



Rep. Jim Sacia

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LRB097 18328 JDS 67540 a

1 AMENDMENT TO HOUSE BILL 4911

2 AMENDMENT NO. _____. Amend House Bill 4911 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 10 as follows:

6 (5 ILCS 375/10) (from Ch. 127, par. 530)

7 Sec. 10. Payments by State; premiums.

8 (a) The State shall pay the cost of basic non-contributory
9 group life insurance and, subject to member paid contributions
10 set by the Department or required by this Section, the basic
11 program of group health benefits on each eligible member,
12 except a member, not otherwise covered by this Act, who has
13 retired as a participating member under Article 2 of the
14 Illinois Pension Code but is ineligible for the retirement
15 annuity under Section 2-119 of the Illinois Pension Code, and
16 part of each eligible member's and retired member's premiums

1 for health insurance coverage for enrolled dependents as
2 provided by Section 9. The State shall pay the cost of the
3 basic program of group health benefits only after benefits are
4 reduced by the amount of benefits covered by Medicare for all
5 members and dependents who are eligible for benefits under
6 Social Security or the Railroad Retirement system or who had
7 sufficient Medicare-covered government employment, except that
8 such reduction in benefits shall apply only to those members
9 and dependents who (1) first become eligible for such Medicare
10 coverage on or after July 1, 1992; or (2) are Medicare-eligible
11 members or dependents of a local government unit which began
12 participation in the program on or after July 1, 1992; or (3)
13 remain eligible for, but no longer receive Medicare coverage
14 which they had been receiving on or after July 1, 1992. The
15 Department may determine the aggregate level of the State's
16 contribution on the basis of actual cost of medical services
17 adjusted for age, sex or geographic or other demographic
18 characteristics which affect the costs of such programs.

19 The cost of participation in the basic program of group
20 health benefits for the dependent or survivor of a living or
21 deceased retired employee who was formerly employed by the
22 University of Illinois in the Cooperative Extension Service and
23 would be an annuitant but for the fact that he or she was made
24 ineligible to participate in the State Universities Retirement
25 System by clause (4) of subsection (a) of Section 15-107 of the
26 Illinois Pension Code shall not be greater than the cost of

1 participation that would otherwise apply to that dependent or
2 survivor if he or she were the dependent or survivor of an
3 annuitant under the State Universities Retirement System.

4 (a-1) Beginning January 1, 1998, for each person who
5 becomes a new SERS annuitant and participates in the basic
6 program of group health benefits, the State shall contribute
7 toward the cost of the annuitant's coverage under the basic
8 program of group health benefits an amount equal to 5% of that
9 cost for each full year of creditable service upon which the
10 annuitant's retirement annuity is based, up to a maximum of
11 100% for an annuitant with 20 or more years of creditable
12 service. The remainder of the cost of a new SERS annuitant's
13 coverage under the basic program of group health benefits shall
14 be the responsibility of the annuitant. In the case of a new
15 SERS annuitant who has elected to receive an alternative
16 retirement cancellation payment under Section 14-108.5 of the
17 Illinois Pension Code in lieu of an annuity, for the purposes
18 of this subsection the annuitant shall be deemed to be
19 receiving a retirement annuity based on the number of years of
20 creditable service that the annuitant had established at the
21 time of his or her termination of service under SERS.

22 (a-2) Beginning January 1, 1998, for each person who
23 becomes a new SERS survivor and participates in the basic
24 program of group health benefits, the State shall contribute
25 toward the cost of the survivor's coverage under the basic
26 program of group health benefits an amount equal to 5% of that

1 cost for each full year of the deceased employee's or deceased
2 annuitant's creditable service in the State Employees'
3 Retirement System of Illinois on the date of death, up to a
4 maximum of 100% for a survivor of an employee or annuitant with
5 20 or more years of creditable service. The remainder of the
6 cost of the new SERS survivor's coverage under the basic
7 program of group health benefits shall be the responsibility of
8 the survivor. In the case of a new SERS survivor who was the
9 dependent of an annuitant who elected to receive an alternative
10 retirement cancellation payment under Section 14-108.5 of the
11 Illinois Pension Code in lieu of an annuity, for the purposes
12 of this subsection the deceased annuitant's creditable service
13 shall be determined as of the date of termination of service
14 rather than the date of death.

