

## Insurance - State FAQs

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## How do I change my address for my insurance carriers?

SURS requires address changes be submitted in writing. Please indicate your new address, name, member ID number or Social Security number, and include a signature and effective date. You may also access the Member Website and submit your address change using the electronic signature. SURS will update the [Central Management Services](#) [35] (CMS) database. CMS will in turn send the updated address information to all providers. CMS sends address updates to carriers every Friday. The carrier should have their system updated by the end of the next week.

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### **When can I make changes to my State of Illinois Group Insurance Plan?**

You can only make changes to your insurance coverage during certain times of the year. The first is [Benefits Choice](#) <sup>[37]</sup> period, commonly referred to as open enrollment. This is usually held every year during the month of May with changes effective July 1st. The dates can change per CMS. The second is within 60 days of a qualifying change in status. The change will be effective the date you sign the form or the date the event occurred, whichever is later. Exceptions to this rule are birth, adoption, and divorce. Birth and adoption will be retroactive if we are notified within 60 days of the event. Divorce is always retroactive, but remember we can only refund six months of insurance premiums.

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### **Does the Quality Care Health Plan cover nursing home services?**

Please call CIGNA at 800-962-0051 (Group Number 3181456) for any questions regarding your coverage.

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### **Does the State Plan have a pre-existing condition clause?**

Effective July 1st, 2011, the pre-existing condition clause no longer applies.

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### **If I'm traveling out of the country, will the Quality Care Health Plan policy cover me?**

Please call CIGNA at 800-962-0051 (Group Number 3181456) for any questions regarding your coverage.

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### **As a survivor, whose information should I include on the insurance enrollment forms?**

You complete the forms with your information. You are now the member.

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### **How much will the insurance cost?**

If your spouse had premium-free health insurance, your health insurance as a survivor will also be premium-free. If your spouse had to pay for their health insurance, you will have to pay the same premium your spouse did as a retiree. Dental premiums will also apply. You may view the State [Benefits Choice Booklet](#) <sup>[38]</sup> for the current dental premiums.

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### **How will my insurance be affected?**

If you were a dependent on your spouse's insurance, it will be terminated the day after the member's death. Insurance Enrollment forms will be sent to you within 10 days of our office being notified. You must complete the new enrollment forms and return them to our office immediately. SURS will then enroll you as the member, effective the date your coverage terminated, **if these forms are returned to SURS within 30 days. If we receive these forms after 30 days, the effective date of your insurance will be the first of the month SURS received the enrollment forms.** The health carriers will be notified within two weeks

and you should have new cards within three weeks of SURS receiving your enrollment forms.

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**I am the spouse of a retiree who recently passed away, what do I do?**

Please call our office at 800-275-7877 or 217-378-8800 (C-U area). SURS will send all applicable forms to begin your survivor benefits.

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**My child is 19 or older, can they be a dependent on my health insurance?**

Yes, they can be covered until they attain age 26.

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**What is dependent certification?**

Only dependents in the Disabled, Other and the Adult Veteran Child categories are required to certify each year. The annual certification period for these dependents is in the month of October, with the terminations effective November 1st.

All certification request letters are mailed from CMS. Please return them completed to SURS.

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**Where do I return my dependent certification form and/or documentation?**

Your certification form will list the address on the back. If you are a SURS benefit recipient and SURS oversees your insurance benefit, then you will mail the annual certification to SURS.

Age 26 certifications should be mailed to CMS at their Springfield Office. Illinois Department of Central Management Services, PO Box 19208, Springfield, IL 62794-9208

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**How do I pay for my insurance once I am on a disability leave of absence and receiving a benefit check from SURS?**

For the first three months of your leave, Central Management Services <sup>[35]</sup> (CMS) will directly bill you for your premiums at the same rate you paid as an active employee. In the fourth month, SURS will contact CMS to see if there are any discrepancies on your account (under or overpayments). If there are no discrepancies, SURS will notify you and begin deducting your insurance premium from your monthly disability check. You will no longer be billed by CMS.

If you return to work, you must notify our office immediately so we can transfer your insurance record back to your employer and they will deduct premiums from your paycheck.

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**What happens if I am on disability and must report my earnings on a monthly basis?**

You will continue to be billed by Central Management Services <sup>[35]</sup>. SURS will not deduct your insurance premium from your disability benefit check.

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### **Can I elect Public Act 91-395 (Senate Bill 211) as a DRA recipient?**

No, As a DRA recipient you are not eligible to use Public Act 91-395. If you qualify for the State of Illinois Group Insurance plan and have less than 20 years of service you must pay for a portion of your health insurance premiums.

