

# UNIVERSITY OF ILLINOIS

URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

## What I Need to Know About My Insurance Coverage & Payment of Premiums While on Leave

The State of Illinois Employees Group Insurance Program is administered by Central Management Services (CMS). When employees are on an **unpaid** leave of absence, CMS direct bills them for health, dental and life premiums. The amount billed is based on whether the leave is a **State Paid** or **Non-State Paid** leave.

<i>State Paid Leaves State Pays Employer Premiums</i>	<i>Maximum Coverage Period</i>	<i>Non-State Paid Leaves State Does Not Pay Employer Premiums</i>	<i>Maximum Coverage Period</i>
FMLA – Maternity/Family Member	12 weeks	Personal Leave	24 months
FMLA - Medical	24 months	Seasonal Layoff except during the months of June, July and Aug.	Part-time premiums required all year
Educational Leave/Sabbatical	24 months (Lifetime)	Dock Suspension > 30 days	24 months
Dock-Suspension < 30 days	30 days	Permanent Layoff – Life only	24 months
Disability/w SURS Benefit	None	Family Military	12 months
Disability/w No SURS Benefit	24 months	Family Leave – non medical or FMLA leave expired	12 months
University Annual Summer Break	3 months		
Seasonal Layoff during the months of June, July and August	3 months; must return by 9/1		
Military Leave	None		
Family Leave – Military Caregiver	26 weeks		

### **CMS Leave Rules and Policies:**

1. CMS allows employees 60 calendar days from the date the leave began to request a coverage change. The effective date of a coverage change will be the later of the date the leave began or the date of the request.
  - a. Changes made on or before the first day of the leave are effective on the first day of the leave.
  - b. Changes made within 60 calendar days after the first day of the leave are effective the date of the request.
2. Monthly billing statements are mailed by CMS/MyBenefits to employees' mailing addresses on file.
  - a. Failure to submit payment by the due date may result in a current termination of coverage and/or the filing of an involuntary withholding order to collect the unpaid premium.
3. Employees are required to update MAILING address changes using **NESSIE**.
4. Contact the UPB Fiscal Control and Management office to report your return to work date.
  - a. **Email:** [obfsupbfiscalcontrol@uillinois.edu](mailto:obfsupbfiscalcontrol@uillinois.edu)
  - b. **Call:** select OPTION #1 "Leave of Absence Questions"
    - Urbana 217-265-6363
    - Chicago 312-996-7200
    - Springfield 217-206-7144
5. Employees must be actively at work to participate in the Dependent Care Assistance Plan (DCAP) or the Medical Care Assistance Plan (MCAP). Upon returning to work employees may be eligible to enroll in both plans.
  - a. Please contact UPB for assistance with continuing MCAP contributions.
6. When dependent coverage is terminated during a leave, either voluntarily or due to non-payment of premiums, the dependent(s) must be re-enrolled in coverage using <https://MyBenefits.illinois.gov> prior to or within 60 calendar days of the employee returning to work.
  - a. Employees who fail to re-enroll dependents within the time frame cannot add them until they have an eligible Qualifying Event or the next Benefit Choice period.
7. **IMPORTANT:** To make any changes to your State coverage during a paid or unpaid leave, go to <https://MyBenefits.illinois.gov>.

**State Paid Leaves:** The employee will continue to pay the same premium as when they were actively working.

### **State Paid Leave Insurance Options:**

1. Make no changes
2. Employees in the status of:
  - a. Full-Time may opt-out of health/dental/vision by providing proof of other non-State of Illinois comprehensive group health insurance coverage.
    - i. Employees can retain their opt-out status after returning to work as long as insurance coverage continues.
  - b. Part-time may waive health/dental/vision but are ineligible to be a dependent on a spouse's State of Illinois group insurance coverage.
    - i. Employees can continue to waive coverage as long as they remain part-time.
3. Terminate dependent(s) coverage.
4. Reduce or terminate employee or dependent optional life insurance. Statement of Health approval required for reinstatement of coverage.
5. Health carrier changes are permitted only when employee is moving out of their HMO/OAP coverage area, e.g. out of state or country.

**Annual Summer Break/Seasonal Layoff during June, July and August**

Full and part-time employees who are paid 9/9 and do not have a benefits eligible job over the summer will be automatically billed by CMS, through August 31, the same premium amounts you are paying as an actively working employee. Employees who are not returning in the fall and wish to discontinue their insurance coverage before August 31 should contact UPB in writing before June 1 requesting termination of coverage. Employees who request to terminate coverage after June 1 will have their coverage terminated on the date of the request. Once an employee is billed, there is no option but for the employee to pay the bill. Employees who will be reappointed for the fall are not eligible to drop coverage over the summer and will have premiums payroll-deducted starting in September.

**Non-State Paid Leaves:** Employee is required to pay 100% of the state/employer and employee premiums.

**Non-State Paid Leave Insurance Options:**

1. Make no changes.
2. Employee may be eligible to become a dependent on a State of Illinois-employed spouse's insurance plan until the employee physically returns to work.
3. Employees in the status of:
  - a. Full-Time may opt-out of health/dental/vision without proof of other non-State of Illinois comprehensive group health insurance coverage.
    - i. Employees can retain their opt-out status after returning to work if they provide proof of other non-State of Illinois comprehensive insurance coverage.
  - b. Part-time may waive health/dental/vision but are eligible to be a dependent on a spouse's State of Illinois group insurance coverage.
    - i. Employees can continue to waive coverage as long as they remain part-time.
4. Terminate all coverage without proof of other insurance.
5. Terminate dependent(s) coverage.
6. Reduce or terminate employee or dependent optional life insurance. Statement of Health approval required for reinstatement.

