The State Employee Group Benefits provides health, dental and life insurance for current State university employees and retirees that are not Medicare eligible. These are plans for which the state itself provides the insurance. The state itself is the insurance company. The Illinois Department of Central Management Services (CMS) makes the payments to providers. Historically, providers have received their payments late. The late payments are accompanied by interest payments.

CMS has finished payments for last year. The state does not have a budget at this time because there is an impasse between Governor Rauner and the General Assembly. Until a budget is passed, CMS does not have the legal authority to pay claims through the self-insured plans, in particular Quality Care and Delta Dental. Even the funds being collected from the employees and retirees via payroll deductions cannot be used to make payments to providers in these plans.

The health insurance for university employees, retirees and dependents will continue unchanged. It is payments to providers that will not continue to be made until a budget is passed. The situation is somewhat different for retirees in the Medicare Advantage Program (TRAIL) and employees in managed care programs (HMO). The state has contracted for these services, and these programs assume the insurance risk for their members. For the present, they are continuing as usual.

What does this mean for you? What group do you belong to?
Retiree
Medicare Eligible
Medicare Advantage Program (TRAIL): This plan is unchanged at present. Non Medicare Eligible
State Employee Group Benefits: This plan is not being paid. HMO: These plans are unchanged at present.
Medicare Eligible but not in United Health Care because of a birth date.
State Employee Group Benefit plan is your supplemental plan to Medicare. This plan is not being paid. Retirees with a spouse under 65 also depend on the State Employee Group Benefit.
Not Medicare Eligible
State Employee Group Benefits: This plan is not being paid.

HMO: These plans are unchanged at present.

Retirees and Employees are all in Delta Dental, which is not being paid.

If you are in a plan that is not being paid, what can you expect to happen? Probably, your provider will continue as they have in the past, that is, they will provide the service and wait for the delayed payment from the state. CMS has pledged to work with providers to avoid having providers charge members up front for services. If your provider is not willing to <u>wait</u> for payment from the state, they may ask you to pay for the service. In this case, you should contact your plan administrator at CMS. The plan will reach out to the provider to come to a resolution. If the provider continues to require upfront payment, you will be reimbursed, plus applicable interest, once state funding has been released. There is no question that the payments will eventually be made.

At this time, fully-insured plans, which include United Health Care (TRAIL), Health Alliance, Coventry HMO, BlueAdvantage and HMO Illinois, will continue to pay claims to healthcare providers and those members should only be requested to pay their normal co-payments at the time of service. CIP, the plan for community college employees and retirees, and TRIP, the plan for K-12 teachers are receiving funding per legislation enacted this summer