



UNIVERSITY  
OF ILLINOIS  
SYSTEM

ALTOGETHER EXTRAORDINARY

# University of Illinois System

## University Payroll & Benefits Services (UPB)

### Benefits Overview For Employees Newly Eligible For Benefits

8/26/2021



UNIVERSITY OF ILLINOIS SYSTEM

## Helpful Links

- System Human Resources <https://www.hr.uillinois.edu/>
- My UI Info <https://go.uillinois.edu/myinfo>
- Benefits <https://www.hr.uillinois.edu/benefits>
- View this Benefits Overview at <https://go.uillinois.edu/UINewHire>

## UIC Contact Information

### University Payroll & Benefits (UPB)

809 South Marshfield Avenue, 1<sup>st</sup> Floor (MC-547)

Chicago, IL 60612-4305

**Phone:** 312-996-7200

**Fax:** 217-244-3135

**Walk-in hours:** 9:00 a.m. to 12:00 p.m. & 1:00 p.m. to 3:00 p.m.  
Monday thru Thursday

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

### UPB Service Portal:

<https://www.obfs.uillinois.edu/payroll/customer-service/>

## 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

**Walk-in hours:** 9:00 a.m. to 12:00 p.m. & 1:00 p.m. to 3:00 p.m.  
Monday thru Thursday

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

### UPB Service Portal:

<https://www.obfs.uillinois.edu/payroll/customer-service/>

## UIUC Contact Information

### University Payroll & Benefits (UPB)

177 Henry Administration Building  
506 South Wright Street, Room 177 (MC-318)  
Urbana, IL 61801-3627

**Phone:** 217-265-6363

**Fax:** 217-244-3135

**Walk-in hours:** 9:00 a.m. to 12:00 p.m. & 1:00 p.m. to 3:00 p.m.  
Monday thru Thursday

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

### UPB Service Portal:

<https://www.obfs.uillinois.edu/payroll/customer-service/>

# Benefit Orientations

- These sessions are designed to provide a comprehensive set of benefit materials and information to assist new benefit-eligible employees
- Register for New Hire Benefits Overview at:  
<https://www.obfs.uillinois.edu/training/registration/>

# State Universities Retirement System (SURS)



1901 Fox Drive  
Champaign, IL 61820  
Phone: 800-275-7877  
(800-ASK-SURS)

[www.surs.org](http://www.surs.org)

## State Universities Retirement System (SURS)

- Employees are required to participate in SURS if:
  - Position requires continuous work for at least one academic term or four months, whichever is less
  - Appointment is greater than zero percent and
  - Employment is not temporary, intermittent or irregular
- 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, please notify UPB so that we can reflect your selected plan



## State Universities Retirement System (SURS)

- Important Reminders:
  - The 3 Retirement Plan Choices are:
    - Traditional Plan
    - Portable Plan
    - Retirement Savings Plan
  - 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
  - Plan Choice Video Series  
<https://surs.org/plan-choice-video-series>

## State Universities Retirement System (SURS)

- 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

## State Universities Retirement System (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: <https://surs.org/seminars-and-webinars>

# State of Illinois Benefit Information

Administered by the  
State Department of Central  
Management Services (CMS)  
Springfield, Illinois

<https://MyBenefits.Illinois.gov/>  
844-251-1777

## 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

## Who is Eligible for Employee Insurance?

- **Full-Time Insurance Eligibility**
  - Faculty, Academic Professionals, and Other Academics with an appointment of 100% for 9 months or longer
  - Civil Service with an appointment at 100% for 12 months
- **Part-Time Insurance Eligibility   \*\*IMPORTANT\*\***
  - Faculty with 100% appointment that is greater than, or equal to 4.5 months, but less than 9 months

**Insurance Calculation:** Length of job/9 x job percentage = insurance part-time percentage

**Example:** 4.5 month job/9 months x 100% = 50% for insurance purposes

- Employees who work 50 – 99% of a normal work period

For more information: <https://www.hr.uillinois.edu/benefits/segip/health>

## Who is Eligible for Employee Insurance?

- 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:  
<https://www.obfs.uillinois.edu/payments-foreign-nationals/tax-status-review-appointments/>
- Contact the Foreign National Service Center:  
<https://www.obfs.uillinois.edu/payroll/customer-service>

## 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

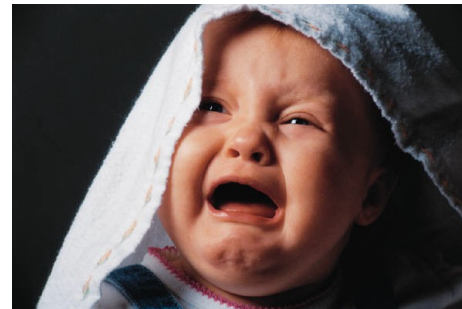
### **Effective Date of elections will be either:**

