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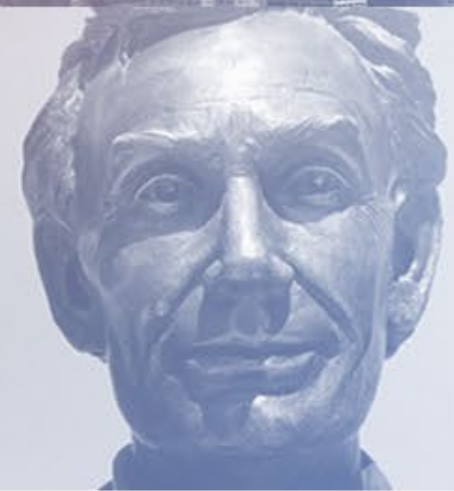


# University of Illinois System

## University Payroll & Benefits Services (UPB)



**Benefits Overview**  
**For Employees Newly Eligible For**  
**Benefits**



# Helpful Resources

- **System Human Resource Services Website**
  - My UI Info
  - Benefits Webpage
- View this Benefits Overview at the **New Employee System and Resources Webpage.**
- **Benefits Overview Resources Page**

# UPB Hours

**Walk-in hours:** 9:00 a.m. to 3:00 p.m.

Wednesday and Thursday

**Phone hours:** 9:00 a.m. to 4:00 p.m.

Monday thru Friday

For assistance, submit a ticket at the **UPB Service Portal**.

