STATE OF ILLINOIS
Department of Central Management Services
Bureau of Benefits

FY 2027 benefit choice

State Employees Group Insurance Program

Benefit Choice Period

May 1 - June 1, 2026 | Effective July 1, 2026

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ONLINE ENROLLMENT PLATFORM

Making benefit elections is simple through the MyBenefits website. Follow these steps:

1. Go to MyBenefits.illinois.gov.
2. In the top right corner of the home page, click **Login**.
3. If you are logging in for the first time, click **Register** in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on the Benefit Choice materials mailed to your home.
4. Enter your login ID and password. After logging in and landing on the welcome page, explore your benefit options by clicking on the benefit tiles.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the Benefit Choice Event, located on the Welcome page.

Need Help?

AVA, the interactive digital assistant, is available online at

MyBenefits.illinois.gov

Or

Contact MyBenefits Service Center (toll-free)
844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries.
Representatives are available
Monday – Friday, 8:00 AM - 6:00 PM CT.

WHAT YOU NEED TO DO

1. Go to MyBenefits.illinois.gov to review your benefit options.
2. Choose the benefits you'd like to elect at MyBenefits.illinois.gov between May 1 - June 1, 2026.
3. Provide, or update your email address at MyBenefits.illinois.gov to receive quick responses and notifications through electronic communications.
4. Take advantage of your new benefits which will become effective July 1, 2026.

Note: If you are not currently enrolled in benefits due to previous nonpayment of premiums, contact the Premium Collection Unit at 217-558-4783 to discuss your enrollment options.

DISCLAIMER

Monthly health insurance contributions are based on your March 1st salary, or initial salary for new hires. Your monthly contribution amount reflected within this site is based on the salary reported on your paycheck for the first pay period in March, and will be adjusted as necessary, if updated information is provided.

Benefit Choice Period

Elect Your Benefits May 1 - June 1, 2026

What's New

Health Plan Availability

There are several changes this year. It is **your responsibility** to verify what Health Plans are available in your area (see page 2) and if your physician is in-network.

Health Advocate[SM]

Effective May 1, 2026, a new service is available for you and your covered dependents.

Health Advocate is here to help you and your covered dependents with any health or well-being issues. You get access to experts who will do the work to ensure that you get the right information and assistance at the right time. What can they assist with?

- ✔ **Finding** the right in-network providers
- ✔ **Clarifying** tests and treatments
- ✔ **Resolving** claims and billing issues
- ✔ **Answering** benefit questions
- ✔ **Scheduling** appointments and transfer medical records
- ✔ **Exploring** treatments and get second options

For more information on this service contact 844-251-1777 or visit MyBenefits.illinois.gov

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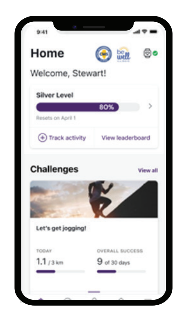
be well ILLINOIS

The State of Illinois' ongoing comprehensive approach to wellness.

Coming in July 2026 - We are pleased to announce that Be Well is enhancing your wellness experience.

Be Well Total Wellbeing is a fun and interactive platform designed to help you build and maintain a healthy lifestyle, wherever you may be on your wellbeing journey. It allows you to:



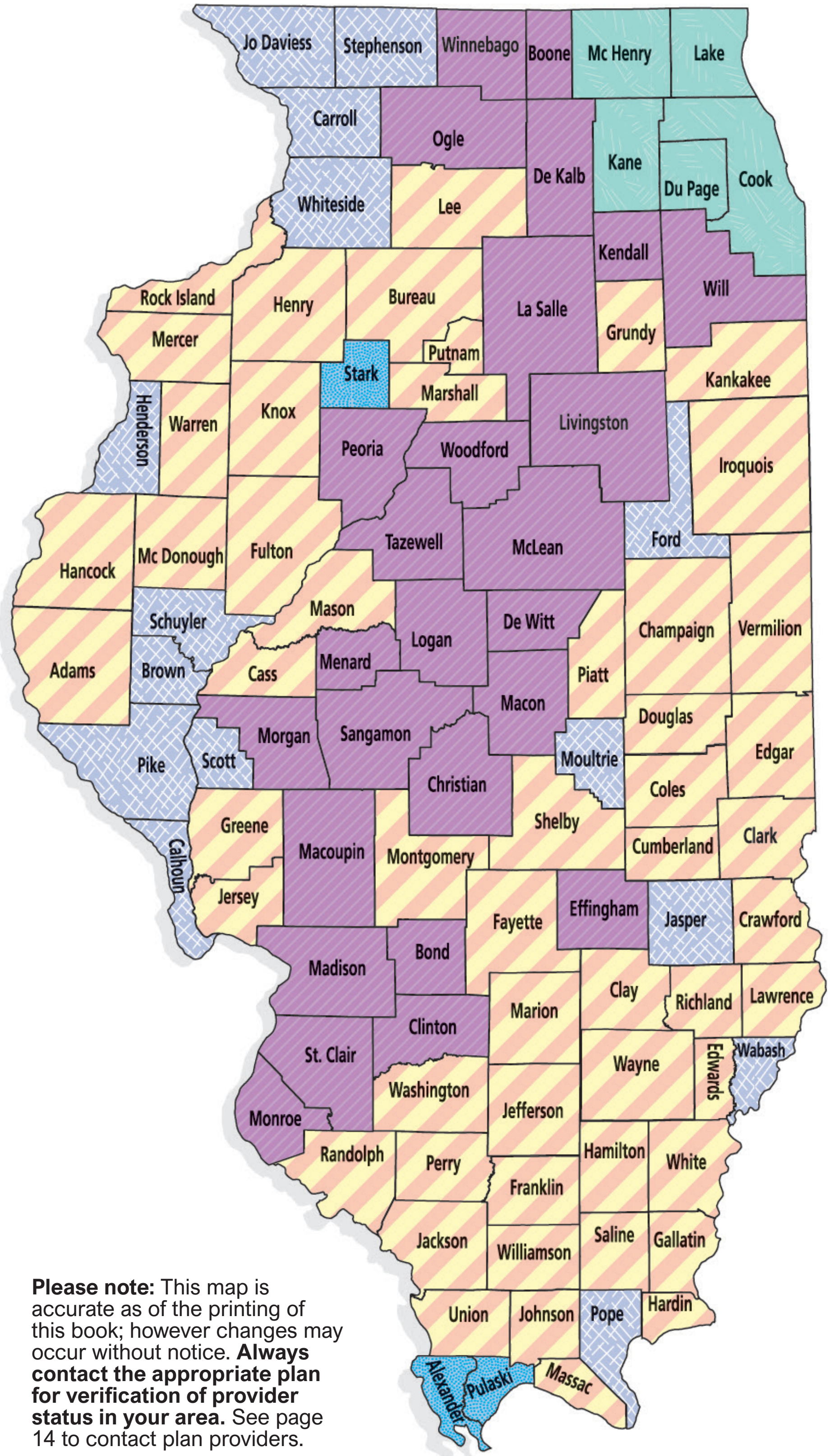
- ✔ **Compete** with your colleagues in friendly challenges
- ✔ **Set** personal goals and track your activity to help build and keep healthy habits
- ✔ **Learn** how to improve your physical, mental, and dietary health through articles and videos
- ✔ **Earn** incentive points for participation to use toward your choice of gift card purchases in the future

