**Section 2180.250 Other Responsibilities**

a) CMS will offer an annual Benefit Choice Period for SURS Benefit Recipients to:

 1) Initially enroll into the Program;

 2) Add a Dependent Beneficiary, pursuant to enrollment policies;

 3) Change health plans.

b) CMS will provide information regarding benefits and requirements of the Program in a CIP Benefits Handbook and an annual Benefit Choice Options booklet.

 1) The CIP Benefits Handbook shall embrace the following topics:

A) Eligibility guidelines pursuant to the definitions of Benefit Recipient and Dependent Beneficiary in Section 2180.130.

B) Enrollment opportunities pursuant to Section 2180.210.

C) Termination guidelines. Coverage for a Benefit Receipient terminates at midnight on the last day of the month when eligibility requirements are no longer met, CIP coverage terminates, a written request is received by SURS that coverage should be terminated, the Benefit Recipient becomes eligible for and enrolls in the State of Illinois Employees Group Insurance Program, or upon dealth. Coverage for a Dependent Beneficiary terminates at midnight on the last day of the month simultaneously with termination of a Benefit Recipient's coverage; when coverage is terminated by the Benefit Recipient; when eligibility requirements are no longer met or upon death.

D) Covered Benefits under CCHP (e.g., chemotherapy, durable medical equipment, hospital services, infertility treatments, lab and x-ray, physician services, speech therapy, organ and tissue transplant, urgent care, preventive services, prescription drug, mental health/substance abuse and exclusions.

E) CCHP claims filing deadlines and procedures.

2) The Benefit Choice Options booklet shall detail information not provided in the Benefits Handbook (e.g., premium amounts, coverage changes, managed care plan availability and preferred provider information).

c) CMS will provide training seminars for SURS.