15 (a-3) Beginning January 1, 1998, for each person who
16 becomes a new SERS annuitant and participates in the basic
17 program of group health benefits, the State shall contribute
18 toward the cost of the annuitant's coverage under the basic
19 program of group health benefits an amount equal to 5% of that
20 cost for each full year of creditable service upon which the
21 annuitant's retirement annuity is based, up to a maximum of
22 100% for an annuitant with 20 or more years of creditable
23 service. The remainder of the cost of a new SERS annuitant's
24 coverage under the basic program of group health benefits shall
25 be the responsibility of the annuitant.

26 (a-4) (Blank).

1 (a-5) Beginning January 1, 1998, for each person who
2 becomes a new SURS survivor and participates in the basic
3 program of group health benefits, the State shall contribute
4 toward the cost of the survivor's coverage under the basic
5 program of group health benefits an amount equal to 5% of that
6 cost for each full year of the deceased employee's or deceased
7 annuitant's creditable service in the State Universities
8 Retirement System on the date of death, up to a maximum of 100%
9 for a survivor of an employee or annuitant with 20 or more
10 years of creditable service. The remainder of the cost of the
11 new SURS survivor's coverage under the basic program of group
12 health benefits shall be the responsibility of the survivor.

13 (a-6) Beginning July 1, 1998, for each person who becomes a
14 new TRS State annuitant and participates in the basic program
15 of group health benefits, the State shall contribute toward the
16 cost of the annuitant's coverage under the basic program of
17 group health benefits an amount equal to 5% of that cost for
18 each full year of creditable service as a teacher as defined in
19 paragraph (2), (3), or (5) of Section 16-106 of the Illinois
20 Pension Code upon which the annuitant's retirement annuity is
21 based, up to a maximum of 100%; except that the State
22 contribution shall be 12.5% per year (rather than 5%) for each
23 full year of creditable service as a regional superintendent or
24 assistant regional superintendent of schools. The remainder of
25 the cost of a new TRS State annuitant's coverage under the
26 basic program of group health benefits shall be the

1 responsibility of the annuitant.

2 (a-7) Beginning July 1, 1998, for each person who becomes a
3 new TRS State survivor and participates in the basic program of
4 group health benefits, the State shall contribute toward the
5 cost of the survivor's coverage under the basic program of
6 group health benefits an amount equal to 5% of that cost for
7 each full year of the deceased employee's or deceased
8 annuitant's creditable service as a teacher as defined in
9 paragraph (2), (3), or (5) of Section 16-106 of the Illinois
10 Pension Code on the date of death, up to a maximum of 100%;
11 except that the State contribution shall be 12.5% per year
12 (rather than 5%) for each full year of the deceased employee's
13 or deceased annuitant's creditable service as a regional
14 superintendent or assistant regional superintendent of
15 schools. The remainder of the cost of the new TRS State
16 survivor's coverage under the basic program of group health
17 benefits shall be the responsibility of the survivor.

18 (a-8) A new SERS annuitant, new SERS survivor, new SURS
19 annuitant, new SURS survivor, new TRS State annuitant, or new
20 TRS State survivor may waive or terminate coverage in the
21 program of group health benefits. Any such annuitant or
22 survivor who has waived or terminated coverage may enroll or
23 re-enroll in the program of group health benefits only during
24 the annual benefit choice period, as determined by the
25 Director; except that in the event of termination of coverage
26 due to nonpayment of premiums, the annuitant or survivor may

1 not re-enroll in the program.

2 (a-9) No later than May 1 of each calendar year, the
3 Director of Central Management Services shall certify in
4 writing to the Executive Secretary of the State Employees'
5 Retirement System of Illinois the amounts of the Medicare
6 supplement health care premiums and the amounts of the health
7 care premiums for all other retirees who are not Medicare
8 eligible.

9 A separate calculation of the premiums based upon the
10 actual cost of each health care plan shall be so certified.

11 The Director of Central Management Services shall provide
12 to the Executive Secretary of the State Employees' Retirement
13 System of Illinois such information, statistics, and other data
14 as he or she may require to review the premium amounts
15 certified by the Director of Central Management Services.

