

Illinois State University Part-Time Employee Election/Waiver of Group Insurance Participation

New Part-time Employees: Failure to complete the attached form will result in automatic enrollment in the Quality Care Health and Dental Plans with no dependent coverage.

Before making your decision to participate or not to participate, you should carefully read the following information:

1. New Part-time employees must use this form to either elect to participate in the Group Insurance Program or waive group insurance coverage. **Failure to complete this form will result in automatic enrollment in the Quality Care Health and Dental Plans with no dependent coverage.** Current employees who change from full-time to part-time status, or current part-time employees whose insurance premiums increase 30% or greater when changing to a lower part-time work percentage, may use this form to waive coverage.
2. Employees may elect to participate in the group insurance health and dental coverage voluntarily. Vision coverage is provided at no cost to employees participating in the health program. Additionally, the State of Illinois part-time employees are provided the basic term life coverage and may elect optional life insurance at group rates.
3. The State Quality Care Health Plan has a six-month pre-existing condition clause. This means that during the first six months of coverage, no benefits shall be payable for any services or care due to any disease or injury for which an individual was diagnosed, received treatment or services, or took prescribed drugs or medicines during the three months immediately preceding the effective date of coverage.

Pre-existing clauses vary among HMOs and Open Access Plan.

4. If you choose to participate in the health and dental coverage, you will be responsible for the state's portion of the health and dental premiums, based on the percentage of time employed.
5. If you elect **not** to participate in health and dental, you will not be able to enroll in the program until the next Benefit Choice Period (election during May with coverage effective July 1 of each year), unless you experience an eligible Qualifying Change in Status (listed in Member Handbook).
6. When you elect to participate, you must specify the type of coverage you are electing on the attached form.
7. With the exception of conditions stated above for part-time employees, all existing contract provisions and conditions, including insurance eligibility criteria (i.e., enrollment of newborns, health certificate requirements, etc.), as provided for full-time employees are applicable to you.
8. New employees: You must notify a Benefit Counselor of your decision within ten (10) days of your effective date of part-time employment. Effective date of coverage for you and any eligible dependents is retroactive to your employment date. Current Employees: The decision to elect coverage or waive coverage must be made within 60 days of a Qualifying Change in Status.

If you should have any questions, please contact a Benefit Counselor in Human Resources at (309) 438-8311.

Return the attached form to Human Resources, Campus Box 1300.

Part-time Employee Election/Waiver of Group Insurance Participation

New Part-time Employees: Failure to complete the attached form will result in automatic enrollment in the Quality Care Health and Dental Plans with no dependent coverage.

Employee Name: _____ Employee SSN: _____

Effective Date of Part-time Status: _____ Part-time %: _____*

* If you are a part-time employee who works at least 50% for 9 months or 100% for at least 4.5 months, you may be eligible to participate in the State Employees' Group Insurance Program. In order to determine your premium for group insurance, your part-time percentage will be averaged annually.

Employees may elect to participate in the group insurance health and dental coverage voluntarily. Vision coverage is provided at no cost to employees participating in the health program. Additionally, the State of Illinois part-time employees are provided the basic term life coverage and may elect optional life insurance at group rates.

Before making your decision, you should carefully read the following:

1. If you choose to participate in the health, dental and vision coverage, you will be responsible for the state's portion of the health and dental premiums, based on the percentage of time employed, in addition to the regular employee contribution. For example, if you work 75% time, the State will pay 75% of the state portion for your basic health and dental coverage. You would be required to pay the remaining 25% of the state portion of the cost plus your regular employee contribution.
2. If you elect **not** to participate in health and dental, you will not be able to enroll in the program until the next Benefit Choice Period (election during May with coverage effective July 1 of each year), unless you experience an eligible Qualifying Change in Status.
3. Part-time employees hired on or after July 1, 2003, who work 50% or greater cannot become a dependent of their state-employed spouse or remain as a dependent on their spouse's insurance.
4. Provisions and conditions of the Group Insurance Program are applicable to you if you elect to participate in the program.
5. The decision to elect coverage or waive coverage must be made within ten (10) days of employment for new hires and within 60 days of a Qualifying Change in Status for current employees.

Please indicate your choice below and sign.

_____ **YES**, I do want to participate in the coverage marked below and understand I will be responsible for the premiums payments. See back side of cover sheet for premium rates. If I choose to participate, I also understand I am eligible to elect Optional Life Coverage.

___ Health/Dental/Vision

___ Health/Vision*

___ Health/Dental/Vision and Optional Life

___ Health/Vision and Optional Life*

___ Optional Life Only

* Only new State employees or employees completing this form during the annual Benefit Choice Period may elect not to participate in the dental plan. Employees choosing not to participate in the dental plan may only re-enroll in it during the annual Benefit Choice Period.

_____ **NO**, I do not wish to participate in the health, dental or vision coverage. I understand that I cannot change this election until the next Benefit Choice Period, unless I experience a Qualifying Change in Status. Note: This election will not affect your Basic Life coverage or any Optional Life coverage in which you are currently enrolled.

Signature of Part-time Employee

Date

Signature of Group Insurance Representative

Date

This is only an example of a Part-Time employee with an annual salary of \$29,500 or less. Rates vary per salary.

Monthly Payroll Deductions for Part-Time Employees (FY11)

Deductions based on annual salary of \$29,500 or less – higher paid employees will pay slightly more

Health Alliance HMO

Percent	EE	EE+1	EE+2/more
50	319.36	613.22	811.94
60	264.88	518.76	685.54
70	210.42	424.32	559.16
75	183.18	377.10	495.96
80	155.94	329.88	432.76
90	101.46	235.42	306.36
100	47.00	141.00	180.00

Humana Benefit Plan

Percent	EE	EE+1	EE+2/more
50	337.76	646.06	855.32
60	279.60	544.64	719.64
70	221.44	443.22	583.98
75	192.38	392.52	516.16
80	163.30	341.82	448.32
90	105.14	240.40	312.64
100	47.00	139.00	177.00

Quality Care

Percent	EE	EE+1	EE+2/more
50	438.08	938.28	1085.12
60	364.86	804.22	927.68
70	291.64	670.16	770.26
75	255.04	603.14	691.56
80	218.42	536.10	612.82
90	145.20	402.04	455.40
100	72.00	268.00	298.00

HealthLink

Percent	EE	EE+1	EE+2/more
50	374.14	719.50	953.60
60	308.70	605.98	802.06
70	243.28	492.50	650.56
75	210.56	435.74	574.78
80	177.84	378.98	499.02
90	112.42	265.48	347.50
100	47.00	152.00	196.00

Dental Coverage

Percent	EE	EE+1	EE+2/more
50	22.14	38.92	62.24
60	19.92	34.54	53.70
70	17.68	30.14	45.14
75	16.56	27.94	40.86
80	15.46	25.76	36.60
90	13.22	21.36	28.04
100	11.00	17.00	19.50

PersonalCare

Percent	EE	EE + 1	EE+2/more
50	304.92	585.64	775.20
60	253.32	496.28	655.54
70	201.74	406.96	535.90
75	175.96	362.32	476.10
80	150.16	317.64	416.26
90	98.58	228.32	296.62
100	47.00	139.00	177.00

Insurance rates are showing for McLean County area only.

Contact Human Resources Benefit Services for rates outside of McLean County.

July 1 insurance rates change every year.

Contact Human Resources Benefit Service for rate information.

EE= Employee only

EE + 1= Employee plus one dependent

EE + 2= Employee plus two or more dependents