# UIC Contact Information

## University Payroll & Benefits (UPB)

809 South Marshfield Avenue, 1st Floor (MC-547)

Chicago, IL 60612-4305

**Phone: 312-996-7200**

**Fax: 217-244-3135**

# UIS Contact Information

## University Payroll & Benefit (UPB)

Business Services Building (BSB), Room 85

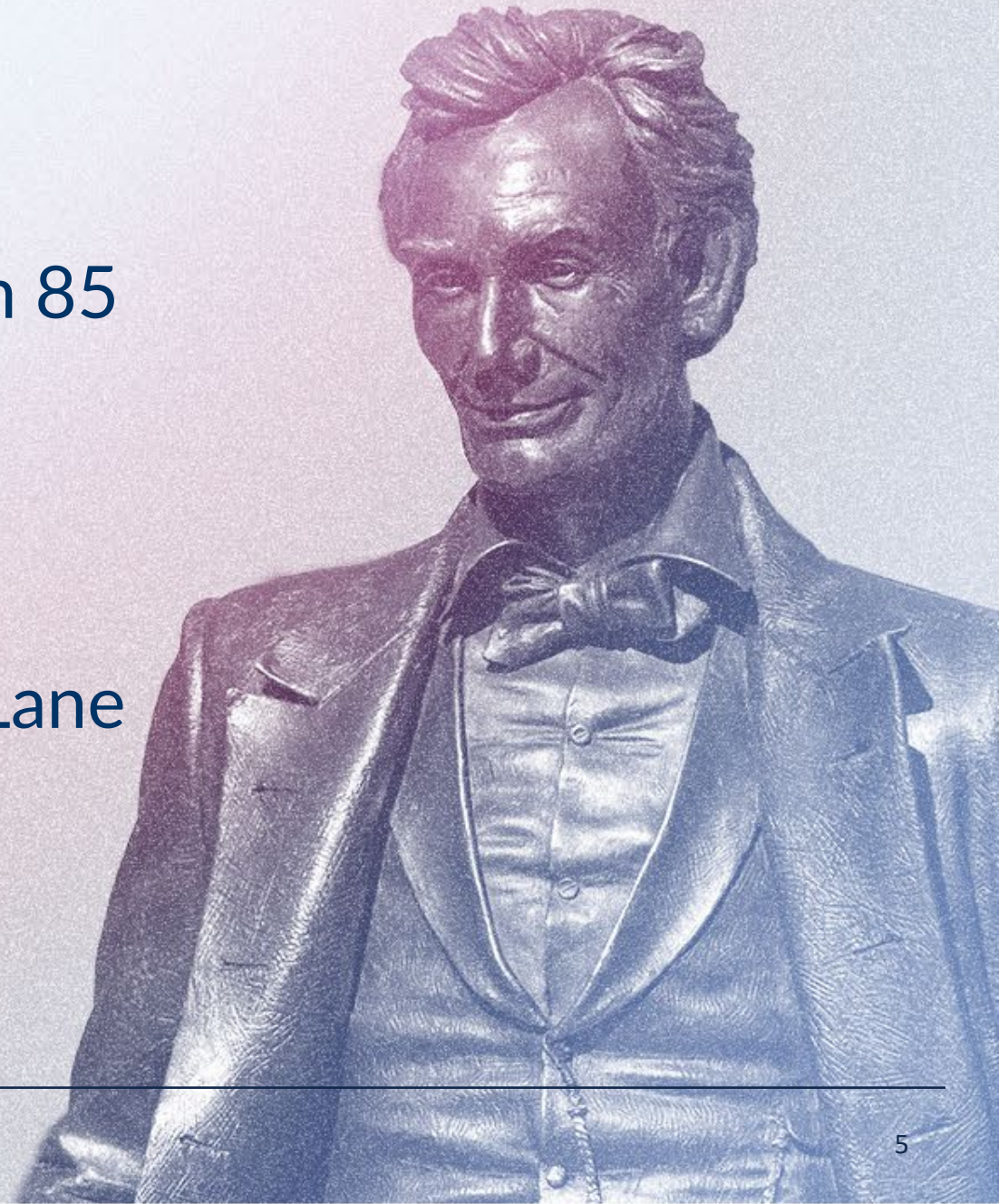
One University Plaza

Springfield, IL 62703-5407

**GPS address:** 2420 Theodore Dreiser Lane

**Phone:** 217-206-7144

**Fax:** 217-244-3135



# Illinois Contact Information

## University Payroll & Benefits (UPB)

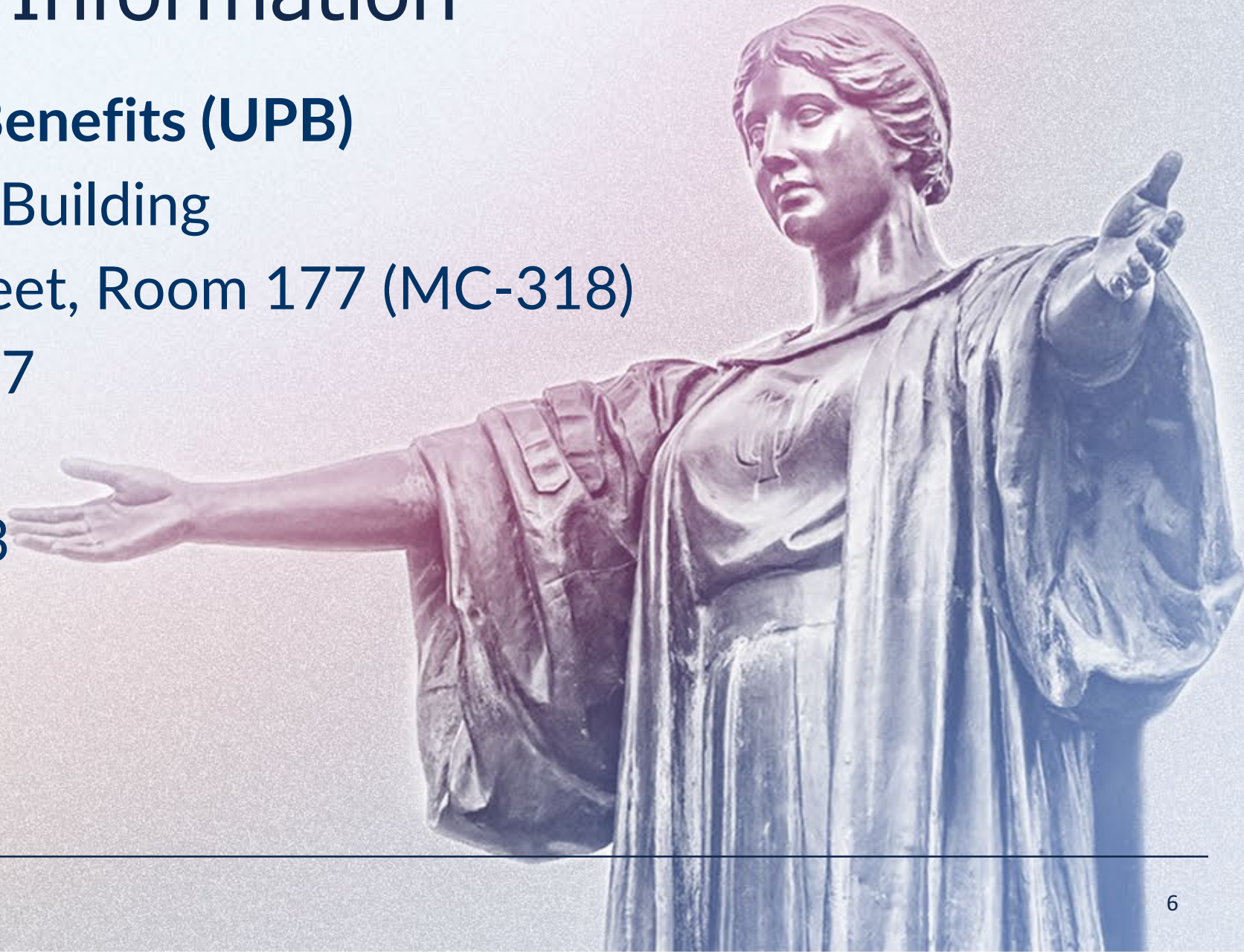
Henry Administration Building

506 South Wright Street, Room 177 (MC-318)

Urbana, IL 61801-3627

**Phone: 217-265-6363**

**Fax: 217-244-3135**



# Benefit Orientations

- These sessions are designed to provide a comprehensive set of benefit materials and information to assist new benefit-eligible employees.
- To repeat this webinar, visit the [New Hire Benefits Overview Webinar Course Registration Webpage](#).



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# State Universities Retirement System (SURS)





# SURS – Contact Information

1901 Fox Drive

Champaign, IL 61820

Phone: 800-275-7877

(800-ASK-SURS)

Visit the **SURS Website** for more information.



# SURS – Participation

Employees are required to participate in SURS if:

- Your work is continuous for at least one academic term or four months, whichever is less, and your employment is not temporary, intermittent or irregular. Employees who are newly hired, rehired, or are transferring to a substantially different position must be in a position that requires services of at least 10% FTE (or 10% of a full-time faculty load) to be SURS eligible.
- Neither the University nor Employees contribute to the Federal Social Security System while contributing to SURS
- SURS participants are required to pay into Medicare
- If you have previously participated in SURS or another State of Illinois retirement system, SURS will notify UPB so that we can reflect your selected plan

# SURS – Important Reminders

- The 3 Retirement Plan Choices are:
  - Traditional
  - Portable
  - Retirement Savings
- Deadline – 6-month deadline date will be listed on a letter mailed to your mailing address on file with the university.
- Traditional Plan is the default if no election is made.
- Election or default is irrevocable.
- Most employees will contribute 8%. Police/Fire contribute 9.5%.

# SURS – Tiers

## Tier I Employees

- Tier I members are SURS participants who first began their SURS (or other eligible Illinois reciprocal system) participation prior to January 1, 2011.

## Tier II Employees

- Tier II members are SURS participants who first begin their SURS (or other eligible Illinois reciprocal system) participation on or after January 1, 2011.

# SURS – Plan Choice Webinar

- SURS offers a Tier II Webinar on the last Tuesday of each month from 9:30 a.m. to 11:00 a.m.
- **Registration** and a computer with speakers or a headset and high-speed internet access is required to attend this event.
- Register at the **SURS Seminar/Webinar Registration Webpage**.
- See the **Plan Choice Video Series** for plan details.



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# Eligibility and Default Enrollment



# State of Illinois Benefit Information

**Administered by:**

State Department of Central Management Services (CMS)

Springfield, Illinois

**[MyBenefits.Illinois.gov/](https://mybenefits.illinois.gov/)**

844-251-1777 or TDD/TTY 844-251-1778

# Who is Eligible for Employee Insurance?

- To be eligible to receive State of Illinois group health insurance, you must be eligible to participate in the **State Universities Retirement System (SURS)** and be:
- A regular employee with an appointment of 50% time or more **OR**
- A temporary employee with an appointment of 50% time or more for at least nine months (such as a Visiting position), **OR**
- An employee hired for at least 4.5 months (one semester) at 100% time.



# Full-Time vs Part-Time Eligibility

- **Full-Time Insurance Eligibility**
  - Faculty, Academic Professionals, and Other Academics with an appointment of 100% for 9 months or longer
  - Civil Service employees with an appointment of 100% for 12 months
- **Part-Time Insurance Eligibility **\*\*IMPORTANT\*\*****
  - Employees who work 50 – 99% of a normal work period
  - Faculty with an appointment that is greater than, or equal to 4.5 months, but is less than 9 months
- Insurance Calculation: Length of job/9 x job percentage = insurance part-time percent
  - EXAMPLE: 4.5 month job/9 months x 100% = 50% for insurance purposes
- **For more information: [SEGIP Health Insurance Webpage](#)**

# Foreign Nationals Eligibility

- J-1 or F-1 visas are not eligible for insurance until Substantial Presence has been met.
- Foreign Nationals should register for a tax status review session at: **Foreign National Tax Status Review Webpage.**
- Contact the Foreign National Service Center by selecting the customer service portal for your university at: **Contact UPB Webpage.**

# State of Illinois Benefits

## Important:

- Employees newly eligible for benefits have 30 calendar days from their hire date or eligibility date to make State plan elections including waiving or opting out of coverage

## Effective Date of elections will be either:

- Date of hire or employee group change
- A date based on when the form was signed during the tax status appointment and Substantial Presence was met (foreign-national visa related)

# Default Enrollment

- Failure to elect plans **within 30 calendar days** results in the following default enrollment for both full and part-time employees:
  - Quality Care Health Plan (QCHP) including EyeMed Vision
  - Quality Care Dental Plan (QCDDP)
  - Basic Life Insurance
    - Free 1x annual salary
  - **NO DEPENDENT COVERAGE**



**NOTE:** A default delays plan enrollment, receiving plan I. D. cards & collection of benefit premiums.

# Enrollment Information – Dependents

- If any dependent such as a spouse, civil union or domestic partner, or child is eligible for the State Employee Group Insurance Plans as a member, each must be insured individually.
- Dependents who are added to coverage must be enrolled in the same health and dental plan as the employee.
- A Social Security Number (SSN) or proof that the dependent is not eligible for an SSN must be provided to MyBenefits as soon as possible within the 30 day enrollment period.
- Contact UPB if you have transferred from another State of Illinois University or Agency. CMS “new employee” enrollment choices may **not** apply.
- **For more information visit: [MyBenefits.Illinois.gov/](https://mybenefits.illinois.gov/) or call 844-251-1777 or TDD/TTY 844-251-1778**



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# Dependent Eligibility



# Dependent Eligibility – Who Qualifies?

- Spouse or Civil Union Partner
- Children - Natural, Adopted, Step, Civil Union partner's children, Adjudicated, Legal Guardianship, through 25
  - Can be married or unmarried
- Disabled Age 26 and older
- Other – Received an organ transplant after June 30, 2000
- Veteran Adult Children Age through 29
  - Premium is determined by Tax Status
  - Must reside in Illinois



# Dependent Eligibility – Who Qualifies? Continued

- Civil Union partner and their children
  - IRS dependents health and dental premiums are pre-tax
  - Non-IRS dependents' health and dental premiums are post-tax and employee will incur imputed income
- **Rates and Calculators Webpage**



# Dependent Documentation

Employees are required to provide digital copies, not originals, of supporting documents within 30 calendar days of date of hire or benefits eligibility for dependents that will be added to the insurance coverage.