16 The Department of Healthcare and Family Services, or any
17 successor agency designated to procure healthcare contracts
18 pursuant to this Act, is authorized to establish funds,
19 separate accounts provided by any bank or banks as defined by
20 the Illinois Banking Act, or separate accounts provided by any
21 savings and loan association or associations as defined by the
22 Illinois Savings and Loan Act of 1985 to be held by the
23 Director, outside the State treasury, for the purpose of
24 receiving the transfer of moneys from the Local Government
25 Health Insurance Reserve Fund. The Department may promulgate
26 rules further defining the methodology for the transfers. Any

1 interest earned by moneys in the funds or accounts shall inure
2 to the Local Government Health Insurance Reserve Fund. The
3 transferred moneys, and interest accrued thereon, shall be used
4 exclusively for transfers to administrative service
5 organizations or their financial institutions for payments of
6 claims to claimants and providers under the self-insurance
7 health plan. The transferred moneys, and interest accrued
8 thereon, shall not be used for any other purpose including, but
9 not limited to, reimbursement of administration fees due the
10 administrative service organization pursuant to its contract
11 or contracts with the Department.

12 (b) State employees who become eligible for this program on
13 or after January 1, 1980 in positions normally requiring actual
14 performance of duty not less than 1/2 of a normal work period
15 but not equal to that of a normal work period, shall be given
16 the option of participating in the available program. If the
17 employee elects coverage, the State shall contribute on behalf
18 of such employee to the cost of the employee's benefit and any
19 applicable dependent supplement, that sum which bears the same
20 percentage as that percentage of time the employee regularly
21 works when compared to normal work period.

22 (c) The basic non-contributory coverage from the basic
23 program of group health benefits shall be continued for each
24 employee not in pay status or on active service by reason of
25 (1) leave of absence due to illness or injury, (2) authorized
26 educational leave of absence or sabbatical leave, or (3)

1 military leave. This coverage shall continue until expiration
2 of authorized leave and return to active service, but not to
3 exceed 24 months for leaves under item (1) or (2). This
4 24-month limitation and the requirement of returning to active
5 service shall not apply to persons receiving ordinary or
6 accidental disability benefits or retirement benefits through
7 the appropriate State retirement system or benefits under the
8 Workers' Compensation or Occupational Disease Act.

9 (d) The basic group life insurance coverage shall continue,
10 with full State contribution, where such person is (1) absent
11 from active service by reason of disability arising from any
12 cause other than self-inflicted, (2) on authorized educational
13 leave of absence or sabbatical leave, or (3) on military leave.

14 (e) Where the person is in non-pay status for a period in
15 excess of 30 days or on leave of absence, other than by reason
16 of disability, educational or sabbatical leave, or military
17 leave, such person may continue coverage only by making
18 personal payment equal to the amount normally contributed by
19 the State on such person's behalf. Such payments and coverage
20 may be continued: (1) until such time as the person returns to
21 a status eligible for coverage at State expense, but not to
22 exceed 24 months or (2) until such person's employment or
23 annuitant status with the State is terminated (exclusive of any
24 additional service imposed pursuant to law).

25 (f) The Department shall establish by rule the extent to
26 which other employee benefits will continue for persons in

1 non-pay status or who are not in active service.

2 (g) The State shall not pay the cost of the basic
3 non-contributory group life insurance, program of health
4 benefits and other employee benefits for members who are
5 survivors as defined by paragraphs (1) and (2) of subsection
6 (q) of Section 3 of this Act. The costs of benefits for these
7 survivors shall be paid by the survivors or by the University
8 of Illinois Cooperative Extension Service, or any combination
9 thereof. However, the State shall pay the amount of the
10 reduction in the cost of participation, if any, resulting from
11 the amendment to subsection (a) made by this amendatory Act of
12 the 91st General Assembly.

13 (h) Those persons occupying positions with any department
14 as a result of emergency appointments pursuant to Section 8b.8
15 of the Personnel Code who are not considered employees under
16 this Act shall be given the option of participating in the
17 programs of group life insurance, health benefits and other
18 employee benefits. Such persons electing coverage may
19 participate only by making payment equal to the amount normally
20 contributed by the State for similarly situated employees. Such
21 amounts shall be determined by the Director. Such payments and
22 coverage may be continued until such time as the person becomes
23 an employee pursuant to this Act or such person's appointment
24 is terminated.

