



# Understanding the 2023 TRAIL MAPD Program

Presented by Vanessa Shanle, &  
representatives from Aetna and MyBenefits



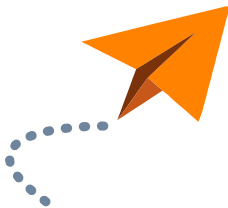
# **Beginning January 1, 2023, the only MAPD plan available is the Aetna Medicare Advantage Prescription Drug (MAPD) PPO Plan.**

There are no HMO options.  
Your dental and vision carriers (if applicable) are not changing.



# Why are things changing?

- The current MAPD contracts expire on December 31, 2022.
- Their expiration legally required us to complete a request for proposal (RFP) process.
- Reviewing all the information received, we found that Aetna offered the richest, low-cost plan, tailored to your needs.
- The Aetna MAPD PPO plan saves YOU and the State money.



# What's in it for you?

- Lower premiums
- Many extra benefits at no cost to you, including:
  - Aetna Healthy Rewards gift cards when you complete activities.
  - Access to gym memberships – through SilverSneakers®.
  - Virtual mental health visits through MDLIVE®.
  - Wellness programs through Be Well Illinois®.
  - Medical care 24/7 by web, phone or the Teladoc mobile app.
  - Rides for non-emergency trips to medical appointments.
  - Home visits, health coaches, meals delivered to home, and more.





# Open Enrollment is November 1<sup>st</sup> — 30<sup>th</sup>

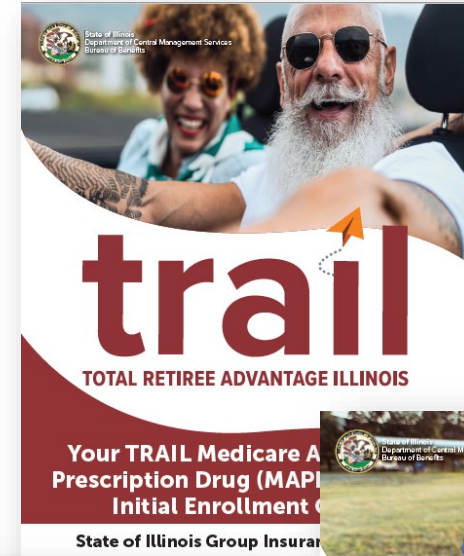
Watch the mail for your TRAIL MAPD  
Program Open Enrollment Guide.

Make sure we have your current physical  
address. If you need to update it, contact  
your Group Insurance Representative  
(GIR) at your retirement system. If you  
don't know who your GIR is, please call  
the MyBenefits Service Center.



# Enrolling for the first time

- When you are nearing eligibility, you will receive communication—including the TRAIL Initial Enrollment Guide. **Look for the TRAIL logo.**
- Your version of the Guide—and the benefits for which you're eligible—vary depending on who you are.





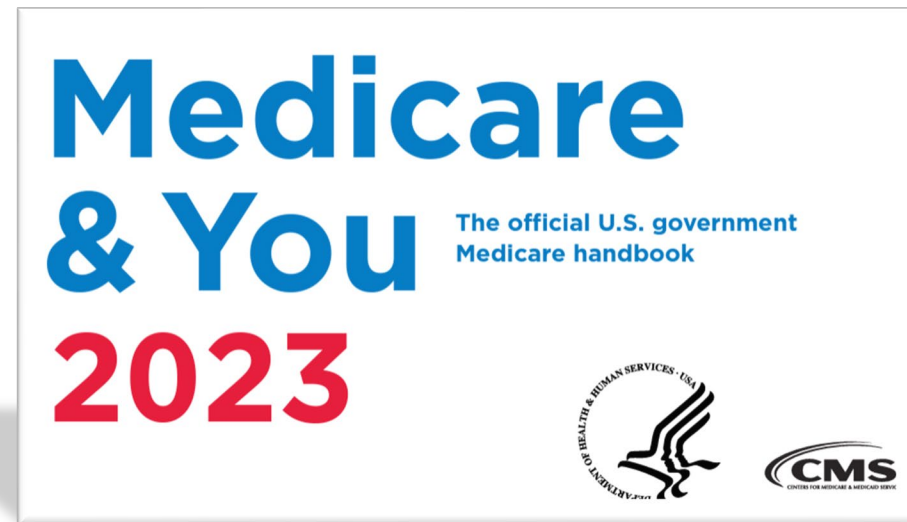
# Understanding Medicare

You will need to enroll in Medicare and know that there are important restrictions.



