

SB1379



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1379

Introduced 1/29/2025, by Sen. Chapin Rose

SYNOPSIS AS INTRODUCED:

5 ILCS 375/8

from Ch. 127, par. 528

Amends the State Employees Group Insurance Act of 1971. Provides that beginning January 1, 2026, the Director of Central Management Services shall implement a program providing choice to Medicare-primary members and their Medicare-primary dependents. Provides that the program shall include a monthly voucher in the amount that the State would have contributed toward that member's monthly premium if the Medicare-primary member elected to participate in the group health benefits program. Provides that the voucher shall be used by the Medicare-primary member to pay the monthly premium cost of an individual Medicare Advantage plan of his or her choosing. Effective immediately.

LRB104 10089 BDA 20161 b

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 8 as follows:

6 (5 ILCS 375/8) (from Ch. 127, par. 528)

7 Sec. 8. Eligibility.

8 (a) Each employee eligible under the provisions of this
9 Act and any rules and regulations promulgated and adopted
10 hereunder by the Director shall become immediately eligible
11 and covered for all benefits available under the programs.
12 Employees electing coverage for eligible dependents shall have
13 the coverage effective immediately, provided that the election
14 is properly filed in accordance with required filing dates and
15 procedures specified by the Director, including the completion
16 and submission of all documentation and forms required by the
17 Director.

18 (1) Every member originally eligible to elect
19 dependent coverage, but not electing it during the
20 original eligibility period, may subsequently obtain
21 dependent coverage only in the event of a qualifying
22 change in status, special enrollment, special circumstance
23 as defined by the Director, or during the annual Benefit

1 Choice Period.

2 (2) Members described above being transferred from
3 previous coverage towards which the State has been
4 contributing shall be transferred regardless of
5 preexisting conditions, waiting periods, or other
6 requirements that might jeopardize claim payments to which
7 they would otherwise have been entitled.

8 (3) Eligible and covered members that are eligible for
9 coverage as dependents except for the fact of being
10 members shall be transferred to, and covered under,
11 dependent status regardless of preexisting conditions,
12 waiting periods, or other requirements that might
13 jeopardize claim payments to which they would otherwise
14 have been entitled upon cessation of member status and the
15 election of dependent coverage by a member eligible to
16 elect that coverage.

17 (b) New employees shall be immediately insured for the
18 basic group life insurance and covered by the program of
19 health benefits on the first day of active State service.
20 Optional life insurance coverage one to 4 times the basic
21 amount, if elected during the relevant eligibility period,
22 will become effective on the date of employment. Optional life
23 insurance coverage exceeding 4 times the basic amount and all
24 life insurance amounts applied for after the eligibility
25 period will be effective, subject to satisfactory evidence of
26 insurability when applicable, or other necessary

1 qualifications, pursuant to the requirements of the applicable
2 benefit program, unless there is a change in status that would
3 confer new eligibility for change of enrollment under rules
4 established supplementing this Act, in which event application
5 must be made within the new eligibility period.

6 (c) As to the group health benefits program contracted to
7 begin or continue after June 30, 1973, each annuitant,
8 survivor, and retired employee shall become immediately
9 eligible for all benefits available under that program. Each
10 annuitant, survivor, and retired employee shall have coverage
11 effective immediately, provided that the election is properly
12 filed in accordance with the required filing dates and
13 procedures specified by the Director, including the completion
14 and submission of all documentation and forms required by the
15 Director. Annuitants, survivors, and retired employees may
16 elect coverage for eligible dependents and shall have the
17 coverage effective immediately, provided that the election is
18 properly filed in accordance with required filing dates and
19 procedures specified by the Director, except that, for a
20 survivor, the dependent sought to be added on or after the
21 effective date of this amendatory Act of the 97th General
22 Assembly must have been eligible for coverage as a dependent
23 under the deceased member upon whom the survivor's annuity is
24 based in order to be eligible for coverage under the survivor.

25 Except as otherwise provided in this Act, where husband
26 and wife are both eligible members, each shall be enrolled as a

1 member and coverage on their eligible dependent children, if
2 any, may be under the enrollment and election of either.

3 Regardless of other provisions herein regarding late
4 enrollment or other qualifications, as appropriate, the
5 Director may periodically authorize open enrollment periods
6 for each of the benefit programs at which time each member may
7 elect enrollment or change of enrollment without regard to
8 age, sex, health, or other qualification under the conditions
9 as may be prescribed in rules and regulations supplementing
10 this Act. Special open enrollment periods may be declared by
11 the Director for certain members only when special
12 circumstances occur that affect only those members.