- 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:**
  1. Quality Care Health Plan (QCHP) including EyeMed Vision
  2. Quality Care Dental Plan (QCDP)
  3. Basic Life Insurance
    - Free 1x annual salary
  4. *NO DEPENDENT COVERAGE*
- **Note: A default delays plan enrollment, receiving plan I. D. cards & collection of benefit premiums**



## Enrollment Information

- 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
- An SSN or proof that the dependent is not eligible for an SSN must be provided to MyBenefits as soon as possible
- See the presenter or contact UPB if you have transferred from another State of Illinois University or Agency. CMS “new employee” enrollment choices may **not** apply
- Choose between online enrollment or you may call MyBenefits to enroll. You will need your CMS-issued LoginID

**For more information:**

<https://MyBenefits.Illinois.gov/> or call 844-251-1777

## Dependent Eligibility

- Spouse or Civil Union Partner
- Children - Natural, Adopted, Step, Civil Union partner's children, Adjudicated, Legal Guardianship, age 19 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 19 through 29
  - Premium is determined by Tax Status
  - Must reside in Illinois



## Dependent Eligibility

### 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

<https://www2.illinois.gov/cms/benefits/StateEmployee/Documents/FY2022/2022%20State%20DOM%20Partner.pdf>

## Dependent Documentation

Employees are required to provide 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

- 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

### **60 calendar days from event to make change**

- Effective date is typically the date of the request or event date if elected prior to event. Examples of Qualifying Events are:
  - Employee or spouse change in employment status
  - Marriage or Civil Union Partnership
- Effective date is 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 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 including pages with the circuit court stamp and judge's signature
  - EX-SPOUSE & THEIR CHILDREN ARE **NOT** ELIGIBLE DEPENDENTS
  - For more information:  
<https://MyBenefits.Illinois.gov/>  
 or call 844-251-1777

## Qualifying Events



- Health plans cannot be changed unless you experience the following qualifying event:
  - Change in 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 physically worked.

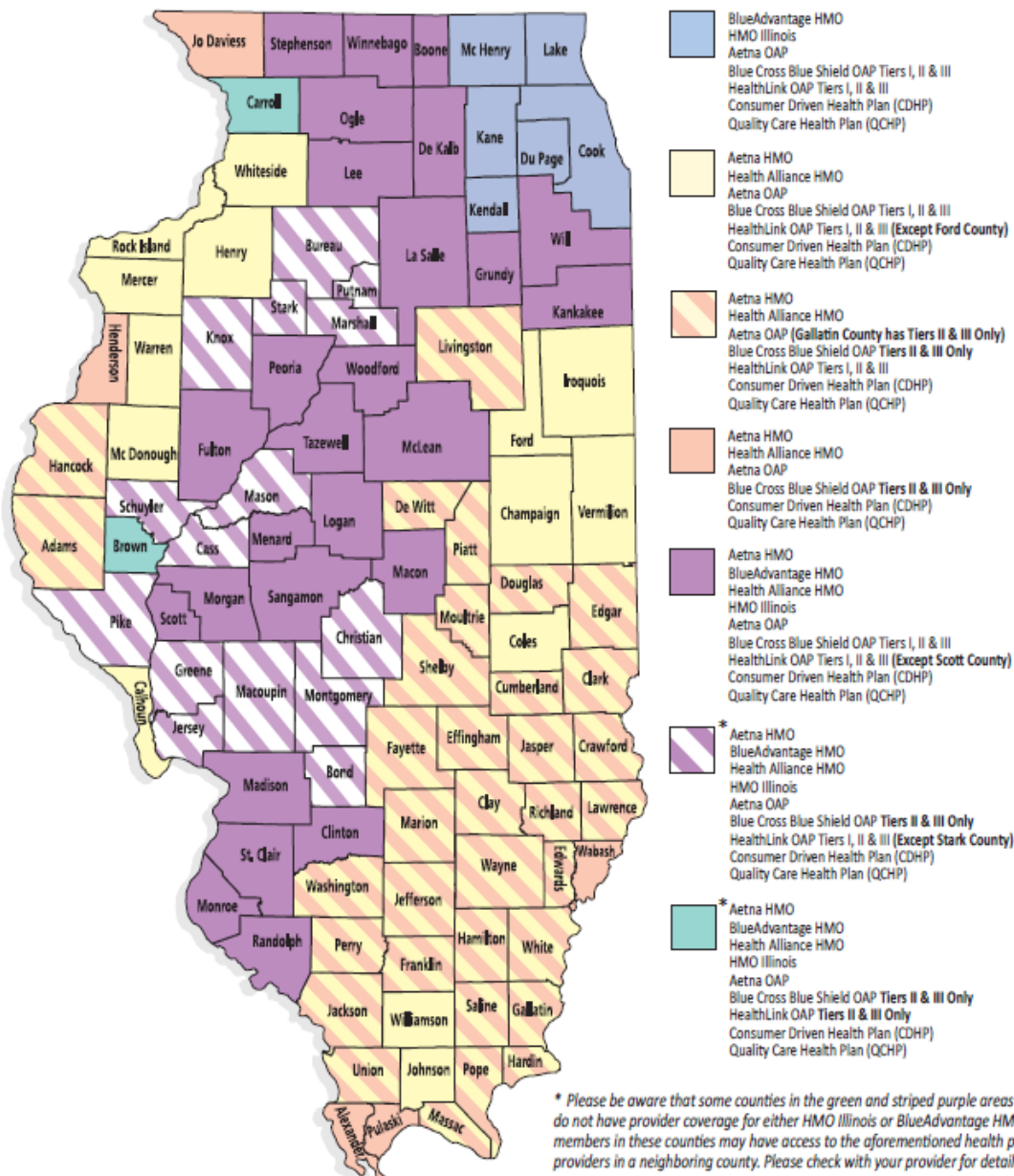
- Insured members and dependents who lose coverage due to certain qualifying events may be able to continue coverage through COBRA provisions.
- CMS will mail the notification letter directly to your mailing address on file with the University.
  - If you are moving, please update your address with the 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:  
<https://MyBenefits.Illinois.gov/>