25 (i) Any unit of local government within the State of
26 Illinois may apply to the Director to have its employees,

1 annuitants, and their dependents provided group health
2 coverage under this Act on a non-insured basis. To participate,
3 a unit of local government must agree to enroll all of its
4 employees, who may select coverage under either the State group
5 health benefits plan or a health maintenance organization that
6 has contracted with the State to be available as a health care
7 provider for employees as defined in this Act. A unit of local
8 government must remit the entire cost of providing coverage
9 under the State group health benefits plan or, for coverage
10 under a health maintenance organization, an amount determined
11 by the Director based on an analysis of the sex, age,
12 geographic location, or other relevant demographic variables
13 for its employees, except that the unit of local government
14 shall not be required to enroll those of its employees who are
15 covered spouses or dependents under this plan or another group
16 policy or plan providing health benefits as long as (1) an
17 appropriate official from the unit of local government attests
18 that each employee not enrolled is a covered spouse or
19 dependent under this plan or another group policy or plan, and
20 (2) at least 50% of the employees are enrolled and the unit of
21 local government remits the entire cost of providing coverage
22 to those employees, except that a participating school district
23 must have enrolled at least 50% of its full-time employees who
24 have not waived coverage under the district's group health plan
25 by participating in a component of the district's cafeteria
26 plan. A participating school district is not required to enroll

1 a full-time employee who has waived coverage under the
2 district's health plan, provided that an appropriate official
3 from the participating school district attests that the
4 full-time employee has waived coverage by participating in a
5 component of the district's cafeteria plan. For the purposes of
6 this subsection, "participating school district" includes a
7 unit of local government whose primary purpose is education as
8 defined by the Department's rules.

9 Employees of a participating unit of local government who
10 are not enrolled due to coverage under another group health
11 policy or plan may enroll in the event of a qualifying change
12 in status, special enrollment, special circumstance as defined
13 by the Director, or during the annual Benefit Choice Period. A
14 participating unit of local government may also elect to cover
15 its annuitants. Dependent coverage shall be offered on an
16 optional basis, with the costs paid by the unit of local
17 government, its employees, or some combination of the two as
18 determined by the unit of local government. The unit of local
19 government shall be responsible for timely collection and
20 transmission of dependent premiums.

21 The Director shall annually determine monthly rates of
22 payment, subject to the following constraints:

23 (1) In the first year of coverage, the rates shall be
24 equal to the amount normally charged to State employees for
25 elected optional coverages or for enrolled dependents
26 coverages or other contributory coverages, or contributed

1 by the State for basic insurance coverages on behalf of its
2 employees, adjusted for differences between State
3 employees and employees of the local government in age,
4 sex, geographic location or other relevant demographic
5 variables, plus an amount sufficient to pay for the
6 additional administrative costs of providing coverage to
7 employees of the unit of local government and their
8 dependents.

9 (2) In subsequent years, a further adjustment shall be
10 made to reflect the actual prior years' claims experience
11 of the employees of the unit of local government.

12 In the case of coverage of local government employees under
13 a health maintenance organization, the Director shall annually
14 determine for each participating unit of local government the
15 maximum monthly amount the unit may contribute toward that
16 coverage, based on an analysis of (i) the age, sex, geographic
17 location, and other relevant demographic variables of the
18 unit's employees and (ii) the cost to cover those employees
19 under the State group health benefits plan. The Director may
20 similarly determine the maximum monthly amount each unit of
21 local government may contribute toward coverage of its
22 employees' dependents under a health maintenance organization.

23 Monthly payments by the unit of local government or its
24 employees for group health benefits plan or health maintenance
25 organization coverage shall be deposited in the Local
26 Government Health Insurance Reserve Fund.

1 The Local Government Health Insurance Reserve Fund is
2 hereby created as a nonappropriated trust fund to be held
3 outside the State Treasury, with the State Treasurer as
4 custodian. The Local Government Health Insurance Reserve Fund
5 shall be a continuing fund not subject to fiscal year
6 limitations. The Local Government Health Insurance Reserve
7 Fund is not subject to administrative charges or charge-backs,
8 including but not limited to those authorized under Section 8h
9 of the State Finance Act. All revenues arising from the
10 administration of the health benefits program established
11 under this Section shall be deposited into the Local Government
12 Health Insurance Reserve Fund. Any interest earned on moneys in
13 the Local Government Health Insurance Reserve Fund shall be
14 deposited into the Fund. All expenditures from this Fund shall
15 be used for payments for health care benefits for local
16 government and rehabilitation facility employees, annuitants,
17 and dependents, and to reimburse the Department or its
18 administrative service organization for all expenses incurred
19 in the administration of benefits. No other State funds may be
20 used for these purposes.

21 A local government employer's participation or desire to
22 participate in a program created under this subsection shall
23 not limit that employer's duty to bargain with the
24 representative of any collective bargaining unit of its
25 employees.