Getting started is easy.

On July 1, 2026, look for the registration email with instructions for setting up your account.

What is Available in Your Area in FY27

Review the following map and charts to identify plans available in your county. Then, review your monthly contribution and plan benefits to determine which plan is best for you.



Aetna HMO
HealthLink OAP
Aetna OAP
BCBS OAP
Consumer Driven Health Plan (CDHP)
Quality Care Health Plan (QCHP)

HMO Illinois
Blue Advantage HMO
Aetna HMO
HealthLink OAP
Aetna OAP
Blue Cross Blue Shield OAP
Consumer Driven Health Plan (CDHP)
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Aetna OAP
Consumer Driven Health Plan (CDHP)
Quality Care Health Plan (QCHP)

Please note: This map is accurate as of the printing of this book; however changes may occur without notice. **Always contact the appropriate plan for verification of provider status in your area.** See page 14 to contact plan providers.

Monthly Contributions

The State shares the cost of health coverage with you. While the State covers most of the cost, you must make monthly contributions determined by your annual salary. The following charts outline monthly contribution rates for full-time members. Part-time members are required to pay a percentage of the State's portion of the monthly contribution in addition to their own. Special rules apply for non-IRS dependents (see [MyBenefits.illinois.gov for more information](MyBenefits.illinois.gov)).

Employee Annual Salary	Aetna HMO	Blue Advantage	HMO Illinois	Aetna OAP	BCBSIL OAP *	HealthLink OAP	CDHP **	QCHP ***
$34,600 & below	$146	$120	$124	$140	$140	$154	$121	$160
$34,601 - $52,300	$165	$139	$143	$159	$159	$173	$140	$179
$52,301 - $69,600	$184	$158	$162	$178	$178	$192	$159	$197
$69,601 - $87,000	$202	$176	$180	$196	$196	$210	$177	$216
$87,001 - $114,700	$221	$195	$199	$215	$215	$229	$196	$235
$114,701 - $143,300	$275	$249	$253	$269	$269	$283	$250	$289
$143,301 - and over	$308	$282	$286	$302	$302	$316	$283	$322

Members who retire, accept a salary reduction, or return to State employment at a different salary may have their monthly contribution adjusted based upon the new salary. This applies to members who return to work after having a 10-day or greater break in State service after terminating employment. This does not apply to members who have a break in coverage due to a leave of absence.

Dependent Monthly Health Plan Contributions

In addition to monthly contributions for their own health coverage, members must make additional monthly contributions for dependents they cover. Dependents must be enrolled in the same plan as the member. The Medicare dependent monthly contribution applies only if the member is a retiree or annuitant and Medicare is primary for both Parts A and B.

Number of Dependents	Aetna HMO	Blue Advantage	HMO Illinois	Aetna OAP	BCBSIL OAP *	HealthLink OAP	CDHP **	QCHP ***
1 Dependent	$209	$172	$176	$200	$200	$218	$183	$305
2+ Dependents	$254	$208	$215	$245	$245	$271	$227	$343
1 Medicare A & B Primary Dependent	$186	$151	$155	$177	$177	$194	$160	$198
2+ Medicare A & B Primary Dependents	$228	$186	$192	$219	$219	$241	$201	$259

DISCLAIMER

Retiree, annuitant, and survivor contributions for all health plan options will be in accordance with the levels set forth above in FY27. For future years, the State reserves the right to designate the plan options which constitute the basic program of health benefits and to require additional contributions in accordance with the law for any optional coverage elected by an annuitant, retiree, or survivor.

* BCBSIL OAP = Blue Cross Blue Shield of Illinois
** CDHP = Consumer Driven Health Plan
*** QCHP = Quality Care Health Plan

Adding a Dependent

If you add a dependent for the first time, or re-enroll a dependent during open enrollment, you must provide the required documentation to complete enrollment no later than June 11, 2026. <u>Failure to provide adequate documentation by this deadline, will result in dependents not being added to your plan.</u> Any documentation received after June 1, 2026, may result in a delay of ID cards. Note: Effective July 1, 2026, a parent or stepparent may qualify as a dependent.

Opt-Out

Full-time employees, retirees, annuitants, and survivors have the option to opt-out of health coverage if they have other comprehensive coverage provided by an entity other than the Department of Central Management Services. Be advised that if you have previously opted out, or waived benefits, you can re-enroll during the Benefit Choice Period or if you experience a Qualifying Change in Status.