# Health Care Plans

Members can choose a plan based on the county where they work or reside

Please refer to the map in the Benefit Choice booklet or the CMS website:

<https://MyBenefits.Illinois.gov/>



## Quality Care Health Plan (QCHP)

### **Freedom of Choice for providers and facilities**

- Medical & Behavioral Health Services - Aetna
- Pharmacy Prescriptions - CVS Caremark
- International coverage for eligible services
- An Aetna PPO Nationwide Network
- For more information: [www.aetnastateofillinois.com](http://www.aetnastateofillinois.com)

## Quality Care Health Plan Continued...

- **Mandatory pre-certification**
  - 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**
- **Special deductibles**
  - Emergency room, Hospital admission, transplants

## Quality Care Health Plan Continued...

### **QCHP Physician and Hospital Network**

- Plan pays 85%; member pays 15% after plan deductible is met

### **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



# Quality Care Health Plan

## Continued...

### Allowable Charge for Out-of-Network

- Based on the Maximum Reimbursable Charge (MRC) which is the maximum the plan will allow for eligible billed services
- Amounts over the allowable charge are member's responsibility and do not apply toward out-of-pocket maximum
- ALWAYS contact Aetna and complete the pre-determination process PRIOR TO SERVICES BEING RENDERED to determine reimbursement

## Quality Care Health Plan (QCHP) Plan Year Deductible

Annual Salary as of March 1, 2021	July 1, 2021 Individual Deductible	July 1, 2021 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

## QCHP Additional Deductibles and Out-of-Pocket Maximums

Services	July 1, 2021
Inpatient Hospitalization (In-Network)	\$200 per hospital admission
Inpatient Hospital (Out-of-Network)	\$700 per hospital admission
Emergency Room - Hospital	\$450 per visit that does not result in hospital admission
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

HMO Provider Directories

<https://www2.illinois.gov/cms/personnel/benefits/Pages/HealthPlanProviderDirectories.aspx>

## 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
- In-network diagnostic lab, x-ray and well care 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

## HMO Copayments

Service	July 1, 2021
Office Visit (PCP)	\$30
Office Visit (Specialist)	\$35
Telemedicine (In-network)	\$10
Telemedicine (Out-of-network)	N/A
Emergency Room	\$275
Inpatient	\$400
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



## Open Access Plan (OAP)

- 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

OAP Provider Directories

<https://www2.illinois.gov/cms/personnel/benefits/Pages/HealthPlanProviderDirectories.aspx>

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

Service	July 1, 2021
Office Visit (Primary Care)	\$30
Office Visit (Specialist)	\$35
Telemedicine	\$10
Emergency Room	\$275
Inpatient	\$400
Outpatient Surgery	\$300
Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000 Eligible charges from Tier I & II combined

## OAP Tier II Provider

### Deductible, Copayments, Co-Insurance and Out-of-Pocket Maximums

Service	July 1, 2021
Annual Plan Deductible	\$300 per enrollee
Office Visit (Primary Care)	90% of network charges*
Office Visit (Specialist)	90% of network charges*
Telemedicine	Not covered
Inpatient Hospitalization	90% of network charges after \$450 Copoly 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.

