

Health Plan Details

Aetna MAPD PPO

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

2023 Plan Year Medical Benefit	
Members may see any provider who participates in Medicare and accepts the plan	
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
Transportation (non-emergency)	24 trips with unlimited miles allowed per trip
Lab	Plan pays 100%; you pay 0%
Diagnostic tests X-ray Radiology	Plan pays 80%; you pay 20% after annual deductible
Home Health Care	Plan pays 100%; you pay 0%
Compression Stockings	2 per year without prior authorization Plan pays 80%; you pay 20% after annual deductible
Hearing Instruments and related services	\$2,500 per 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. Aetna will cover 1 exam every 12 months.
Acupuncture for chronic lower back pain	\$16 (in and out-of-network) for each Medicare-covered visit. Up to 12 visits in 90 days, if medically necessary.

2023 Plan Year PPO 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 <u>through mail order</u> for 2.5 times the 30-day copayment amount.					
	30-Day Supply		60-Day Supply		90-Day Supply	
	Retail and Mail-Order Pharmacies					
	Preferred \$9	Standard \$10	Preferred \$18	Standard \$20	Preferred \$22.50	Standard \$30
Tier 1 (generic brand)	\$25		\$50		\$62.50	\$75
Tier 2 (preferred brand)	\$50		\$100		\$125	\$150
Tier 3 (non-preferred brand) Tier 4 (specialty brand)						
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$7,400 in true out-of-pocket prescription drug costs.					
	30-Day Supply		60-Day Supply		90-Day Supply	
Aetna MAPD PPO	Greater of 5% of the retail cost of the drug OR \$4.15/Generic or \$10.35/Non-generic; the 5% cannot exceed \$50					