# Medicare basics

- Medicare is health insurance for people 65 or older. You're first eligible to sign up for Medicare 3 months before you turn 65.
- **Open Enrollment for Medicare is October 15, 2022 – December 7, 2022.**
- You'll receive information about Medicare from the Federal government.





# Parts of Medicare

- Medicare has several parts:

## Part A: Hospital Insurance

Helps cover inpatient services:

- Hospital care
- Skilled nursing facility care
- Hospice care
- Home health care

## Part B: Medical Insurance

Helps cover services from:

- Doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services (including annual physicals)

## Part D: Drug Coverage

Helps cover the cost of prescription drugs (including many shots and vaccines)

You join a Medicare drug plan in addition to original Medicare (Parts A and B).

# Medicare Advantage Prescription Drug Plans

- **Medicare Advantage Prescription Drug** – often called MAPD – plans combine the benefits of Medicare Part A, Part B and Part D into one convenient plan.
- Your TRAIL Plan is a MAPD plan and includes other programs that go beyond original Medicare.
- You have one plan/one card to pay for health and prescription drug claims.
- You will only need your original Red, White and Blue Medicare Card for hospice care.



# Important!

- **You must keep Medicare Parts A and B**, continuing to pay the Medicare premiums, including any applicable IRMAA (Income Related Monthly Adjustment Amount) surcharges.
- You can only be in one Medicare Advantage or Medicare Part D plan at a time. **Enrollment in another plan will cause your TRAIL MAPD coverage to end.**



# Looking at your coverage

Your plan offers you unique benefits.





# About the Aetna MAPD PPO Plan

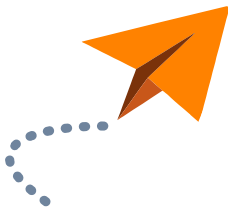
- The Aetna MAPD PPO Plan is not a supplement plan and does not pay secondary to Medicare. All claims are submitted directly to Aetna for payment, not Medicare.
- **You may see any provider as long as they participate in Medicare and accept the Plan.**
- MAPD Plans are required to cover all services covered by original Medicare.



