

Newly-Eligible TRAIL MAPD Members Frequently Asked Questions, or FAQs

What do I need to know about TRAIL MAPD?

TRAIL MAPD is a retiree healthcare program sponsored by the College Insurance Program (CIP). The plans offered through the TRAIL Program are Medicare Advantage plans which include Prescription Drug coverage. These plans are typically called "MAPD" plans. **As a CIP member who is newly-eligible for enrollment in a TRAIL MAPD plan, you must make a choice during your TRAIL MAPD Enrollment Period to enroll in one of the plans offered.** If you do not want TRAIL MAPD coverage, you can cancel which will terminate your medical and prescription drug coverage, as well as dental and vision coverage. **Canceling the TRAIL MAPD coverage does not allow you to stay in your current CIP health plan.**

What Does the TRAIL MAPD Plan Cover?

TRAIL MAPD plans are offered by private companies approved by Medicare. Medicare pays a fixed amount for your care each month to these companies. When you enroll in a Medicare Advantage Prescription Drug (MAPD) plan, you are no longer in Original Medicare, but still have the same covered services and the same rights and protections as people with Original Medicare.

The TRAIL MAPD plans provide all of your Part A (hospital) and Part B (doctor and outpatient) benefits, including emergency and urgent care, and Medicare Part D (prescription drug) coverage.

Is Medicare Advantage a Medicare Supplement?

No. Unlike Medicare Supplements, Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an "all in one" alternative to Original Medicare. These "bundled" plans include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), and in the case of your CIP-Sponsored TRAIL plan, Medicare prescription drug (Part D) is also included.

If I enroll in the CIP TRAIL MAPD plan, will I still have Medicare?

Yes, but you can only use your red, white and blue Medicare card for hospice care. All other claims for your healthcare services (including prescription drugs) should be sent to your MAPD plan administrator for processing and benefit determinations.

Do I need to continue to pay my Medicare premiums?

Yes! In order to maintain your TRAIL MAPD plan health coverage, you must continue to pay your Medicare premiums.

Can I stay enrolled in my current health plan?

No. Medicare-eligible CIP members who want to continue medical, prescription drug, dental and vision coverage through the CIP are required to enroll in one of the TRAIL MAPD plans if they and their covered dependents are all enrolled in Medicare Parts A and B. Remaining in your current health plan is not an option. If you do not complete the online enrollment or call the MyBenefits Service Center to enroll by your enrollment eligibility deadline, we will assume you do not want the TRAIL MAPD coverage and your medical, prescription drug, vision and dental coverage will terminate effective January 1. If your CIP medical and prescription drug coverage is terminated, you will have Original Medicare only for your medical coverage. To obtain additional coverage, you may enroll in a Part D prescription plan for prescription coverage, re-enroll in the CIP-Sponsored TRAIL plan throughout the plan year with coverage effective the first of the month following your enrollment request or enroll during your next annual TRAIL MAPD Enrollment Period.

I have already paid my health plan deductibles for this year. Do I have to pay them again?

Yes. The MAPD plans are not permitted to take into account the deductible(s) you might have already paid in your other plan. Any deductible paid to your current medical plan will not count toward your MAPD plan year deductible. The MAPD medical deductible is separate from your dental plan deductible. Your annual PPO deductible and dental deductible will start again for the TRAIL MAPD Plan Year.

Will this TRAIL MAPD plan cover everything that my current CIP health plan covers?

Not necessarily. Your current health plan may cover services that Original Medicare does not cover. Medicare Advantage plans are required to cover all services covered by Original Medicare. In order to be covered, the service must be considered medically necessary and in certain cases, meet Medicare guidelines for approval. Some services have limits to how often they can be obtained.