollment

- FSA booklets are available online.
- Enrollment forms are available at Human Resources or online.
- You have 60 days from your date-of-hire to enroll or 60 days from a change in status.
- If you elect to participate in an FSA, reenrollment is not automatic.
- Reenrollment packets will be sent to your home address during the Benefits Choice Period (May 1-31).
- Return the reenrollment forms to the Benefits Office.
Optional Benefit Programs

How to Submit a Claim for MCAP

There are four easy ways for you to access your healthcare account funds. For fastest results, we encourage you to use your healthcare payment card (if applicable) or to submit your claim online at www.connectyourcare.com.

1) Payment Card
2) Online Claim Submission
3) CYC Mobile Claim Submission
4) Paper Claim Submission
Optional Benefit Programs

1) Payment Card for MCAP

Every participant who enrolls in MCAP will receive in the mail a payment card to pay for qualified expenses.

- Pay for qualified products and services directly at approved merchants. The money comes right out of your health care account.

- Examples of Qualified merchants include doctor’s offices and hospitals. Visit ConnetYourCare website for a list of approved merchants.

- Visit online to:
  - Get your balance.
  - Know what is eligible.
  - Save your Receipts!
Optional Benefit Programs

2) Online Claim Submission for MCAP

If you are paying for expenses with personal funds and need to request reimbursement, this is how:

- Keep your itemized receipt as documentation.
- Log on to your online account to file for reimbursement.
- Print the claim submission form and submit documentation.
- You can receive reimbursement funds via check or direct deposit.
Optional Benefit Programs

3) CYC Mobile Claim Solutions for MCAP

Secure, interactive mobile application for Android, iOS, and Windows devices.

- Download CYC Mobile to your Android, iOS or Windows or Windows device. Log in using your existing ConnectYourCare website username and password.

- Click “Add new claim” from the main screen. Enter the requested information and continue through the screens to confirm and submit the claim.
Optional Benefit Programs

3) CYC Mobile Claim Solutions for MCAP

Other Features Include:

- View account balance, account alerts and transaction history, claims, claims requiring action and claims details
- Receive important account alerts
- Tap to call customer service
Optional Benefit Programs

4) Paper Claim Submission for MCAP

If you are unable to access the Internet or use your payment card, complete the Manual Claim Form.

- Fax it with itemized receipts or other documentation to 866-892-8063.
- Mail your claim form and documentation to:
  
  Claims Department
  
  PO Box 622317
  
  Orlando FL 32862-2317
Optional Benefit Programs

How to Submit a Claim for DCAP

There are three easy ways for you to access your Dependent Care Account funds. For fastest results, we encourage you to submit your claim with CYC Mobile.

1) Online claim Submission
2) Mobile Claim Submission
3) Paper Claim Submission
Optional Benefit Programs

1) Online Claim Submission for DCAP

- **Collect Documentation:** Collect an itemized statement for your dependent’s care provider containing the required information (Provider Name, Dependent’s Name, Service Period, Payment Amount and Care Being Provided. Or ask your provider to complete the Provider Information on the Dependent Care Account Claim and Provider Documentation Form.

- **Submit Claim and Documentation:** Log into your online account and follow the instructions on the main page to enter a new claim.
Optional Benefit Programs

2) CYC Mobile Claim Submission for DCAP

- Collect Documentation: Collect an itemized statement for your dependent’s care provider containing the required information (Provider Name, Dependent’s Name, Service Period, Payment Amount and Care Being Provided. Or ask your provider to complete the Provider Information on the Dependent Care Account Claim and Provider Documentation Form.

- Submit Claim and Documentation: Log into your CYC Mobile App with same username and password as your online account. Select “Add a new Claim” and follow the instructions.
Optional Benefit Programs

3) Paper Claim Submission for DCAP

Collect Documentation: Collect an itemized statement for your dependent’s care provider containing the required information (Provider Name, Dependent’s Name, Service Period, Payment Amount and Care Being Provided. Or ask your provider to complete the Provider Information on the Dependent Care Account Claim and Provider Documentation Form.

- Fax it with itemized receipts or other documentation to 866-892-8063.
- Mail your claim form and documentation to:
  1. Claims Department
  2. PO Box 622317
  3. Orlando FL 32862-2317
Optional Benefit Programs

Flex Spending while on a Leave

- Contributions while you are on a Leave of Absence may be arranged.

- Contact the Benefits office at 453-6668 for more information.
Prorate
Prorate

- Employees on a 9-month academic appointment may spread their pay over 12 months.
  - If you do not prorate your check prior to September 1, you will be billed by Central Management System (CMS) for the insurance premiums over the summer months.
  - Payments are made directly to CMS
  - Contact Human Resources, Employee Benefits to request a form or click here to be directed to the form.
    http://eforms.siu.edu/siuforms/info/hro3024.html
Insurance Benefits
State of Illinois Employee Benefits

- Administered by Illinois Department of Central Management Services (CMS) Bureau of Benefits
- Plan Year: July 1, 20xx to June 30, 20xx
- Go to the “Latest News” section of the Benefits Website at www.benefitschoice.il.gov for group insurance updates throughout the plan year.
Employee Eligibility

- **Full-time:** Employees who work 100% of a normal work week with at least an 8-month appointment.

