

State Universities Annuitants Association



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So Where Are We Now?

As of September 25th, it seems that retirees health insurance is in a holding pattern. The only things certain are:

- There will be a State sponsored Medicare Plan in place soon. Looks like the effective date will be January 1, 2014. However, the plan is not available yet. It is further delayed.
- At this time, the procurement process is not finalized.
- If the retiree is on Medicare and has a dependent spouse that is younger than Medicare age then the retiree's health insurance plan does not change until the dependent reaches Medicare age. CMS will not separate the family.
- If the SURS member is not Medicare age and has a dependent spouse who is Medicare age then the health insurance does not change for either until the SURS member reaches Medicare age. Again, CMS will not separate the family.
- Everyone involved in the health insurance changes should receive correspondence about the State sponsored Medicare Advantage plan that will provide the plan's description. While there will not be a separate choice/opt out letter mailed, a letter will be available on the CMS website and SUAA's. There will be meetings and workshops held throughout the State by CMS. The schedule will be available on the CMS and SUAA website at the appropriate time. Postings will be on the CMS website. You are wise to check it often:
<http://www2.illinois.gov/cms/employees/benefits/Pages/default.aspx> There should be a Frequently Asked Questions section upon the procurement process being finalized. SUAA will work to make sure the link is on the SUAA website also: <http://www.suaa.org/> Always be sure to scroll down to find updated information.
- All letters that have been sent from CMS, HICN and HMC (for CIP only) can be found on the SUAA website. If you didn't receive a letter, most likely you were not supposed to. If you did receive a letter, then please respond if appropriate. University HMC letters will be sent beginning January 2014. HMC letters are requesting proof of your dependents.
- Second notices are going out this week (September 9) for the August 1 letter requesting proof of your Medicare eligibility - one for you; or one for you and your dependent; or one for your dependent. Please respond if you receive a letter; if you do not receive a letter it is because CMS has your information.
- Medicare open enrollment is October 15 thru December 7, 2013. Medicare's website is: <http://www.medicare.gov/>

- While the State sponsored Medicare Plan will be provided to you there will be an opportunity for you to make a choice between the State's plan or continuing with the federal Medicare Plan. If your choice is federal Medicare you will have to purchase a supplement plan called Medigap. A factual publication on the Medicare website should be helpful to you: Choosing a Medigap Policy can be found at <http://www.medicare.gov/pubs/pdf/02110.pdf> You will also need to purchase a Part D supplement for pharmaceutical coverage.
- Beginning October 1, SUAA will provide a portal for people to shop for a Medicare supplement (Medigap) policy without obligation or fear of unwanted mail or pressure.
- Remember that staying with a the State sponsored Medicare Plan is a choice. Medicare Part B will be part of the cost as well as continuing to pay 1% of your pension. 2% beginning July 2014.

SUAA will keep its readers up-to-date. Questions are always welcome. Emails are best as it is hard to return phone calls during the day . SUAA will also try to coordinate a Frequently Asked Question page.

SUAA readers are also concerned with the progress of the Conference Committee. The items leaked on August 23 were factual, but many articles reported some items a bit differently. Therefore creating a concern of how reliable the information was. In addition, there are actuarial reports being produced to substantiate the Committee's ideas of how the changes would financially affect the State, pension systems but of course not the main contributors - YOU. Items being considered are:

- A decrease in employee contributions by 1%; in exchange for a lesser AAI upon retirement.
- Replacing the current 3% automatic annual increase with a cost of living adjustment of one-half the consumer price index, potentially with floors and caps;
- Staggered delays to cost of living adjustments;
- Fully funding the pension plans over thirty years;
- Dedicating the pension funds money that is currently being used to make bond payments, beginning in Fiscal Year 2019;
- Switching to the Entry Age Normal actuarial cost method (average of salaries over career);
- Changing interest rates used to calculate the money purchase option formula;
- Stabilization Fund is created but not protected from sweeps (Moneys in the fund shall be used for the sole purpose of making payments to the designated retirement systems);
- Pensionable ceiling at Social Security level which is \$113,700 for 2013. It is believed that cost-shifting, if legislatively passed, will allow the individual campuses to implement a defined contribution plan for those higher paid positions.

Thus far, no proposed legislation has been made available; nothing to react to as yet. Be assured that SUAA will respond as quickly as possible to any changes to retirees' pensions.

