



Insurance

Today's information is based on current CMS policy and is subject to change

- Legislation
- Contract Negotiations
- Policy/Rule Changes

In Order to Qualify for State Insurance

- You must be vested with SERS and collecting a monthly annuity from SERS

Changes to Insurance Can be Made During:

- Retirement
- A Qualifying Life Event
- Benefit Choice period (Non-Medicare)
- TRAIL Enrollment Period (Medicare)

State Group Insurance

- Premiums for State insurance will be automatically deducted
- If your check is not sufficient to deduct premiums, CMS will bill you

Opt-Out Financial Incentive

SERS Retirees Only

- Must be enrolled in state insurance at the time of retirement to qualify for the incentive option
- Must provide proof of another health insurance plan
- Must be Non-Medicare
- Tax withholding will apply, **CMS** pays for incentive
- \$150 per month less than 20 years
- \$500 per month 20 years or more
- Still eligible for life insurance
- Not eligible for health, dental, vision, or prescription coverage

Health Insurance for Retirees

Member health insurance premiums are based upon the following:

20 or more years of service:

- Premium Free

Less than 20 years of service:

- The state will contribute 5% of the cost of health insurance for each full year of service

Survivor Insurance

Basic Information

Survivor Eligibility:

Deceased member must have been vested in SERS:

- Tier 1 member: 8 years
- Tier 2 member: 10 years

Survivor must be eligible to receive a monthly annuity:

- Married at least 1 year prior to the member's death
- Age 50 and over, unless there is a dependent child or children
- Survivor cost for Health Insurance will be the same amount that the deceased member paid

What is Medicare?

Medicare* is a federal health insurance program for individuals 65 and older, individuals under age 65 with certain disabilities and individuals at any age with End Stage Renal Disease.

*See the Medicare Fact Sheet for more information.

Please Note

Member and dependents are required to apply for Medicare once they meet Medicare eligibility.

If you and/or your dependents receive or have Medicare cards from SSA, please send a copy of the card(s) to the CMS Medicare Coordination of Benefits Unit to ensure your insurance is coded correctly to avoid claim and/or premium errors.

Regular Health Plan Eligibility

- Member (Non-Medicare Eligible)
- Member +1 Dependent
Both Non-Medicare Eligible
- Member +2 or more Dependents
All Non-Medicare Eligible
- Member +2 or more Dependents
Mixture of Medicare and Non-Medicare Eligible

Regular Health Plan

Member Premium Cost (20+ Years Free)

Number of full years of service	State Pays	QCHP Coverage Member Pays		HMO Coverage Member Pays	
		Medicare	Non-Medicare	Medicare	Non-Medicare
		Total Rate	Total Rate	Total Rate	Total Rate
0	0%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1	5%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2	10%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
3	15%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
4	20%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
5	25%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
6	30%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
7	35%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8	40%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
9	45%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
10	50%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
11	55%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
12	60%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13	65%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
14	70%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
15	75%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
16	80%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
17	85%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
18	90%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
19	95%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
20+	100%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Current cost figures available on the Insurance Section of the SERS website.

Regular Health Plan

Dependent Premium Cost

- Rates are the same for dependents of retirees and employees (located in current Benefit Choice booklet or online at mybenefits.illinois.gov)
- If a dependent is Medicare Prime, health insurance rate will reduce if member is retired

Regular Health Plan

Dependent Premium Cost

Number of Dependents	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL OAP	Health Link OAP	CDHP	QCHP
1 Dependent	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2+ Dependents	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1 Medicare A & B Primary Dependent	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2+ Medicare A & B Primary Dependents	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Current cost figures available in the Benefit Choice Booklet, available on the Insurance Section of the SERS website.

Member Opt-In for Regular Insurance

- Benefit Choice Period (May 1-May 31)
- Qualifying life event*

* Contact SERS for assistance with qualifying life events.

TRAIL Medicare Advantage Prescription Drug (MAPD) Plan Eligibility

- Member (Medicare Eligible)
- Dependent (Medicare Eligible)
- Member +1 Dependent
(Both Medicare Eligible)
- Member +2 or More Dependents
(All Medicare Eligible)

TRAIL MAPD Health Plan

Member Premium Cost

Years of Service	Member's Responsibility: Percentage of Cost	Aetna MAPD PPO
0	100%	\$XX.XX
1	95%	\$XX.XX
2	90%	\$XX.XX
3	85%	\$XX.XX
4	80%	\$XX.XX
5	75%	\$XX.XX
6	70%	\$XX.XX
7	65%	\$XX.XX
8	60%	\$XX.XX
9	55%	\$XX.XX
10	50%	\$XX.XX
11	45%	\$XX.XX
12	40%	\$XX.XX
13	35%	\$XX.XX
14	30%	\$XX.XX
15	25%	\$XX.XX
16	20%	\$XX.XX
17	15%	\$XX.XX
18	10%	\$XX.XX
19	5%	\$XX.XX
20+	0%	\$XX.XX

Current cost figures
available in the
Benefit Choice
Booklet, available on
the SERS website.

