



State of Illinois Retiree Health Plan

Contribution Rates for FY 2018-2019 (effective 07/01/18)

Monthly Health Plan Contribution for Retirees, Annuitants and Survivors

Open enrollment is typically the month of May with effective date of July 1.

The following charges apply to annuitants and survivors with less than 20 years of service:

		QCHP Coverage		HMO Coverage	
Final Years of Service at Retirement*	Member Contribution Percentage	Medicare Total Rate=\$415.30	Non-Medicare Total Rate=\$1,151.96	Medicare Total Rate=\$558.22	Non-Medicare Total Rate=\$939.12
1	95%	\$ 394.53	\$1,094.36	\$ 530.30	\$ 892.16
2	90%	\$ 373.77	\$1,036.76	\$ 502.39	\$ 845.20
3	85%	\$ 353.00	\$ 979.16	\$ 474.48	\$ 798.25
4	80%	\$ 332.24	\$ 921.56	\$ 446.57	\$ 751.29
5	75%	\$ 311.47	\$ 863.97	\$ 418.86	\$ 704.34
6	70%	\$ 290.71	\$ 806.37	\$ 390.75	\$ 657.38
7	65%	\$ 269.94	\$ 748.77	\$ 362.84	\$ 610.42
8	60%	\$ 249.18	\$ 691.17	\$ 334.93	\$ 563.47
9	55%	\$ 228.41	\$ 633.57	\$ 307.02	\$ 516.51
10	50%	\$ 207.65	\$ 575.98	\$ 279.11	\$ 469.56
11	45%	\$ 186.88	\$ 518.38	\$ 251.19	\$ 422.60
12	40%	\$ 166.12	\$ 460.78	\$ 223.28	\$ 375.64
13	35%	\$ 145.35	\$ 403.18	\$ 195.37	\$ 328.69
14	30%	\$ 124.59	\$ 345.58	\$ 167.46	\$ 281.73
15	25%	\$ 103.82	\$ 287.99	\$ 139.55	\$ 234.78
16	20%	\$ 83.06	\$ 230.39	\$ 111.64	\$ 187.82
17	15%	\$ 62.29	\$ 172.79	\$ 83.73	\$ 140.86
18	10%	\$ 41.53	\$ 115.19	\$ 55.82	\$ 93.91
19	5%	\$ 20.76	\$ 57.59	\$ 27.91	\$ 46.95
20+	0%	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Includes: Health, prescription, and vision coverage

Dental insurance is available at a cost (see other side)

2019 State of Illinois Benefit Choice Options booklet is available at:
www.mybenefits.illinois.gov

www.MyBenefits.illinois.gov

1-844-251-1777 • TDD/TTY: 1-844-251-1778

(OVER for dental, dependent, and life insurance rates)

Dependent Monthly Health Plan Contribution *

The monthly dependent contribution is in addition to the employee health contribution.

Dependents must be enrolled in the same plan as the Member. **The Medicare Dependent Contribution applies ONLY if Medicare is PRIMARY for both Parts A and B.**

Members with questions regarding Medicare status may contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at (800) 442-1300 or (217) 782-7007.

Dependent Monthly Health Plan Contributions					
Health Plan Name	Code	One Dependent	Two or more Dependents	One Medicare A and B Dependent*	Two or more Medicare A and B Dependents
Aetna HMO	CI	\$111	\$156	\$88	\$130
Aetna OAP	AS	\$111	\$156	\$88	\$130
Blue Advantage HMO	CI	\$96	\$132	\$75	\$110
Health Alliance HMO	AH	\$113	\$159	\$89	\$133
HealthLink OAP	CF	\$126	\$179	\$102	\$149
HMO Illinois	BY	\$100	\$139	\$79	\$116
Quality Care Health Plan (managed by Aetna)	D3	\$249	\$287	\$142	\$203

Member Monthly Quality Care Dental Plan (QCDP) Contributions

Member Only	\$11.00
Member plus 1 Dependent	\$17.00
Member plus 2 or more Dependents	\$19.50

Member and Dependents

Prescription:	Currently no additional contribution
Vision:	Currently no additional contribution

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Monthly Optional Term Life Insurance Contributions

Monthly Rate per \$1,000

Under 30	\$ 0.02
Ages 30 - 39	\$ 0.06
Ages 40 - 49	\$ 0.08
Ages 50 - 54	\$ 0.16
Ages 55 - 59	\$ 0.36
Ages 60 - 64	\$ 0.62
Ages 65 - 69	\$ 1.22
Ages 70 and above	\$ 2.02
Accidental Death & Dismemberment	\$ 0.02
Spouse Life (\$10,000)*	\$ 6.00
Spouse Life (\$5,000)*	\$ 3.00
Dependent Children (\$10,000 coverage)	\$ 0.70
* Spouse life coverage will reduce to \$5,000 when an annuitant turns age 60. However, child life coverage will remain at \$10,000 for both active members and eligible annuitants.	

Life Insurance:

Retire Before Age 60

Amount = last Annual Salary (until age 60)
 Can Purchase up to 8 times a member's salary
 Pay a premium for the optional life insurance
 Refer to above chart for rates

Retire After Age 60

Amount = \$5,000 (Free from the State of Illinois)
 Can Purchase up to 4 times State-paid amount
 Pay a premium for the optional life insurance
 Refer to above chart for rates