

STATE INSURANCE PREMIUMS AND RATES - JULY 1, 2016

The State Employees Group Insurance Program (SEGIP) offers a choice of plans including:

- Quality Care Health Plan (QCHP): A traditional indemnity plan with a nation-wide provider network.
- Managed Care Plans: Depending on your location, you may have a choice of Health Maintenance Organizations (HMOs) or Open Access Plans (OAPs).

COST OF COVERAGE

The State of Illinois covers much of the cost of health (including vision) and dental coverage for most full-time employees. You will share in the cost of insurance coverage for yourself and your family. Premiums for health and dental insurance are automatically deducted on a pre-tax basis from your pay.

What You Pay for Yourself

The premium amount is based on your annual salary as of the previous April 1, or the starting salary of your benefits eligible position if employed after April 1.

EMPLOYEE COVERAGE: Monthly Salary-Based Premiums for Health Plan Coverage		
Annual Salary	Managed Care (HMO or OAP)	Quality Care Health Plan (QCHP)
\$30,200 and below	\$68.00	\$93.00
\$30,201 - 45,600	\$86.00	\$111.00
\$45,601 - 60,700	\$103.00	\$127.00
\$60,701 - 75,900	\$119.00	\$144.00
\$75,901 - \$100,000	\$137.00	\$162.00
\$100,001 and above	\$186.00	\$211.00

Note: This table represents the cost for full-time employees. In addition to the salary-based premium, part-time employees also pay a portion of the State cost based on the percentage of their appointment.

What You Pay for Your Dependents

The premium for dependent coverage is determined by the health plan you select.

DEPENDENT COVERAGE: Monthly Salary-Based Premiums for Health Plan Coverage			
<i>(See table above for Employee Premiums)</i>			
Plan Code	Plan Name	One Dependent	Two or More Dependents
D3	Quality Care Health Plan	\$249.00	\$287.00
<i>Managed Care Plans:</i>			
CI	BlueAdvantage HMO	\$96.00	\$132.00
AS	Coventry Health Care HMO	\$111.00	\$156.00
CH	Coventry Health Care OAP	\$111.00	\$156.00
AH	Health Alliance HMO	\$113.00	\$159.00
CF	HealthLink OAP	\$126.00	\$179.00
BY	HMO Illinois	\$100.00	\$139.00

Notes: 1. Managed Care Plans are available in many locations throughout Illinois; however, all plans are not available in all areas. Refer to the State of Illinois Benefit Choice Options booklet for a list of plans by county. 2. This table represents the cost for full-time employees. In addition to this premium, part-time employees also pay a portion of the State cost based on the percentage of their appointment.

WHAT THE STATE OF ILLINOIS PAYS FOR YOU AND YOUR FAMILY

The State pays a monthly premium for you and your dependents for coverage under each of the health plans. The State-paid premiums are included in this table to illustrate the full value of your group insurance plan:

Annual Salary:

- A. 30,200 and below
- B. \$30,201 - \$45,600
- C. \$45,601 - \$60,700
- D. \$60,701 - \$75,900
- E. \$75,901 - \$100,000
- F. 100,001 and above

Health Plan Name and Code	Monthly State Contribution for Employee Only	Health Plan Name and Code	Monthly State Contribution for Employee Only
Quality Care Health Plan (D3)	A. \$902.94 B. \$884.94 C. \$868.94 D. \$851.94 E. \$833.94 F. \$784.94	BlueAdvantage HMO (CI)	A. \$655.10 B. \$637.10 C. \$620.10 D. \$604.10 E. \$586.10 F. \$537.10
Coventry Health Care HMO (AS)	A. \$747.62 B. \$729.62 C. \$712.62 D. \$696.62 E. \$678.62 F. \$629.62	Coventry Health Care OAP (CH)	A. \$743.70 B. \$725.70 C. \$708.70 D. \$692.70 E. \$674.70 F. \$625.70
Health Alliance HMO (AH)	A. \$766.46 B. \$748.46 C. \$731.46 D. \$715.46 E. \$697.46 F. \$648.46	HealthLink OAP (CF)	A. \$850.20 B. \$832.20 C. \$815.20 D. \$799.20 E. \$781.20 F. \$732.20
HMO Illinois (BY)	A. \$677.78 B. \$659.78 C. \$642.78 D. \$626.78 E. \$608.78 F. \$559.78		

This table shows what the State pays on behalf of your dependent’s insurance coverage.

