

Welcome to the TRAIL MAPD Enrollment Period

TRAIL MAPD Open Enrollment Period: October 15 - November 15, 2019

The College Insurance Program (CIP) offers members a healthcare program called *Total Retiree Advantage Illinois (TRAIL)*. This program provides eligible members and their covered dependents comprehensive medical and prescription drug coverage through TRAIL Medicare Advantage Prescription Drug (commonly referred to as "MAPD") plans. The program also includes dental and vision coverage.

As an individual who is enrolled in Medicare Parts A and B, your TRAIL MAPD Open Enrollment Period will be held in the fall of each year, rather than during May as in the past. For 2020, the plan year will begin January 1 and will go through December 31, 2020.

All Illinois counties have an HMO and PPO option. Members residing outside Illinois may elect the PPO option only.

The TRAIL MAPD Enrollment Period features a web-based online enrollment platform entitled **MyBenefits** at **MyBenefits.illinois.gov**.



This site streamlines your benefit options into a one-stop shop for your insurance needs. This includes learning more about your current insurance benefits, making enrollment decisions, changing your current coverage and finding contact information for all your plan administrators. How-to-enroll videos are on the site to walk you through the enrollment process.

The online system is comprehensive with the goal of providing information 24/7 and allowing you to make changes in real-time. The site will allow you to make benefit elections during open enrollment; it will also allow you to add/or drop dependents mid-year due to a qualifying change in status, or correct personal information. The website will include all your benefit information as well as educational information and interactive tools.

MyBenefits.illinois.gov is accessible via your computer, smartphone or tablet. You may also contact customer service representative for assistance Monday – Friday 8:00~AM - 6:00~PM CT (toll-free) 844-251-1777 or 844-251-1778~TDD/TTY.

To access the enrollment platform, you need to register on the website using information pertinent to you for self-authentication. Once registered, you will be provided your CMS-issued Employee ID Number (EIN), which you will need whenever you login to this site. If you lose your EIN, you will be able to retrieve it through the self-authentication process.

Members newly eligible for the TRAIL MAPD Program will be required to enroll during the TRAIL MAPD Open Enrollment Period which runs October 15 – November 15, 2019.

During the TRAIL MAPD Open Enrollment Period You:

- May elect to cancel coverage. Note: If you cancel your CIP TRAIL MAPD enrollment, medical, prescription drug, dental and vision coverage for you and your enrolled dependents will end December 31, 2019. Re-enrollment is allowed for CIP only during the annual TRAIL Open Enrollment Period, or other qualifying enrollment opportunities.
- May elect to re-enroll in medical/prescription drug coverage if you previously canceled coverage.
- May add or drop dependent coverage. IMPORTANT: You must contact the MyBenefits Service Center (toll-free) 844-251-1777 if you want to add a dependent who is not enrolled in Medicare Parts A and B. If you add a non-Medicare dependent, you will be ineligible to enroll in a TRAIL MAPD plan.
- Must enroll in a TRAIL MAPD plan if you are newly-eligible for TRAIL MAPD.
- May change to a new TRAIL MAPD plan if you are currently enrolled in TRAIL MAPD.

Important Information

- You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.
- If the member's household Medicare information is not on file with MyBenefits, or the State's Medicare COB Unit by the end of the TRAIL MAPD Enrollment Period, the TRAIL MAPD and State medical insurance will be waived for the person(s) with the missing information and waived for the entire household if the member is missing information.
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time.
 Enrollment in the TRAIL MAPD plan provides you with Medicare Advantage coverage as well as
 Medicare Part D coverage. Therefore, enrollment in a different Medicare Advantage or Medicare
 Part D plan will automatically cause your TRAIL MAPD coverage to end, which will include your medical, prescription drug, dental through Delta Dental and vision coverage through EyeMed.
- You can terminate the TRAIL MAPD coverage at anytime however, once you cancel your CIP TRAIL MAPD coverage, re-enrollment is allowed for CIP only during the annual TRAIL Open Enrollment Period, or other qualifying enrollment opportunities.
- If your residential or mailing address changes, you must notify your retirement system in writing as quickly as possible.
- If you are currently enrolled in one of the TRAIL MAPD HMO plans (Aetna Medicare Plan (HMO),
 Health Alliance MAPD HMO or Humana Employer Medicare HMO) and move outside of the plan's
 service area to a different county in Illinois or to a different state, you must elect a new MAPD plan
 available in your new area.

MyBenefits.illinois.gov

How to Enroll or Change Your Coverage Election:

 Review this Guide, along with the information you receive in the mail from the TRAIL Medicare Advantage Prescription Drug (MAPD) plan administrators for which you are eligible (based upon where you live – see the map on page 10).
 Materials mailed to you from the CIP-sponsored TRAIL MAPD plan administrators will feature the TRAIL logo (see logo to the right).



