**Section 2170.130 Definitions**

Whenever used in this Part, the following terms shall have the meanings set forth in this Section unless otherwise expressly provided, and when the defined meaning is intended, the term is capitalized.

"Act" means the State Employees Group Insurance Act of 1971 [5 ILCS 375].

"Benefit Choice Period" means the annual benefit election period (usually May 1 through May 31 each year).

"Certificate of Creditable Coverage" means a document that indicates the length of time a person has been continuously covered under a qualifying previous healthcare plan.

"COBRA" means the federal Consolidated Omnibus Budget Reconciliation Act of 1985.

"Department" means any department, institution, board, commission, officer, court or any agency of the State government receiving appropriations and having power to certify payrolls to the Comptroller authorizing payments of salary and wages against such appropriations as are made by the General Assembly from any State fund, or against trust funds held by the State Treasurer and includes boards of trustees of the retirement systems created by Articles 2, 14, 15, 16 and 18 of the Illinois Pension Code. "Department" also includes the Illinois Comprehensive Health Insurance Board, the Board of Examiners established under the Illinois Public Accounting Act, and the Illinois Finance Authority.

"CMS" means the Illinois Department of Central Management Services.

"Director" means the Director of the Illinois Department of Central Management Services or of any successor agency designated to administer the Act.

"Fiscal Year" means the State's fiscal year from July 1 through June 30.

"Fund" means the Teacher Health Insurance Security Fund.

"HFS" means the Illinois Department of Healthcare and Family Services.

"Participant" means a TRS Benefit Recipient and/or TRS Dependent Beneficiary enrolled in the Teachers' Retirement Insurance Program.

"Protected Health Information" or "PHI" means individually indentifiable health information as defined in 45 CFR 160.103 (2003) that is subject to the protections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191).

"Plan Administrator" means an organization, company or other entity contracted by the Department to review and approve benefit payments, pay claims and perform other duties related to the administration of a specific plan.

"Program" means the Teachers' Retirement Insurance Program, as authorized by the State Employees Group Insurance Act of 1971.

"TCHP" means the Teachers' Choice Health Plan, the major medical coverage program offered under the Teachers' Retirement Insurance Program.

"TRIP" means the Teachers' Retirement Insurance Program, as authorized by the Act.

"TRS" means the Teachers' Retirement System.

"TRS Benefit Recipient" means a person who is not a "member", as defined in the Act and is receiving a monthly benefit or retirement annuity under Article 16 of the Illinois Pension Code [40 ILCS 5/Art. 16]; and:

has at least 8 years of creditable service under Article 16 of the Illinois Pension Code or was enrolled in the health insurance Program offered under that Article on January 1, 1996; or

is the survivor of a Benefit Recipient who had at least 8 years of creditable service under Article 16 of the Illinois Pension Code or was enrolled in the health insurance Program offered under that Article on June 21, 1995; or

is a recipient or survivor of a recipient of a disability benefit under Article 16 of the Illinois Pension Code.

"TRS Dependent Beneficiary" means a person who is not a "member" or "dependent" as defined in the Act, and is a:

TRS Benefit Recipient's spouse; or

dependent parent who is receiving at least half of his or her support from the TRS Benefit Recipient; or

unmarried natural, step or adopted child who is under age 19; or

enrolled as a full-time student in an accredited school, financially dependent upon the TRS Benefit Recipient, eligible to be claimed as a dependent for income tax purposes, and either is under age 24 or was, on January 1, 1996, participating as a Dependent Beneficiary in the health insurance Program offered under Article 16 of the Illinois Pension Code; or

age 19 or over who is mentally or physically handicapped; or

eligible for coverage pursuant to Section 356z.11 or 356z.12 of the Illinois Insurance Code [215 ILCS 5].

(Source: Amended at 34 Ill. Reg. 838, effective December 31, 2009)