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

Service	July 1, 2021
Annual Plan Deductible	\$400 per enrollee*
Office Visit (Primary Care)	60% of allowable charges*
Office Visit (Specialist)	60% of allowable charges*
Telemedicine	Not covered
Inpatient Hospitalization	60% of allowable charges after \$550 Copayment per admission*
Emergency Room	\$275 copay per visit
Out-of-Pocket Maximum Individual/Family	No Maximum
* 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.	
**Using out-of-network services may significantly increase your out-of-pocket expense.	

## Consumer Driven Health Plan (CDHP)

### **Flexibility to choose providers and facilities for services**

- Medical & Behavioral Health Services – Aetna PPO Nationwide Network
- Pharmacy Prescriptions - CVS Caremark
- High-deductible health plan as defined by the IRS
- For more information: [www.aetnastateofillinois.com](http://www.aetnastateofillinois.com)



# Consumer Driven Health Plan (CDHP)

## Continued...

### **In-Network Physician and Hospital**

- Plan pays 90%; member pays 10% after annual plan deductible is met

### **Out-of-Network Physician and Hospital**

- Plan pays 65% of allowable charges after annual plan deductible is met
- Allowable charge is the maximum amount the plan will pay an out-of-network provider for billed services

# Health Savings Accounts (HSA)

## Companion to CDHP Enrollment

### Benefits defined-

- 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

### Qualifying for an HSA-

- Must be covered under a high-deductible plan
- Have no other health coverage (unless permitted under Other health coverage:  
[https://www.irs.gov/publications/p969#en\\_US\\_2019\\_publink100024039](https://www.irs.gov/publications/p969#en_US_2019_publink100024039))
- Not be enrolled in Medicare. This includes Part A
- Can't be claimed on someone else's tax return

## HSA Continued...

- The State will contribute one-third of the CDHP deductible to an active State employee's HSA.
- You may also contribute an additional \$3,100 individual; or \$6,200 family, to your HSA through pre-tax deductions or post-tax direct payment.
- 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's website – <https://www.payflex.com/>



## 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 [www.amplifonusa.com/deltadentalIL](http://www.amplifonusa.com/deltadentalIL)

## 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
- View the announcement at <https://blogs.uofi.uillinois.edu/view/1418/1176448546> or go to <https://MyBenefits.Illinois.gov/>

## 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 above the MRC
- Will not be applied towards 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.

State Plans	MRC or MAC
QCHP (Aetna) – Out-of-Network CDHP (Aetna)	MRC
Aetna OAP – Tier III	MAC
HealthLink OAP – Tier III	MAC

## 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>

# Health Care Premium Charts

## Monthly Employee Premium

### Effective July 1, 2021

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
\$0 - \$30,200	\$107	\$83	\$107	\$87	\$101	\$101	\$114	\$85	\$120
\$30,201 - \$45,600	\$126	\$102	\$126	\$106	\$120	\$120	\$133	\$104	\$139
\$45,601 - \$60,700	\$145	\$121	\$145	\$125	\$139	\$139	\$152	\$123	\$157
\$60,701 - \$75,900	\$163	\$139	\$163	\$143	\$157	\$157	\$170	\$141	\$176
\$75,901 - \$100,000	\$182	\$158	\$182	\$162	\$176	\$176	\$189	\$160	\$195
\$100,001 - \$125,000	\$235	\$211	\$235	\$215	\$229	\$229	\$242	\$213	\$248
\$125,001 and Over	\$268	\$244	\$268	\$248	\$262	\$262	\$275	\$246	\$281

## Monthly Dependent Premium

### Effective July 1, 2021

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
1 Dependent	\$177	\$141	\$177	\$145	\$168	\$168	\$185	\$153	\$272
2+ Dependents	\$222	\$177	\$223	\$184	\$213	\$213	\$238	\$197	\$310
1 Medicare A & B Primary Dependent	\$154	\$120	\$153	\$124	\$145	\$145	\$161	\$130	\$165
2+ Medicare A & B Primary Dependents	\$196	\$155	\$197	\$161	\$187	\$187	\$208	\$171	\$226