26 (j) Any rehabilitation facility within the State of

1 Illinois may apply to the Director to have its employees,
2 annuitants, and their eligible dependents provided group
3 health coverage under this Act on a non-insured basis. To
4 participate, a rehabilitation facility must agree to enroll all
5 of its employees and remit the entire cost of providing such
6 coverage for its employees, except that the rehabilitation
7 facility shall not be required to enroll those of its employees
8 who are covered spouses or dependents under this plan or
9 another group policy or plan providing health benefits as long
10 as (1) an appropriate official from the rehabilitation facility
11 attests that each employee not enrolled is a covered spouse or
12 dependent under this plan or another group policy or plan, and
13 (2) at least 50% of the employees are enrolled and the
14 rehabilitation facility remits the entire cost of providing
15 coverage to those employees. Employees of a participating
16 rehabilitation facility who are not enrolled due to coverage
17 under another group health policy or plan may enroll in the
18 event of a qualifying change in status, special enrollment,
19 special circumstance as defined by the Director, or during the
20 annual Benefit Choice Period. A participating rehabilitation
21 facility may also elect to cover its annuitants. Dependent
22 coverage shall be offered on an optional basis, with the costs
23 paid by the rehabilitation facility, its employees, or some
24 combination of the 2 as determined by the rehabilitation
25 facility. The rehabilitation facility shall be responsible for
26 timely collection and transmission of dependent premiums.

1 The Director shall annually determine quarterly rates of
2 payment, subject to the following constraints:

3 (1) In the first year of coverage, the rates shall be
4 equal to the amount normally charged to State employees for
5 elected optional coverages or for enrolled dependents
6 coverages or other contributory coverages on behalf of its
7 employees, adjusted for differences between State
8 employees and employees of the rehabilitation facility in
9 age, sex, geographic location or other relevant
10 demographic variables, plus an amount sufficient to pay for
11 the additional administrative costs of providing coverage
12 to employees of the rehabilitation facility and their
13 dependents.

14 (2) In subsequent years, a further adjustment shall be
15 made to reflect the actual prior years' claims experience
16 of the employees of the rehabilitation facility.

17 Monthly payments by the rehabilitation facility or its
18 employees for group health benefits shall be deposited in the
19 Local Government Health Insurance Reserve Fund.

20 (k) Any domestic violence shelter or service within the
21 State of Illinois may apply to the Director to have its
22 employees, annuitants, and their dependents provided group
23 health coverage under this Act on a non-insured basis. To
24 participate, a domestic violence shelter or service must agree
25 to enroll all of its employees and pay the entire cost of
26 providing such coverage for its employees. The domestic

1 violence shelter shall not be required to enroll those of its
2 employees who are covered spouses or dependents under this plan
3 or another group policy or plan providing health benefits as
4 long as (1) an appropriate official from the domestic violence
5 shelter attests that each employee not enrolled is a covered
6 spouse or dependent under this plan or another group policy or
7 plan and (2) at least 50% of the employees are enrolled and the
8 domestic violence shelter remits the entire cost of providing
9 coverage to those employees. Employees of a participating
10 domestic violence shelter who are not enrolled due to coverage
11 under another group health policy or plan may enroll in the
12 event of a qualifying change in status, special enrollment, or
13 special circumstance as defined by the Director or during the
14 annual Benefit Choice Period. A participating domestic
15 violence shelter may also elect to cover its annuitants.
16 Dependent coverage shall be offered on an optional basis, with
17 employees, or some combination of the 2 as determined by the
18 domestic violence shelter or service. The domestic violence
19 shelter or service shall be responsible for timely collection
20 and transmission of dependent premiums.

21 The Director shall annually determine rates of payment,
22 subject to the following constraints:

23 (1) In the first year of coverage, the rates shall be
24 equal to the amount normally charged to State employees for
25 elected optional coverages or for enrolled dependents
26 coverages or other contributory coverages on behalf of its

1 employees, adjusted for differences between State
2 employees and employees of the domestic violence shelter or
3 service in age, sex, geographic location or other relevant
4 demographic variables, plus an amount sufficient to pay for
5 the additional administrative costs of providing coverage
6 to employees of the domestic violence shelter or service
7 and their dependents.

8 (2) In subsequent years, a further adjustment shall be
9 made to reflect the actual prior years' claims experience
10 of the employees of the domestic violence shelter or
11 service.

12 Monthly payments by the domestic violence shelter or
13 service or its employees for group health insurance shall be
14 deposited in the Local Government Health Insurance Reserve
15 Fund.