## Documentation to add a spouse:

- Religious Certificate/State Marriage License, **OR**
- Most recent Federal Income Tax Form



## Documentation to add children:

- State Birth Certificate, **OR** both sides of Hospital Birth Record

## Documentation to add a civil union partner (same or opposite sex) and partner's children:

- Civil Union Certificate
- Copy of children's State Birth Certificate, **OR** both sides of Hospital Birth Record

# Dependent Documentation - Continued

- Documentation must be received within the 30 calendar days of eligibility or dependents will be unenrolled.
  - Upload to: <https://MyBenefits.Illinois.gov/> (preferred)
  - Fax to: 844-676-1725
  - Mail to:  
MyBenefits Service Center  
134 N. LaSalle Street, Suite 2200  
Chicago, IL 60602
- Employee's name and CMS-issued Login ID should be written on each page.
- Some dependent types will require additional documentation - see **Documentation Requirements**.

# Benefit Choice Open Enrollment Period

- Election period begins May 1 and typically ends on May 31.
- Plan year is based on fiscal calendar: 7/1 – 6/30.
- **Eligible Changes:**
  - Add or drop dependent coverage
    - Documentation is required to add dependents
  - Change Health Carrier
  - Opt in/opt out of Health, Dental & Vision
  - Decrease, terminate or increase optional life insurance (increase requires a Statement of Health)
  - Enroll or re-enroll in Flexible Spending Accounts - Medical Care Assistance Plan (MCAP), Dependent Care Assistance Plan (DCAP), or Health Savings Account (HSA)  
\*MUST re-enroll **each** year.

# Qualifying Events – Deadlines

- 60 calendar days from event to make change
- Effective date is typically the date of the request or the event date if elected prior to the event. Examples are:
  - Employee or spouse change in employment status
  - Marriage or Civil Union Partnership
- Effective date is the date of the event for the following:
  - Birth/newborn adoption
  - Divorce
  - Death
- Documentation of relationship and event is required within 60 calendar days or the transaction will be invalidated.



# Qualifying Events – Examples

## Examples that require additional documentation:

- Dependent loses/gains employment or health insurance
  - Proof of loss/gain is required to add dependents
- Coordination of Spouse Open Enrollment Period
  - Proof of dates required to make changes
- Divorce
  - Copies of Divorce Decree pages with the circuit court stamp and judge's signature
  - Ex-spouse & their children are NOT eligible dependents
- For more information: [MyBenefits.Illinois.gov/](https://mybenefits.illinois.gov/) or call 844-251-1777 or TDD/TTY 844-251-1778

# Qualifying Events – Health Plans

Health plans cannot be changed unless you experience a change in the member's or dependent's county of residence or work location where current carrier is unavailable in new county.



# COBRA

- Upon separation from the university, coverage will end at 11:59 p.m. on the last day actively worked.
- Insured members and dependents who lose coverage due to certain qualifying events may be able to continue coverage through COBRA provisions.
- CMS will mail the notification letter directly to your mailing address on file with the university.
  - If you are moving, please update your address with the university as soon as possible (preferably prior to the separation/move).
- Employees who opt-out or waive state health insurance are NOT eligible for COBRA.
- See State of Illinois Benefits Handbook online at CMS website: **Benefit Program Books Webpage**.

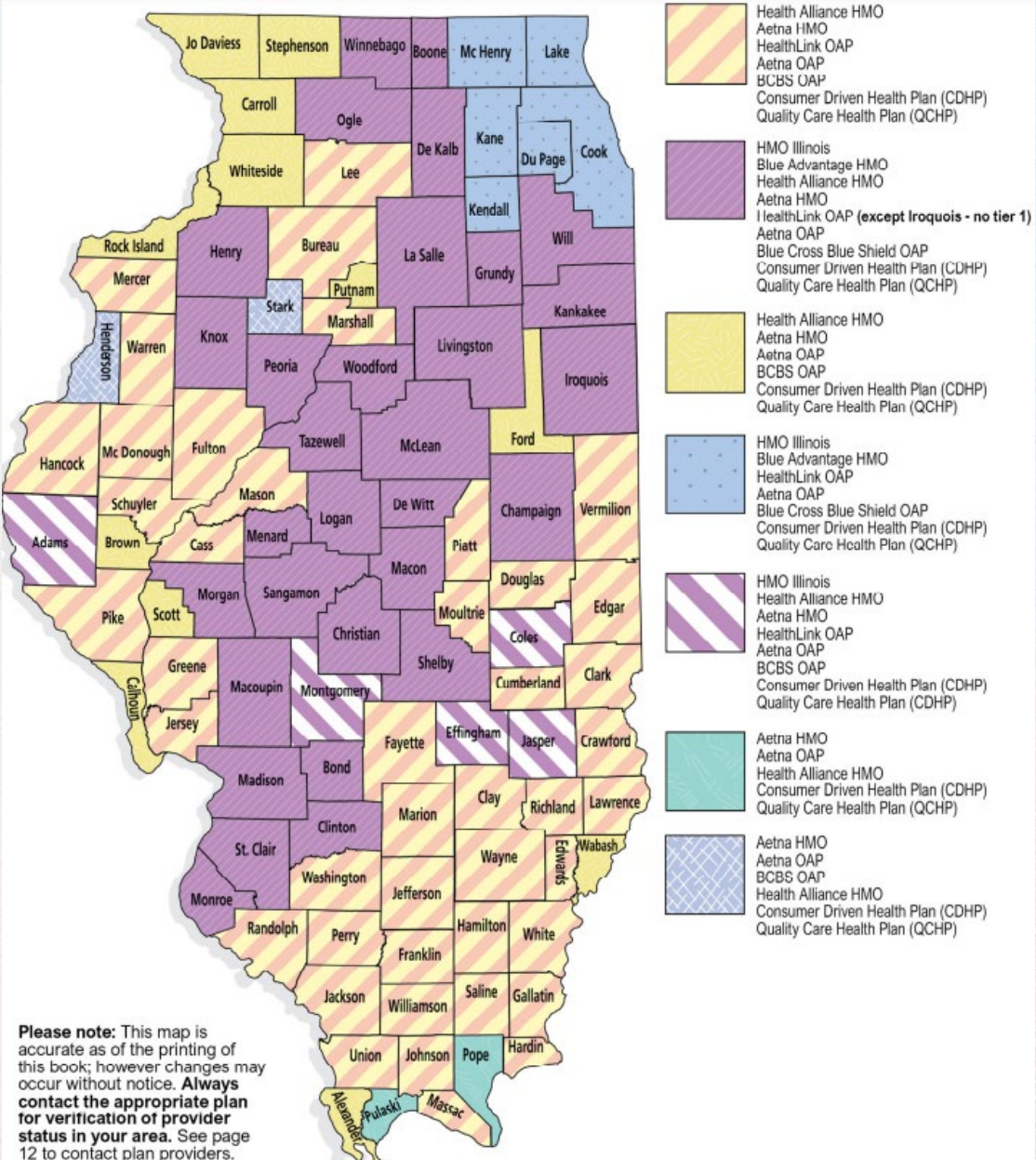


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# Health Care Plans







- Members can choose a plan based on the county where they work or reside.
- Please refer to the map on the CMS website.

# Employees living out of State

- Members can elect a plan based on the county where they work or reside
  - Work county is generally reported as Champaign, Cook or Sangamon
    - Plan options available in MyBenefits may not work out of state
  - It is important to verify
    - The plan you are considering has providers in your area
    - The providers you want to utilize will accept the plan you are considering
  - To verify the plan you want has coverage in your area:
    - Contact the insurance policy provider (Plan) to confirm the coverage
    - Contact your health providers and provide them with the plan information to confirm coverage

# Quality Care Health Plan (QCHP)

- **Default Plan**
- Freedom of Choice for providers and facilities
  - Medical & Behavioral Health Services – Aetna PPO Nationwide Network
  - Pharmacy Prescriptions - CVS Caremark
- International coverage for eligible services
- An Aetna PPO Nationwide Network
- For more information: **Aetna State of Illinois Website**

# QCHP – Pre-certification and Deductibles

- Mandatory pre-certification (some examples include)
  - Hospital admissions (including maternity)
  - In/out-patient surgery
  - Diagnostic testing
  - Extended care facility admissions
  - Penalty if services are not pre-certified
- Salary-based plan year deductible
- Additional copayments or deductibles
  - Emergency room, Hospital admission, and transplants

# QCHP – Coverage

- **QCHP Physician and Hospital Network**
  - Plan pays 85%; member pays 15% after plan deductible is met
  - Preventative Care covered 100%
- **Non-QCHP Physician and Hospital**
  - Plan pays 60% of allowable charges after annual plan deductible
  - Allowable charge is the maximum amount the plan will pay an out-of-network provider for billed services.