## Bi-Weekly Employee Premium

### Effective July 1, 2021

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
\$0 - \$30,200	\$53.5	\$41.5	\$53.5	\$43.50	\$50.5	\$50.5	\$57	\$42.5	\$60
\$30,201 - \$45,600	\$63	\$51	\$63	\$53	\$60	\$60	\$66.5	\$52	\$69.5
\$45,601 - \$60,700	\$72.5	\$60.5	\$72.5	\$62.5	\$69.5	\$69.5	\$76	\$61.5	\$78.5
\$60,701 - \$75,900	\$81.5	\$69.5	\$81.5	\$71.5	\$78.5	\$78.5	\$85	\$70.5	\$88
\$75,901 - \$100,000	\$91	\$79	\$91	\$81	\$88	\$88	\$94.5	\$80	\$97.5
\$100,001 - \$125,000	\$117.5	\$105.5	\$117.5	\$107.5	\$114.5	\$114.5	\$121	\$106.5	\$124
\$125,001 and Over	\$134	\$122	\$134	\$124	\$131	\$131	\$137.5	\$123	\$140.5



## Bi-Weekly Dependent Premium

### Effective July 1, 2021

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	CDHP	QCHP
1 Dependent	\$88.5	\$70.5	\$88.5	\$72.5	\$84	\$84	\$92.5	\$76.5	\$136
2+ Dependents	\$111	\$88.5	\$111.5	\$92	\$106.5	\$106.5	\$119	\$98.5	\$155
1 Medicare A & B Primary Dependent	\$77	\$60	\$76.5	\$62	\$72.5	\$72.5	\$80.5	\$65	\$82.5
2+ Medicare A & B Primary Dependents	\$98	\$77.5	\$98.50	\$80.5	\$93.5	\$93.5	\$104	\$85.5	\$113

## 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:  
[https://www.hr.uillinois.edu/UserFiles/Servers/Server\\_4208/File/Benefits/SEGIP/SEGIP\\_Rates.pdf](https://www.hr.uillinois.edu/UserFiles/Servers/Server_4208/File/Benefits/SEGIP/SEGIP_Rates.pdf)

Example of Monthly Part-Time Employee Cost  
Based on a 50% Job/Appointment Quality Care Health Plan (Default Plan)  
Salary \$30,200 or Less  
Effective July 1, 2021

Employee Only

\$564.26

\$120

Employee + 1

\$1,380.31

\$392

Employee + 2+

\$1,439.93

\$430

**Compared to 100 % full-time appointment contributions**

## Full Time Opt Out

- Full time employees can opt out of health, dental and vision
- 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
- This election is made on the MyBenefits website
- Employees can still elect employee, child and spouse optional life insurance

# Prescription Plans



MEDICAL CENTER

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Rx

\_\_\_\_\_  
 SIGNATURE

☐ LABEL  
 REFILL 0 1 2 3 4 5 PRN NR

## 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, Target, CVS, etc.
  - The network also includes roughly 26,000 independent pharmacies across the country

## CVS Caremark Prescription Drug Benefit

- 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
    - <https://www2.illinois.gov/cms/benefits/stateemployee/pages/self-insuredmanagedcareandqchpprescriptionbenefit.aspx>
    - ***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 Prescription Drug Benefit

- Members should log in and register on the CVS Caremark website [www.caremark.com](http://www.caremark.com)
- 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



## HMO Prescription Plans

- Health Alliance HMO, Aetna HMO, BlueAdvantage and HMO Illinois use a separate 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 7/1/2021

	Reduced Tier I*	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$4.00	\$13.00	\$31.00	\$55.00
Copayments (90-day supply)	\$10.00	\$32.50	\$77.50	\$137.50

Plan Year Pharmacy Deductible - \$150 per enrollee Preventative Prescription Drugs - \$0

\*Applies to specific medications as defined by plan.  
Some HMOs may have benefit limitations based on a calendar year.



## QCHP Prescriptions

### Effective 7/1/2021

	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$15.00	\$35.00	\$60.00
Copayments (90-day supply)	\$37.50	\$87.50	\$150.00
Maintenance Choice (90-day supply)*	\$18.75	\$43.75	\$75.00

Plan Year Pharmacy Deductible - \$175 per enrollee

Preventative Prescription Drugs - \$0

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



## OAP Prescriptions

### Effective 7/1/2020

	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$13.00	\$31.00	\$55.00
Copayments (90-day supply)	\$32.50	\$77.50	\$137.50
Maintenance Choice (90-day supply)*	\$16.25	\$38.75	\$68.75

Plan Year Pharmacy Deductible - \$150 per enrollee

Preventative Prescription Drugs - \$0

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

## Consumer Driven Health Plan (CDHP) Prescriptions Effective 7/1/2021

	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

Preventative Prescription Drugs - \$0

Preventative Prescription Drugs (IRS-allowed)\*\* - 90% covered; No Deductible

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

\*\*Contact Aetna for IRS-allowed services and prescriptions.