Keep watching for alerts and information regarding both Medicare age retiree health insurance and changes to the pensions for both those who are currently retired and currently working.



State of Illinois
Central Management Services
Bureau of Benefits

DEPENDENT VERIFICATION
PO Box 1587
Jeffersonville, IN 47131-9980



Go paperless at: www.AuditOS.com

PC or Mobile Upload: www.AuditOS.com

Fax: 1-877-223-8478

Phone: 1-877-658-0596



REFERENCE NUMBER: 1234567

RESPOND BY: OCTOBER 25, 2013

September 25, 2013

emp_name
street
street2
city, state zip

FIRST NOTICE - ACTION IS REQUIRED
FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM THE STATE EMPLOYEES GROUP INSURANCE PROGRAM.

Dear emp_name,

To ensure that only eligible dependents are covered under State Employees Group Insurance Program (State Employees Program), the Illinois Department of Central Management Services (CMS) has retained the services of HMS Employer Solutions (HMS), an independent firm, to conduct a dependent eligibility verification audit.

By law, the State's plans, including the State Employees Program can only cover members and eligible dependents. While most dependents are eligible, some dependents in the plan may no longer meet the eligibility guidelines. In order to ensure that dependents enrolled in the State Employees Program meet the eligibility guidelines, HMS Employer Solutions has been authorized to obtain documentation regarding each member's enrolled dependents.

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. As a member of the State Employees Program you must provide all required documentation for each enrolled dependent to HMS no later than October 25, 2013. Your documentation may be submitted by mail or fax using the information provided in the FAQs. Please allow 5 to 7 business days for documents to be received by mail. You will be notified through your chosen method of notification (by mail or email) when documentation has been received and processed. If you cannot meet this deadline, you may request an extension in writing through HMS.

Protecting the personal information of members and dependents is a priority to CMS and HMS. All documents provided during the dependent eligibility verification audit will be securely stored and protected through physical, electronic and procedural safeguards.

As a reminder, eligible dependents are defined in your benefits summary as:

- Your legal spouse, domestic partner (enrolled before 7/1/2011) or civil union partner (does not include ex-spouses/civil union partners, common-law spouses, persons not legally married, or after 1/13/2012 the new spouse/civil union partner of a survivor).
- Your child up to age 26*
- An individual who received an organ transplant after June 30, 2000 and who is claimed as your dependent for income tax purposes.
- Your child of any age who is mentally or physically disabled from a cause originating prior to age 26 and is eligible to be claimed as your dependent for income tax purposes.
- Your Veteran child, age 26 up to age 30 and an Illinois resident.
- An individual added before 1983 and is claimed as your dependent for income tax purposes.

*A child is defined as your natural child; stepchild; child of your qualified civil union partner; legally adopted child or child placed with you for adoption; a child for whom you have permanent legal guardianship; or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

To complete the dependent verification process, simply follow these steps:

- Carefully review the definition of an eligible dependent above.
- Indicate current eligibility for each dependent listed in the chart on the reverse side of this letter.
- For each dependent listed, collect all documents listed as **REQUIRED DOCUMENTS** on the reverse side of this letter.
- **SIGN** and **DATE** the signature box on the reverse side of the letter.
- Submit the **SIGNED LETTER** and copies of all **REQUIRED DOCUMENTS** to HMS Employer Solutions by mail, email or fax using the information provided in the FAQs by October 25, 2013. Please note, documents provided for this verification audit will not be returned.

Para asistencia en español por favor comunicarse con
HMS Employer Solutions al 1-877-658-0596 Lunes a Viernes.

If you have questions regarding this letter, please see the enclosed Frequently Asked Questions (FAQs) Employer Solutions by using the contact information at the top of this letter.

EID

PLEASE REVIEW AND COMPLETE THE FOLLOWING INFORMATION:

Dependent Name DOB Relationship to Member	Social Security Number If blank, please provide Social Security Number	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?		If NO, what date did the dependent NO LONGER qualify as an eligible dependent?	Reason dependent is no longer eligible
		Yes	No		
dep_1		<input type="checkbox"/>	<input type="checkbox"/>		
dep_2		<input type="checkbox"/>	<input type="checkbox"/>		
dep_3		<input type="checkbox"/>	<input type="checkbox"/>		
dep_4		<input type="checkbox"/>	<input type="checkbox"/>		
dep_5		<input type="checkbox"/>	<input type="checkbox"/>		
dep_6		<input type="checkbox"/>	<input type="checkbox"/>		
dep_7		<input type="checkbox"/>	<input type="checkbox"/>		
dep_8		<input type="checkbox"/>	<input type="checkbox"/>		

If you are reporting a dependent as ineligible, you must provide documentation which shows when their eligibility ceased.