# QCHP Plan Year Deductible

Annual Salary as of March 1, 2024	July 1, 2024 Individual Deductible	July 1, 2024 Family Deductible Cap
Employee \$60,700 or less	\$425	\$1,000
\$60,701 - \$75,900	\$525	\$1,250
\$75,901 and more	\$575	\$1,375
Dependents	\$425	N/A

# FY25 QCHP additional deductibles and out-of-pocket maximums

Services	July 1, 2024
Inpatient Hospitalization (In-Network)	85% after \$200 per hospital admission **Annual Deductible Applies**
Inpatient Hospital (Out-of-Network)	60% after \$800 per hospital admission **Annual Deductible Applies**
Emergency Room - Hospital	\$450 per visit that does not result in hospital admission **Annual Deductible Applies**
Individual Out-of-Pocket Maximum (In-Network)	\$1,750
Individual Out-of-Pocket Maximum (Out-of-Network)	\$7,000
Family Out-of-Pocket Maximum (In-Network)	\$4,375
Family Out-of-Pocket Maximum (Out-of-Network)	\$13,500

# Managed Care Health Plans

## Health Maintenance Organization (HMO)

- Health Alliance HMO
- Aetna HMO
- BlueAdvantage HMO
- HMO Illinois

## Open Access Plan (OAP)

- HealthLink OAP
- Aetna OAP
- BCBS OAP



# Health Maintenance Organizations (HMO)

- Plan utilizes copayments for services by in-network contracted providers.
- Out of network covers emergency room only.
- HMOs require a 10-digit National Provider Identifier (NPI) number for the Primary Care Physician (PCP), with the following exception:
  - HMO Illinois and BlueAdvantage HMO require a 3-digit Medical Facility Code, in place of the NPI number.
- The PCP can be changed at any time by contacting the plan administrator.
- Provider directories can be found at the **Health Plan Providers Directory link** on the **Benefits Overview Resources page**.

# Health Maintenance Organizations (HMO) Continued...

- Women may also have an in-network women's health provider in addition to a PCP and no referral is required.
- Preventative Care such as In-network wellness visits, vaccinations and certain diagnostic testing are provided at no additional cost.
- Contact the Plan Administrator's Customer Service Department for specific plan coverage details such as:
  - Out-of-network emergency services
  - PCP referral required for some services
  - Surgery, procedures, testing, etc.

# FY25 HMO Copayments

Service	July 1, 2024
Office Visit (PCP)	\$30
Office Visit (Specialist)	\$40
Telemedicine (In-network)	\$10
Telemedicine (Out-of-network)	N/A
Emergency Room	\$275
Inpatient	\$425
Outpatient Surgery	\$300
Individual Out-of-Pocket Maximum	\$3,000
Family Out-of-Pocket Maximum	\$6,000

# Open Access Plan (OAP)

- Managed care plan with three tiers of coverage
- Tier I – HMO (requires copayments which mirror HMO copayments)
- Tier II – PPO (requires copayments, coinsurance and is subject to an annual deductible)
- Tier III – Out-of-Network
  - Can offer members flexibility in selecting healthcare providers, but involves higher out-of-pocket costs, a higher plan year deductible and a higher coinsurance amount.
  - Certain services, such as Preventive/Wellness care, are **not** available under Tier III.
  - Plan pays 60% of allowable charges after plan deductible has been met.

# OAP – Continued

- The Tier in which the medical provider is contracted determines out-of-pocket expenses.
- Employee & covered dependents can use services from all 3 tiers.
- Pre-certification is required for some services or penalty may apply.

Provider directories can be found at the **Health Plan Providers Directory** link on the **Benefits Overview Resources** page.

# FY25 OAP Tier I Provider Copayments and Out-of-Pocket Maximums

Service	July 1, 2024
Office Visit (Primary Care)	\$30
Office Visit (Specialist)	\$40
Telemedicine	\$10
Emergency Room	\$275
Inpatient	\$425
Outpatient Surgery	\$300
Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000 Eligible charges from Tier I & II combined

# FY25 OAP Tier II Provider Deductible, Copayments, Co-Insurance and Out-of-Pocket Maximums

Service	July 1, 2024
Annual Plan Deductible	\$300 per enrollee
Physician, Specialist & Home Health Care visits	90% of network charges*
Preventative Care	100%
Telemedicine	Not covered
Inpatient Hospitalization	90% of network charges after \$475 Copay per admission
Emergency Room	\$275 copay per visit
Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000 Eligible charges from Tier I & II combined

\* 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.

# FY25 OAP Tier III Out-Of-Network\*\* Provider Deductible, Copayments and Co-Insurance

Service	July 1, 2024
Annual Plan Deductible	\$400 per enrollee*
Physician & Specialist visits	60% of allowable charges*
Preventative Care & Home Health	Not covered
Telemedicine	Not covered
Inpatient Hospitalization	60% of allowable charges after \$575 Copayment per admission*
Emergency Room	\$275 copay per visit
Out-of-Pocket Maximum Individual/Family	No Maximum
<p>* 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.</p> <p>**Using out-of-network services may significantly increase your out-of-pocket expense.</p>	



# Consumer Driven Health Plan (CDHP)

- High-deductible health plan as defined by the IRS
  - \$1,600 Individual
  - \$3,200 Family
- Flexibility to choose providers and facilities for services
  - Medical & Behavioral Health Services – Aetna PPO Nationwide Network
  - Pharmacy Prescriptions - CVS Caremark

For more information, see the [Aetna State of Illinois Website](#).

# CDHP Coverage

## In-Network Physician and Hospital

- Plan pays 90%; member pays 10% after annual plan deductible is met.
  - Preventative Care - 100%

## Out-of-Network Physician and Hospital

- Plan pays 65% of allowable charges after annual plan deductible is met.

# Health Savings Accounts (HSA) Companion to CDHP Enrollment

## Things to know....

- Pre-tax or tax-deductible contributions
- Tax-free interest or investment earnings
- Tax-free distributions, when used for qualified medical expenses
- May not participate in MCAP
- Must re-enroll each year to continue contributing
- Must be covered under a high-deductible plan
- Have no other health coverage (unless permitted under Other health coverage: **Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans Webpage**)
- Not be enrolled in Medicare. This includes Part A
- Can't be claimed on someone else's tax return

# FY25 HSA

- The State will contribute up to one-third of the CDHP deductible to an active State employee's HSA.
- HSA employee contribution limits

Under age 55	Individual	Family
Employer	\$533.34	\$1,066.68
Employee	\$3,616.66	\$7,233.32
Combined	\$4,150	\$8,300

Age 55 and older	Individual	Family
Employer	\$533.34	\$1,066.68
Employee	\$4,616.66	\$8,233.32
Combined	\$5,150	\$9,300

- Unlike an FSA, there is no “use-it-or-lose it” rule with HSAs. Unused contributions remain in interest bearing account as a tax-free savings to be used for qualified medical expenses, now, or in the future.

For more information visit [MyBenefits.Illinois.gov](https://mybenefits.illinois.gov) and the administrator [Optum's Website](#).

# Important: Out-Of-Network

- You are encouraged to use in-network providers to receive the best health plan benefit.
- Using out-of-network providers will significantly increase your out-of-pocket medical costs.
- Remember, out-of-network services are reimbursed at a much lower rate in the QCHP, CDHP and OAP plans.
- If you are referred to, or choose to see an out-of-network provider, you should contact your health plan prior to receiving services to ensure the services meet medical necessity criteria to receive authorization and to request a cost estimate.

# Reminder: Out-of-Network

**Maximum Reimbursable Charge (MRC) – the maximum amount the carrier will pay for an out-of-network provider for billed services**

- Plan Participant will be responsible for anything over the MRC.
- Will not be applied toward the plan year deductible or the out-of-pocket maximum.