## Prescription Plans

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

- Once the out-of-pocket max has been met, prescription charges will be covered at 100% for the rest of the plan year

## FY22 Prescriptions At a Glance

Effective 7/1/2021

30-day Supply	QCHP	CDHP	OAP	HMO
Reduced Tier 1	-	-	-	\$4
Tier 1	\$15	90% covered; Medical Deductible Applies	\$13	\$13
Tier 2	\$35	90% covered; Medical Deductible Applies	\$31	\$31
Tier 3	\$60	90% covered; Medical Deductible Applies	\$55	\$55
Preventative	\$0	\$0	\$0	\$0
Preventative (IRS Allowed)	-	90% covered; Medical Deductible Applies	-	-
RX Deductible per Enrollee	\$175	Medical Deductible Applies	\$150	\$150

## 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

## Dental

	July 1, 2021
Plan year deductible for Preventative Services	N/A
Plan Year Deductible (per enrollee)	\$175
Plan Year Max Benefit (Orthodontics + All Other Covered Expenses) = Max Benefit	
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.

<https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/State-Dental-Plan.aspx>

Review Dental Schedule of Benefits at MyBenefits.Illinois.gov

## Quality Care Dental Plan

- *Network Dentists:* PPO and Premier
  - For a list of contracted providers, please go to <http://soi.deltadentalil.com/>
  - When a dentist participates in a network, he/she agrees to accept an allowed amount as payment and cannot charge you the difference between his/her submitted amount and the allowed amount
  - The schedule of benefits can be found at: <https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/State-Dental-Plan.aspx>

## Quality Care Dental Plan

### ***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)*

PPO		Premier		Out-of Network	
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 7/1/2021

	July 1, 2021
Member Only	\$13.00
Member + 1 Dependent	\$21.00
Member + 2 or More Dependents	\$23.50

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

Vision Care Plan  
(EYEMED)



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

## Vision Care Plan – EyeMed Network Provider Benefits Effective July 1, 2021

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 maybe available on 2<sup>nd</sup> 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:

<https://www.eyemedvisioncare.com/stil>

# State Term Life Insurance and AD & D - Accidental Death/Dismemberment Plans



[State of Illinois | MetLife](#)

## State Term Life Insurance

- Employees are automatically enrolled in Basic Life equal to the annual salary provided at no 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
- Beneficiary Form must be completed by all benefit-eligible employees and submitted to MetLife



## State Term Life Insurance

### Continued...

- Employee Optional Life to 4x salary is guarantee issue (G.I.) within first 30 calendar days of benefit eligibility
- Employee Optional Life 5x – 8x salary requires underwriting approval
- This can be completed at <https://MyBenefits.Illinois.gov/>

## State Term Life Insurance Continued...

- 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



# **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
- Emergency personal services
- Administered by: Generali Global Assistance, Inc.
- For more information visit  
<http://go.uillinois.edu/TravelAssist>

## University AD&D Premium Rates

Amount of Insurance	Monthly Premium	Monthly Premium
Principal Sum	Employee Only	Employee and Family
\$25,000.00	\$0.70	\$1.08
\$50,000.00	\$1.40	\$2.15
\$100,000.00	\$2.80	\$4.30
\$150,000.00	\$4.20	\$6.45
\$200,000.00	\$5.60	\$8.60
\$250,000.00	\$7.00	\$10.75
\$300,000.00	\$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.

# Flexible Spending Accounts (FSA)

Administered by  
ConnectYourCare;  
now part of  
Optum Financial



[www.connectyourcare.com](http://www.connectyourcare.com)

877-292-4040

## 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

## Flexible Spending Accounts Continued...

- Employee must be eligible to participate in the health plan
- Employees paid on a 9-month contract must notify UPB [benefits@uillinois.edu](mailto:benefits@uillinois.edu) 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) FY22

**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 **\$2,750**
- Debit card automatically issued at no cost

## Medical Care Assistance Plan (MCAP) FY22

- All eligible expenses must be incurred by June 30, 2022
- Claims can be submitted during the run-out period, July 1 through September 30, 2022, for services received through June 30, 2022
- FY22 MCAP remaining balances up to \$550 will ONLY be carried over to the next Fiscal Year (FY23), IF THE MEMBER RE-ENROLLS
- Participants who have a balance exceeding \$550 after September 30, will forfeit any amount exceeding this limit
- 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



## Dependent Care Assistance Plan (DCAP)

- 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.*



## Dependent Care Assistance Plan (DCAP)

**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\*

Maximum annual contribution limit for DCAP is set by the IRS\*

***\*Contact ConnectYourCare for more information***

## Annual contribution limit for DCAP

- The maximum annual amount that may be elected is \$5,250. 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