REQUIRED DOCUMENTS All Required Documents MUST include date and/or year, employee name, and dependent's name.

FOR SPOUSE:

- A copy of the front page of your 2012 federal tax return transcript ** identifying this dependent as your spouse; **AND**
- A document dated within the last 60 days showing current relationship status such as a bank, mortgage or credit card statement listing both names, or a Property Tax Statement issued within the past 12 months listing both names.

FOR CIVIL UNION PARTNER:

- A copy of your Civil Union Partnership Certificate **AND**
- A copy of the front page of your 2012 state income tax return identifying your relationship to this dependent, **OR**
- A document dated within the last 60 days showing current relationship status such as a bank, mortgage or a credit card statement listing both names

FOR DOMESTIC PARTNER:

- Two forms of documentation that prove that the member and partner are jointly responsible for each other's common welfare and share financial obligations, **OR**
- A Cook County Domestic Partnership Certificate and one form of documentation as stated in the first domestic partner bullet point.

FOR CHILDREN (up to age 26)*:

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you or your spouse/civil union partner as the child's parent, **OR**
- A copy of the court order naming you as the child's legal guardian.

FOR CHILDREN (age 26 and older)*: DOCUMENTATION NOTED FOR "CHILDREN" ABOVE **AND**

DISABLED CHILDREN:

- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent, **AND**
- Copy of the child's Medicare card, **AND**
- Statement from the Social Security Administration with the social security disability determination, **OR**
- A U.S. Court order adjudicating the child's disability.

ADULT VETERAN CHILDREN (eligible ONLY until the 30th birthday): DOCUMENTATION NOTED FOR "CHILDREN" ABOVE **AND**

- Proof of Illinois residency, **AND**
- A copy of the dependent's Veterans' Affairs Release form (DD 214) or equivalent, **AND**
- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent if declaring the adult veteran child as an IRS dependent.

OTHER: DOCUMENTATION NOTED FOR "CHILDREN" ABOVE **AND**

- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent, **AND**
- Proof of organ transplant performed after June 30, 2000.

OTHER: DEPENDENTS ADDED BEFORE 1983

- A copy of the front page of your 2012 federal tax transcript** identifying the dependent as a tax dependent.

*** NOTE:** If you are covering a stepchild and your spouse or civil union partner is not a covered dependent, you must also provide documentation of your current relationship to your spouse or civil union partner as requested above.

****NOTE:** Review FAQ #13 for information on how to obtain a federal tax return transcript at no cost to you.

SIGNATURE AND DATE

By my signature on this form, I certify and warrant to CMS that (1) all information on this form is true, correct, and current as of the date signed and (2) all documents submitted are authentic. I understand that falsification of the information contained on this form may result in CMS requiring repayment of all premiums as well as expenses incurred by the State Employees Group Insurance Program for the ineligible dependent.

Signature of Member (REQUIRED): _____

Date: _____

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- Status updates
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Fax documentation to 1-877-223-8478

- Paperless and secure
- Toll free

DEADLINE TO SUBMIT DOCUMENTATION IS OCTOBER 25, 2013



Go paperless at
www.AuditOS.com

PC or Mobile Upload:
<http://www.AuditOS.com>

Fax: 1-877-223-8478

Phone: 1-877-658-0596

PLEASE RETAIN FOR YOUR REFERENCE DURING THE DEPENDENT VERIFICATION PROCESS.

DEPENDENT VERIFICATION AUDIT FREQUENTLY ASKED QUESTIONS

Q1: Why is the Illinois Department of Central Management Services (CMS) conducting a Dependent Eligibility Verification Audit?

The State of Illinois Group Insurance Program (State Employees Program) by law, can only cover members and their eligible dependents. This dependent eligibility verification audit is necessary to ensure that the health plans are compliant with these laws.

Q2: Who is HMS Employer Solutions (HMS)?

HMS Employer Solutions is an independent third-party audit company with whom CMS has contracted to verify the eligibility of dependents covered under the State Employees Program. HMS specializes in verifying health plan eligibility and has audited verification documentation for hundreds of thousands of dependents for some of the largest employers in the United States. Experience and expertise are necessary to complete this audit carefully and successfully, and to limit the inconvenience to participants.