**Maximum Allowable Charge (MAC) – The amount that the carrier will pay the provider and consider the service paid in full.**

**MRC – The maximum the plan will allow for eligible billed services.**

**MAC – Rates are determined by Medicare and the locality. They are routinely updated.**

# REMINDER: Out-of-Network Reimbursement Example

<b>Surgery</b>	<b>\$19,000</b>
<b>MRC maximum allowed for eligible billed services</b>	<b>\$1,739</b>
<b>Health Plan Reimbursement (60% of MRC)</b>	<b>\$1,043.40</b>
<b>Member Responsibility</b>	<b>\$17,956.60</b>



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# Health Care Premium Charts





# Monthly Employee Premium Effective July 1, 2024

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
\$0 - \$30,200	\$130	\$104	\$130	\$108	\$124	\$124	\$138	\$105	\$144
\$30,201 - \$45,600	\$149	\$123	\$149	\$127	\$143	\$143	\$157	\$124	\$163
\$45,601 - \$60,700	\$168	\$142	\$168	\$146	\$162	\$162	\$176	\$143	\$181
\$60,701 - \$75,900	\$186	\$160	\$186	\$164	\$180	\$180	\$194	\$161	\$200
\$75,901 - \$100,000	\$205	\$179	\$205	\$183	\$199	\$199	\$213	\$180	\$219
\$100,001 - \$125,000	\$259	\$233	\$259	\$237	\$253	\$253	\$267	\$234	\$273
\$125,001 and over	\$292	\$266	\$292	\$270	\$286	\$286	\$300	\$267	\$306

# Monthly Dependent Premium Effective July 1, 2024

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
1 Dependent	\$201	\$164	\$201	\$168	\$192	\$192	\$210	\$175	\$297
2+ Dependents	\$246	\$200	\$247	\$207	\$237	\$237	\$263	\$219	\$335
1 Medicare A & B Primary Dependent	\$178	\$143	\$177	\$147	\$169	\$169	\$186	\$152	\$190
2+ Medicare A & B Primary Dependents	\$220	\$178	\$221	\$184	\$211	\$211	\$233	\$193	\$251

# Bi-Weekly Employee Premium Effective July 1, 2024

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
\$0 - \$30,200	\$65	\$52	\$65	\$54	\$62	\$62	\$69	\$52.50	\$72
\$30,201 - \$45,600	\$74.50	\$61.50	\$74.50	\$63.50	\$71.50	\$71.50	\$78.50	\$62	\$81.50
\$45,601 - \$60,700	\$84	\$71	\$84	\$73	\$81	\$81	\$88	\$71.50	\$90.50
\$60,701 - \$75,900	\$93	\$80	\$93	\$82	\$90	\$90	\$97	\$80.50	\$100
\$75,901 - \$100,000	\$102.50	\$89.50	\$102.50	\$91.50	\$99.50	\$99.50	\$106.50	\$90	\$109.50
\$100,001 - \$125,000	\$129.50	\$116.50	\$129.50	\$118.50	\$126.50	\$126.50	\$133.50	\$117	\$136.50
\$125,001 and over	\$146	\$133	\$146	\$135	\$143	\$143	\$150	\$133.50	\$153

# Bi-Weekly Dependent Premium Effective July 1, 2024

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
1 Dependent	\$100.50	\$82	\$100.50	\$84	\$96	\$96	\$105	\$87.50	\$148.50
2+ Dependents	\$123	\$100	\$123.50	\$103.50	\$118.50	\$118.50	\$131.50	\$109.50	\$167.50
1 Medicare A & B Primary Dependent	\$89	\$71.50	\$88.50	\$73.50	\$84.80	\$84.50	\$93	\$76	\$95
2+ Medicare A & B Primary Dependents	\$110	\$89	\$110.50	\$92	\$105.50	\$105.50	\$116.50	\$96.50	\$125.50

# Part-time Employees

- Pay a portion of the state's contribution resulting in a much higher cost for insurance.
- Can **waive** health, dental and vision coverage through MyBenefits.
- Have the option to elect employee, child and spouse optional life insurance.
- For information on calculating health and dental insurance costs. see the **Health and Dental Rates Tables**.

# Example of Monthly Part-Time Employee Cost

Based on a 50% Job/Appointment

QCHP (Default Plan)

Salary \$30,200 or Less

Effective July 1, 2024

	Employee Only	Employee +1	Employee +2
50% Employee	\$660.82	\$1,379.34	\$1,562.49
100% Employee	\$144	\$441	\$479

# Full Time Opt-Out

- Full time employees can opt out of health, dental and vision.
- Proof of other coverage is not needed when completing a new hire event to opt out.
- Proof of other coverage is only required when processing a qualifying event for “gain of other coverage”. Must include the effective date of the coverage. An insurance card is not valid proof of other coverage.
- Opt-Out elections must be made on the **MyBenefits Website**.
- Employees can still elect employee, child and spouse optional life insurance.



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# Prescription Plans





# CVS/Caremark – Prescription Drug Benefit

- Prescription administrator for: QCHP, OAPs, and CDHP
- CVS/Caremark has a very extensive network of over 68,000 participating pharmacies.
  - Including most of the large pharmacy chains, such as Walgreens, Wal-Mart, CVS, etc.
  - The network also includes roughly 26,000 independent pharmacies across the country.

# CVS/Caremark – Medication

- Non-Maintenance Medication
  - In-Network Pharmacy: regular co-pays apply
  - Out-of-Network Pharmacy: employee pays full retail cost and files claim form for reimbursement
- Maintenance Medication
  - Maintenance Pharmacy Network or Mail Order Pharmacy: receive 90-day supply for 2.5 co-pays
    - See the [CVS/Caremark Prescription Benefit Webpage](#)
  - Non-Maintenance Pharmacy: first two 30-day fills at regular co-pay; subsequent refills will be charged at double the co-pay rate

# CVS/Caremark – Usage

- Members should log in and register on the **CVS/Caremark Website**.
- Registered members will have access to a list of network pharmacies, mail order claim forms, and much more.
- Members will also be able to utilize an interactive formulary list search tool, which will allow you to check your current prescribed drugs against the CVS/Caremark formulary list.

# QCHP Prescriptions Effective 7/1/2024

- Plan Year Pharmacy Deductible - \$175 per enrollee
- Preventative 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

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

# OAP Prescriptions Effective 7/1/2024

- Plan Year Pharmacy Deductible - \$150 per enrollee
- Preventative 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

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

# Consumer Driven Health Plan (CDHP) Prescriptions Effective 7/1/2024

- Preventative Prescription Drugs - \$0
- Preventative Prescription Drugs (IRS-allowed) - 90% covered; No Deductible
- Deductibles for prescriptions and medical services are included in the CDHP annual 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

# HMO Prescription Plans

- Each HMO plan uses an individual Prescription Benefit Manager to administer their prescription benefits.
- Participants use the health plan's network pharmacies.
- Contact the individual HMO for mail order prescription availability or if there is partial reimbursement for out-of-network medication.

# HMO Prescriptions Effective 7/1/2024

- Plan Year Pharmacy Deductible - \$150 per enrollee
- Preventative 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



# Prescription Plans – Out of Pocket Maximum

**Prescription Deductibles and Co-payments count towards the out-of-pocket maximum for all health insurance plans.**

# FY25 Prescriptions At a Glance

## Effective 7/1/2024

30-day supply	QCHP	CDHP	OAP	HMO
Reduced Tier 1	-	-	-	\$4
Tier 1	\$20	90% covered; Medical Deductible Applies	\$20	\$20
Tier 2	\$40	90% covered; Medical Deductible Applies	\$35	\$35
Tier 3	\$65	90% covered; Medical Deductible Applies	\$60	\$60
Preventative	\$0	\$0	\$0	\$0
Preventative (IRS Allowed)	-	90% covered; Medical Deductible Applies	-	-
RX Deductible per Enrollee	\$175	90% covered; Medical Deductible Applies	\$150	\$150



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# Dental Plan



# Quality Care Dental Plan (Delta Dental)

- **Two choices:** opt out of dental or enroll in QCDP
- An election to Opt-Out or Opt-In to dental is only permitted during initial enrollment OR the Annual Benefit Choice Period.
- Employees and dependents can have dental only.