16 (1) A public community college or entity organized pursuant
17 to the Public Community College Act may apply to the Director
18 initially to have only annuitants not covered prior to July 1,
19 1992 by the district's health plan provided health coverage
20 under this Act on a non-insured basis. The community college
21 must execute a 2-year contract to participate in the Local
22 Government Health Plan. Any annuitant may enroll in the event
23 of a qualifying change in status, special enrollment, special
24 circumstance as defined by the Director, or during the annual
25 Benefit Choice Period.

26 The Director shall annually determine monthly rates of

1 payment subject to the following constraints: for those
2 community colleges with annuitants only enrolled, first year
3 rates shall be equal to the average cost to cover claims for a
4 State member adjusted for demographics, Medicare
5 participation, and other factors; and in the second year, a
6 further adjustment of rates shall be made to reflect the actual
7 first year's claims experience of the covered annuitants.

8 (l-5) The provisions of subsection (l) become inoperative
9 on July 1, 1999.

10 (m) The Director shall adopt any rules deemed necessary for
11 implementation of this amendatory Act of 1989 (Public Act
12 86-978).

13 (n) Any child advocacy center within the State of Illinois
14 may apply to the Director to have its employees, annuitants,
15 and their dependents provided group health coverage under this
16 Act on a non-insured basis. To participate, a child advocacy
17 center must agree to enroll all of its employees and pay the
18 entire cost of providing coverage for its employees. The child
19 advocacy center shall not be required to enroll those of its
20 employees who are covered spouses or dependents under this plan
21 or another group policy or plan providing health benefits as
22 long as (1) an appropriate official from the child advocacy
23 center attests that each employee not enrolled is a covered
24 spouse or dependent under this plan or another group policy or
25 plan and (2) at least 50% of the employees are enrolled and the
26 child advocacy center remits the entire cost of providing

1 coverage to those employees. Employees of a participating child
2 advocacy center who are not enrolled due to coverage under
3 another group health policy or plan may enroll in the event of
4 a qualifying change in status, special enrollment, or special
5 circumstance as defined by the Director or during the annual
6 Benefit Choice Period. A participating child advocacy center
7 may also elect to cover its annuitants. Dependent coverage
8 shall be offered on an optional basis, with the costs paid by
9 the child advocacy center, its employees, or some combination
10 of the 2 as determined by the child advocacy center. The child
11 advocacy center shall be responsible for timely collection and
12 transmission of dependent premiums.

13 The Director shall annually determine rates of payment,
14 subject to the following constraints:

15 (1) In the first year of coverage, the rates shall be
16 equal to the amount normally charged to State employees for
17 elected optional coverages or for enrolled dependents
18 coverages or other contributory coverages on behalf of its
19 employees, adjusted for differences between State
20 employees and employees of the child advocacy center in
21 age, sex, geographic location, or other relevant
22 demographic variables, plus an amount sufficient to pay for
23 the additional administrative costs of providing coverage
24 to employees of the child advocacy center and their
25 dependents.

26 (2) In subsequent years, a further adjustment shall be

1 made to reflect the actual prior years' claims experience
2 of the employees of the child advocacy center.

3 Monthly payments by the child advocacy center or its
4 employees for group health insurance shall be deposited into
5 the Local Government Health Insurance Reserve Fund.

6 (o) Notwithstanding any other provision of this Act to the
7 contrary, the State shall not make any contribution toward the
8 cost of providing coverage under the basic program of group
9 health benefits for an annuitant, a new SERS annuitant, a new
10 SURS annuitant, or a new TRS State annuitant if he or she first
11 became an employee on or after the effective date of this
12 amendatory Act of the 97th General Assembly.

13 (p) Notwithstanding any other provision of this Act to the
14 contrary, the State shall not make any contribution toward the
15 cost of providing coverage under the basic program of group
16 health benefits for a survivor, a new SERS survivor, a new SURS
17 survivor, or a new TRS State survivor if the deceased employee
18 or deceased annuitant upon whom coverage is predicated first
19 became an employee on or after the effective date of this
20 amendatory Act of the 97th General Assembly.

21 (Source: P.A. 95-331, eff. 8-21-07; 95-632, eff. 9-25-07;
22 95-707, eff. 1-11-08; 96-756, eff. 1-1-10; 96-1232, eff.
23 7-23-10; 96-1519, eff. 2-4-11.)

24 Section 99. Effective date. This Act takes effect upon
25 becoming law."