# Optional Retirement and Investment Opportunities



## Optional Supplemental Retirement Plans

### **University's 403(b) & State's 457 Deferred Compensation Plans**

- Enroll at any time
- Payroll deduction only
- Under age 50 - \$19,500 maximum in 2021
- 50 and over - \$26,000 maximum in 2021
- 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 per pay period
- 403(b) and 457 comparison chart

<http://go.uillinois.edu/SuppRetireComparison>

## University 403(b) Plan

- Investment vendors are Fidelity and TIAA
- Pre-tax and Roth (after-tax) options offered
- Contributions taken from each paycheck
- Enroll online at  
<https://www.hr.uillinois.edu/benefits/retirement/403b/sra>
- Both investment vendors offer one-on-one phone and virtual counseling

For more information:

<https://www.hr.uillinois.edu/benefits/retirement/403b>



## State 457 Deferred Compensation

- Administrator is T. Rowe Price
- Multiple vendor investment choices
- Pre-tax or Roth (after-tax)
- Contributions taken from 24 bi-weekly checks and 12 monthly checks

Enrollment and changes to contribution and/or beneficiary designations can be done on the T. Rowe Price website:  
[rps.troweprice.com](https://rps.troweprice.com) or call 888-457-5770



# Disability Plans

<https://www.hr.uillinois.edu/benefits/lifedisability/ltd>



## 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
- Disability due to *accident* may be claimed within first 2 years
- 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 1<sup>st</sup> 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

### LTD Premium Calculator

<https://nessie.uihr.uillinois.edu/apps/LTD/Calc/LTDCalc.cfm>

## 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.
- Plan pays 66.67% in first two years when no SURS benefit payable for disability due to illness.
- Benefit starts after 90-day elimination period or use of all sick leave, whichever is later.

## 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:  
<https://www.hruillinois.edu/leave/>

# Additional Employee Benefits



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 – Receive cash benefits when an accident occurs to help with expenses.
- Critical Illness Insurance – Take care of expenses while you take care of yourself.
- Hospital Indemnity Insurance – Protect your pocket from pricey hospital visits for you and your loved ones.
- Legal Services – Get access to thousands of experienced attorneys nationwide.

## ENROLL YEAR-ROUND

- Group Auto & Home Insurance – Apply for coverage for your home, condo, vacation property, boats, recreational vehicles, and more.
- Identity Theft – Protect your identity and your financial information from digital thieves near and far.
- Pet Insurance – Take care of your furry friends with these special discounts.

For detailed information on the MyBenefits Plus program, see

<https://corp.corestream.com/mybenefitsplus-0>

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



## 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 state college or university.
- Spouses are not eligible for tuition waivers
- Visit System Human Resource Services **or** contact your campus Human Resources Office.



## Tuition and Service Fee Waivers Continued...

**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.

## Tuition and Service Fee Waivers

Contact UPB Payroll Services with questions about taxability of waivers <https://www.obfs.uillinois.edu/payroll/customer-service/> or call:

**UIUC:** 217-265-6363

**UIC:** 312-996-7200

**UIS:** 217-206-7144

## 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:

<https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/OtherPrograms.aspx>

## Time Off and Leaves

- Holidays (including 2 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, Family and Medical can be either paid or unpaid.
  - Personal Leaves are always unpaid.

<https://www.hr.uillinois.edu/leave>

**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

<https://www.hr.uillinois.edu/benefits/worklife/discounts>



# Payroll Information



Contact Us:

<https://www.obfs.uillinois.edu/payroll/customer-service/>

## Payroll Information

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

<https://go.uillinois.edu/UINewHire>

- 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 on-line only



## Payroll Information

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 at <https://www.hr.uillinois.edu/pay>

### **My UI Info or Pay Tab**

- Direct Deposit - updates/changes
- Earning Statement
- W-2 - Wage and Tax Statement
- W-4 - Withholding Allowance

**OBFS Website:** <http://www.obfs.uillinois.edu/>

- Payroll & Earnings
- Payroll Schedules

# Enrollment Information

## 5 Critical Steps for Benefits Enrollment

1. Retrieve UI New Hire Login Information  
<https://go.uillinois.edu/UINewHire>
2. Enter Bio/Demo Data on the My Profile Form
3. Login to MyBenefits  
<https://MyBenefits.Illinois.gov/>
4. Make Your State Benefits Plan Selections
5. Upload Any Required Documentation

**View Infographic at:**

[Benefits Enrollment Steps](#)

## Important

- CMS requires a physical address.
- Failure to provide a physical address will cause a delay in your ability to make your benefits election.