Transition of Care after Health Plan Change

Members and their dependents who elect to change health plans and are then hospitalized prior to July 1, 2026 and discharged on or after July 1, 2026, are involved in an ongoing course of treatment, or have entered the third trimester of pregnancy, should contact their new plan administrator before July 1, 2026 to coordinate the transition of services.

State Employees Group Insurance Program

Medicare Requirements

Retirees, annuitants, survivors, and their covered dependents must apply for Medicare benefits upon turning age 65. If the Social Security Administration (SSA) determines that the member and/or dependent is eligible for Medicare Part A at a premium-free rate, the member and/or dependent is required by the State to enroll in Medicare Parts A and B. Those on a disability leave are also required to apply for Medicare Parts A and B. Once enrolled in Medicare, the member and/or dependent is required to fax or email the front-side copy of the Medicare identification card to the State of Illinois Medicare COB Unit (contact information below).

If the SSA determines that a member and/or dependent is not eligible for premium-free Medicare Part A based on their own work history or the work history of a spouse (current, ex-spouse or deceased) at least 62 years of age, the member must request a written statement of the Medicare ineligibility from the SSA. Upon receipt, the written statement must be forwarded to the State of Illinois Medicare COB Unit to avoid a financial penalty.

For more information regarding the Medicare Advantage Prescription Drug “TRAIL” Program, go to https://cms.illinois.gov/benefits/trail.html, or contact:

State of Illinois Medicare COB Unit
PO Box 19208
Springfield, Illinois 62794-9208
CMS.Ben.MedicareCOB@illinois.gov
Fax: 217-557-3973

Medicare Split Family

Retirees, annuitants, survivors and their covered dependents who are eligible to enroll in Medicare Parts A and B are also required to enroll in the TRAIL Medicare Advantage Prescription Drug (MAPD) Program. You or your dependent will be required to enroll in the TRAIL MAPD plan when you are first eligible for Medicare, either by age or disability.

If you currently cover 2 or more dependents, you nor your Medicare eligible dependent(s) will be required to enroll in the TRAIL MAPD plan until there is only one covered dependent remaining or all covered dependents are Medicare eligible.

If the member is eligible, failure to enroll will result in the termination of coverage for the member and any covered dependents. If the dependent is eligible, failure to enroll will result in the termination of the dependent’s coverage.

HMO Benefits

Health Maintenance Organization (HMO) members are required to stay within the health plan provider network. No out-of-network services are available, other than listed below. Members will need to select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and make referrals to specialists and hospitalization. Benefits are outlined in each plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the HMO plan selected. For a copy of the SPD, contact the plan administrator (see page 14).

HMO Plan Design		
Plan Year Out-of-Pocket Maximum	$3,000 Individual $6,000 Family	
Hospital Services		
	In-Network	**Out-of-Network**
Emergency Room Services	$275 copayment per visit	$275 copayment per visit
Inpatient Hospitalization	$525 copayment per admission	Not covered
Inpatient Alcohol and Substance Abuse	$525 copayment per admission	Not covered
Inpatient Psychiatric Admission	$525 copayment per admission	Not covered
Outpatient Surgery	$400 copayment per visit	Not covered
Skilled Nursing Facility	100% covered	Not covered
Diagnostic Lab and X-ray	100% covered	Not covered
Complex Imaging (CT/Pet Scans/MRIs)	$30 copayment	Not covered
Transplant Services		
Organ and Tissue Transplants	$375 copay limited to network transplant facilities as determined by the medical plan administrator. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.	
Professional and Other Services		
	In-Network	**Out-of-Network**
Preventive Care/Well-Baby/Immunizations	100% covered	Not covered
Physician Office Visit	$30 copayment per visit	Not covered
Specialist Office Visit	$40 copayment per visit	Not covered
Telemedicine	$10 copayment	Not covered
Outpatient Psychiatric and Substance Abuse	$30 or $40 copayment per visit	Not covered
Durable Medical Equipment	80% covered	Not covered
Home Health Care	$40 copayment per visit	Not covered
Complex Imaging (CT/Pet Scans/MRIs)	$30 copayment	Not covered

Prescription Drugs

Plan Year Pharmacy Deductible – $175 per enrollee   Preventive Prescription Drugs – $0

	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	$4.00	$20.00	$35.00	$60.00
Copayments (90-day supply)	$10.00	$50.00	$87.50	$150.00

* Applies to specific medications as defined by the plan.
Some HMOs may have benefit limitations based on a calendar year.

Open Access Plan (OAP) Benefits

Open Access Plan (OAP) members will have three tiers of providers from which to choose to obtain services.

- **Tier I** offers a managed care network which provides enhanced benefits and operates similar to an HMO.
- **Tier II** offers an expanded network of providers and is a hybrid plan operating like an HMO and PPO.
- **Tier III** covers all providers which are not in the managed care networks of Tiers I or II (out-of-network providers). It is the member's responsibility to know and follow the specific requirements of the OAP. Benefits are outlined in the plan's Summary Plan Document (SPD). For a copy of the SPD, contact the plan administrator (see page 14).