TRAIL MAPD Health Plan

Dependent Premium Cost

One Dependent	Two or More Dependents
\$XX.XX	\$XX.XX

Current cost figures available in the TRAIL MAPD Initial Enrollment Guide, available on the Insurance Section of the SERS website.

Split Family Member +1 Dependent

- Effective 7/1/2025, individuals that are Medicare eligible cannot remain on a retiree medical health plan.
- Accounts that have both Medicare/Non-Medicare individuals will result in split family coverage, where family members may be on different health plans.

Split Family Health Program

Retired Member +1 Dependent Only

- Retiree members will not participate in split family Health Program if the member has 2 or more dependents
 - State members with 2 or more covered dependents will remain in retiree health when they are Medicare and Non-Medicare Eligible
 - Split family will not be evaluated until coverage level becomes Member + 1 dependent or all covered dependents become Medicare eligible (State only)
- Member must be enrolled in coverage for dependent to have coverage
- Only covered dependents are evaluated in process

Split Family Health Plan Eligibility

- Member +1 Dependent
(Member is Medicare Eligible and
Dependent is Non-Medicare Eligible)
- Member +1 Dependent
(Member is Non-Medicare Eligible and
Dependent is Medicare Eligible)

Split Family Member +1 Dependent

Example 1:

Member (Eligible for Medicare) ➔ enrolls in TRAIL MAPD Health Plan

Dependent (Non-Medicare Eligible) ➔ enrolls as a dependent in a Regular Health Plan

Example 1 Split Family

TRAIL MAPD Member Premium Cost

- Member (Medicare Eligible)
- Member pays for cost of TRAIL program (20+ Years Free).

Years of Service	Member's Responsibility: Percentage of Cost	Aetna MAPD PPO
0	100%	\$XX.XX
1	95%	\$XX.XX
2	90%	\$XX.XX
3	85%	\$XX.XX
4	80%	\$XX.XX
5	75%	\$XX.XX
6	70%	\$XX.XX
7	65%	\$XX.XX
8	60%	\$XX.XX
9	55%	\$XX.XX
10	50%	\$XX.XX
11	45%	\$XX.XX
12	40%	\$XX.XX
13	35%	\$XX.XX
14	30%	\$XX.XX
15	25%	\$XX.XX
16	20%	\$XX.XX
17	15%	\$XX.XX
18	10%	\$XX.XX
19	5%	\$XX.XX
20+	0%	\$XX.XX

Regular Health Plan Dependent Premium Cost

- Dependent (Non-Medicare Eligible)
- Dependent cost from Regular Retiree Health Plan.

[illegible]

Split Family

Member +1 Dependent

Example 2:

Member (Non-Medicare Eligible) → enrolls in a Regular Health Plan

Dependent (Medicare Eligible) → enrolls as a dependent in the TRAIL MAPD Health Plan

Example 2 Split Family

Regular Health Plan Member Premium Cost

- Member
(Non-Medicare Eligible)
- Member pays for Regular Retiree Health Plan.

Number of full years of service	State Pays	QCHP Coverage Member Pays		HMO Coverage Member Pays	
		Medicare	Non-Medicare	Medicare	Non-Medicare
		Total Rate	Total Rate	Total Rate	Total Rate
0	0%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1	5%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2	10%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
3	15%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
4	20%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
5	25%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
6	30%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
7	35%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8	40%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
9	45%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
10	50%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
11	55%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
12	60%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13	65%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
14	70%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
15	75%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
16	80%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
17	85%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
18	90%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
19	95%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
20+	100%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Example 2 Split Family

TRAIL MAPD Dependent Premium Cost

- Dependent (Medicare Eligible)
- Dependent cost of TRAIL program.

One Dependent	Two or More Dependents
\$XX.XX	\$XX.XX

Split Family

Benefit Choice Open Enrollment

- During the Benefit Choice Open Enrollment Period in May, the Medicare eligible member or dependent will be required to enroll in the TRAIL MAPD plan for coverage effective July 1, 2025.
- If the member is eligible, failure to enroll will result in the termination of coverage for the member and any covered dependents.
- If the dependent is eligible, failure to enroll will result in the termination of the dependent's coverage.

Life Insurance

State Life Insurance Examples

Working/Retired Age 59 and 11 months or under

- \$50,000 – Basic Life, annual salary – Free
- \$200,000 – 4X Optional – up to 8x allowed
- \$250,000 – Combined AD&D – \$/month
- \$10,000 – Child Life – \$/month
- \$10,000 – Spouse Life – \$/month
(if spouse is age 59 or younger)

State Life Insurance Examples

Retired age 60 and above

- \$5,000 – Basic Life – Free
- \$20,000 – 4X Optional – \$/month
- \$25,000 – Combined AD&D – \$/month
- \$10,000 – Child Life – \$/month
- \$5,000 – Spouse Life – \$/month
(if spouse is age 60 or above)

Additional Insurance

- Dental coverage is a separate cost through Delta Dental
- Vision is part of your Health Insurance Premium through Eye Med