Q3: The documentation required contains sensitive data. Is this process secure?

Protecting personal information is a priority to CMS and HMS. In compliance with applicable U.S. (federal) and state regulations, information and documentation submitted to HMS for the Dependent Eligibility Verification Audit is stored, processed and protected by physical, electronic and procedural safeguards. **When submitting marriage certificates, birth certificates and other documents, please mark each document "Not for Official Use"**. This notation stipulates that the documents be used only for the purposes of verifying the eligibility of your dependents. When submitting your tax documentation, only the top portion which includes the names of the member, spouse and any dependent children is required. **Please black out any income information.**

All documents are securely stored for six months following completion of the verification audit. Upon expiration of the retention period, all documents and electronic files will be securely destroyed by HMS and a Certificate of Destruction will be supplied to CMS. **Please note that documents provided will NOT be returned.** HMS meets all of the professional and legal standards associated with providing service to employers, including the Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), and disposal rules as enforced by the Federal Trade Commission. In addition, every employee of HMS submits to a thorough and multi-tiered background check. Only HMS employees directly involved in CMS dependent eligibility verification audit will have access to these documents.

Q4: Will I be penalized or charged any fees for ineligible dependents?

While some members may be intentionally covering ineligible dependents, CMS believes that many members are simply unaware that their dependent no longer meets the requirements for eligibility. As a result, during the FY 2014 Benefit Choice period, CMS advised all members of this upcoming audit and encouraged them to remove any ineligible dependents at that time. If, as a result of this audit, it is determined that you are carrying an ineligible dependent, coverage for that dependent will be terminated. Falsification of the information contained on the required forms may result in discipline up to and including discharge. CMS reserves the right to pursue reimbursement of premiums and any benefits paid on behalf of the ineligible dependent.

Q5: Do I need to send original documents?

Please do **not** send your original documents. If the document is two-sided or has multiple pages, ensure you copy and submit all pages and both sides of the paper.

Q6: Where do I go for more information regarding the audit?

Information on the dependent eligibility verification audit is referenced on the CMS website (www.benefitschoice.il.gov) or you may visit us online at www.AuditOS.com for details regarding the audit, tools to assist you in locating and submitting your documentation and more. AuditOS.com is compatible with your mobile device.

Q7: I prefer email communications rather than mailed letters. Can I elect to receive follow up communications about the verification process through email instead?

Yes. We encourage members to elect to receive all future communications electronically. Please go to the "My Accounts" tab of the www.AuditOS.com website and enter your email address in the "My Information" section. Once you validate your email address as correct, you will be prompted to log back into the site where you may then click on the "Enable Paperless" button on the "My Accounts" tab to activate electronic communications.

Q8: Will I be reimbursed for the cost of obtaining these documents?

No, any charge for obtaining copies of required documents is your responsibility.

Q9: What happens if I do not submit all required documents by the Verification Deadline?

If you fail to provide or knowingly submit false information for enrolled dependents – one or all of the following actions may occur:

- The ineligible dependent(s) and/or dependents for whom complete documentation has not been submitted will be removed from coverage.
- CMS may seek to recover premiums and claims paid during the period that the ineligible dependent was covered.

CMS is ultimately responsible for determining how best to handle each individual case.

Q10: Can I request an extension of time to complete the process?

Yes. If you cannot meet the deadline, you may request an extension in writing through HMS prior to the deadline date. Requests for an extension should be submitted to HMS by toll free fax at 1-877-223-8478, via upload at www.AuditOS.com, or via mail at HMS Employer Solutions at PO BOX 1587, Jeffersonville, IN 47131-9980.

Q11: May I provide my documents to CMS or my Group Insurance Representative (GIR) instead of HMS?

No. Neither CMS nor your GIR will forward documents to HMS nor will they provide members with copies of previously submitted documents.

The only way to ensure that all documents are logged appropriately and eligibility is verified is to use the system that CMS has set up through HMS. Please do not call CMS or your GIR with questions or for assistance with the verification audit, as this is an independent audit.

Q12: What are my options for submitting documentation to HMS Employer Solutions?

HMS Employer Solutions offers a variety of options for document submission.