- **Part-time:** Employees who work a schedule of 50% or greater and have at least an 8-month appointment.

- **Employees who are 50% to 99%:** These employees pay a portion of the State rate. Contact Human Resources for the appropriate costs.

- **Less than 50%:** Employees less than 50% are not eligible for insurance benefits.
Opt Out

- Full time employees may be allowed to “opt out” of the State insurance program. Requirements are:
  - Provide proof of other insurance coverage in another health care plan other than the State of Illinois plan
  - Complete an Opt Out Election Certificate

*Note: Full-time employees may not Opt Out to be a dependent of another member enrolled in a plan administered by the Department of Central Management System.*
Waive Insurance Coverage

- Part-time employees are allowed to waive coverage of the State of Illinois insurance program. Requirements are:
  - Do not have to show proof of other coverage
  - Must have basic life coverage

Note: Part-time employees may not waive coverage to be a dependent of another member enrolled in a plan administered by the Department of Central Management System.
Benefit Statements

- Members of the State of Illinois Insurance Program may view their group insurance benefits information online.
- Go to: www.benefitschoice.il.gov, State Employees Benefits, Group Insurance Benefits and Programs. Click on Benefit Statements.
- Online statements are updated the first Saturday of each month and the benefit information reflected is as of the first of the month.
- Other programs offered through the University that are not administered by CMS will not be reflected on this statement. Please contact the Employee Benefits department if you have questions.
Benefit Statements

- **Getting Access:**
  - Follow the steps as outlined on the screens, paying special attention to the Public ID and Password requirements.
  - Once you’ve created an ID, you will receive an email with a link to validate your new Public ID. When you click on the link to validate, you will see a new screen with a “Continue” button. Click on “Continue” to return to the Public Authentication Portal (Sign in screen).
  - You should then enter the Public ID and password you just validated and click the “Sign In” button.
Benefit Statements

• Getting Access Continued:
  • The next screen is a one-time registration that asks for your last name, social security number and birth date. By registering, you will be able to access your online benefit statement, while making sure your information stays protected. You should now be at your personal benefit statement!

• Members who do not feel their information is correct should contact Employee Benefits at 618-453-6668 immediately to resolve any potential issues.
Benefit Statements

- Information on these statements list:
  - the cost the employee pays for coverage monthly for themselves and for any dependent
  - life coverage the member pays for and has elected
  - dependents covered under their plan
- Members may also check
  - mailing address
  - Flex Spending
  - Medicare status
  - and access forms if needed.

This statement also give the cost that the state pays for you to have this coverage.
Dependent Coverage
Eligible Dependents

- Spouse or Civil Union Partner
- Natural child(ren) up to age 26
- Adopted child(ren) up to age 26
- Step child(ren) or Child of Civil Union Partner up to age 26
- Child with legal guardianship up to age 26
- Disabled Child age 26 and older
- Adult Veteran Child age 26 up to 30
- Other – Organ Transplant recipient
- Adjudicated child
Eligible Dependents

Documentation requirements:

- **Spouse** – marriage certificate/civil union certificate
- **Natural child(ren)** – birth certificate
- ** Adopted child(ren)** – court documents
- **Step child(ren)** – marriage certificate and/or civil union certificate and birth certificate of child
- **Legal Guardianship** – court documents
Eligible Dependents

- **Disabled Child(ren)** – birth certificate, letter with diagnosis code, condition etc. from the child’s physician, copy of Medicare card, and eligibility certification statement (CMS-138)
- **Adult Veteran Child** – Birth certificate, proof of Illinois residency, DD-214, Eligibility certification statement (CMS-138) and copy of tax return
- **Other** – birth certificate, proof of organ transplant performed, eligibility certificate statement (CMS-138) and copy of tax return for dependent
- **Adjudicated child** – judicial support order from a judge or copy of DHFS qualified medical support order
Dependents

- A valid Social security number is required to add dependent coverage.

- Employees must provide a copy of their Medicare card for themselves or for any dependents who are enrolled in Medicare.
State of Illinois

Health, Dental, Vision, Mental Health and Life Insurance Coverage
Vision Coverage
EyeMed

EyeMed
Out-of-Network Claims
PO Box 8504
Mason OH 45040-7111

www.eyemedvisioncare.com/stil
1-866-723-0512
1-800-526-0844 TTD
Vision Coverage

EyeMed

- Vision coverage is provided at **no additional cost** to members enrolled in any of the State-sponsored health plans.

- All members and enrolled dependents have the same vision coverage regardless of the health plan selected.