# Quality Care Dental Plan - Coverage

	July 1, 2024
Plan year deductible for Preventative Services	N/A
Plan Year Deductible (per enrollee)	\$175

<b>Plan Year Max Benefit (Orthodontics + All Other Covered Expenses) = Max Benefit</b>	
In-Network plan year maximum benefit	\$2,500
Out-of-Network plan year maximum benefit	\$2,000

The Lifetime Maximum Benefit for Orthodontia Treatment that started prior to age 19 is determined by length of treatment and whether it was done in-network or out-of-network. For more information see the **CMS Dental Plan Webpage**.

Review Dental Schedule of Benefits at [MyBenefits.Illinois.gov](https://mybenefits.illinois.gov)

# Quality Care Dental Plan – In-Network

- Network Dentists: PPO and Premier
  - For a list of contracted providers, please go to the **Delta Dental State of Illinois Webpage**.
  - When a dentist participates in a network, they agree to accept an allowed amount as payment and cannot charge you the difference between their submitted amount and the allowed amount.
  - The schedule of benefits can be found at the **CMS Dental Plan Webpage**.

# Quality Care Dental Plan – Out-of-Network

- **Out-of-Network Dentists:**

- If you use an out-of-network dentist, you may have to pay the entire bill upfront at the time of service and/or file your own claim, depending on the arrangements you make with the dentist.
- Claim payments for in-network and out-of-network dental providers are released according to the claim process date and available funding, as determined by the State of Illinois.
- Claims not paid timely will be paid interest in accordance with Illinois law.

# Hypothetical Example

*(Assumes all deductibles have been met)*

<b>PPO</b>		<b>Premier</b>		<b>Out-of Network</b>	
Dentist submitted amount	\$1,000	Dentist submitted amount	\$1,000	Dentist submitted amount	\$1,000
PPO Allowed Amount	\$600	Premier Allowed Amount	\$900	No negotiated amount	\$0
Schedule of Benefits	\$781	Schedule of Benefits	\$781	Schedule of Benefits	\$781
Your Out of Pocket Cost	\$0	Your Out of Pocket Cost	\$119	Your Out of Pocket Cost	\$219



# Monthly Dental Premiums Effective 7/1/2024

	July 1, 2024
Member Only	\$15.00
Member +1 Dependent	\$25.00
Member +2 or More Dependents	\$27.50

Part-time Employees will pay a portion of the State's contribution in addition to the Member contribution.

# Hearing Instruments & Related Services

- A \$2,500 benefit for hearing instruments and related services every 24 months is available through all health plans when a hearing care professional prescribes a hearing instrument. Contact your Health Plan for additional details.
- Delta Dental partners with Amplifon for hearing health care. For more information call 888-823-2130 or visit **the Amplifon Hearing Care Website.**



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# Vision Care Plan (EyeMed)

- Note: Enrollment in Vision Care Plan is automatic when participating in a Health Plan



# Vision Care Plan – EyeMed

## Effective July 1, 2024

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	\$30 copay	\$30 allowance	Once every 12 months from date of service
Standard Frames	\$30 copay (up to \$175 allowance)*	\$70 allowance	Once every 24 months from date of service
Vision Lenses*	\$30 copay	\$50 allowance for single vision lenses \$80 allowance for bifocal or trifocal lenses	Once every 12 months from date of service
Contact Lenses (all contact lenses are in lieu of vision lenses)	\$120 allowance	\$120 allowance	Once every 12 months from date of service

\*Vision Lenses: Member pays all optional lens enhancement charges.

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

# Vision Care Plan

- Either eyeglass lenses or contact lenses every 12 months
- In-network providers may offer discounts on 2nd pair of eyewear.
- May use out-of-network providers and file EyeMed reimbursement claim form (within 1 year from date of service)
- For a list of in-network providers, select Provider Locator at the **EyeMed Vision Care Website**.



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# State Term Life Insurance and Accidental Death/Dismemberment plans (AD&D)

- [State of Illinois | MetLife](#)



# State Term Life Insurance – Basic Life

- Employees are automatically enrolled in Basic Life equal to the annual salary provided at no premium cost to employee.
- The value of Basic Life insurance in excess of \$50,000 will be taxed as imputed income, in accordance with the IRS.
  - It is subject to federal and state income tax, SURS and Medicare withholding (if applicable).
  - It will appear on your earnings statement as Excess Life.
- Beneficiaries – All benefit-eligible employees must make beneficiary elections online or by completing and mailing a paper form to MetLife.

# State Term Life Insurance – Optional Life

- Employee Optional Life of 1x – 8x is available
  - 1x - 4x salary is guarantee issue (G.I.) within first 30 calendar days of benefit eligibility
  - 5x – 8x salary requires underwriting approval
- Optional Life elections are available throughout the year as long as a \$50,000 value is maintained (underwriting approval may be required).
- This can be completed at the **MyBenefits Website**.



# State Term Life Insurance – Spouse & Child Life

- Spouse Life – Guarantee issue within first 30 calendar days of benefit eligibility
  - \$10,000 Policy
  - Underwriting approval required after guarantee issue period
- Child Life – Guarantee issue at anytime the election is made
  - \$10,000 Policy for each child

# State Accidental Death & Dismemberment

- Employee coverage only
- Can enroll or terminate at any time
- Coordinates with employee state term life
- Basic coverage – 1x salary
- Combined - Coverage to 5x salary
- (Basic + 4x optional)

# State Life Insurance Rates

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

## Spouse Life Monthly Rate

Spouse Life \$10,000 coverage (Employees and Annuitants under age 60)

\$5.70

Spouse Life \$5,000 coverage (Annuitants age 60 and older)

\$2.85

## Child Life Monthly Rate

Child Life \$10,000 coverage \$0.60

## AD&D Monthly Rate Per \$1,000

Accidental Death & Dismemberment \$0.02



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# University Accidental Death & Dismemberment Plans (The Hartford)



# University Accidental Death & Dismemberment

- Employee-only or family coverage available
- Enroll at any time

## Other benefits:

- Pre-trip and travel assistance
- Emergency medical assistance and personal services
- Identity Theft
- Administered by: International Medical Group
- For more information, see the **Travel Assistance and Identity Theft Support Services** pdf.

# University AD&D Premium Rates

Amount of Insurance	Monthly Premium	Monthly Premium
Principal Sum	Employee Only	Employee and Family
\$25,000	\$0.70	\$1.08
\$50,000	\$1.40	\$2.15
\$100,000	\$2.80	\$4.30
\$150,000	\$4.20	\$6.45
\$200,000	\$5.60	\$8.60
\$250,000	\$7.00	\$10.75
\$300,000	\$8.40	\$12.90

# Power of Attorney

It is highly recommended for all employees to submit a Power of Attorney (POA) document to allow a POA to act on your behalf regarding your personal, financial and business matters.



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# Flexible Spending Accounts (FSA)





# FSA Administrator & Contact Info

- Administered by Optum Financial
- Contact Information
  - **Website: [Optumfinancial.com](https://www.optumfinancial.com)**
  - Phone Number: 888-469-3363 or TDD/TTY 800-526-0844

# Flexible Spending Accounts (FSA)

- A program that provides the opportunity to pay certain Medical Care and Dependent Care expenses with pre-tax dollars.
- Contributions are deducted from your paycheck and deposited into your FSA account before taxes are withheld.
  - This lowers your taxable income.
- **Enrollment Deadline:** 30 calendar days from date of hire or benefits eligibility
- **Effective Date:** Date of hire or benefits eligibility date

# FSA – Eligibility

- Employee must be eligible to participate in the health plan.
- Employees paid on a 9-month contract must notify UPB when enrolling.
- Payroll deduction only
- Mid-year changes require an election within 60 calendar days of qualifying event.
- Must have eligible expenses to withdraw funds.
- **Must re-enroll each Annual Benefit Choice Period.**

For more information: <https://MyBenefits.Illinois.gov/>

# Medical Care Assistance Plan (MCAP) FY25

Reimburses out of pocket medical expenses for employee and eligible dependents

- Copays, coinsurances, deductibles for health, dental, vision, prescriptions
  - Including the amounts over the allowable charge for health
- Over the counter medicines
- Medical care travel expenses
- Annual maximum **\$3,200 per individual**
- Debit card automatically issued at no cost

# MCAP FY25 – Claims and Rollover

- All eligible expenses must be incurred by June 30, 2025.
- Claims can be submitted during the run-out period, July 1 through September 30, 2025, for services received through June 30, 2025.
- FY25 MCAP remaining balances up to \$640 will ONLY be carried over to the next Fiscal Year (FY26), IF THE MEMBER RE-ENROLLS.
- Participants who have a balance exceeding \$640 after September 30, will forfeit any amount exceeding this limit.
- Failure to re-enroll will result in forfeiture of any remaining balance.
- The "rollover" provision applies only to MCAP and does not apply to DCAP accounts.