Document upload on the secure website: Log onto www.AuditOS.com using your reference number and your date of birth. Your reference number can be located on the top of the First Notice. Once you have accessed the site you should click the "Upload Documents" tab. You will then see the "Browse" button. After you locate your file and successfully upload it you will see a banner notification across the top of the screen indicating a successful or unsuccessful upload. AuditOS.com is accessible from your mobile device.

Fax: HMS Employer Solutions' toll-free fax number is 1-877-223-8478. You may fax your documents to this secured toll-free number 24 hours a day, 7 days a week.

Mail: Documents can be mailed to: **Dependent Eligibility Verification Center
P.O. Box 1587
Jeffersonville, IN 47131-9980**

Please allow 5-7 business days for your documents to be received and an additional 5 business days for documents to be processed.

Q13: How do I get a federal tax return transcript?

You must provide a copy of the front page of your federal tax return transcript if you are using your federal tax return as eligibility documentation. To request a copy go to www.irs.gov. Under "Tools" click on "Order a Return or Account Transcript". Fill in the required information and a copy will be sent to the address on your tax return within 7 to 10 days. You may also call the IRS at 1-800-908-9946 to order a tax transcript. There is no charge for this document.

Q14: Who should I contact at HMS if I have questions?

You may visit the website for this audit at www.AuditOS.com if you need further assistance or you can call our HMS Employer Solutions Customer Care Representatives who are available toll-free at 1-877-658-0696, Monday through Friday, 7am to 7pm CT.

DOCUMENT SUBMISSION CHECKLIST

- Submit all documents listed as **REQUIRED DOCUMENTS** on the back of the verification letter.
- Ensure each document is a **LEGIBLE BLACK and WHITE COPY** of the original document. Please note original documents will not be returned.
- Include your **NAME** and **REFERENCE NUMBER** (noted in the upper right hand corner of your letter) for easy identification on all submitted documents in the upper left hand corner.
- Write **'NOT FOR OFFICIAL USE'** and **BLACK OUT** all income information on all documents.
- DO NOT USE COLOR PAPER, COLOR INK, STAPLE, HIGHLIGHT, or TAPE** any of the documents.

RETURN ALL REQUIRED DOCUMENTS AND SIGNED LETTER BY OCTOBER 25, 2013. To submit your documents online, please visit <http://www.AuditOS.com>. You may also send documents via fax to 1-877-223-8478 or mail them to:

HMS Employer Solutions
PO BOX 1587
Jeffersonville, IN 47131-9980.

SUAA set-up medigap portal thru INSURAPRISE
Our association outreach and information
services are routed through medigap360.
confirmations and education comes through
medigap360.

http://www.suua.org

http://www.suua.org

Available October 1, 2013

https://www.demo.insuraprize.com/steps/handler/2

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UAA MEDICARE SUPPLEMENT PORTAL

Wednesday, September 11, 2013

Enter Your Contact Information

Please enter in the following information:

First Name:

Last Name:

Phone:

Email:

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INSURAPRIZE

LIAA MEDICARE SUPPLEMENT PORTAL

Wednesday, September 11, 2013

Review Your Rates

Your Recommended Plan F is shown to the right. All other plans are shown below.

Plan F is recommended because it pays 100% of all gaps left by Medicare. There are:

- No Deductibles
- No Co-payments
- No Networks or Referrals Necessary
- No Remaining Bills to Pay on Medicare Approved Charges



Click "Apply For Plan F" to Apply for the Recommended/ Lowest Price Plan F or choose a more expensive or less comprehensive plan below.

Recommended Plan	
American Continental Life	
Best Rate	
Company Name	American Continental Life
Plan Selected	F
Details	Plan Details

[Apply For Plan F](#)

Company	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G
 American Continental Life Insurance Company	\$74.65 per month plan details	\$94.06 per month plan details			Best Value! \$95.63 per month plan details	\$95.63 per month plan details
 ASSURED LIFE ASSOCIATION	\$95.10 per month plan details	\$106.81 per month plan details	\$133.38 per month plan details	\$102.79 per month plan details	\$136.49 per month plan details	\$103.19 per month plan details
 Equitable & You <small>Equitable Life & Casualty Insurance Company</small>	\$85.42 per month plan details				\$121.00 per month plan details	
 Family Life Insurance Company	\$109.33 per month	\$133.00 per month	\$152.68 per month	\$139.58 per month	\$159.08 per month	\$149.17 per month