



# Welcome to Eastern Illinois University

- Health, Dental and Vision
- Accrued Leave and Sick Leave Benefits
- Retirement and Tax Deferral Programs

## Benefits Orientation

**Tuesdays 10:00-11:30 a.m**  
**2221 Old Main (West Wing, 2<sup>nd</sup> floor)**

Reserve your seat by e-mail: [benefits@eiu.edu](mailto:benefits@eiu.edu) or call: 217-581-5825

Provide your e-mail address to receive an electronic packet of information to preview

**Effective Date:** first date of your contract

**Deadline to enroll:** within 10 days of first day of contract

**Default:** if you do not enroll within first 10 days, your insurance will default to Single Coverage in Quality Care Health Plan and Quality Care Dental Plan

### What to bring to your benefits meeting:

#### 1. If adding dependents to your health plans:

Spouse	Marriage Certificate
Natural Child through Age 25	Birth Certificate
Stepchild Child through Age 25	Birth certificate indicating your spouse is the child's parent, marriage certificate and proof that the child resides with you at least 50% of the time
Adopted Child through Age 25	Adoption certificate stamped by the circuit clerk
Adjudicated Child/Legal Guardian through Age 25	Court documentation signed by a judge
Handicapped	Dependent Coverage Certification Statement (CMS-138)*, and a letter from the doctor: 1) detailing the dependent's limitations, capabilities and onset of condition from a cause originating prior to age 19 (age 23 if enrolled as a full-time student), 2) a diagnosis from a physician with an ICD-9 diagnosis code and 3) a statement from the Social Security Administration with the Social Security disability determination, along with a copy of the Medicare card.
Civil Union Partner	Civil Union Partner certificate

2. If you (or a dependent) are covered under another medical plan; and will continue that coverage, bring a copy of the insurance card, including Medicare.
  
3. Birthdates and Social Security Numbers of your dependents and/or beneficiaries.

**Please see a quick reference to our monthly benefits costs below, based on annual salary level of \$29,000 & below:**

<b>Medical</b>	<b>Single</b>	<b>Emp &amp; 1</b>	<b>Emp +2 or more</b>
HealthAlliance HMO	\$47.00	\$141.00	\$180.00
Coventry HMO	\$47.00	\$139.00	\$177.00
Coventry OAP	\$47.00	\$139.00	\$177.00
HealthLink OAP	\$47.00	\$152.00	\$196.00
Quality Health Care	\$72.00	\$268.00	\$298.00
<b>Dental</b>	\$11.00	\$17.00	\$19.50

Members have 10 calendar days from their initial employment date to make health, dental, vision and life insurance coverage elections.

All Members, including part-time Employees, who fail to make benefit elections within the 10-day initial enrollment period will automatically be enrolled in the CIGNA Quality Care Health Plan (QCHP) and the Quality Care Dental Plan (QCDP) with no Dependent coverage, and will be provided with basic life coverage.