Plan Administrators

Who to contact for information

Managed Care Plan Administrators	Toll-Free Telephone Number	TDD/TTY Number	Website Address
BlueAdvantage HMO	(800) 868-9520	(866) 876-2194	www.bcbsil.com/stateofillinois
Coventry Health Care HMO (formerly PersonalCare HMO)	(800) 431-1211	(217) 366-5551	chcillinois.coventryhealthcare.com
Coventry Health Care OAP (formerly PersonalCare OAP)	(800) 431-1211	(217) 366-5551	chcillinois.coventryhealthcare.com
Health Alliance HMO	(800) 851-3379	(217) 337-8137	www.healthalliance.org
Health Alliance Illinois	(800) 851-3379	(217) 337-8137	www.healthalliance.org
HealthLink OAP	(800) 624-2356	(800) 624-2356 ext. 6280	www.healthlink.com
HMO Illinois	(800) 868-9520	(866) 876-2194	www.bcbsil.com/stateofillinois

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers	Website Address
Health Plans and Medicare COB Unit	**CMS Group Insurance Division** 801 South 7th Street P.O. Box 19208 Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY)	www.benefitschoice.il.gov
General Eligibility and Enrollment Information	**Teachers' Retirement System (TRS)** 2815 West Washington P.O. Box 19253 Springfield, IL 62794-9253	(800) 877-7896 (217) 753-0329 (TDD/TTY)	trs.illinois.gov

Plan administrator information continued on inside back cover.

Coverage and Monthly Premiums

Benefit recipients who enroll in the Teachers' Retirement Insurance Program (TRIP) receive health, prescription and behavioral health coverage. Dependent beneficiaries can be enrolled in the program at an additional cost and will have the same health plan as the benefit recipient. The monthly premium is based on the type of coverage selected and the permanent residence on file with TRS.

As a benefit recipient enrolled in TRIP, you are offered various health insurance coverage options:

- **Teachers' Choice Health Plan (TCHP)**
- **Managed Care Plans** (two types)
  - Health Maintenance Organizations (HMOs)
  - Open Access Plans (OAPs)

The health insurance options differ in the benefit levels they provide and the doctors and hospitals you can access. See the Benefits Comparison charts on pages 8-13 for information to help you determine which plan is right for you.

If you change health plans during the Benefit Choice Period, your new health insurance ID cards will be mailed to you directly from your health insurance carrier, not from the Department of Central Management Services. If you need to have services but have not yet received your ID cards, contact your health insurance carrier.

Remember, whatever health plan you elect during the Benefit Choice Period will remain in effect the entire plan year unless you experience a qualifying change in status that allows you to change plans.

Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
	Under Age 26	**Age 26-64**	**Age 65 and Above**	**All Ages**
Benefit Recipient enrolled in any managed care plan	$62.25	$193.34	$263.41	$76.41
Benefit Recipient enrolled in TCHP when a managed care plan is available in their county of residence	$161.54	$455.92	$685.68	$198.93
Benefit Recipient enrolled in TCHP when a managed care plan is not available in their county of residence	$80.77	$227.97	$342.85	$99.47
Dependent Beneficiary enrolled in any managed care plan	$249.06	$773.33	$1,053.62	$264.69**
Dependent Beneficiary enrolled in TCHP when a managed care plan is available in their county of residence	$323.07	$911.83	$1,371.34	$397.88
Dependent Beneficiary enrolled in TCHP when a managed care plan is not available in their county of residence	$323.07	$911.83	$1,371.34	$298.41**

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit. See inside front cover for contact information.

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

Health Plan Descriptions

There are several health plans available based on geographic location. All plans offer comprehensive benefit coverage. Managed care plans have limitations including geographic availability and defined provider networks, whereas the Teachers' Choice Health Plan has a nationwide network of providers available to its benefit recipients.

Teachers' Choice Health Plan (TCHP)

TCHP is the medical plan that offers a comprehensive range of benefits. Under the TCHP, plan participants can choose any physician or hospital for medical services; however, plan participants receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a TCHP network provider.

The TCHP has a nationwide network that consists of physicians, hospitals and ancillary providers. Notification to Intracorp, the TCHP notification administrator, is required for certain medical services in order to avoid penalties. Contact Intracorp at (800) 962-0051 for direction.

TCHP utilizes Magellan for behavioral health benefits and the Medco retail pharmacy network for prescription benefits. Plan participants can access plan benefit and participating TCHP network information, explanation of benefits (EOB) statements and other valuable health information online.

Managed Care Plans

- **Health Maintenance Organizations (HMOs)**

  Benefit recipients must select a primary care physician (PCP) from a network of participating providers. A PCP can be a family practice, general practice, internal medicine, pediatric or an OB/GYN physician. The PCP will direct all healthcare services and will make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, only a copayment applies. No annual plan deductibles apply for medical services through an HMO. The minimum level of HMO coverage provided by all plans is described on the charts on pages 8-13. Please note that some HMOs provide additional coverage, over and above the minimum requirements.

  If a benefit recipient is enrolled in an HMO and their PCP leaves the HMO plan's network, the benefit recipient has three options:

  - Choose another PCP within that plan;
  - Change to a different managed care plan; or
  - Enroll in the Teachers' Choice Health Plan.

- **Open Access Plans (OAPs)**

  Open access plans combine similar benefits of an HMO with the same type of coverage benefits as a traditional health plan. These plans provide three benefit levels broken into tier groups. Tiers I and II offer two managed care networks which provide enhanced benefits and require copayments and/or coinsurance. Tier III (out-of-network) offers benefit recipients flexibility in selecting healthcare providers, but requires higher out-of-pocket costs. A deductible applies to medical services obtained through Tier II and Tier III providers.

  It is important to remember that the tier level at which benefits are provided is determined by the healthcare provider selected. Benefit recipients enrolled in an OAP can mix and match providers. Specific benefit levels provided under each tier are described on the charts on pages 8-13.