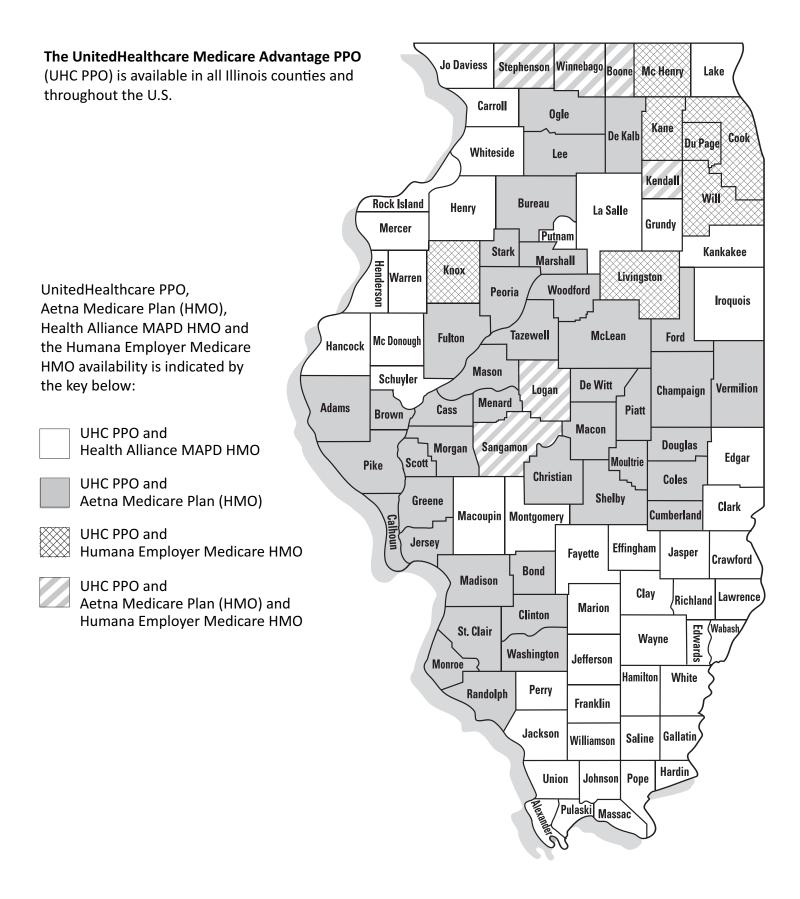
- Complete the online TRAIL MAPD enrollment process during the Open Enrollment period at MyBenefits.illinois.gov via your computer, smartphone or tablet. You also have the option to call a customer service representative for assistance Monday Friday 8:00 AM 6:00 PM CT (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY. Please note: No elections may be made prior to October 15.
 - o You and your covered dependents will all be enrolled in the same health plan.
- If you choose to enroll online, the TRAIL MAPD online enrollment process must be completed in its entirety. As you enroll online, follow the prompts until the end so you will know you have completed your coverage-election process. If you do not complete the process, your elections will not be saved. Please note, although you may use a post office box address to receive your mail, federal Medicare requires a residential street address. If your preprinted mailing address on this mailing is different than your residential address, such as a Post Office Box, be sure to contact your retirement system with any address changes as quickly as possible.

Do You Have Questions?

Visit our website at **MyBenefits.illinois.gov** on your computer, smartphone or tablet. You also have the option to call a customer service representative for further assistance or to enroll over the phone, Monday – Friday 8:00 AM– 6:00 PM CT (toll-free) **844-251-1777** or **844-251-1778 TDD/TTY**.

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A Map of TRAIL MAPD Plans by County



MyBenefits.illinois.gov

HMO Plans

Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the HMO plans under the *Total Retiree Advantage Illinois* program.

HMO Medical Benefit Members must use network providers, except for emergency services			
Annual medical deductible	None		
Annual out-of-pocket maximum	\$3,000		
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit		
Specialist office visit	Plan pays 100% after you pay \$20 copay per visit		
Preventive services	Plan pays 100%; you pay 0%		
Emergency	Plan pays 100% after you pay \$120 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you are admitted within 24 hours		
Inpatient hospital	Plan pays 100% after you pay \$250 copay per admission		
Outpatient surgery	Plan pays 100% after you pay \$150 copay		
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%		
Hearing Instruments and related services	\$2,500 for hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.		

HMO Prescription Drug Benefit				
Retail And Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.			
	30-Day Supply	60-Day Supply	90-Day Supply	
Tier 1*	\$10	\$20	\$30	
Tier 2	\$20	\$40	\$60	
Tier 3 and Tier 4 (specialty drugs)**	\$40	\$80	\$120	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,350 in true out-of-pocket prescription drug costs.			
Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.60/Generic or \$8.95/Non-generic; the 5% cannot exceed the caps below:			
	30-Day Supply \$40.00	60-Day Supply \$80.00	90-Day Supply \$120.00	

^{*} HMOs may also have a pharmacy saver program, contact the plan provider for more information.

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^{**} Specialty drugs may only be available in a 30-day supply; varies by plan.

PPO Plan

UnitedHealthcare PPO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the PPO plan under the *Total Retiree Advantage Illinois* program.

