

1 TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
2 SUBTITLE F: EMPLOYEE BENEFITS  
3 CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES  
4

5 PART 2210  
6 STATE EMPLOYEES GROUP HEALTH INSURANCE PROGRAM  
7

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SUBPART F: PROGRAM OF BENEFITS FOR MEDICARE PRIMARY  
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SUBPART G: PROGRAM FUNDING

72 Section

- 72 2210.710 Health Insurance Reserve Fund
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AUTHORITY: Implementing and authorized by the State Employees Group Insurance Act of 1971 [5 ILCS 375].

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SOURCE: Adopted at 47 Ill. Reg. 5329, effective April 3, 2023; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART B: ELIGIBILITY

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**Section 2210.210 Member Eligibility**

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- a) The following individuals are eligible to enroll in the Program as a Member:

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- 1) Employees
    - A) Newly-hired Employees will be eligible as of the first day of active State service, and
    - B) An Employee who would also otherwise be eligible as a Dependent must be enrolled as a Member.
  - 2) Retired Employees. A Retired Employee who:
    - A) Is not Medicare-primary due to age or disability,; and resides within the United States or a U.S. Territory, shall be eligible.
    - B) Is Medicare-primary due to age or disability, and resides~~Resides~~ within the United States or a U.S. Territory, shall be eligible only for the TRAIL Program regardless of the Medicare eligibility status of an enrolled Dependent.~~unless an enrolled Dependent of the Retired Employee is not eligible for Medicare.~~
  - 3) Annuitants. An Annuitant who:
    - A) Is not Medicare-primary due to age or disability, and resides within the United States or a U.S. Territory, shall be eligible.;~~and~~
    - B) Is Medicare-primary due to age or disability, and resides~~Resides~~ within the United States or a U.S. Territory, shall be eligible only for the TRAIL Program regardless of the Medicare eligibility status of an enrolled Dependent.~~unless an enrolled Dependent of the Annuitant is not eligible for Medicare.~~
  - 4) Survivors. A Survivor who:
    - A) Is not Medicare-primary due to age or disability, and resides within the United States or a U.S. Territory, shall be eligible.;~~and~~
    - B) Is Medicare-primary due to age or disability, and resides~~Resides~~ within the United States or a U.S. Territory, shall be eligible only for the TRAIL Program, regardless of the Medicare eligibility status of an enrolled Dependent.~~unless an enrolled Dependent of the Survivor is not eligible for Medicare.~~

128 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
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SUBPART C: ENROLLMENT

**Section 2210.320 Initial Enrollment for New Annuitants and New Survivors Who Are Not Medicare Eligible**

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- a) A new Annuitant has an initial enrollment period lasting 60 days from the date of retirement from State employment.
  - b) A new Survivor has an initial enrollment period lasting 60 days from the date the Survivor first becomes eligible to receive an annuity as the result of the death of an Employee, Retiree, or Annuitant.
  - c) The following elections may be made by a new Annuitant or new Survivor during the initial enrollment period:
    - 1) Enroll in either the Basic Health Plan or any available Optional Health Plan;
    - 2) Elect not to participate in the Program;
    - 3) Enroll eligible Dependents, or
    - 4) Enroll in the dental plan administered by the Agency.
  - d) A new Annuitant or new Survivor who fails to submit the forms required by the Agency for enrollment during the initial enrollment period will not be covered by the Program.
  - e) Coverage for a new Annuitant will be effective on the latest of:
    - 1) Date of commencement of the individual's retirement/annuity benefit; or
    - 2) The first day of the month following the month in which the individual's application for retirement is received by the appropriate retirement system. However, at no time will the effective date of coverage be retroactive greater than six months from the date the enrollment is received by the Agency.
  - f) If a new Survivor was enrolled as a Dependent of a deceased Member at the time of the deceased Member's death, elected coverage as a Survivor will be effective on the day after the Member's death.

- 172 g) If a new Survivor was not enrolled as a Dependent of a deceased Member at the  
173 time of the deceased Member's death, elected coverage as a Survivor will be  
174 effective on the first day of the month following the date the Agency is notified of  
175 the approved application.  
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- 177 h) Enrolled Dependents designated by the Annuitant or Survivor, who receive  
178 coverage based on that designation and timely complete and submit the necessary  
179 enrollment paperwork, will have the same effective date of coverage as the new  
180 Annuitant or new Survivor. Notwithstanding the new Annuitant or new  
181 Survivor's non-Medicare eligibility status, if a Dependent is Medicare eligible, the  
182 Dependent must enroll in Medicare Part B coverage and the TRAIL Program for  
183 their health benefits.  
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- 185 i) A new Annuitant or new Survivor must provide a social security number, and the  
186 social security number of any Dependents being enrolled, at the time of initial  
187 enrollment.  
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- 189 j) A full-time Employee who would otherwise be eligible as a new Annuitant or  
190 new Survivor must make an election to either enroll in coverage or opt out of  
191 coverage as an employee. A full-time Employee opting out of coverage must  
192 provide proof of other major medical insurance administered by an entity other  
193 than Agency.  
194
- 195 k) A Part-time Employee who would otherwise be eligible as a new Annuitant or  
196 new Survivor must make an election to either enroll in coverage or waive  
197 coverage.  
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199 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
200