13 (d) Eligible members may elect not to participate in the
14 program of health benefits as defined in this Act. The
15 election must be made during the annual benefit choice period
16 or upon showing a qualifying change in status as defined in the
17 U.S. Internal Revenue Code, subject to the conditions in this
18 subsection.

19 (1) (Blank).

20 (2) Members may re-enroll in the Department of Central
21 Management Services program of health benefits upon
22 showing a qualifying change in status, as defined in the
23 U.S. Internal Revenue Code, without evidence of
24 insurability and with no limitations on coverage for
25 pre-existing conditions.

26 (3) Members may also re-enroll in the program of

1 health benefits during any annual benefit choice period,
2 without evidence of insurability.

3 (4) Members who elect not to participate in the
4 program of health benefits shall be furnished a written
5 explanation of the requirements and limitations for the
6 election not to participate in the program and for
7 re-enrolling in the program. The explanation shall also be
8 included in the annual benefit choice options booklets
9 furnished to members.

10 (d-5) Beginning July 1, 2005, the Director may establish a
11 program of financial incentives to encourage annuitants
12 receiving a retirement annuity, but who are not eligible for
13 benefits under the federal Medicare health insurance program
14 (Title XVIII of the Social Security Act, as added by Public Law
15 89-97) to elect not to participate in the program of health
16 benefits provided under this Act. The election by an annuitant
17 not to participate under this program must be made in
18 accordance with the requirements set forth under subsection
19 (d). The financial incentives provided to these annuitants
20 under the program may not exceed \$150 per month for each
21 annuitant electing not to participate in the program of health
22 benefits provided under this Act.

23 (d-6) Beginning July 1, 2013, the Director may establish a
24 program of financial incentives to encourage annuitants with
25 20 or more years of creditable service but who are not eligible
26 for benefits under the federal Medicare health insurance

1 program (Title XVIII of the Social Security Act, as added by
2 Public Law 89-97) to elect not to participate in the program of
3 health benefits provided under this Act. The election by an
4 annuitant not to participate under this program must be made
5 in accordance with the requirements set forth under subsection
6 (d). The program established under this subsection (d-6) may
7 include a prorated incentive for annuitants with fewer than 20
8 years of creditable service, as determined by the Director.
9 The financial incentives provided to these annuitants under
10 this program may not exceed \$500 per month for each annuitant
11 electing not to participate in the program of health benefits
12 provided under this Act.

13 (d-7) Effective January 1, 2026, the Director shall
14 implement a program providing choice to Medicare-primary
15 members and their Medicare-primary dependents as provided
16 under this Act. The program established under this subsection
17 (d-7) shall include a voucher, to be issued monthly, in the
18 amount that the State would have contributed toward that
19 member's monthly premium if the Medicare-primary member
20 elected to participate in the group health benefits program
21 for Medicare-primary members and their Medicare-primary
22 dependents provided under this Act. The voucher shall be used
23 by the Medicare-primary member to pay the monthly premium cost
24 of an individual Medicare Advantage plan of his or her
25 choosing. Any amount of premium cost in excess of the amount of
26 the voucher is the Medicare-primary member's responsibility.

1 (e) Notwithstanding any other provision of this Act or the
2 rules adopted under this Act, if a person participating in the
3 program of health benefits as the dependent spouse of an
4 eligible member becomes an annuitant, the person may elect, at
5 the time of becoming an annuitant or during any subsequent
6 annual benefit choice period, to continue participation as a
7 dependent rather than as an eligible member for as long as the
8 person continues to be an eligible dependent. In order to be
9 eligible to make such an election, the person must have been
10 enrolled as a dependent under the program of health benefits
11 for no less than one year prior to becoming an annuitant.

12 An eligible member who has elected to participate as a
13 dependent may re-enroll in the program of health benefits as
14 an eligible member (i) during any subsequent annual benefit
15 choice period or (ii) upon showing a qualifying change in
16 status, as defined in the U.S. Internal Revenue Code, without
17 evidence of insurability and with no limitations on coverage
18 for pre-existing conditions.

19 A person who elects to participate in the program of
20 health benefits as a dependent rather than as an eligible
21 member shall be furnished a written explanation of the
22 consequences of electing to participate as a dependent and the
23 conditions and procedures for re-enrolling as an eligible
24 member. The explanation shall also be included in the annual
25 benefit choice options booklet furnished to members.

26 (Source: P.A. 102-19, eff. 7-1-21.)

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.