Health Plan Name and Code	Monthly State Contribution for Dependent(s)	
	One Dependent	Two or More Dependents
Quality Care Health Plan (D3)	\$830.30	\$1235.44
BlueAdvantage HMO (CI)	\$517.92	\$978.18
Coventry Health Care HMO (AS)	\$580.64	\$1087.40
Coventry Health Care OAP (CH)	\$580.64	\$1107.54
Health Alliance HMO (AH)	\$594.48	\$1111.54
HealthLink OAP (CF)	\$655.12	\$1238.82
HMO Illinois (BY)	\$533.00	\$1003.84

NOTICE TO PART-TIME EMPLOYEES

In addition to your salary-based premium, you also pay a portion of the State cost for your own and any dependent health plan coverage in an amount proportionate to your appointment percentage. For example, if you hold a 75% appointment, you will pay the normal employee share of employee and dependent coverage, plus 25% of the State cost of employee and dependent coverage. The State will pay 75% of the State cost of employee and dependent coverage.

The following table provides examples of the monthly Health and Dental Plan premiums paid by part-time employees.

Monthly Part-Time Employee Health & Dental Premium Examples*				
Employee Percent Time Worked	Plan	Employee Only	Employee Plus One Dependent	Employee Plus Two or More Dependents
50%	Quality Care Health Plan	\$553.47	\$1217.62	\$1458.19
50%	Quality Care Dental Plan	\$23.16	\$42.38	\$62.02
50%	HMO Illinois	\$415.89	\$782.39	\$1056.81
50%	Health Alliance HMO	\$460.23	\$870.47	\$1175.00

*Premium examples represent the total monthly cost for a 50% part-time employee. This includes the monthly salary-based premiums for employee coverage and the monthly dependent premiums on page 1 and 50% of the State contributions on page 2. Health Plan examples are based on an employee salary between \$30,201 and \$45,600.

DENTAL PLAN

The Quality Care Dental Plan (QCDP) offers coverage for dental services regardless of which health plan you choose. Under the QCDP, you pay a premium for your own and any dependent coverage. The State also pays a portion of the premiums. Dental premiums are described in the chart below:

Quality Care Dental Plan	Monthly Employee Premiums (What you pay:)	Monthly State Contribution (What the State pays:)
Employee only	\$11.00	\$24.32
Employee plus one dependent	\$17.00	\$50.76
Employee plus two or more dependents	\$19.50	\$85.04
One Non-IRS Veteran Adult Child	\$27.52	\$0.00
Civil Union Partner/Child, Non-IRS Qualified Domestic Partner	\$6.00 (+\$26.44 Imputed income amount)	\$26.44

Note: Part-time employees pay a portion of the State cost in a percentage based on their percent of appointment, in addition to the employee premium.

VISION PLAN

The vision plan is automatically provided at no additional cost to you and your dependents who are enrolled in any of the SEGIP health plans.

HEALTH PLANS COMPARISON																			
Quality Care Health Plan		HMO Plans		OAP Plans															
<p>QCHP is comprised of three independent components: Medical, Prescription Drugs, and Behavioral Health Services. Benefits payable subject to maximum reimbursable charge. Consult Member Benefits Handbook for complete information. Claims administration by Cigna.</p>		<p>These are the minimum benefits HMOs provide. Consult your HMO certificate for complete information.</p>		<p>Benefits are listed under three categories: Tier I (maximum benefits), Tier II (PPO benefits), and Tier III (Out-of-Network benefits). Consult the Benefit Choice Handbook for complete benefit information.</p>															
General Deductibles																			
<p>Medical annual plan year deductible for all (Medical component) charges:</p> <table border="1"> <thead> <tr> <th>Employee's Annual Salary (based on salary as of April 1st)</th> <th>Individual Plan Year Deductible</th> <th>Family Plan Year Deductible</th> </tr> </thead> <tbody> <tr> <td>\$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 over</td> <td>\$525</td> <td>\$1,312</td> </tr> <tr> <td>Each covered dependent</td> <td>\$375</td> <td>N/A</td> </tr> </tbody> </table>		Employee's Annual Salary (based on salary as of April 1st)	Individual Plan Year Deductible	Family Plan Year Deductible	\$60,700 or less	\$375	\$937	\$60,701-\$75,900	\$475	\$1,187	\$75,901 and over	\$525	\$1,312	Each covered dependent	\$375	N/A	<p>\$0 annual plan year deductible</p>		<p>Tier I: \$0 Tier II: \$250 per enrollee Tier III: \$350 per enrollee</p> <p>Annual plan year deductible must be met before plan benefits apply. Benefit limits are measured on a plan year. Amounts over the plan's allowable charges do not count toward the out-of-pocket maximum.</p>
Employee's Annual Salary (based on salary as of April 1st)	Individual Plan Year Deductible	Family Plan Year Deductible																	
\$60,700 or less	\$375	\$937																	
\$60,701-\$75,900	\$475	\$1,187																	
\$75,901 and over	\$525	\$1,312																	
Each covered dependent	\$375	N/A																	
<p>Additional deductibles (part of annual out-of-pocket expense, but not plan year deductible):</p> <ul style="list-style-type: none"> \$450 Each emergency room visit that does not result in hospital admission \$100 Each QCHP hospital admission \$500 Each non-QCHP hospital admission \$100 Transplant 																			
Annual Maximum Out-of-Pocket Expense**																			
<p>After combined Medical component deductibles and copayments for eligible expenses equal \$1,500 per individual per plan year or \$3,750 per family per plan year, plan pays 100% of covered expenses for the remainder of the plan year. Use of non-QCHP hospital, physicians and providers will result in added out-of-pocket costs up to \$6,000 per individual, \$12,000 per family per plan year. (Some exceptions apply. See Member Benefits Handbook.)</p>		<p>Individual: \$3,000 Family: \$6,000</p>		<p>Tier I & Tier II combined: Individual \$6,600 Family \$13,200 Tier III: Individual - no maximum Family - no maximum</p>															
Lifetime Maximums																			
Unlimited		Unlimited		Unlimited															
Mandatory Precertification																			
<p>Precertification of elective hospital admissions and surgery (including outpatient) is required. Emergency admissions require that certification be obtained within two business days of admission. Failure to precertify will result in \$800 penalty. Call 800-962-0051.</p>		<p>Hospital utilization admission review and surgery requirements vary. Consult specific HMO for details.</p>		<p>Hospital utilization admission review and surgery requirements vary. Consult specific OAP for details.</p>															

