

# State Universities Annuitants Association



217 East Monroe Street, Suite 100  
Springfield, Illinois 62701  
voice: 217.523.4040 fax: 217.523.4044

Email: [suaa@suaa.org](mailto:suaa@suaa.org) Website: [www.suaa.org](http://www.suaa.org)

## *Mini Briefing*

October 9, 2013

The following has been posted to the Central Management Website!  
Please read as it is of importance for those 65+ and on Medicare

### **MEDICARE ADVANTAGE INFORMATION**

The Department of Central Management Services (CMS) has awarded contracts to the winning vendors of the following Medicare Advantage plan options for members of the State Employees Group Insurance Program, Teachers' Retirement Insurance Program (TRIP) and the College Insurance Program (CIP):

- Aetna Life Insurance Company - a Medicare Advantage HMO Plan;
- Humana Health plan - a Medicare Advantage HMO Plan;
- Humana Benefit Plan - a Medicare Advantage HMO Plan for the counties of Livingston and Knox; and
- United Healthcare - a nationwide Medicare Advantage PPO

**The enrollment period for the Medicare Advantage plans has been set for November 12 through December 6, 2013. The effective date of the new plan will be February 1, 2014.**

In order to be included in the group who will be offered one of the Medicare Advantage plans, members must meet **BOTH** of the following criteria:

1. The member must be **enrolled** in Medicare Parts A and B, **AND**
2. If the member has dependents on his/her coverage, **ALL** of the covered dependents must also be enrolled in both Medicare Part A and B.

#### **Additional Considerations:**

If the member has a dependent on his/her coverage who is not enrolled in Medicare Parts A and B, the member will **not** be included in the group of members set to be offered a Medicare Advantage plan. The member and dependents will all remain in the current health plan.

If the member **RESIDES** outside of the United States, the member will **not** be included in the group set to be offered a Medicare Advantage plan. The member will remain in the current health plan.

The cut-off age for the enrollment period this fall is set for members turning the age of 65 on or before September 30, 2013. Members who will be 65 on October 1, 2013, or after will be included in the group set to be offered a Medicare Advantage plan during the fall of 2014. These members will remain in their current health plan until January 2015.

The Bureau of Benefits is working diligently on communication materials regarding the new State-sponsored Medicare Advantage plan, including an initial letter which will be mailed to all members in the coming days. Only those members who meet the criteria above will receive

communications on these new plans and will need to take action regarding their health insurance coverage.

**IMPORTANT:** The federal Medicare enrollment period begins October 15th and concludes December 7th, 2013. That means **non-State sponsored** Medicare Advantage and Medicare Supplement plans are also sending information to our members during the same enrollment period that the State will be sending its Medicare Advantage plan information. **In order for members to avoid mistakenly electing a non-State plan during this enrollment period and inadvertently losing their State of Illinois insurance coverage, members should only review information packets that have the State of Illinois retiree Medicare Advantage logo.** Although the logo is not yet ready for the initial letter, it will be included on all future communications pieces both from the Department and from the selected vendors. In addition to these communications, the Department is developing a separate website for retirees which will be dedicated just to you.

**Over the next two weeks the Central Management Services' Bureau of Benefits staff will be:**

- Working with the new health plan vendors to develop communication pieces for its members;
- Developing a Frequently Asked Questions (FAQ) document to answer questions (the FAQ will be posted on the website once it is ready);
- Developing a new State of Illinois Medicare Advantage website for eligible members;
- Developing toll-free phone numbers for the new Medicare Advantage vendor Customer Service units (the new phone numbers will be posted on the website once they are ready);
- Training internal staff who take calls from members, as well as retirement system staff, to be able to answer questions regarding the new Medicare Advantage plans;
- Training the new vendors' Medicare Advantage Customer Service staff so that they will be able to respond to questions specific to the State of Illinois plans being offered; and
- Developing a schedule of state-wide presentations for all members interested in finding out more about the State-sponsored Medicare Advantage plans being offered. The schedule will be posted on the retiree benefits website and included in the enrollment packet that will be mailed to each member. Most presentations will be scheduled to take place during the month of November. Online website presentations are also being developed for members who may not be able to physically attend a meeting.

After the initial letter is mailed to all State retirees, retired teachers and retired community college members, the Department of Central Management Services' Bureau of Benefits will be sending additional communications and an enrollment packet prior to the November 12th enrollment start date. It is imperative that members complete the enrollment form completely, including the federally required RESIDENTIAL STREET ADDRESS section. Although many retirees use a post office box to receive their mail, federal Medicare requires a RESIDENTIAL STREET ADDRESS in addition to the post office box address.