- Members choosing to “Opt Out” of the health plans are not eligible for the vision program.
## Vision Coverage

### EyeMed Summary

<table>
<thead>
<tr>
<th>Service</th>
<th>Network</th>
<th>Out-of-Network</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$25 co-payment</td>
<td>$30 allowance</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>$25 co-payment</td>
<td>$50 allowance for single vision lenses $80 allowance for bifocal and trifocal lenses</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Standard Frames</td>
<td>$25 co-payment (up to $175)</td>
<td>$70 allowance</td>
<td>Once every 24 months</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$120 allowance</td>
<td>$120 allowance</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>
Vision Coverage

EyeMed

Providers:

- Private, independent providers
- Optical retailers available include:
  - JC Penney Optical
  - Lens Crafters
  - Pearle Vision
  - Sears Optical
  - Target Optical

Use the Eyemed website to locate a provider near you!
Vision Coverage

Using EyeMed

- Schedule an appointment with an in-network provider and tell them you are a State of Illinois Plan Participant.
  - Provide your ID# or other identifying information needed
  - Pay co-pay(s) at the time of the visit
  - The provider and EyeMed will take care of the rest.
Mental Health

Magellan Behavioral Health (QCHP)

Behavioral Health Administrator:
Magellan Behavioral Health

- QCHP Group #3181456
- PO Box 2216
- Maryland Heights MO 63043
- 800-513-2611 (nation wide)
- 800-526-0844 (TTD)
- www.MagellanHealth.com
Mental Health

Magellan Behavioral Health

Access is easy and confidential. Assistance is available 24 hours a day, 7 days a week at no cost to you and your eligible dependents.

Call to speak with a trained professional on a variety of concerns, including but not limited to:

- Stress
- Grief
- Family or parenting issues
- Alcohol or drug dependencies
- Marital or relationship issues
- Adjusting to change
- Work/life balance
- Child and or elder care
- Anger
- Pre & Postnatal concerns
Mental Health

Magellan Behavioral Health

- Referrals and authorization is required for seeing a counselor face-to-face.

- [www.magellanhealth.com](http://www.magellanhealth.com)
  - Online screening tools
  - Self-assessments
  - Personalized improvement plans

- Financial and legal help offered at a discount. Call Magellan for more information.
Managed Care Plans (HMO & OAP)

• Behavioral health services are provided under the managed care plans.
• Covered services of behavioral health must meet the managed care plan administrator’s medical necessity criteria and will be paid accordance with the schedules of benefits.
• Please contact plan providers for specific benefit information.
Mental Health

Employee Assistance Program

- For NON-AFSCME represented employees
- Employee Assistance Program (EAP)
  - Administrator: Magellan Behavioral Health
  - 866-659-3848 (nationwide)
  - 800-456-4006 (TDD/TTY)
  - www.MagellanHealth.com
Mental Health

Personal Support Program

- For AFSCME represented employees
- AFSCME Council 31
  - Personal Support Program (PSP – AFSCME – EAP)
  - 800-647-8776 (statewide)
  - 800-526-0844 (TDD/TTY)
- www.afscme31.org
Quality Care Dental Plan

Delta Dental of Illinois
Group #: 20240
PO Box 5402
Lisle IL 60532
800-323-1743
800-526-0844 (TDD/TTY)
http://soi.deltadentalil.com/
Quality Care Dental Plan

Delta Dental

- Enrollment into the dental plan is optional.
  - Members are eligible to “Opt Out”.
  - The election to enroll or not enroll will remain in effect the entire plan year, without exception. The next time to change coverage will not be available until the next Benefit Choice Period.

- Plan participants enrolled may choose any dental provider for services, but may pay less out-of-pocket when using a network provider.

- Plan year runs from July 1, 20xx to June 30, 20xx.
## Delta Dental - Rates

<table>
<thead>
<tr>
<th>Dental Monthly Rates</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$11.00</td>
</tr>
<tr>
<td>Member Plus One Dependent</td>
<td>$17.00</td>
</tr>
<tr>
<td>Member Plus Two or More Dependents</td>
<td>$19.50</td>
</tr>
</tbody>
</table>
Quality Care Dental Plan

Delta Dental

- Allows the member and dependents to go to the dentist of their choice and receive benefits for an extensive range of services.

- Dependents are enrolled in the same plan as the member.

- Members must enroll in the health plan to be eligible to enroll in the dental plan.
Quality Care Dental Plan

Delta Dental

- QCDP reimburses a predetermined maximum benefit amount for each covered service.

- Benefit schedules are provided on-line on HR web page at http://www.illinois.gov/cms/Employees/benefits/StateEmployee/Documents/FY2016_State_Dental_Schedule.pdf

- Members are responsible for any charges over the scheduled benefit amount

- Cleanings are available twice a year.
Quality Care Dental Plan

Delta Dental – In Network

- Provider Networks
  - Delta Dental PPO network
  - Delta Dental Premier network

- If using a network dentist, you will not have to pay the dentist at the time of service

- What you do need to pay for are deductibles, non-covered services and charges over the amount listed in the Schedule of Benefits and/or amounts over the annual maximum benefit
Participants who use out-of-network dentist may have to pay the entire bill at the time of service and/or file their own claims depending on the payment arrangements the plan participant has with their dentist.