** All health plans will count prescriptions, deductibles, and copayments towards out-of-pocket maximum; therefore, once the out-of-pocket has been met, prescription charges will be covered at 100% for the rest of the plan year.

The following items do not count toward the out-of-pocket maximum: amounts over allowable charges for the plan (i.e., participant uses out-of-network provider), noncovered services, charges for services deemed to be not medically necessary and penalties for failing to precertify/provide notification.

HEALTH PLANS COMPARISON		
Quality Care Health Plan	HMO Plans	OAP Plans
Inpatient Hospitalization		
<p>QCHP hospital— 85%, after a per admission deductible of \$100 and the annual plan deductible.</p> <p>Non-QCHP hospital— \$500 deductible per admission. 60% of allowable charges, after annual plan deductible.</p> <p><i>Note: All inpatient hospital confinements must be precertified to be eligible for full benefits.</i></p>	100%, after \$350 copayment per admission	<p>Tier I: 100% after \$350 copayment per admission</p> <p>Tier II: 90% of network charges after \$400 copayment per admission</p> <p>Tier III: 60% of allowable charges after \$500 copayment per admission.</p>
Emergency Room Services		
85% of allowable charges after \$450 deductible ER deductible applies to each visit that does not result in an inpatient admission.	100% after \$250 copayment per visit	<p>Tier I: 100% after \$250 copayment per visit</p> <p>Tier II: 100% after \$250 copayment per visit.</p> <p>Tier III: 100% after \$250 copayment per visit</p>
Outpatient Surgery		
<p>QCHP Hospital/Facility: 85% after annual plan deductible</p> <p>Non-QCHP Hospital/Facility: 60% of allowable charges after annual plan deductible</p>	100% after \$250 copayment	<p>Tier I: 100% after \$250 copayment per visit</p> <p>Tier II: 90% of network charges after \$250 copayment</p> <p>Tier III: 60% of allowable charges after \$250 copayment</p>
Physician Office Visit		
<p>QCHP Network Provider: 85% of negotiated fee after annual plan deductible.</p> <p>Non-QCHP: 60% of allowable charges, after annual plan deductible</p>	<p>100% after \$20 copayment per visit</p> <p>Specialist office visit: 100% after \$30 copayment per visit</p>	<p>Tier I: 100% after \$20 copayment; specialist office visit 100% after \$30 copayment per visit</p> <p>Tier II: 90% of network charges</p> <p>Tier III: 60% of allowable charges</p>
Preventive Services		
<p>QCHP Network Provider - 100%</p> <p>Non-QCHP - 60% of allowable charges after annual plan deductible</p>	100%	<p>Tier I and II: 100%</p> <p>Tier III: Covered under Tier I and Tier II only.</p>
Well-Baby Care		
<p>QCHP Network Provider - 100%</p> <p>Non-QCHP - 60% of allowable charges after annual plan deductible.</p>	100% (first year of life)	<p>Tier I: 100%</p> <p>Tier II: 100%</p> <p>Tier III: Covered under Tier I and Tier II only</p>
Home Health Care		
<p>QCHP Network Provider: 85% after annual plan deductible</p> <p>Non-QCHP: 60% after annual plan deductible</p>	100% after copayment of \$30 per visit	<p>Tier I: 100% after \$30 copayment per visit</p> <p>Tier II: 90% of network charges</p> <p>Tier III: Covered under Tier I and Tier II only</p>