201 **Section 2210.330 Initial Enrollment for New Annuitants and New Survivors Who Are**  
202 **Medicare Eligible**  
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- 204 a) If a new Annuitant or new Survivor ~~is and all enrolled dependents are~~ already a  
205 Medicare eligible ~~beneficiary~~ ~~beneficiaries~~ at the time they first become eligible  
206 for coverage, the new Annuitant or new Survivor will ~~be~~ required to enroll into  
207 the TRAIL Program within 60 days after retirement, regardless of the Medicare  
208 eligibility status of any Enrolled Dependents ~~or after the date the last covered~~  
209 ~~individual reaches age 65, whichever is later.~~  
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- 211 b) The following elections may be made by a new Annuitant or new Survivor during  
212 the initial enrollment period:  
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- 214 1) Enroll in the TRAIL program, failure to enroll in coverage will result in  
215 the new Annuitant's or Survivor's health coverage being defaulted to a  
216 waive status;  
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218 2) Elect any available Optional Health Plan;  
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220 3) Elect not to participate in the Program;  
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222 4) Enroll eligible Dependents, or  
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224 5) Enroll in the dental plan administered by the Agency.  
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226 c) Enrolled Dependents will have the same effective date of coverage as the new  
227 Annuitant or new Survivor.  
228  
229 d) A new Annuitant or new Survivor must provide a social security number, and the  
230 social security number of any Dependents being enrolled, at the time of initial  
231 enrollment.  
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233 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
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235 **Section 2210.370 Dependent Enrollment**  
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- 237 a) All non-Medicare eligible Dependents of a non-Medicare eligible ~~an Employee~~,  
238 Annuitant, Retired Employee, or Survivor must be enrolled in the same health  
239 plan and, if applicable, dental plan as the Employee, Annuitant, Retired  
240 Employee, or Survivor.  
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242 b) If both parents of a child are Employees, either Employee may elect to cover the  
243 child as a Dependent. Such child may not be covered as a Dependent under both  
244 Employees for the same type of coverage. A Dependent whose coverage was  
245 terminated for nonpayment of premium under one parent may not be enrolled  
246 under the other parent until all premiums due are paid.  
247  
248 c) Employees, Annuitants, Retired Employees, and Survivors must complete the  
249 enrollment ~~form~~ and submit any and all documentation required by the Agency in  
250 order to enroll Dependents. Failure to submit required documentation within the  
251 time frame specified by the Agency will result in denial of coverage for the  
252 Dependent.  
253

254 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
255

256 SUBPART E: PROGRAM OF BENEFITS FOR EMPLOYEES AND NON-MEDICARE  
257 PRIMARY ANNUITANTS/SURVIVORS  
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259 **Section 2210.560 Requirements to Enroll in Medicare**  
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- 261 a) Members and dependents must contact the Social Security Administration to  
262 apply for Medicare benefits at least three months prior to turning age 65.  
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- 264 1) Members and dependents who are determined by the Social Security  
265 Administration to be eligible for premium-free Medicare Part A must  
266 accept the Medicare Part A coverage and submit a copy of the Medicare  
267 identification card to the Agency upon receipt.  
268
- 269 2) Members and dependents who are determined by the Social Security  
270 Administration to not be eligible for premium-free Medicare Part A will  
271 not be required to enroll in Medicare Part A coverage. Such members  
272 must provide a written statement of ineligibility from the Social Security  
273 Administration to the Agency.  
274
- 275 b) Actively working Employees will not be required to enroll in Medicare Part B  
276 coverage until such time as the Employee retires or otherwise loses active  
277 employment status.  
278
- 279 c) Members and dependents who fail to enroll in Medicare Parts A and B are  
280 responsible for the portion of healthcare costs that would have been covered by  
281 Medicare.  
282
- 283 d) Failure to enroll or remain enrolled in Medicare will result in a reduction of  
284 eligible benefit payments when Medicare is determined to be the primary payor.  
285
- 286 e) When any Member or Covered Dependent becomes Medicare eligible, they must  
287 enroll in Medicare Part B coverage and the TRAIL Program, regardless of the  
288 Medicare eligibility status of any other family or household member covered  
289 under the State Employee Group Health Insurance Program.  
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291 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
292

293 SUBPART F: PROGRAM OF BENEFITS FOR  
294 MEDICARE PRIMARY ANNUITANTS/SURVIVORS (TRAIL PROGRAM)  
295

296 **Section 2210.610 Program Requirements**  
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298 a) The Director shall design the TRAIL Program to be reasonably comparable in  
299 overall stability and continuity of coverage, care, and services to the Basic Health  
300 Plan. ~~This Section shall not be construed to require the Director to provide  
301 identical levels of coverage for any particular service or identical Member cost  
302 sharing levels for any particular service between the TRAIL Program and the  
303 Program.~~

304  
305 b) The Director may make the TRAIL Program available to eligible Medicare-  
306 primary Members through a contract or contracts with one or more vendors.

307 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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309 **Section 2210.650 Appeals**

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311 a) A Member who is unsatisfied with a coverage decision made by a Plan  
312 Administrator may appeal such decision by complying with the appeals process  
313 established by the Plan Administrator.

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315 b) Each Plan Administrator's appeals process shall comply with all applicable  
316 federal and state laws and regulations.

317  
318 c) Unless a health plan is maintained on a self-insured basis, the Agency will have  
319 no direct involvement in appeals relating to coverage decisions made by a Plan  
320 Administrator, since non-self-insured plans are regulated by the Department of  
321 Insurance. For any health plan maintained on a self-insured basis, the Agency  
322 may permit a Member who has exhausted all available appeal levels through the  
323 Plan Administrator to submit a final appeal request to the Agency only if the  
324 appeal is based on an administrative denial, not on a medical denial. This Section  
325 shall not be construed to require the Agency to permit such appeals.

326  
327 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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