PPO Medical Benefit			
Annual medical deductible	\$250		
Annual out-of-pocket maximum	\$1,100		
Doctor office visit	Plan pays 80%; you pay 20% after annual deductible		
Specialist office visit	Plan pays 80%; you pay 20% after annual deductible		
Preventive services	Plan pays 100%; you pay 0%		
Emergency	Plan pays 100% after you pay \$120 copay per visit; copay is waived if you are admitted within 24 hours		
Inpatient hospital	Plan pays 80%; you pay 20% after annual deductible		
Outpatient surgery	Plan pays 80%; you pay 20% after annual deductible		
Diagnostic tests (lab, x-ray, radiology)	Plan pays 80%; you pay 20% after annual deductible		
Hearing Instruments and related services	\$2,500 for hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.		

PPO Prescription Drug Benefit				
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.			
	30-Day Supply	60-Day Supply	90-Day Supply	
Tier 1	\$10	\$20	\$30	
Tier 2	\$25	\$50	\$75	
Tier 3 and Tier 4 (specialty drugs)	3 and Tier 4 (specialty drugs) \$50 \$100 \$15		\$150	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,350 in true out-of-pocket prescription drug costs.			
	30-Day Supply	60-Day Supply	90-Day Supply	
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.60/Generic or \$8.95/Non-generic; the 5% cannot exceed \$50.00			

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CIP TRAIL MAPD Medical Contributions

TRAIL MAPD Plan Monthly Contributions Effective January 1, 2020

Members in the College Insurance Program (CIP) are responsible for a monthly contribution for Medicare Advantage health coverage that includes prescription drug, dental and vision benefits.

CIP TRAIL MAPD Plan Monthly Contributions Effective January 1, 2020			
	HMO Plans (Humana Employer Medicare HMO, Aetna Medicare Plan (HMO), and Health Alliance MAPD HMO)	UnitedHealthcare PPO Plan	
Member Rate	\$48.95	\$58.91	
Dependent Rate	\$195.78	\$235.62	

EyeMed Vision Coverage

Vision coverage through EyeMed is provided at no additional cost to members enrolled in any of the TRAIL MAPD plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. All vision benefits are covered once every 24 months from the last date the benefit was used. A \$10 copayment is required for eye exams, spectacle lenses and standard frames.

Use your EyeMed card for all routine vision care.

Delta Dental Coverage

All members and enrolled dependents have the same dental benefits available through Delta Dental regardless of the health plan selected.

The annual plan year deductible for dental coverage for the 2020 plan year (January 1, through December 31, 2020) is \$100 per participant per plan year. Once the annual deductible has been met, each plan participant is subject to a maximum annual dental benefit. Each plan participant has a maximum dental benefit of \$2,000.

Use your Delta Dental card for dental services.



Department of Central Management Services Bureau of Benefits-Group Insurance Division 801 S. 7th Street

PO Box 19208 Springfield, IL 62794-9208

TRAIL MAPD Seminar Schedule

Any impacted retiree may attend any meeting. Reservations not required.



If you are unable to attend in person, you can log on to your computer, smartphone or tablet to view the seminar via live-stream webinar on October 22. Just login online at **MyBenefits.illinois.gov**. Click on the TRAIL MAPD tile and watch from the comforts of your home. If unable to attend a live seminar, a video will be available at **MyBenefits.illinois.gov**.

October 15, 2019 Radisson Hotel & Conference Center

200 S. Bell School Rd. Rockford, IL 9:00 a.m. – 11:00 a.m.

October 16, 2019 (Two Sessions) Hilton Garden Inn 4070 East Main St. Saint Charles, IL

9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.



October 17, 2019
Courtyard Chicago
Downtown/Magnificent Mile
165 East Ontario Street
Chicago, IL

Hilton Chicago 9333 S. Cicero Ave. Oak Lawn, IL 3:00 p.m. – 5:00 p.m.

9:00 a.m. – 11:00 a.m.

October 18, 2019 Holiday Inn & Convention Center

18451 Convention Center Dr. Tinley Park, IL 9:00 a.m. – 11:00 a.m.

October 21, 2019 Holiday Inn & Suites Peoria at Grand Prairie 7601 N. Orange Prairie Road Peoria, IL

Eastland Suites Hotel 1801 Eastland Dr Bloomington, IL 3:00 p.m. – 5:00 p.m.

9:00 a.m. - 11:00 a.m.

October 22, 2019 (Two Sessions)
Crowne Plaza
3000 S. Dirksen Parkway
Springfield, IL
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 3:00 p.m.

October 23, 2019
DoubleTree by Hilton
Mt. Vernon
222 Potomac Blvd
Mt. Vernon, IL
9:00 a.m. – 11:00 a.m.

The Regency Conference Center 400 Regency Park Drive O'Fallon, IL

400 Regency Park Drive O'Fallon, IL 3:00 p.m. – 5:00 p.m.

October 24, 2019
Hilton Garden Inn Champaign/
Urbana
1501 South Neil Street
Champaign, IL
9:00 a.m. – 11:00 a.m.