HEALTH PLANS COMPARISON		
Quality Care Health Plan	HMO Plans	OAP Plans
Prescription Drugs***		
<p>A \$125 plan year prescription deductible applies to each plan participant prior to the copayments listed below.</p> <p>Prescription Drug Plan administered by CVS/caremark.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> ■ Generic: \$10 copayment ■ Preferred (Formulary): \$30 copayment ■ Non-preferred: \$60 copayment <p>Plus difference between cost of brand name and generic if the pharmacy dispenses a brand name drug for any reason when generic is available.</p> <p>Maintenance Medications</p> <p>Use of either the Maintenance Network of retail pharmacies or the Mail Order Pharmacy is not mandatory for maintenance medications.*</p> <p>Maintenance medication copayment (61-90 day supply):</p> <ul style="list-style-type: none"> ■ Generic: \$25 copayment ■ Preferred (Formulary): \$75 copayment ■ Non-preferred: \$150 copayment <p><i>For more information see http://www.illinois.gov/cms/Pages/default.aspx. Select For Employee, then Benefits, Benefits Website, State Employees Benefits, Group Insurance Benefits and Programs, Prescription.</i></p>	<p>A \$100 plan year prescription deductible applies to each plan participant prior to the copayment listed below.</p> <p>Consult specific HMO for name of Prescription Drug Plan administrator and plan details.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> ■ Generic: \$8 copayment ■ Preferred (Formulary): \$26 copayment ■ Non-preferred: \$50 copayment <p><i>Contact the plan administrator to inquire about 90-day supply and mail order availability.</i></p>	<p>A \$100 plan year prescription deductible applies to each plan participant prior to the copayment listed below.</p> <p>Prescription Drug Plan administered by CVS/caremark.</p> <p>In-Network Retail 30-Day Supply</p> <ul style="list-style-type: none"> ■ Generic: \$8 copayment ■ Preferred (Formulary): \$26 copayment ■ Non-preferred: \$50 copayment <p>Plus difference between cost of brand name and generic if the pharmacy dispenses a brand name drug for any reason when generic is available.</p> <p>Maintenance Medications</p> <p>Use of either the Maintenance Network of retail pharmacies or the Mail Order Pharmacy is not mandatory for maintenance medications.*</p> <p>Maintenance medication copayment (61-90 day supply):</p> <ul style="list-style-type: none"> ■ Generic: \$20 ■ Preferred (Formulary): \$65 ■ Non-preferred: \$125 <p><i>For more information see http://www.illinois.gov/cms/Pages/default.aspx. Select For Employee, then Benefits, Benefits Website, State Employees Benefits, Group Insurance Benefits and Programs, Prescription.</i></p>

Mental Health/Substance Abuse

<p>Inpatient/Partial Hospitalization</p> <p>In-Network - 85% after annual plan deductible and \$100 per hospital admission</p> <p>Out-of-Network - \$500 deductible per admission and 60% of allowable charges after annual plan deductible</p> <p>Physician Network/Intensive Outpatient</p> <p>In-Network - 85% after annual plan deductible</p> <p>Out-of-Network - 60% of allowable charges after the annual plan deductible</p> <p>Out-of-Area - N/A</p>	<p>Inpatient</p> <p>100% after \$350 copayment for psychiatric or alcohol/substance abuse admission.</p> <p>Outpatient</p> <p>100% after \$20 or \$30 copayment per visit for psychiatric care or alcohol/substance abuse care.</p>	<p>Inpatient</p> <p>Tier I: 100% after \$350 copayment per admission</p> <p>Tier II: 90% of network charges after \$400 copayment per admission</p> <p>Tier III: 60% of allowable charges after \$500 copayment per admission</p> <p>Outpatient</p> <p>Tier I: 100% after \$20 or \$30 copayment</p> <p>Tier II: 90% of network charges</p> <p>Tier III: 60% of allowable charges</p>
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*** The coverage for prescription drugs has a separate plan year deductible of \$100 (\$125 for QCHP) per plan participant for prescription coverage.

*A participant using an in-network pharmacy not part of the Maintenance Network, will be charged double the copayment rate for any refill after the first two 30-day fills (or first 60-day fill).

Employees in the QCHP, Coventry Health Care OAP or HealthLink OAP managed care plans: The Mail Order Pharmacy for maintenance medications requires you to obtain an original prescription from your physician. The prescription should be written for a 90 day supply, and include up to three 90-day refills, totaling one-year of medication. You must also complete the Mail Order form, at <http://www.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/state-forms.aspx>, or by contacting UPB or CVS/caremark.