When using an out-of-network dentist, insurance payments will be sent directly to the member and the member is responsible for paying the dentist.
### Delta Dental – Deductible and Plan Year Maximums

<table>
<thead>
<tr>
<th>Service*</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible for Preventive Services</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Deductible for All Other Covered Services</td>
<td>$175</td>
</tr>
<tr>
<td>Annual Maximum (In-Network)</td>
<td>$2,500</td>
</tr>
<tr>
<td>Annual Maximum (Out-of-Network)</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ortho Length of Treatment</th>
<th>Max Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 36 Months</td>
<td>In-network $2,000</td>
</tr>
<tr>
<td></td>
<td>Out-of-network $1,500</td>
</tr>
<tr>
<td>0 – 18 Months</td>
<td>In-network $1,820</td>
</tr>
<tr>
<td></td>
<td>Out-of-network $1,364</td>
</tr>
<tr>
<td>0 – 12 Months</td>
<td>In-network $1,040</td>
</tr>
<tr>
<td></td>
<td>Out-of-network $780</td>
</tr>
</tbody>
</table>
Quality Care Dental Plan

Delta Dental - Pretreatment

- It is strongly recommended that plan participants obtain a pretreatment estimate for any service over $200, regardless of whether that service is to be received from an in-network or an out-of-network provider.

- Failure to do so may result in unanticipated out-of-pocket costs.

- Questions regarding a pretreatment estimate can be addressed by Delta Dental.
Delta Dental

Delta Dental has a mobile app that you can download on Apple and Android smartphones and tables. Visit the App Store or Google Play to download and install their free app.

- Can view coverage
- Cost Estimator
- Find a dentist
- Email ID Card
- Toothbrush Timer
Health Plans

Quality Care Health Plan (D3)
Health Alliance HMO (AH)
HealthLink OAP (CH)
Coventry HMO (AS)
Coventry OAP (CH)
There are several health plans available based on geographic location.

All plans offer comprehensive benefit coverage.

Health maintenance organizations (HMOs) have limitations including geographic availability and defined provider networks.

Open Access Plans (OAPs) and Quality Care Health Plan (QCHP) have nationwide networks of providers available to their members.
Insurance Costs

- While the State covers most of the cost to employee health coverage, employees must also make a monthly salary based contribution.

- Employees who are working less than 100% will pay a portion of the State costs. Please contact the Human Resource Benefits office for premium rates as the following rates will not apply to you.
# Insurance Costs

## Employee Monthly Contributions

<table>
<thead>
<tr>
<th>Employee Annual Salary</th>
<th>Managed Care Plans</th>
<th>Quality Care Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,200 &amp; Under</td>
<td>FY2016 $68.00</td>
<td>FY2016 $93.00</td>
</tr>
<tr>
<td>$30,201 - $45,600</td>
<td>FY2016 $86.00</td>
<td>FY2016 $111.00</td>
</tr>
<tr>
<td>$45,601 - $60,700</td>
<td>FY2016 $103.00</td>
<td>FY2016 $127.00</td>
</tr>
<tr>
<td>$60,701 - $75,900</td>
<td>FY2016 $119.00</td>
<td>FY2016 $144.00</td>
</tr>
<tr>
<td>$75,901 - $100,000</td>
<td>FY2016 $137.00</td>
<td>FY2016 $162.00</td>
</tr>
<tr>
<td>$100,000 &amp; Above</td>
<td>FY2016 $186.00</td>
<td>FY2016 $211.00</td>
</tr>
</tbody>
</table>
## Insurance Costs

### Dependent Monthly Contributions

<table>
<thead>
<tr>
<th>Health Plan Name &amp; Code</th>
<th>One Dependent FY2016</th>
<th>Two or More Dependents FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Care Health Plan (D3)</td>
<td>$249.00</td>
<td>$287.00</td>
</tr>
<tr>
<td>Coventry HMO (AS)</td>
<td>$111.00</td>
<td>$156.00</td>
</tr>
<tr>
<td>Coventry OAP (CH)</td>
<td>$111.00</td>
<td>$156.00</td>
</tr>
<tr>
<td>Health Alliance HMO (AH)</td>
<td>$113.00</td>
<td>$159.00</td>
</tr>
<tr>
<td>HealthLink OAP (CF)</td>
<td>$126.00</td>
<td>$179.00</td>
</tr>
</tbody>
</table>
Quality Care Health Plan

- Under QCHP (Cigna), plan participants may choose any physician or hospital for medical services; however, plan participants will receive enhanced benefits, resulting in lower out-of-pocket costs when receiving services from a QCHP network provider.
- QCHP has a nationwide network of physicians, hospitals and ancillary providers.
- To search: http://cigna.benefitnation.net/cignadol/default.asp?employer=3181456
Quality Care Health Plan

- QCHP Notification and Medical Case Management Administrator requires preauthorization for certain medical services. In order to avoid penalties, call 1-800-962-0051. Group number #3181456

