

FY 2012 Health Care Benefit Choice Q & A for Members

1. Will I need to change health plans?

If you are currently covered under one of the health vendors that will no longer be offered by the state of Illinois, you will need to select a new vendor. This does not necessarily mean that you will need to select a new primary care physician, but you must select a new health plan.

2. What do I need to do to change health plans?

You must complete the Benefit Choice enrollment form which can be found on page 31 of the FY 2012 Benefit Choice Options book. The online book can be found at http://www.state.il.us/cms/download/pdfs_benefits/FY12Seminar-StateBook-qxd.pdf

3. When will the FY 2012 Benefit Choice Period end? How long do I have to make a decision?

The FY 2012 Benefit Choice Period will end at close of business on June 17, 2011.

4. If the new plan year doesn't begin until July 1, 2011, why does the Benefit Choice Period have to end on June 17th?

The June 17th deadline is necessary to ensure that updates to the payroll and the group insurance membership system can be made and that members are enrolled under their selected health carrier by July 1st. Additionally, the end date allows for updated information to be sent to carriers so that insurance cards can be produced and sent to members as quickly as possible.

5. Where can I find information about the carrier choices and associated premiums?

The following carriers are available for FY 2012 –

HMO Illinois	www.bcbsil.com/stateofillinois
Blue Advantage	www.bcbsil.com/stateofillinois
PersonalCare OAP	www.personalcare.org
HealthLink OAP	www.healthlink.com
Quality Care Health Plan	http://provider.healthcare.cigna.com/soi.html

Benefit information and plan administrator links can be found at:
www.benefitschoice.il.gov.

6. How do I know which carriers are available in my county?

Coverage maps can be found on the Benefits website.

7. What happens if I don't select a new health carrier?

Members currently enrolled with Humana Benefit Plans of Illinois, Humana Winnebago, Health Alliance Illinois, Health Alliance HMO and PersonalCare HMO **MUST** select a new carrier by close of business June 17, 2011. Members who fail to elect a new carrier will be defaulted into the Quality Care Health Plan effective July 1, 2011, and charged the premiums associated with that plan.

8. What are the premiums for FY 2012?

Although carrier options have changed for FY 2012, employee salary-based health plan contributions remain the same as required for FY 2011. The employee contribution amounts can be found on page 6 of the FY 2012 Benefit Choice Options book.

Dependent monthly health plan contributions for the Quality Care Health Plan (QCHP), HMO Illinois and HealthLink OAP will be the same as FY 2011. Dependent monthly health plan contributions for the new carriers (Blue Advantage and PersonalCare OAP) are currently being developed and will be posted to the Benefits website as soon as they are available. Dependent monthly health plan contributions can be found on page 7 of the FY 2012 Benefit Choice Options book.

9. My primary care physician is currently not available in either of the offered HMOs or in Tier 1 of either of the Open Access Plans (OAP). What should I do?

If your physician is not offered in the HMO or the Tier 1 OAP plans, you may choose to either elect another primary care physician that is available or you may continue to see your current physician under either Tier 2 or Tier 3 of the OAP (the vast majority of primary care providers are available in either Tier 1 or Tier 2). Either way, you must elect one of the available health plans during the Benefit Choice Period.

10. Will I have a chance to change my plan before the next regular Benefit Choice Period next May?

Under the Group Insurance Act, the Director of CMS has the option to provide a "Special Enrollment Period" to address certain circumstances impacting members. In the event of significant changes or expansion to the Tier 1 provider networks, CMS is

committed to offering a special enrollment period during FY 2012. This will allow members to make changes to their health carrier elections if significant changes occur.

If a Special Enrollment Period occurs, members who change health plans during that enrollment period will be required to satisfy all required deductibles associated with that plan (health and prescription).

11. How long do I have to enroll in a flexible spending program?

Members will have until close of business on June 17, 2011, to enroll in either flexible spending program.