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### **What happens to my insurance while my DRA claim is being processed?**

SURS will term all of your insurance benefits (life included) effective the date your disability benefits expire. You will receive a letter explaining your COBRA options and Port/Conversion forms to continue your life insurance coverage. If you elect COBRA and you elect to port and/or convert your life insurance and are subsequently approved for DRA, your insurance through SURS will be reinstated retroactively to the DRA begin date. A refund of COBRA premiums will be issued from CMS. You will need to contact Minnesota Life to request any refund of life insurance premiums. If you do not elect COBRA and it takes longer than six months to approve your DRA, SURS will only reinstate your insurance retroactively six months.

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### **Can I purchase optional life insurance?**

Members who begin receiving their pension within one year from leaving an active state payroll are classified as "Immediate Annuitants" and are eligible to purchase optional life coverage including AD&D, spouse, and child life. A member may not purchase additional life insurance without evidence of insurability and approval from the life insurance carrier. Survivors of Immediate Annuitants are eligible to purchase \$5,000.00 survivor optional life insurance.

Members who begin receiving their pension after being off the state payroll for more than one year are classified as "Deferred Annuitants" and are only eligible for basic state-paid life coverage and are not eligible to purchase any optional life coverage including AD&D, spouse, and child life. Survivors of Deferred Annuitants cannot purchase survivor optional life insurance.

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### **What happens to my life insurance when I retire?**

If you are under age 60 and retired, your life insurance is exactly the same. It is based on your last annual salary. When you reach age 60 and over, your basic life insurance reduces to \$5,000.00. Any optional life that you purchase also reduces to increments of \$5,000.00. If you wish to purchase optional life insurance, a statement of health must be completed and returned to Minnesota Life Insurance Co. for underwriting approval. You must also complete and return the [Change in Status form](#) <sup>[39]</sup>.

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### **Do I need to purchase Medicare Part B when I retire?**

SURS does not counsel on Medicare. Please contact Medicare at 800-633-4227 or [www.medicare.gov](http://www.medicare.gov) <sup>[40]</sup>, or the Medicare COB Unit at [Central Management Services](#) <sup>[41]</sup> at 217-782-7007 or CENTRAL MANAGEMENT SERVICES, Medicare COB Unit, 807 S. 7th Street,

PO Box 19208, Springfield, IL 62794-9208.

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### **Who is the primary insurance carrier at retirement when a member is enrolled in Medicare?**

Please contact Medicare at 800-633-4227 or [www.medicare.gov](http://www.medicare.gov) <sup>[40]</sup>, or call the Medicare COB Unit at [Central Management Services](#) <sup>[35]</sup> at 217-782-7007 or send a written inquiry to Central Management Services, Medicare COB Unit, 807 S. 7th Street, PO Box 19208, Springfield, IL 62794-9208.

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### **I have over 20 years of credible service. Can I waive the State of Illinois Group Insurance at retirement?**

A member with 20 or more years of credible service may opt out of the state health/dental/vision coverage once they retire, during the annual Benefit Choice period, or when certain changes in family status occur. In order to be eligible to opt-out, you must have other comprehensive medical coverage, complete a [Change in Status](#) <sup>[39]</sup> form, and contact SURS for an [Opt Out](#) <sup>[42]</sup> form. These forms must be returned to SURS. Once a member opts out, they may re-enroll during the annual Benefits Choice Period or if a certain change in status occurs.

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### **What are the qualifying changes in status in order to Opt Out?**

Currently there are only eight changes in status that allow a benefit recipient to Opt Out.

1. Marriage,
2. Retirement,
3. Spouse is now provided with group insurance coverage,
4. Coordination of spouse's annual election period,
5. Medicare/Medicaid eligibility gained,
6. Spouse gains employment,
7. Member becomes eligible for non-state group insurance coverage, and
8. Change from part-time to full-time.

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### **Are my health/dental/life insurance premiums deducted from my SURS benefit check before or after taxes?**

They are deducted after taxes for retirees, survivors, and disability recipients.

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### **What happens if my insurance premium exceeds the amount of my monthly annuity?**

If your insurance premium exceeds your monthly annuity amount, SURS will send you a monthly bill. These bills will be generated the last week of the month for the next month. For example, your October bill will be generated and mailed the last week of September. The payment is due the 15th of every month. If you miss two payments, your insurance will be terminated retroactive to the last month payment was received.