- QCHP utilizes Magellan for behavioral health benefits and CVS/caremark for prescription benefits. There is a $125 prescription deductible that applies to each plan participant.
### Quality Care Health Plan (QCHP)

## Annual Deductibles

<table>
<thead>
<tr>
<th>FY2016 Annual Deductibles</th>
<th>Individual</th>
<th>Family Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee $60,700 or less</td>
<td>$375</td>
<td>$937</td>
</tr>
<tr>
<td>$60,701 - $75,900</td>
<td>$475</td>
<td>$1,187</td>
</tr>
<tr>
<td>$75,901 and above</td>
<td>$525</td>
<td>$1,312</td>
</tr>
<tr>
<td>Retiree/Annuitant/Survivor</td>
<td>$375</td>
<td>$937</td>
</tr>
<tr>
<td>Dependents</td>
<td>$375</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# Deductibles

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospitalization (In-Network)</td>
<td>$100 deductible per admission 85% after annual plan deductible</td>
</tr>
<tr>
<td>Inpatient Hospitalization (Out-of-Network)</td>
<td>$500 deductible per admission 60% of allowable charges after annual plan deductible</td>
</tr>
<tr>
<td>Emergency Care – Hospital</td>
<td>$450 deductible</td>
</tr>
</tbody>
</table>
Quality Care Health Plan (QCHP)

Out of Pocket Maximums

<table>
<thead>
<tr>
<th>Out of Pocket Maximums</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year and Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Individual (In Network)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Individual (Out-of-Network)</td>
<td>$6,000</td>
</tr>
<tr>
<td>Family (In Network)</td>
<td>$3,750</td>
</tr>
<tr>
<td>Family (Out-of-Network)</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

Amounts over the plan’s allowable charges are the member’s responsibility and do not go toward the out-of-pocket maximum.
Quality Care Health Plan (QCHP)

Out of Pocket Maximums

- Effective July 1, 2015, in accordance with the Affordable Care Act (ACA), prescription deductibles and copayments paid by members will also apply toward the out-of-pocket maximum; therefore, once the out-of-pocket maximum has been met, eligible medical, behavioral health and prescription drug charges will be covered at 100 percent for the remainder of the plan year.

- These types of charges that apply to the out-of-pocket maximum by QCHP are:
  - Annual medical plan year deductible
  - Annual prescription plan year deductible
  - Prescription copayments
  - Medical coinsurance
  - QCHP additional medical deductibles

- Eligible charges for in-network and out-of-network services will accumulate separately and will not cross accumulate.
## Benefit Levels

<table>
<thead>
<tr>
<th>Services</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>After all applicable deductibles met (In-Network)</td>
<td>$85%</td>
</tr>
<tr>
<td>After all applicable deductibles met (Out-of-Network)</td>
<td>60%</td>
</tr>
<tr>
<td>After Out-of-Pocket met</td>
<td>100%</td>
</tr>
</tbody>
</table>
Managed Care Plans

HMO Plans
FY2016 Managed Care Plans

The HMO managed care plans available in our area are:

- Health Alliance HMO (AH)
  - 800-851-3379
  - www.healthalliance.org/stateofillinois

- Coventry HMO (AS)
  - 800-431-1211
  - www.chcillinois.com
Managed Care HMO Plans

**Health Maintenance Organizations (HMO)**

- Members must select a primary care physician (PCP) from a network of participating providers.
- The PCP directs healthcare services and makes referrals for specialists and hospitalizations.
- A PCP can be a family practice, general practice, internal medicine, pediatric or an OB/GYN physician. To change your PCP, call your HMO directly.
- When care and services are coordinated through the PCP, only a copayment will apply.
- There are no annual plan deductibles.
Managed Care HMO Plans

Health Maintenance Organizations (HMO)

- Prescription deductible of $100 applies to each plan participant.
- HMO plans have their own separate prescription benefit plan.
- Prescription benefits will be reviewed later in the presentation.
Managed Care HMO Plans

Health Maintenance Organization

<table>
<thead>
<tr>
<th>Services</th>
<th>Co-pay FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (Primary Care Physician)</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Office Visit (Specialist)</td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Home Health Visit</td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>$350 per visit</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$250 per visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250 per visit</td>
</tr>
</tbody>
</table>

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

**Out-of-Pocket Maximums**

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximums</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,000</td>
</tr>
</tbody>
</table>
Open Access Plans

OAP Plans
Managed Care OAP Plans

FY2016 Managed Care Plans

The managed care OAP plans available in our area are:

- Coventry OAP (CH)
  - 800-431-1211
  - www.chcillinois.com

- HealthLink OAP (CF)
  - 800-624-2356
  - www.healthlink.com/illinois_index.asp
Managed Care OAP Plans

Open Access Plans (OAPs)

- Open access plans combine similar benefits of an HMO with the same type of coverage benefits as a traditional health plan.
- Members who elect an OAP will have three tiers of providers from which to choose to obtain services.
- The benefit level is determined by the tier in which the healthcare provider is contracted.
- Members enrolled in an OAP can mix and match providers and tiers.
- No referrals are needed!
Managed Care OAP Plans