**How much will the new Medicare Advantage Plan cost?**

State retirees will continue to pay the 1% of their annuity for the Medicare Advantage coverage. The dependent rate for state retirees will not change. Retired teachers and community college employees will be provided new Medicare Advantage rates as soon as they are finalized and approved. The rates will be posted on the retiree benefits website and provided in the State of Illinois enrollment kit.

**What happens to a member's other State-offered plan benefits, like dental, vision and life insurance? Will a member still have them when changing to a Medicare Advantage plan?**

Yes, members will continue to have the same dental, vision, and life plan benefits from the same plan administrators that they are currently enrolled.

**Will a member be able to make changes to his/her coverage during the annual Benefit Choice Period held in May each year?**

No. Retirees who become part of the State-sponsored Medicare Advantage group of members have a new annual enrollment period in the fall of each year to coincide with the federal Medicare calendar plan year. Although the effective date of coverage this year will be February 1st, future plan years will have an effective date of January 1st for any plan changes. Any plan changes that were allowed during the Benefit Choice Period held in May will now be allowed during the fall enrollment period instead.

**Do the State-sponsored Medicare Advantage plans include prescription coverage?**

Yes, all of the Medicare Advantage plans being offered have prescription drug coverage included with no gap (i.e., donut hole).

**Are there any special programs being offered through these Medicare Advantage plans?**

Yes, each Medicare Advantage plan offers a variety of wellness/clinical programs, such as the Silver Sneakers® fitness program. Although the programs vary by health plan vendor, some examples include various wellness programs, disease management programs, case management programs, discount programs, medication therapy management and meal programs.

**How will a member know which State-sponsored Medicare Advantage plans will be offered in his/her Illinois county?**

Once finalized, a map of the plans offered in each of the Illinois counties will be posted to the retiree benefits website and will be included in the State of Illinois enrollment kit.

**What if I don't make a change or send in an enrollment form?**

Members who do not send a completed enrollment form to their retirement system by the due date of December 6th, will not be enrolled in one of the State-sponsored Medicare Advantage plans, nor will they remain in their current health plan. These members will have original Medicare coverage only. If the member is a state retiree, they may enroll in a State-sponsored Medicare Advantage plan during a future fall enrollment period and would have coverage effective the following January. Members who are retired teachers and community college employees who do not complete and return the enrollment form will not be allowed to re-enroll in the TRIP or CIP plan at any time in the future.

**When will members be given the plan design details for each of the State-sponsored Medicare Advantage plans being offered?**

The plan design documents are being finalized for each type of plan and should be ready to post in the next few days. Once the documents are approved, they will be posted to this website. A map of the plans available in your county will also be posted.

**Members are encouraged to check back to this website and the retiree website (referenced above) often as information will be posted once it is known. The Department of Central Management Services, again, thanks you for your patience through this implementation process.**

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For those of you who still have questions that have not been answered, please email [linda@suaa.org](mailto:linda@suaa.org) for additional clarification.

Those of you needing to respond to letters from HMS regarding dependent verification should note that the deadline has been extended to December 6th. Be sure to mark out any financial information before mailing. "White Out" might work better than a black "Sharpie". Copies are not accepted.

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There are others of you who are not living in areas of the State where the Medicare Advantage Plan will be accepted by your doctors or clinic. Here is what you do:

Call Governor Pat Quinn's office regarding problems with the acceptance of Medicare Advantage Plans.

Again, CALL do not write or email! CALL Springfield 217.782.6830 or CALL Chicago 312.814.2121.

Let the person who answers know that you are a state/community college retiree (or even a TRS retiree) dependent on the State sponsored Medicare Advantage Plan.

While this Plan was supposed to be comparable, it is not because my doctor (or clinic) does not accept Medicare Advantage Plans.

Forcing anyone to change doctors or clinics does not constitute a comparable policy.

The Governor and Central Management Services should make sure that I can remain with my doctors and clinic. I should not have to make this sacrifice.

Add how this will change your personal health care.

You might also ask how the State is going to make sure everyone who is affected will receive notification as many people do not have access to the Internet; nor does the post office forward bulk mail.

If you have to leave a message provide the issue, your telephone number and zip code.

Let's hope that calls from members who will be impacted can make a difference during this unsettling time.

**Pay attention to deadlines. Make sure your "friends" have this information. Help those who do not have caretakers to assist them.**