Benefit	Tier I	Tier II	Tier III (Out-of-Network)**
Plan Year Out-of-Pocket Maximum • Per Individual • Per Family	$3,000 (includes eligible charges from Tiers I & II combined) $6,000 (includes eligible charges from Tiers I & II combined)		Not Applicable
Plan Year Deductible (must be satisfied for all services)	$0	$325 per enrollee*	$425 per enrollee*
Hospital Services (Percentages listed represent how much is covered by the plan)			
Emergency Room Services	$275 copayment per visit	$275 copayment per visit	$275 copayment per visit
Inpatient Hospitalization	$525 copayment per admission	90% of network charges after $575 copayment per admission*	60% of allowable charges after $675 copayment per admission*
Inpatient Alcohol and Substance Abuse	$525 copayment per admission	90% of network charges after $575 copayment per admission*	60% of allowable charges after $675 copayment per admission*
Inpatient Psychiatric Admission	$525 copayment per admission	90% of network charges after $575 copayment per admission*	60% of allowable charges after $675 copayment per admission*
Outpatient Surgery	$400 copayment per visit	90% of network charges after $400 copayment*	60% of allowable charges after $400 copayment*
Skilled Nursing Facility	100% covered	90% of network charges*	Not covered
Diagnostic Lab and X-ray	100% covered	90% of network charges*	60% of allowable charges*
Complex Imaging (CT/Pet Scans/MRIs)	$30 copayment	90% of network charges*	60% of allowable charges*
Transplant Services			
Organ and Tissue Transplants	**Tier I:** 100% covered. **Tier II:** 90% of network charges. **Tier III:** Not covered. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.		
Professional and Other Services			
Preventive Care/Well-Baby /Immunizations	100% covered	100% covered	Not covered
Physician Office Visits	$30 copayment	90% of network charges*	60% of allowable charges*
Specialist Office Visits	$40 copayment	90% of network charges*	60% of allowable charges*
Telemedicine	$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	$30 or $40 copayment	90% of network charges*	60% of allowable charges*
Durable Medical Equipment	80% of network charges	80% of network charges*	60% of allowable charges*
Home Health Care	$40 copayment	90% of network charges*	Not covered

Prescription Drugs

Plan Year Pharmacy Deductible – $175 per enrollee   Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	$20.00	$35.00	$60.00
Copayments (90-day supply)***	$50.00	$87.50	$150.00
Maintenance Choice (90-day supply)****	$25.00	$43.75	$75.00

* 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.

*** If a member or dependent elects a higher Tier drug where a lower Tier drug is available, the member or dependent is responsible for the higher copayment plus the difference in cost between the drugs.

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

Quality Care Health Plan (QCHP) Benefits

Quality Care Health Plan (QCHP) members may choose any physician or hospital for medical services; however, when receiving services from a QCHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. QCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the QCHP. For a copy of the SPD, contact the plan administrator (see page 14).

Plan Year Maximums and Deductibles

Employee's Annual Salary (based on each employee's annual salary as of March 1st)	Individual Plan Year Deductible	Family Plan Year Deductible Cap
$60,700 or less	$450	$1,125
$60,701 - $75,900	$550	$1,375
$75,901 and more	$600	$1,500
Retiree/Annuitant/Survivor	$450	$1,125
Dependents	$450	N/A

Out-of-Pocket Maximum Limits

In-Network Individual	In-Network Family	Out-of-Network Individual	Out-of-Network Family
$1,750	$4,375	$7,000	$13,500

Hospital Services (Percentages listed represent how much is covered by the plan)

	In-Network	Out-of-Network*
Emergency Room Services	$450 per visit; Deductible applies	$450 per visit; Deductible applies
Inpatient Hospitalization	85% of network charges; Deductible applies after $300 per admission	60% of allowable charges; Deductible applies after $900 per admission
Inpatient Alcohol and Substance Abuse	85% of network charges; Deductible applies after $300 per admission	60% of allowable charges; Deductible applies after $900 per admission
Inpatient Psychiatric Admission	85% of network charges; Deductible applies after $300 per admission	60% of allowable charges; Deductible applies after $900 per admission
Outpatient Surgery	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Skilled Nursing Facility	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Transplant Services

Organ and Tissue Transplants	85% after $300 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.

Professional and Other Services

	In-Network	Out-of-Network*
Preventive Care/Well-Baby/Immunizations	100% covered	60% of allowable charges; Deductible applies
Physician Office Visit	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Specialist Office Visit	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Telemedicine	85% of network charges; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Durable Medical Equipment	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Home Health Care	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Prescription Drugs

Plan Year Pharmacy Deductible – $200 per enrollee   Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	$20.00	$40.00	$65.00
Copayments (90-day supply)	$50.00	$100.00	$162.50
Maintenance Choice (90-day supply)**	$25.00	$50.00	$81.25

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

Consumer Driven Health Plan (CDHP) Benefits

This is a high-deductible health plan as defined by the IRS. Consumer Driven Health Plan (CDHP) members may choose any physician or hospital for medical services; however, when receiving services from a CDHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. CDHP has a nationwide network of providers through Aetna PPO. CDHP is available for active employees only, under the State Employees' Group Insurance Program. This plan is not available to retirees. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CDHP. For a copy of the SPD, contact the plan administrator (see page 14).

Plan Year Medical Deductibles			
In-Network Individual $1,700	In-Network Family $3,400	Out-of-Network Individual $1,700	Out-of-Network Family $3,400

Out-of-Pocket Maximum Limits			
In-Network Individual $3,000	In-Network Family $6,000	Out-of-Network Individual $3,000	Out-of-Network Family $6,000

Hospital Services *(Percentages listed represent how much is covered by the plan)*		
	In-Network	**Out-of-Network***
Emergency Room Services	90% of coinsurance; Deductible applies	90% of coinsurance; Deductible applies
Inpatient Hospitalization	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Inpatient Alcohol and Substance Abuse	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Inpatient Psychiatric Admission	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Outpatient Surgery	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Skilled Nursing Facility	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies

Transplant Services	
Organ and Tissue Transplants	90% after plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.

Professional and Other Services		
	In-Network	**Out-of-Network***
Preventive Care/Well-Baby/Immunizations	100% covered	65% of allowable charges; Deductible applies
Preventive Services (IRS-allowed)**	90% of network charges; No Deductible	65% of allowable charges; Deductible applies
Physician Office Visit	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Specialist Office Visit	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Telemedicine	90% of network charges; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Durable Medical Equipment	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies

Prescription Drugs

Preventive Prescription Drugs – $0 Preventive Prescription Drugs (IRS-allowed) **

90% covered; No Deductible

	Tier I	**Tier II**	**Tier III**
Copayments (30-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Copayments (90-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Maintenance Choice (90-day supply)***	95%; Deductible Applies	95%; Deductible Applies	95%; Deductible Applies

* 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.