Open Access Plans (OAPs)

- Tier I offers a managed care network which provides enhanced benefits. Tier I benefits require copayments.
- Tier II offers another managed care network, in addition to Tier I, but requires copayments, coinsurance and is subject to an annual plan year deductible.
- Tier III covers all providers which are not in Tier I or II but can offer members flexibility in selecting health care providers, but requires higher out-of-pocket costs. Some services such as preventive/wellness care are not covered when obtained under Tier III.
Managed Care OAP Plans

Open Access Plans (OAPs)

- Prescription deductible of $100 applies to each plan participant.
- OAP plans have their pharmacy through CVS/caremark.
- Prescription benefits will be reviewed later in the presentation.
Managed Care OAP Plans

Open Access Plans (OAPs)

- These two insurance carriers are going Nationwide

- Coventry OAP - Pass Port Program
  - Contact Coventry to enroll

- HealthLink OAP - Guest Program effective 7/1/13
  - Contact HealthLink after 7/1/13 to enroll
## Managed Care OAP Plans

### Open Access Plans (OAPs) Tier I

<table>
<thead>
<tr>
<th>Services</th>
<th>Co-Pay FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visit</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Home Health Visit</td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>$350 per visit</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$250 per visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250 per visit</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
</tr>
<tr>
<td>Well Baby Care (first year of life)</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Managed Care OAP Plans

### Open Access Plans (OAPs) Tier II

<table>
<thead>
<tr>
<th>Services</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Deductible</td>
<td>$250 per enrollee</td>
</tr>
<tr>
<td>Physician Office Visit</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>90% after $400 co-pay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>90% after $250 co-pay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after $250 co-pay</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
</tr>
<tr>
<td>Well Baby Care (first year of life)</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Managed Care OAP Plans

#### Open Access Plans (OAPs) Tier III

<table>
<thead>
<tr>
<th>Services</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Deductible</td>
<td>$350 per enrollee*</td>
</tr>
<tr>
<td>Physician Office Visit</td>
<td>60% of allowable charges</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>60% of allowable charges</td>
</tr>
<tr>
<td>Inpatient</td>
<td>60% after $500 co-pay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>60% after $250 co-pay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after $250 co-pay</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Cover under Tier I and Tier II only</td>
</tr>
<tr>
<td>Well Baby Care (first year of life)</td>
<td>Cover under Tier I and Tier II only</td>
</tr>
</tbody>
</table>
Out of Pocket Maximums

<table>
<thead>
<tr>
<th>OAP Tier I</th>
<th>Out-of-Pocket Maximums FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual $6,600</td>
</tr>
<tr>
<td></td>
<td>Family $13,200</td>
</tr>
<tr>
<td></td>
<td>Tier I and Tier II charges combined</td>
</tr>
<tr>
<td>OAP Tier III</td>
<td>NA</td>
</tr>
</tbody>
</table>

Amounts over the plan’s allowable charges are the member’s responsibility and do not go toward the out-of-pocket maximums.
Beginning 7/1/2015, members with HealthLink OAP have additional precertification requirement for Radiology and Cardiology Imaging services. These reviews will be performed through AIM Specialty Health. 866-745-3266

Telemedicine Program: 855-717-6800
Mental Health/Substance Abuse: 877-284-0102
Wellness Support Programs: 866-647-6113
Preadmission/Certification: 877-284-0102
Prescription Drug Benefits
Prescription Drug Benefit

- Members and their enrolled dependents in any of the health plans have a prescription benefit included in the coverage.
- Generic, Formulary, Non-Formulary Lists
- Prescription deductible and copayments apply to each member and covered dependents
- To compare formulary lists, cost-savings programs and to obtain a list of pharmacies that participate in the various health plan networks, visit the website of each health plan.
## Prescription Drug Benefit

### Prescriptions

<table>
<thead>
<tr>
<th>FY2016</th>
<th>QCHP</th>
<th>All Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>$125</td>
<td>$100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>30 Day Supply</th>
<th>90 Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QCHP</td>
<td>All other plans</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$8</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30</td>
<td>$26</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$60</td>
<td>$50</td>
</tr>
</tbody>
</table>
Prescription Drug Benefit

Prescription Manager

- **Fully-insured managed care plans**
  - Health Alliance HMO
  - Coventry Health Care HMO
  - use a separate prescription benefit manager.

- Members who elect one of these plans must utilize a pharmacy participating in the plan’s pharmacy network or the full retail cost of the medication will be charged. Partial reimbursement may be provided if the plan participant files a paper claim with the health plan.
Prescription Drug Benefit

Prescription Manager

- **Fully-insured managed care plans**
  - Health Alliance HMO
  - Coventry Health Care HMO

- Most plans do not cover over-the-counter drugs or drugs prescribed by medical professionals (including dentists) other than the plans participant’s primary care physician (PCP).