## Enrollment Tips

### **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 NewHire.
- Three business days after completing and submitting My Profile, you may access MyBenefits to enroll in state coverage by self-authenticating. You will also receive login details from MyBenefits via postal mail, however this may take 5 to 10 days.

Illinois Department of Central Management Services

# CMS

<https://MyBenefits.Illinois.gov>

Click Login OR Select SEGIP – State Employees Group Insurance

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

Login

STATE EMPLOYEES GROUP INSURANCE PROGRAM (SEGIP)

Select ▼

COLLEGE INSURANCE PROGRAM (CIP)

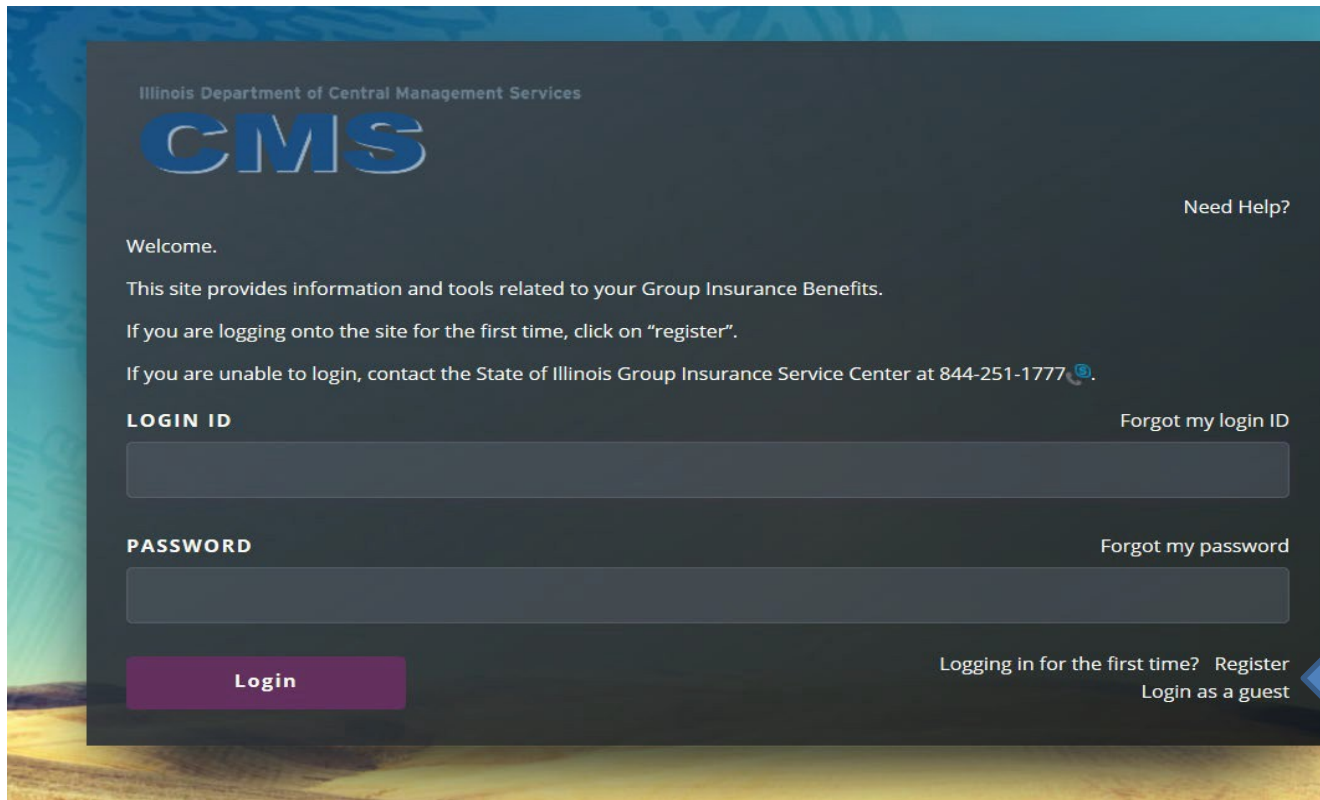
Select ▼

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



Illinois Department of Central Management Services



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

**CMS**

## Success

You have successfully retrieved your login id.

Show Login Code

Continue

## Enrollment Tips

### Important\*\*\*

Do not submit your elections in <https://MyBenefits.Illinois.gov/> until you are sure that is what you would like for your elections.

- 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 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 visit a University Payroll & Benefits office 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

## 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

## Good Luck In Your New Position!