** Contact Aetna for IRS-allowed services and prescriptions.

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

Medical Care Assistance Program (MCAP) - Companion to your HMO, OAP, QCHP, or CDHP (if not enrolled in an HSA)

EMPLOYEES MUST RE-ENROLL EACH PLAN YEAR

The MCAP maximum contribution limit is $3,400 for the FY27 plan year period. Funds must be used within the plan year, July 1, 2026 - June 30, 2027. All claims and documentation must be submitted and approved by September 30, 2027. The rollover of unused FY27 funds will be capped at $680.00. Participants who do not re-enroll for the following plan year (FY28) will forfeit any amount eligible for rollover.

Dependent Care (Day Care) Assistance Program (DCAP)

EMPLOYEES MUST RE-ENROLL EACH PLAN YEAR

DCAP is an account that allows you to set aside pre-tax contributions per pay period to pay for dependent care (Day Care) expenses, for children aged 12 and under, or care for a physically or mentally disabled dependent. DCAP cannot be used for dependent medical expenses nor for children for which you are not considered the primary or custodial parent. The DCAP maximum contribution limit is $7,500 for the FY27 plan year period. Any unused DCAP funds at the end of the plan year will be forfeited.

Health Savings Accounts (HSA) for Active State Employees - Companion to CDHP Enrollment ONLY

EMPLOYEE CONTRIBUTION MUST BE RE-ELECTED EACH PLAN YEAR

An HSA is like a 401(k) for healthcare, yet the HSA tax benefits are far greater. Administered by Optum Financial, the HSA is a tax-favored, interest-bearing account that active State employees can use to pay for qualified medical expenses now or in the future. Active State employees who qualify (see Qualifying for an HSA below) can save or invest the account funds. Paired with only the Consumer Driven Health Plan (CDHP), an HSA is a powerful financial tool that gives you more control of your healthcare decisions.

The State will contribute a third of the deductible to an active State employee's HSA. US Treasury/IRS established maximum HSA contribution limits (Employer + Employee) for FY27:

Under Age 55	Individual	Family
Employer Contribution =	**$566.67**	**$1,133.34**
Employee Contribution =	**$3,833.33**	**$7,616.66**
Max IRS Allowed Contribution =	**$4,400**	**$8,750**

Aged 55 and older	Individual	Family
Employer Contribution =	**$566.67**	**$1,133.34**
Employee Contribution =	**$4,833.33**	**$8,616.66**
Max IRS Allowed Contribution =	**$5,400**	**$9,750**

Contributions to your HSA can be made through pre-tax payroll deductions or post-tax direct payment. Active State employees can make tax-free withdrawals to pay for qualified medical expenses for you and your eligible dependents. HSAs are portable and all contributions rollover to the next plan year. If the employee invests HSA funds, those funds remain in the investment account. HSAs may be used for future healthcare expenses including out-of-pocket expenses after retirement, Medicare, and long-term care (LTC) premiums, up to IRS limits and certain LTC expenses. There are no income limitations.

Qualifying for an HSA

US Treasury/IRS Eligibility Criteria:

- Be covered under a high-deductible health plan.
- Have no other health coverage (except what is permitted under Other Health Coverage: https://www.irs.gov/publications/p969#en_US_2019_publink1000204039)
- Not be enrolled in Medicare. This includes Part A.
- Not be claimed as a dependent on someone else's tax return.
- Complete the Customer Identification Program through OPTUM Financial

You cannot be enrolled in BOTH an HSA and MCAP Flexible Spending Account.

Vision

Vision coverage is provided at no cost to all members enrolled in a State health plan and is administered by EyeMed. All enrolled members and dependents receive the same vision coverage regardless of the health plan selected.

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	$30 copayment	$30 allowance	Once every 12 months
Standard Frames	$30 copayment (up to $175 retail frame cost; member responsible for balance over $175)	$70 allowance	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	$30 copayment	$50 allowance for single vision lenses. $80 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	$120 allowance	$120 allowance	Once every 12 months

* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchases.

** Out-of-network claims must be filed within one year from the date of service.

Additional Vision Benefits

EyeMed offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating, and coverage for Photochromic and Polarized lenses. For more information on this program visit eyemedvisioncare.com/stil or contact EyeMed at 1-866-723-0512

Dental

Employees have the option to enroll in Dental Only coverage. However, if you enroll in health coverage and choose dental coverage, dependents must mirror the coverage of the member.

The State's Quality Care Dental Plan (QCDP) offers a comprehensive range of benefits and is available to all members and is administered by Delta Dental of Illinois. Visit MyBenefits.illinois.gov for a Dental Schedule of Benefits.

Deductible and Plan Year Maximum	
Plan year deductible for preventive services	N/A
Plan year deductible for all other covered services	$175

Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)	
In-network plan year maximum benefit	$2,500
Out-of-network plan year maximum benefit	$2,000

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than $200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

Enhanced Delta Dental Benefits Program

The Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. For more information on this program visit www.deltadentalil.com or contact Delta Dental at 1-800-323-1743.