**Returning From Leaves:** Employees, full or part time, who terminate coverage, must contact UPB prior to their return to work to re-enroll or go to <https://MyBenefits.illinois.gov> to make elections. Employees who fail to re-enroll will default to the Quality Care Plans with no dependent coverage.

**EXAMPLE: FY2018 Monthly Premium for State-Paid Leaves**

Health Plan Based on Employee Salary \$30,200 or Less	Employee Only	Employee +1 Dependent	Employee +2 or more Dependents
Quality Care Health Plan	\$93.00	\$342.00	\$380.00
Health Alliance HMO	\$68.00	\$181.00	\$227.00
Aetna HMO	\$68.00	\$179.00	\$224.00
HMO Illinois	\$68.00	\$168.00	\$207.00
BlueAdvantage HMO	\$68.00	\$164.00	\$200.00
HealthLink OAP	\$68.00	\$194.00	\$247.00
Aetna OAP	\$68.00	\$179.00	\$224.00
Dental Plan	Employee Only	Employee +1 Dependent	Employee +2 or More Dependents
Quality Care Dental Plan	\$11.00	\$17.00	\$19.50

**EXAMPLE: FY2018 Monthly Premiums for Non-State Paid Leaves**

Health Plan Employee Salary \$30,200 or Less	Employee Only	Employee +1 Dependent	Employee +2 or more Dependents
Quality Care Health Plan	\$1,128.46	\$2,341.66	\$2,651.62
Health Alliance HMO	\$865.96	\$1,595.82	\$2,146.36
Aetna HMO	\$866.94	\$1,597.62	\$2,148.76
HMO Illinois	\$765.38	\$1,410.76	\$1,900.96
BlueAdvantage HMO	\$732.20	\$1,349.70	\$1,819.98
HealthLink OAP	\$907.00	\$1,670.26	\$2,236.06
Aetna OAP	\$740.12	\$1,362.94	\$1,825.98
Dental Plan	Employee Only	Employee +1 Dependent	Employee +2 or More Dependents
Quality Care Dental Plan	\$36.26	\$64.42	\$111.02

# UNIVERSITY OF ILLINOIS SYSTEM

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## Leave of Absence Worksheet

Date: \_\_\_\_\_

### Employee Information

UIN: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_

First Name

Middle Name

Last Name

Home Address

City

State

Zip Code

Phone

Email

Department

### Absence Information

This is a new request.  This is an update to an existing request.

Requested Start Date \_\_\_\_\_ Anticipated Return Date \_\_\_\_\_

### Type of Leave

State Paid  Non-State Paid

### State Insurance Plans

Keeping my current coverage? \_\_\_\_\_

\*\* If you select Yes, CMS/MyBenefits will bill monthly for the duration of your leave.

\*\* If you select No, mark below any benefit changes you wish to make AND login to complete [MyBenefits](#) changes. Contact our office if you have questions.

### Dropping State Health/Dental/Vision Coverage

Full-Time Opting Out  Part-Time Waiving

Terminate State health/dental/vision coverage (Personal Leave only) Re-Enrollment Required

### State Life Insurance/Accidental Death & Dismemberment (AD&D)

Cancel Basic Life (Personal Leave Only)  Cancel Employee Optional Life  Cancel All AD&D  Reduce Employee Optional \_\_\_\_\_

I will be a dependent on my spouse's State of Illinois Group Insurance Plan (**Personal Leave Only**)

Spouse's Name \_\_\_\_\_ Spouse's UIN/Last 4 SSN \_\_\_\_\_

Re-enrollment of dependent(s) is **not** automatic when you return to work. Use [MyBenefits](#) to enroll dependents into State health, dental and life. Contact our office for questions or additional information

\*\* If you are on personal leave and elect to keep your insurance coverage, keep in mind you will be required to pay 100% of the employee premiums **and** employer premiums.

## U of I Plans - (Accidental Death & Dismemberment, U of I Life or Long Term Disability)

If you are currently enrolled into U of I Plans, you will be billed monthly by University Payroll & Benefits.

If you would like to cancel your U of I Plans, please contact our office.

### Authorization

I authorize premiums, as established annually, to be deducted from my pay for those plans I have selected. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed by CMS/MyBenefits. The information contained in this form is complete and true. I agree to abide by all Group Insurance Program Rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected. I understand it is my responsibility to review my paycheck and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my GIR. Falsification of the information contained on this form may result in discipline up to and including discharge. Additionally, CMS may impose a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Complete, Print, Sign form and submit to University Payroll & Benefits office.

Email: [obfsupbfiscalcontrol@uillinois.edu](mailto:obfsupbfiscalcontrol@uillinois.edu)

Fax: 217/ 244-0993

Mail: University Payroll & Benefits  
Fiscal Control Management Group  
177 Henry Admin Building  
MC-318  
506 South Wright Street  
Urbana, IL 61801

Questions?

Contact University Payroll and Benefits

Choose Option #1: "LOA Questions", when calling

UIUC 217/ 265-6363

UIC 312/ 996-7200

UIS 217/ 206-7144