- Drugs prescribed by a specialist would be covered provided that the member was referred to the specialist.
Prescription Drug Benefit

Prescription Manager

- Self-insured managed care plans
  - HealthLink OAP
  - Coventry Health Care OAP
  - Quality Care Health Plan (QCHP)
  - have prescription benefits administered through CVS/caremark.

- Customer care number for CVS/caremark is 877-232-8128. Service is available 24 hours a day, 7 days a week.
Prescription Drug Benefit

Prescription Manager

- **Self-insured managed care plans**
  - HealthLink OAP
  - Coventry Health Care OAP
  - Quality Care Health Plan (QCHP)

- Most drugs purchased with a prescription from a physician or a dentist are covered; over the counter drugs are not covered, even if purchased with a prescription.
Self-insured Plans

QCHP, HealthLink OAP & Coventry OAP

- **Non-maintenance Medication**
- In-Network Pharmacies are retail pharmacies that contract with CVS/caremark and accept the copayment for medications.

- **Out-of-Network Pharmacies** are pharmacies that do not contract with CVS/caremark. Drug cost will be higher and you will pay the full retail cost at the time of dispensing. Reimbursement of eligible charges may be obtained by submitting a paper claim and original prescription receipts to CVS/caremark.
Self-insured Plans

QCHP, HealthLink OAP & Coventry OAP

- Maintenance Medication Program (MMP) was developed to provide an enhanced benefit to members who used maintenance medications.
- Participating pharmacies can be found at: https://www.caremark.com/wps/myportal/FRAMED_LOCAL_PHARMACY
- Plan participant’s prescription must be written for a 3 months supply.
Mail Order Pharmacy

- Provides participants the opportunity to receive medications directly at their home.
- Both maintenance and non-maintenance medications may be obtained through the mail order process.
- Original prescription must be attached to a completed mail order form and mailed to CVS.
- Order forms are available here: http://www.illinois.gov/cms/Employees/benefits/StateEmployee/Documents/English%20Mail%20Service%20Order%20Form.pdf
- Refills can be obtained by contacting CVS by phone or online at www.caremark.com.
State Life Insurance

Minnesota Life
536 Bruns Lane, Unit 3
Springfield IL 62702
1-888-202-5525
www.lifebenefits.com/illinois
Life Coverage

For employee, there are two types of term coverage available:

- **Basic Life insurance**: provided automatically at no cost to eligible employees for an amount equal to their annual salary.

- **Optional Life insurance**: optional life insurance coverage that may be purchased at the employee’s expense.

  - Optional units are in increments of your annual salary
  - New employees are eligible to elect 4 times annual salary without medical underwriting
  - Medical underwriting is necessary for units 5 - 8
Life Coverage

- **Accidental Death & Dismemberment** provides a benefit for your accidental death or dismemberment which occurs as a result of an accident.

- Coverage is available in:
  - An amount equal to your basic salary; or
  - The combined amount of your Basic and Member Optional Life amount (up to 5 times salary or $3 million).
Life Coverage

- **Accelerated Benefits** provides accelerated payment of a partial amount of your death benefit. If you have a terminal condition, you may request an accelerated payment of your death benefit.

- Requirements Include:
  - Life expectancy is 24 months or less; and
  - Certified by a physician
Life Coverage

- **Spouse/Civil Union Partnership Life**
  - Term coverage of $10,000. Cost is $6.00 per month

- **Child Life**:
  - Term coverage of $10,000 per child. All dependent children age 25 and under are eligible for child life coverage. Cost is .70 for one or more children.
Life Coverage

- **Conversion of Basic Life**
  - If you terminate employment, you can continue your basic life coverage by taking out an individual life insurance policy. Rates are determined on your age at the time of conversion.

- **Portability of Optional Term Life**
  - If you terminate employment, you can continue your optional life insurance coverage. Premiums will be higher than those paid by active employees.
## Life Coverage

<table>
<thead>
<tr>
<th>Member by Age</th>
<th>Monthly Rate Per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>.06</td>
</tr>
<tr>
<td>Ages 30 – 34</td>
<td>.08</td>
</tr>
<tr>
<td>Ages 35 – 44</td>
<td>.10</td>
</tr>
<tr>
<td>Ages 45 – 49</td>
<td>.16</td>
</tr>
<tr>
<td>Ages 50 – 54</td>
<td>.24</td>
</tr>
<tr>
<td>Ages 55 – 59</td>
<td>.44</td>
</tr>
<tr>
<td>Ages 60 – 64</td>
<td>.66</td>
</tr>
<tr>
<td>Ages 65 – 69</td>
<td>1.28</td>
</tr>
<tr>
<td>Ages 70 and above</td>
<td>2.06</td>
</tr>
</tbody>
</table>
Life Coverage

- Beneficiary Designation Form
  - May be changed or updated at any time.
  - Forms may be sent directly to Minnesota Life or sent to Human Resources to keep a copy in your Benefits’ file. HR will then send the original to Minnesota Life.
VOYA Term Life Insurance

ReliaStar Life Insurance Company
20 Washington Avenue Avenue South
Minneapolis MN  55401-1900
Voluntary Term Life Insurance