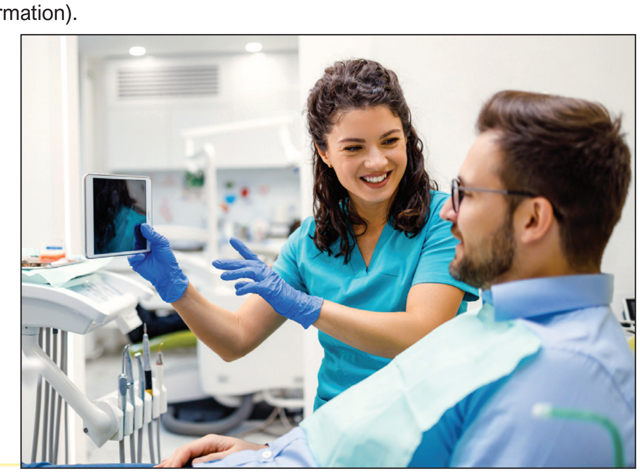
Child Orthodontia Benefit

Length of Orthodontia Treatment*	Maximum Benefit	
	In-Network	Out-of-Network
0 - 36 Months	$2,000	$1,500
0 - 18 Months	$1,820	$1,364
0 - 12 Months	$1,040	$780

Member Monthly Quality Care Dental Plan (QCDP) Contributions**		
Member Only	Member + 1 Dependent	Member + 2 or More Dependents
$17.00	$29.00	$31.50

* Orthodontia Treatments must start prior to age 19.

** Part-time employees are required to pay a percentage of the State's portion of the contribution in addition to the member contribution. Special rules apply for non-IRS dependents (see MyBenefits.illinois.gov for more information).



Life Insurance

Basic Life Insurance coverage is provided by MetLife at no cost to all active employees, retirees, and annuitants through the State Employees Group Insurance Program.

- Active employees, and retirees and annuitants under the age of 60, receive a benefit amount equal to their annual salary.
- Retirees and annuitants, age 60 or older, receive a $5,000 benefit.

Member Optional Life coverage is provided at a cost to all active employees, retirees, and immediate annuitants.

- For active employees, and retirees and immediate annuitants under age 60 – coverage is available up to 8 times their Basic Life amount.
- For retirees and immediate annuitants aged 60 or older – coverage is available up to 4 times their Basic Life amount.

The maximum benefit allowed for Member Optional Life plus Basic Life is $3,000,000. Rate changes due to age will be effective the first pay-period following the member's birthday.

Optional Term Life Rate	
Member Age	**Monthly Rate Per $1,000**
Under 30	$0.03
30-39	$0.05
40-44	$0.09
45-49	$0.12
50-54	$0.19
55-59	$0.36
60-64	$0.56
65-69	$1.26
70 and Over	$2.06

Accidental Death & Dismemberment (AD&D) coverage is available to eligible members in an amount equal to either their Basic Life amount or the combined amount of their Basic and Member Optional Life. This coverage is subject to a total maximum of 5 times the Basic Life amount or $3,000,000, whichever is less.

AD&D Monthly Rate per $1,000
$0.02

Beneficiary Elections

Don't forget to elect your beneficiaries at metlife.com/stateofillinois/ and make the appropriate updates when necessary to ensure that your Life Insurance benefit is paid out according to your wishes. Remember, you may also have death benefits through various state-sponsored programs, each having a separate beneficiary form, including Life Insurance, retirement benefits, and the Deferred Compensation Program.

Spouse life coverage is available for:

- The spouse of an active employee.
- The spouse of a retiree or an annuitant.

The lump sum amount is either $10,000 or $5,000 depending upon the spouse's age

Spouse Life Monthly Rates	
Spouse Life $10,000 Coverage (Spouse under age 60)	$5.70
Spouse Life $5,000 Coverage (Spouse age 60 or older)	$2.85

Note: Rate changes due to age will be effective the first day of the pay period following the **spouse's** birthday.

Child life coverage is available in a lump sum amount of $10,000 per child to active employees, retirees, and immediate annuitants. The monthly contribution applies to all dependent children regardless of the number of children enrolled. Eligible children include children aged 25 and under or, children in the disabled category.

Child Life Monthly Rate	
Child Life $10,000 Coverage	$0.60

Note: Deferred Annuitants are not eligible for Member Optional Life, AD&D, Child Life or Spouse Life Coverage.

Underwriting

A Statement of Health (SOH) is required for members to add/increase optional life or to add Spouse Life (unless you are a new hire, or this is a newly acquired spouse/civil union partner). A Statement of Health is not needed to add Child Life coverage or AD&D.

MY Benefits plus Make the most of your Benefit Choice.

Enjoy money-saving benefits and discounts provided to you in addition to your core medical benefits. These voluntary benefits provide protection for your finances, your family, and even your pets. Coverage is available with convenient payroll deductions. MyBenefits.Illinois.gov ➜ **MyBenefits Plus**

Your time to enroll in Benefit Choice is May 1 – June 1

Available During Benefits Choice Enrollment

Benefit	Description	Who's Eligible?
Accident Insurance	**Cash after accidents:** Pays you cash directly for covered injuries, ER/urgent care visits, and hospital stays. *Enroll on MyBenefits after you make your medical elections.*	Employees & Retirees
Critical Illness Insurance	**Financial support for serious illness:** Pays you cash directly for a serious diagnosis—like heart attack, stroke, or cancer. *Enroll on MyBenefits after you make your medical elections.*	Employees & Retirees
Hospital Indemnity Insurance	**Extra cash for hospital stays:** Pays a cash benefit directly to you for each day in the hospital – including for childbirth. Use it to help cover deductibles, childcare, travel, or everyday bills. *Enroll on MyBenefits after you make your medical elections.*	Employees & Retirees
Legal Services	**Legal help without the high fees:** Get fully covered legal services with in-network attorneys for legal needs like creating a will, buying or selling a home, or handling traffic tickets.	Employees & Retirees
Life Insurance with Long-Term Care	**Protect your finances:** Protect your loved ones with life insurance while also having the option to use part of your life insurance death benefit while you're still alive for eligible long-term care costs. **Last chance for guaranteed acceptance with no medical questions or exams (up to $150K).**	Employees
Long-Term Disability Insurance	**Income protection for long-term illness or injury:** Provides ongoing income replacement if you can't work due to a long-lasting illness or injury.	Employees over 18 Months Tenure and who are not university employees
Pet Wellness	**NEW! Protect your pet's health:** Get reimbursed within 24 hours for pet wellness care including check-ups and vaccines. No restrictions.	Employees & Retirees
Short-Term Disability Insurance	**Income protection when you can't work (short-term):** Replaces part of your paycheck if you can't work temporarily due to a covered illness, injury, or pregnancy.	Employees under 18 Months Tenure