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### **Is there a premium for dental insurance?**

Yes. Please view the State [Benefits Choice Booklet <sup>\[38\]</sup>](#) for the current dental premiums

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### **Is there a premium for vision insurance?**

Currently, there is no cost to retirees, survivors, and their covered dependents.

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### **What is the cost of dependent health coverage?**

[Dependent rates <sup>\[43\]</sup>](#) are exactly the same for active and retired state employees. Dependent rates are lower if your dependent has Medicare Part A and B since Medicare is the primary insurance coverage when you retire.

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### **What is the cost of retiree health insurance?**

On July 7, 1997, Governor Edgar signed into law [Public Act 90-65 <sup>\[44\]</sup>](#) (a.k.a. House Bill 110). This act directed state employees with less than 20 years of service credit, who retired on or after 1/1/98, to share in the cost of health insurance premiums based upon years of service credit. The State of Illinois agreed to pay 5% of the retiree's premiums for each year of service up to 20 years. Consequently, a member who achieves 20 or more years of service credit and qualifies for state insurance benefits in retirement receives fully paid retiree health insurance benefits.

Prior to this act members who qualified for state health insurance were not responsible for any part of the health insurance premium-regardless of service credit.

On July 30, 1999, [Public Act 91-395 <sup>\[45\]</sup>](#) (a.k.a Senate Bill 211) was signed. This act states that qualifying state members with less than 20 years of service credit who were actively working for a SURS employer on July 7, 1997 and retire after July 30, 1999 may choose state paid health insurance at retirement by waiving the current law Public Act 90-65. They may elect to participate in the rules that were in effect prior to July 7, 1997. This would allow them to receive state paid health insurance and use the old retirement calculation for General Formula (1.67% step rate) instead of 2.2%.

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### **Can dependents be added at retirement? If so, what documents are required?**

If a dependent is already enrolled on your state of Illinois insurance, they will remain enrolled during retirement unless notified by the member to discontinue their enrollment.

New eligible dependents can be added at the time of retirement. If you wish to add an eligible dependent, we need a Change in Status <sup>[39]</sup> form within 60 days of your retirement, as well as a copy of their birth certificate, marriage certificate (if applicable), and Medicare card (if applicable). If adding a child between the ages of 19 and 26, please list that dependent on your Insurance Enrollment form from the retirement insurance packet and provide a copy of their birth certificate. If the child is handicapped, you must complete a dependent Eligibility Certification Statement <sup>[46]</sup> form and provide documentation from a physician that the child was disabled prior to age 19.

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### **Does credible service with other Illinois public retirement systems count toward SURS service when calculating group health insurance premiums?**

To be eligible for insurance with the retirement system, you must meet the vesting requirements of that retirement system.

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### **Does the Quality Care health insurance deductible change at retirement?**

When working for the state, your QCHP deductible was based on your salary. Deductibles for retirees/survivors are a set rate. For the most recent deductibles visit [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) <sup>[47]</sup>.

If you have Medicare, please contact the Medicare COB Unit at Central Management Services <sup>[48]</sup> at 217-782-7007 or CENTRAL MANAGEMENT SERVICES, Medicare COB Unit, 807 S. 7th Street, PO Box 19208, Springfield, IL 62794-9208 to learn about deductibles and Medicare.

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### **I am preparing to retire. When will my insurance begin?**

Your insurance will begin the first of the month we receive your retirement application or the first of the month your retirement annuity begins, whichever is later.

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### **I have less than 20 years of credible service. Am I required to participate in the State of Illinois Group Insurance Plan?**

A member with less than 20 years credible service may elect to waive their health/dental/vision insurance. They will retain life insurance coverage. This can only be done at the time of retirement, Benefits Choice period, or when certain changes in status occur. Once a member waives coverage, they may elect to enroll or re-enroll in health/dental/vision if a change in status occurs or during Benefits Choice.

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### **Will I be eligible for State group health insurance coverage when I retire with SURS?**

If you meet the minimum vesting requirement when you are ready to retire, you are eligible for State of Illinois Group Insurance. This includes health, dental, vision, and life insurance coverage when your annuity begins. If you are backdating your retirement, your insurance will begin the first of the month in which SURS receives your retirement application.

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### **Will I receive new state insurance identification cards when I retire?**

Insurance identification cards are not issued unless you change your health insurance carrier or add dependents. There are no expiration dates on any of the ID cards. The group numbers are the same for active and retired state employees.

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### **I have retired under the SMP, am I eligible for insurance?**

The qualifications to be eligible for insurance are the same under all three retirement plans. As long as you meet the requirements, you are eligible.

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