# Dependent Care Assistance Plan (DCAP)

- Reimbursement for eligible day care, nursery, pre-school, after-school, summer day camp and babysitter expenses for children through age 12
  - If child turns 13 mid-plan year, it is the responsibility of the employee to complete a DCAP Change Form to stop the deduction. – No longer eligible
- Adult day care for a disabled spouse, or legally dependent parents
- Provider's SSN or tax identification number is required.



# DCAP – Continued

- Services are only eligible for reimbursement when provided during the plan year (July 1 through June 30).
  - *Services provided after June 30th are not eligible for reimbursement.*

# DCAP – Eligibility

**To be eligible for DCAP, spouse must be:**

- Gainfully employed, or
- Seeking employment & have income for the year\*, or
- Full-time student, or
- Disabled and incapable of self-care

Special rules apply for divorced, separated, custodial or non-custodial parents.\*

***\*Contact Optum Financial for more information.***



# DCAP – Annual Contribution Limit

- The maximum annual amount that may be elected is \$5,000 as set by the IRS. The maximum amount is a household limit.
- The monthly limit is modified for university employees paid over less than 12 months.
- DCAP is an alternative to the Dependent Care Tax Credit. Please note that if an employee claims the dependent care tax credit, the credit will be reduced, dollar for dollar, by the amount the employee contributes to DCAP. Please discuss which option is best with a tax advisor.
- The minimum amount for which an employee may enroll is \$240 per year, or \$20 per month.



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# Optional Retirement and Investment Opportunities



# Optional Supplemental Retirement Plans

## University 403(b), State & SURS Deferred Compensation 457 Plans

- Enroll at any time
- Payroll deduction only
- Under age 50 - \$23,000 maximum in 2024
- 50 and over - \$30,500 maximum in 2024
- May contribute the annual maximum to both the 403(b) and 457 plans
- 403(b) minimum contribution is \$200 per year
- 457 minimum contribution is \$10 or 1% per pay period
- See the 403(b) and 457 comparison chart **Supplemental Retirement Plan Comparison Chart**

# University 403(B) Plan

- Investment vendors are Fidelity and TIAA
- Pre-tax and Roth (after-tax) options offered
- Flat dollar or Percent
- Contributions taken from each paycheck
- Enroll online at **Enroll In, Change, or Stop Your 403(b) Contributions Webpage.**
- Both investment vendors offer one-on-one phone, virtual, and in-person counseling.

For more information, see the **University 403(b) Plan Webpage.**

# Deferred Compensation 457 Plans

- State – Administrator is Empower
  - Contributions taken from 24 bi-weekly and 12 monthly checks
- SURS – Administrator is Voya
  - Contributions taken from 26 bi-weekly and 12 monthly checks
- Multiple vendor investment choices
- Pre-tax or Roth (after-tax)
- Flat dollar or Percent
- Combined annual limit
- Enrollment and changes to contribution and/or beneficiary designations can be done on the following vendor sites:
  - **Empower Website** or call 833-969-4532
  - **SURS Deferred Compensation Plan Webpage** or call 800-631-9543

# SURS Deferred Compensation 457 Plan

## Important **NOTES:**

- The SURS Deferred Compensation 457 plan is only available to SURS participants.
- The SURS Deferred Compensation 457 Plan is a voluntary supplemental plan and is in addition to your mandatory SURS retirement plan.
- Any employee newly certified with SURS on or after July 1<sup>st</sup> 2023 will be auto-enrolled in the SURS Deferred Compensation 457 Plan.
- Any employee newly certified with SURS on or after July 1<sup>st</sup> 2023 may or may not be eligible to participate in the State Deferred Compensation 457 Plan.

# SURS Deferred Compensation 457 Plan – Continued

- Opt-out period 30 calendar days - period begins the day after SURS provides Voya with the employee's certification information.
- 90 calendar days to withdraw and receive refund - period begins with the day the first contribution was made to the DCP.
- After 90 calendar days - a member can discontinue participation and stop future contributions to the DCP. However, the contributions in the DCP cannot be refunded unless the member terminates employment, turns 59½, or qualifies for a financial hardship withdrawal.
- Deferral effective date - Initial voluntary deferrals, automatic enrollment deferrals, and elective deferral changes are effective the first payroll following the first of the month, or as soon as administratively possible.



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# Disability Plans





# Long-Term Disability

For extensive information on disability plans, you can visit the **Long-Term Disability Insurance Webpage**.

# Long Term Disability (LTD) Benefits

- Primary disability benefits are provided by the State Universities Retirement System (SURS).
- Disability benefits may be claimed for an illness after 2 years of eligibility.
- There is no minimum service credit, if due to an accident.
- 60-day elimination period or exhaustion of sick leave, whichever is later.
- Benefit is 50% of base salary or 50% of average earnings for prior 24 months, whichever is greater.
- Disability benefit ends when total payments equal half of your SURS accumulative earnings.

# Prudential Supplemental LTD Plan

- Eligible if you participate in SURS and are eligible to receive state health benefits
- Guaranteed issue if application is received within first 60 days of employment
  - A Health Statement and underwriting approval will be required after the initial 60-day guarantee-issue period.
- Effective 1st day of month after election, if enrolling within 60 days of employment
- Pre-existing condition limitation first 2 years of coverage

# Supplemental LTD Premium Rates

Employee Age	Rates
Through age 24	\$0.00140
25-29	\$0.00169
30-34	\$0.00205
35-39	\$0.00258
40-44	\$0.00373
45-49	\$0.00619
50-54	\$0.00836
55-59	\$0.00953
60-64	\$0.00987
65-69	\$0.01238
70 +	\$0.01419

See the **LTD Premium Calculator** for premium rates.

# Coordination of SURS & Prudential LTD Benefits

- Prudential benefits coordinate with SURS so total benefit is 66.67% of base pre-disability earnings, up to a maximum of \$12,000 per month.
- Prudential plan pays 66.67% in first two years when no SURS benefit payable for disability due to illness.
- Prudential plan benefits starts after 90-day elimination period or use of all sick leave, whichever is later.
- See the **Long Term Disability Insurance Webpage** for details.



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# Additional Employee Benefits



# COMMUTER BENEFIT PROGRAM

- Pre-tax savings for qualified mass transit expenses through the convenience of payroll deduction.
- Active employees of any U of I System location who have a regular need to use Chicago-area public transportation for work-related purposes, such as trains, buses, and vanpools.
  - You **cannot** use this account to pay for taxis, tolls, carpools, biking expenses, or parking.
- Enroll, make changes or stop your election at any time, subject to payroll cycle.
- Funds roll over from month to month and year to year.
- Unused funds cannot be cashed out. Any unused funds left in your account when you terminate employment will be forfeited.
- Maximum IRS limit for 2024 - \$315 per month
- For more information - <https://www.hr.uillinois.edu/benefits/worklife/commuter>

# Shared Benefits

- A pool has been established which will provide eligible employees who have exhausted all accumulated sick leave and, if applicable, vacation leave with the opportunity to receive additional leave days when a disability claim is pending before SURS or when experiencing a catastrophic injury or illness.
- Employee must donate to the pool to receive leave from the pool.
- To donate, employee must have accumulated at least 11 days.
- For more information, see the **Shared Benefits Webpage**.