Available Year-Round

Benefit	Description	Who's Eligible?
Auto & Home Insurance	**Save on insurance for your home and vehicles:** Compare quotes from top carriers to find competitive rates for coverage on your car, home, renter's Insurance, and more.	Employees & Retirees
Discount Shopping	**Exclusive discounts on everyday purchases:** Shop and save on top brands, travel, electronics, and more with an employee discount marketplace.	Employees & Retirees
Identity Theft Protection	**Protect your identity and personal information:** Proactively protect your family's identity and personal data with real-time monitoring and dedicated support.	Employees & Retirees
Personal Loan Program	Affordable loans when you need them: Access affordable loans for unexpected expenses or consolidate existing debt with fixed interest rates and fixed payments through payroll deduction.	Employees
Pet Health Insurance	**Insurance for vet bills and emergencies:** Get reimbursed for covered vet care including for accidents, illnesses and specialty providers—plus, 24/7 vet telehealth services.	Employees & Retirees
Purchase Financing	**Buy now, pay over time:** Buy what you need now – including computers, appliances, furniture and much more. Pay over 12 months. Right from your paycheck. There's no credit check, no down payments, and no hidden fees.	Employees
Student Loan Refinancing	**Guidance for student loan repayment:** Get expert help navigating public loan forgiveness or refinancing options to pay off student loans faster.	Employees

Scan to access the MyBenefits Plus Site

Certain eligibility and program restrictions apply.
Visit MyBenefits.Illinois.gov ➜ MyBenefits Plus for details.
Shopping discounts vary and are subject to change without prior notice.

Disclaimer: These benefits are administered by MyBenefits and not through CMS.

Contacts

Purpose	Administrator Name and Address	Phone	Website
Enrollment	MyBenefits – MyBenefits Service Center (MBSC) P.O. Box 9927, Providence, RI 02940-4027	844-251-1777 844-251-1778 (TDD/TTY)	mybenefits.illinois.gov
Health Plan	Aetna HMO (Group Number 285654) Aetna OAP (Group Number 285650) Consumer Driven Health Plan (CDHP) - Aetna PPO (Group Number 285658) Quality Care Health Plan (QCHP) - Aetna PPO (Group Number 285658) 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	aetnastateofillinois.com
	BlueAdvantage HMO (Group Number B06800) HMO Illinois (Group Number H06800) Blue Cross Blue Shield OAP (Group Number 263995) Address for all Blue Cross Plans: PO Box 805107, Chicago, IL 60680-4112	800-868-9520 866-876-2194 (TDD/TTY) 855-810-6537	bcbsil.com/stateofillinois
	HealthLink OAP (Group Number 160000) PO Box 659986, San Antonio, TX 78265	877-379-5802 800-526-0857 (TDD/TTY)	healthlink.com/soi/learn-more
Prescription Drug Plan	CVS Caremark® (for QCHP, CDHP, or OAP Plans) Group Numbers: (QCHP 1400SD3) (CDHP 1400SD9) (Aetna OAP 1400SCH) (BCBSIL OAP 1400SCJ) (HealthLink OAP 1400SCF) **Paper Claims:** CVS Caremark® PO Box 52136, Phoenix, AZ 85072-2136 **Mail Order Rx:** CVS Caremark® PO Box 94467, Palatine, IL 60094-4467	877-232-8128 800-231-4403 (TDD/TTY)	caremark.com
Vision Plan	EyeMed Out-of-Network Claims PO Box 8504, Mason, OH 45040-7111	866-723-0512 TTY users, call 711	eyemedvisioncare.com/stil
Dental Plan	Delta Dental of Illinois (Group Number 20240) PO Box 5402, Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	soi.deltadentalil.com
Life Insurance	MetLife Insurance Company, Group Life Claims PO Box 6100, Scranton, PA 18505	800-880-6394 TTY users, call 711	metlife.com/stateofillinois
Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA)	Optum Financial PO Box 622317, Orlando, FL 32862-2317	888-469-3363 800-526-0844 (TDD/TTY) 443-681-4602 (fax)	Optumfinancial.com
Commuter Savings Program (CSP)	Edenred Benefits Claims Administrator 265 Winter Street, 3rd Floor, Waltham, MA 02451	888-235-9223 844-878-0594 (TDD/TTY)	login.commuterbenefits.com/
Employee Assistance Program (EAP)	ComPsych Corporation 455 N. Cityfront Plaza Drive, Chicago, IL 60611	833-955-3400 800-697-0353 (TDD/TTY)	guidanceresources.com ComPsych Member Web ID Code: StateofIllinois
Personal Support Program (PSP – AFSCME EAP)	AFSCME Council 31 205 N Michigan 2100, Chicago, IL 60601	800-647-8776 (statewide) 800-526-0844 (TDD/TTY)	afscme31.org
State Employees' Retirement System	2101 South Veterans Parkway PO Box 19255, Springfield, IL 62794-9255	217-785-7444 866-321-7625 (TDD/TTY)	srs.illinois.gov
State Universities Retirement System	1901 Fox Drive, Champaign, IL 61820	800-275-7877 800-526-0844 (TDD/TTY) 217-378-8800 (dial direct) 217-378-9800 (fax)	surs.org
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)	trsil.org
CMS Bureau of Benefits Group Insurance	PO Box 19208, Springfield, IL 62794-9208	800-442-1300 800-526-0844 (TDD/TTY)	benefitschoice.il.gov

Federally Required Notices

Notice of Creditable Coverage (HMO, OAP, and QCHP ONLY)

Prescription Drug information for State of Illinois Medicare-eligible Plan Participants

This Notice confirms that the State Employees Group Insurance Program (SEGIP) has determined that the prescription drug coverage it provides for its HMO, OAP, and QCHP plans is Creditable Coverage. This means that the prescription coverage offered through SEGIP is, on average, as good as, or better than the standard Medicare prescription drug coverage (Medicare Part D). You can keep your existing group prescription coverage and choose not to enroll in a Medicare Part D plan.