- VOYA provides a term life insurance coverage for you and your dependents.
- New employees have the option of enrolling in the following without medical underwriting (guarantee issue):
  - Portable Life and AD & D coverage up to $35,000 for the employee
  - Portable Life and AD & D coverage up to $5,000 for the spouse
  - Portable Life up to $10,000 for dependent child(ren)
Voluntary Term Life Insurance

- **Employee Coverage**
  - May elect coverage up to 5 times basic annual earning or up to $200,000.
  - May elect Accidental Death & Dismemberment

- **Spouse Coverage**
  - May elect coverage up to 5 times basic annual earning or up to $200,000.
  - May elect Accidental Death & Dismemberment
  - Spouse may apply for Portable Life coverage even if the Employee does not.
Voluntary Term Life Insurance

Child Coverage
- Coverage of $2,500, $5,000, $7,500 or $10,000 is available.
- One premium covers all eligible children.
- Cost: .40 cents per $2,500
- Coverage continues to age 23 if unmarried and a full-time student
Voluntary Term Life Insurance

How to apply:

- Determine the amount of insurance you and your family need.
- Employees complete the Employee Life Insurance Enrollment Form. Spouses complete the Spouse Life Insurance Enrollment Form.
- Give completed form to Employee Benefits
- Premiums for guarantee issue amounts will be deducted immediately
- Premiums for amounts over the guarantee issue will be deducted once approval has been received.
Voluntary Term Life Insurance

- **Benefit Description**

- **Beneficiary Designation**

- **Employee Enrollment:**
Voluntary Term Life Insurance

- **Spouse Enrollment:**
  

- **Proof of Good Health (Statement of Health):**
  
Benefit Change Periods

Annual Changes
Mid-Year Changes
Benefits Choice Period

Annual Benefit Change Period

- Every year during the month of May, employees have the option of making changes to their plans.
- If you enroll in a plan and decide that plan is not for you, you will have an opportunity to change plans. This needs to be submitted during the month of May and becomes effective on 7/1/xx.
- There are no pre-existing conditions when changing between plans. But if you are in the middle of treatment, you need to contact the plan that you are changing to, to make sure they will complete the services.
Benefits Choice Period

Annual Benefit Change Period

- During the Benefit Choice Enrollment Period, you may:
  - Change your health plans, “Opt Out” or “Opt In.”
  - Elect to participate or not to participate in the dental plan
  - Increase/decrease optional life; Statement of Health is required if increasing
  - Add/Remove dependent(s)
  - Enroll/re-enroll in Flex Spending Account
Mid-Year Change

If during the year, you experience a change of status, you may change your benefits according to the status change.

- See pages 11 and 12 of the State of Illinois Benefit Handbook for status changes.
- See pages 13 & 14 for documentation requirements.
- You have **60 days** after a qualifying event to submit your benefit change. If you do not contact the Benefits Office within this time period, you may have to wait until the next Benefits Choice to make your change.
Examples

**Qualifying Changes in Status**

- Newborn/newly acquired dependent
- Marriage
- Divorce
- Death of spouse or dependent
- Change in your spouse’s or dependent’s employment status
- Dependent who no longer meets eligibility criteria
- Change in Public Aid recipient status or Medicare status
- Court order resulting in gaining or losing custody
- Going on or off a Leave of Absence
Leave of Absence
Leave of Absences

There are several leaves that you will be responsible to pay insurance premiums while away from work.

- Disability Leave
- Medical or FMLA
- Family Leave, nonmedical
- Military Leave
- Education/Sabbatical Leave
- Seasonal Leave
- Dock/Suspension
- Personal Leave
Leave of Absence

- If you are going to be off payroll for any reason, during your leave, you will be billed for your insurance from Central Management Services.
- You may make changes to reduce your premiums, but be sure to contact Employee Benefits Office to discuss your options before going on a leave.
- If you do not pay while you are on a LOA, CMS Special Payment Programs Unit will collect payment through involuntary withholding. Contact CMS to make payment arrangements at 1-800-442-1300.
Member Responsibilities
Member Responsibilities

- It is each Member’s responsibility to know their benefits and review the information in the State of Illinois Benefits Handbook.
- Notify your Group Insurance Representative when any life changes occur
  - Life changing event
  - Address Change
  - Loss of Eligibility
  - Leave of Absence
  - Other events (page 11 – 14 in the Benefits Handbook)
Enrollment Forms
Enrollment Forms

- Please return these forms:
  - Employee Group Insurance Enrollment/Change Form
  - Minnesota Life Beneficiary Designation
- If Opting Out
  - Opt Out Form
  - Employee Group Insurance Enrollment/Change Form
  - Copies of Insurance Cards
  - Minnesota Life Beneficiary Designation
- Any Optional Plan Enrollment Forms, if enrolling
  - Flex Spending
  - Prudential LTD
  - VOYA Term Life
Questions?

- This concludes our presentation.

- Employee Benefits can be reached at 618-453-6668 or call the Benefits presenter with the information provided to you at orientation.