# Tuition and Service Fee Waivers

- Academic - appointment of 25% or more
- Civil service - appointment of 50% or more
- Retirees
- Children of current employees with 7 years of service are eligible for a 50% tuition waiver for up to 4 years at an Illinois public university.
- Spouses are not eligible for tuition waivers.
- Visit System Human Resource Services **or** contact your campus Human Resources Office.
- See the **Tuition Waivers Webpage**.

# Tuition and Service Fee Waivers – Graduate Level

**Employees who take graduate-level courses and are eligible to receive a tuition waiver should note the following:**

- The first \$5,250 of the tuition waiver per calendar year is exempt from taxable income per IRS Code Section 127.
- When the value exceeds \$5,250, the University will notify the employee of the taxability through email and U.S. Postal Service to your mailing address on file with the University.
- The University will withhold the required tax from UI paychecks.
- Contact UPB with questions about taxability of waivers.

# Time Off and Leaves

- Holidays (including floating days)
- Vacation and/or Sick Leave: Contact your Unit or campus HR
- Additional Leave examples: Family and Medical, Parental, Bereavement, Disability, Summer Academic Break/Layoff, Jury Duty, Military, Educational, Personal
  - Certain Leaves, such as Educational, Disability, FML can be either paid or unpaid.
  - Personal Leaves are always unpaid.
- See **Leave Webpage** for more details.
- **Please contact UPB Customer Service about continuation of insurance and paying premiums *before* a leave starts.**

# Discounts & Other Services

- Travel discounts through preferred vendors for transportation and lodging
- Relocation assistance with moving companies
- Computer hardware, software & accessories discounts
- Ford and General Motors vehicle discount
- Cellular phone plan discounts
- For details, visit **Discounts and Other Services Webpage.**





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# Other State Benefits



# MyBenefits Plus

MyBenefits Plus, administered by **Corestream**, is an optional benefits program available to full-time, State benefits eligible employees.

## ENROLL DURING ANNUAL BENEFIT CHOICE PERIOD

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Legal Services

## ENROLL YEAR-ROUND

- Group Auto & Home Insurance
- Identity Theft
- Pet Insurance
- Purchasing Power
- Salary Finance
- Student Loan Refinancing

For detailed information on the MyBenefits Plus program, see **MyBenefits Website**.

Contact Corestream Customer Care at [mybenefitsplus@corestream.com](mailto:mybenefitsplus@corestream.com) or 855-548-8800.

# State of Illinois Wellness & Benefit Programs

- Weight-Loss Benefit
- Disease Management Programs
- Adoption Benefit Program
- Smoking Cessation Program
- Employee Assistance Program (EAP)
- Behavioral Health Services
- For additional information, see **Other Benefits Program Webpage.**



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# Payroll Information





# Payroll Information – New Hire

## New Hire Task List for Payroll using UI New Hire:

- Direct Deposit – entered on-line only
- W2, 1095-C, & 1042-S Consent Form
  - Sign up to receive electronic tax documents
- W4 Withholding Allowance
  - Federal and State withholding forms – entered online only



# Payroll Information – Resources

After completing UI New Hire, you can make changes to your direct deposit, W2 and W4 forms and view HR News, and information regarding Benefits, Payroll, Pay, Leaves, Policies, etc. on the **System Human Resource Services Website**.

- **My UI Info or Pay Tab:**
  - Direct Deposit - updates/changes
  - Earning Statement
  - W-2 - Wage and Tax Statement
  - W-4 - Withholding Allowance
    - Certificate of Working Outside the State of Illinois if applicable
    - ILW5-NR
  - Employment Verification
- **Business and Finance Website:**
  - Payroll & Earnings
  - Payroll Schedules



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# Enrollment Information



# 5 Critical Steps for Benefits Enrollment

1. Retrieve **UI New Hire** Login Information.
2. Enter Bio/Demo Data on the My Profile Form.
3. Login to **MyBenefits**.
4. Make your State Benefits Plan Selections.
5. Upload Any Required Documentation.

View Infographic: **Benefits Enrollment Steps**

# Important

- CMS requires a physical address.
- Failure to provide a physical address will cause a delay in your ability make your benefits election.
- If your mailing address changes, please make sure that you have updated the University and CMS/MyBenefits reflects the new address to avoid issues receiving your I.D. Cards.

# Enrollment Tips – Demographic Info

## When and how will current employees now eligible for benefits receive their CMS-issued Login ID?

- It is important to review and submit your demographic information in UI New Hire, as soon as possible. This is completed when you first log in to UI New Hire.
- 24 – 48 hours after completing and submitting your demographic information, you may register to access MyBenefits and enroll in state coverage.
- You may also receive login details from MyBenefits via postal mail; however, this may take 5 to 10 days.

To browse the portal as a guest, please tell us in which State of Illinois insurance group you belong:

STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)

Select ▼

COLLEGE INSURANCE PROGRAM (CIP)

Select ▼

LOCAL GOVERNMENT HEALTH PLAN (LGHP)

Select

TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP)

Select ▼

Illinois Department of Central Management Services

# CMS

[Need Help?](#)

Welcome.

This site provides information and tools related to your Group Insurance Benefits.

If you are logging onto the site for the first time, click on "register".

If you are unable to login, contact the State of Illinois Group Insurance Service Center at 844-251-1777.

**LOGIN ID** [Forgot my login ID](#)

**PASSWORD** [Forgot my password](#)

[Login](#) [Logging in for the first time? Register](#)  
[Login as a guest](#)

## Logging in for the first time? – Register & Create Challenge Questions

- Save your Login ID for future access



Illinois Department of Central Management Services



Please answer the following questions to register the user.

Please answer the following questions to register the user.

**LAST 4 DIGITS OF SSN (9999)**

**DATE OF BIRTH (MM/DD/YYYY)**

**LAST NAME**

**FIRST TWO LETTERS OF FIRST NAME**

**MAILING ZIP CODE (99999)**

I'm not a robot



reCAPTCHA  
Privacy - Terms

Cancel

Continue



Please enter password and confirm password to finish the registration flow.

---

Please enter password and confirm password to finish the registration flow.

**PASSWORD REQUIREMENTS**

- Password must be between 8 and 12 characters.
- Should have at least one lower character.
- Should have at least one upper character.
- Should have at least one number.
- Should have at least one special character.
- Must not contain your login ID.
- Must not contain your first name or last name.
- Must not re-use your previous 10 passwords.
- Must not be repeated within the past 365 days.

**PASSWORD**

**CONFIRM PASSWORD**

Cancel

Continue

Illinois Department of Central Management Services

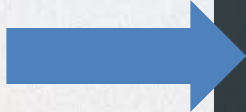


## Success

You have successfully retrieved your login id.

Show Login Code

Continue



# Enrollment Tips – Finalizing Elections

## Important\*\*\*

Do not submit your elections until you are sure that is what you would like for your elections **My Benefits**.

- Once you click “Submit/Finalize” your benefit elections are final and unchangeable until either the next Benefit Choice period in May, or a qualifying event occurs.
- You must submit the Required Documentation in the same **30 calendar days** of your New Hire date or date of benefits eligibility in order for the transaction to be approved and opt out processed or dependents added to your plan.

## Once elections have been made:

- A Benefits Confirmation Statement is mailed to your mailing address on file with the University, confirming enrollment. Review carefully and contact MyBenefits promptly at 844-251-1777 or TDD/TTY 844-251-1778 with concerns or questions.
- I. D. cards are mailed by the insurance companies 2 to 4 weeks after you receive your Benefits Confirmation Statement.

# Enrollment Assistance

**Contact MyBenefits Service Center or University Payroll & Benefits for assistance.**

MyBenefits phone number:

Toll-free: 844-251-1777 or TDD/TTY 844-251-1778

Hours: Monday – Friday 8 a.m. – 6 p.m. CT

Submit tickets at: **University Payroll & Benefits Service Portal**



UNIVERSITY  
OF ILLINOIS  
SYSTEM

# Conclusion



# Important Information

- Registering for, attending an orientation, or submission of benefit elections is **not** a guarantee of benefits. Benefit eligibility can only be determined by reviewing the employee classification, job and in the case of some foreign national employees, their tax status.
- For information about eligibility criteria, contact your campus UPB office.
- Please note that benefit deduction errors in your paychecks can be corrected for a limited length of time.



Thank You and Good Luck In Your New Position!