Because your existing coverage is Creditable Coverage, you will not be penalized if you later decide to enroll in a Medicare prescription drug plan. However, you must remember that if you drop your coverage through SEGIP and experience a continuous period of 63 days or longer without Creditable Coverage, you may be penalized if you enroll in a Medicare Part D plan later. If you choose to drop your SEGIP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your SEGIP coverage ends.

If you keep your existing group coverage through SEGIP, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll in a Medicare prescription drug plan may need to provide a copy of the Notice of Creditable Coverage to enroll in the Medicare prescription plan without a financial penalty. Participants may obtain a Benefits Confirmation Statement as a Notice of Creditable Coverage by contacting the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).

Notice of Non-Creditable Coverage (CDHP ONLY)

Prescription Drug information for State of Illinois Medicare-eligible Plan Participants

This will serve as notice that the State Employees Group Insurance Program (SEGIP) has determined that the prescription drug coverage it provides for the Consumer Driven Health Plan (CDHP) is Non-Creditable Coverage as of July 1, 2026. This is due to provisions of the Federal Inflation Reduction Act (IRA) that went into effect in 2025, reducing the True Out of Pocket costs (TrOOP) on standard Medicare prescription drug coverage (Medicare Part D). This means that the CDHP plan likely does not cover as much of the cost of prescription drugs as a standard Medicare Part D plan.

As a result, you may be penalized if you elect the CDHP (high deductible) plan and later decide to enroll in a Medicare prescription drug plan. To avoid any future penalties, please consider enrolling in one of the creditable coverage plans listed above.

Summary of Benefits and Coverage (SBC) and Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The summary is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in coverage, or if you request a copy from your issuer or group health plan. You may also request a paper copy of the SBCs and glossary of terms from your health insurance company or group health plan. All State health plan SBCs are available on MyBenefits.illinois.gov.

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at MyBenefits.illinois.gov, effective July 1, 2026. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at MyBenefits.illinois.gov.

Benefit Choice Member Fairs

CMS sponsored Benefit Choice Open Enrollment Member Fairs are scheduled from **9:00 am to 4:00 pm**, with two identical presentations given at **10:00 am and 2:00 pm**. Events are open to all active and retired members not enrolled in the Medicare Advantage Prescription Drug (MAPD) plan. CMS representatives, as well as various benefit vendors, will be present during the in-person fairs to answer questions.

Date		Agency/Location	Address
Monday	May 4, 2026	CMS Regional Complex	4800 Wabash Ave, 1st Floor Training Room & Cafeteria, Springfield, 62711
Tuesday	May 5, 2026	Illinois State University	100 N. University St., Bone Student Center & Prairie Room, Normal, 61761
Wednesday	May 6, 2026	University of Illinois Urbana-Champaign	iHotel 1900 S. First St, Quad/Alma Mater Rooms & Technology Room, Champaign, 61820
Thursday	May 7, 2026	Dept of Veterans Affairs	1707 N. 12th Street, Lippincott Building, Quincy, 62301
Friday	May 8, 2026	Illinois Dept of Transportation	1102 Eastport Plaza Drive, IDOT District 8, Classroom, Breakroom & Foyer, Collinsville, 62234
Monday	May 11, 2026	Western Illinois University - Macomb	1 University Circle, University Union - Heritage Room, Macomb, 61455
Tuesday	May 12, 2026	Western Illinois University - Moline	3300 River Drive, W. Riverfront Hall, Goldfarb Grand Atrium, Moline, 61265
Wednesday	May 13, 2026	Northern Illinois University	340 Carroll Ave, Holmes Student Center, Regency Room & Sandburg Auditorium, DeKalb, 60115
Thursday	May 14, 2026	Dept of Human Services - Elgin Mental Health Center	750 S. State St., Assembly Hall, Elgin, 60123
Friday	May 15, 2026	Southern Illinois University - School of Medicine	801 N. Rutledge, 2nd Floor & South Auditorium, Springfield, 62702
Monday	May 18, 2026	Northeastern Illinois University	5500 N. St. Louis Ave, Rooms SU103 & SU115, Chicago, 60625
Tuesday	May 19, 2026	Chicago - Downtown	555 W. Monroe Street, 4th Floor Lincoln & Springfield Conference Rooms, Chicago, 60661
Wednesday	May 20, 2026	University of Illinois - Chicago	710 S. Halsted, 6th Floor, Student Center East Tower, Rooms 603/605 & 613, Chicago, 60607
Thursday	May 21, 2026	Chicago State University	9501 S. King Drive, Gwendolyn Brooks Library, 4th Floor, Rooms 410 & 415, Chicago, 60628
Friday	May 22, 2026	Governors State University	1 University Parkway, Engbretson Hall & Hall of Honors, University Park, 60484
Monday	May 25, 2026	Memorial Day - CLOSED	
Tuesday	May 26, 2026	Southern Illinois University - Carbondale	1255 Lincoln Drive, Student Center 2nd Floor, Ballroom B & Corker Lounge, Carbondale, 62901
Wednesday	May 27, 2026	Eastern Illinois University	600 Lincoln Ave, Martin Luther King Jr. University Union, Grand Ballroom & Room 1895, Charleston, 61920
Thursday	May 28, 2026	Illinois Dept of Transportation	2300 S. Dirksen Parkway, Auditorium, Springfield, 62764

To view the prerecorded Benefit Choice Member Fair, please scan the QR code:
or use **https://cms.illinois.gov/benefits/benefit-choice-fairs.html**

SCAN ME!

Notes

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Central Management Services
Bureau of Benefits
PO Box 19208
Springfield, IL 62794-9208

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