# Available benefits

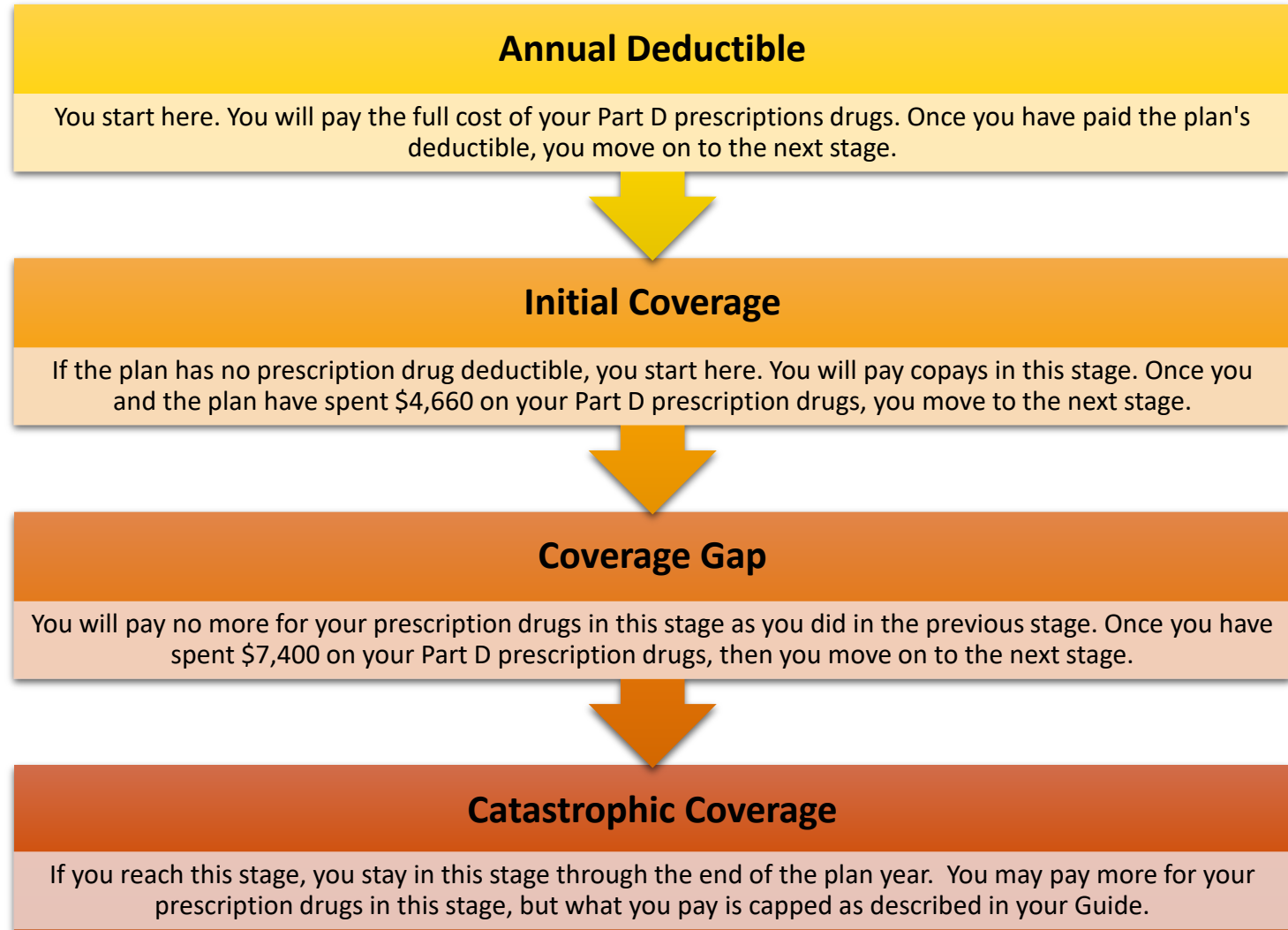
Coverage	State	CIP	TRIP
Medicare Advantage with Prescription Drug (MAPD)	✓	✓	✓
Vision	✓ (with MAPD)	✓ (with MAPD)	X
Dental	✓	✓	X
Life	✓	X	X

Benefit plan details can be found in the TRAIL MAPD Program Guides or online at **MyBenefits.illinois.gov**.



# Stages of prescription drug coverage

- There are four Medicare stages to paying for prescriptions:



Note: The TRAIL Plan covers you through the coverage gap.

# State health plan details

## 2023 Plan Year Medical Benefit

Members may see any provider who participates in Medicare and accepts the plan

Annual medical deductible	\$110
Annual out-of-pocket maximum	\$1,300
Doctor office visit	Plan pays 85%; you pay 15% after annual deductible
Specialist office visit	Plan pays 85%; you pay 15% 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 85%; you pay 15% after annual deductible
Outpatient surgery	Plan pays 85%; you pay 15% 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 85%; you pay 15% after annual deductible
Home Health Care	Plan pays 100%; you pay 0%
Compression Stockings	2 per year without prior authorization Plan pays 85%; you pay 15% 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	\$12 (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

Rx Plan Year Deductible	\$125					
Retail and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Maintenance and nonmaintenance medications are available in a 90-day supply at retail pharmacies and through mail order. The copayment for a 61-90-day supply is 2.5 times the 30-day copayment amount.					
	30-Day Supply		60-Day Supply		90-Day Supply	
	Retail and Mail-Order Pharmacies					
Tier 1 (generic brand)	Preferred \$9	Standard \$10	Preferred \$18	Standard \$20	Preferred \$22.50	Standard \$25
Tier 2 (preferred brand)	\$30		\$60		\$75	
Tier 3 (non-preferred brand)	\$60		\$120		\$150	
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% but not more than \$60.					



# State health plan contributions

State retirees, annuitants, and survivors with less than 20 years of service pay 5% of the cost of coverage for every year of service less than 20 years.

2023 TRAIL MAPD Health Plan Monthly Contributions  
for Retirees, Annuitants and Survivors with Less than 20 Years of Service

Years of Service	Member's Responsibility: Percentage of Cost	Aetna MAPD PPO
0	100%	\$8.09
1	95%	\$7.68
2	90%	\$7.28
3	85%	\$6.87
4	80%	\$6.47
5	75%	\$6.06
6	70%	\$5.66
7	65%	\$5.25
8	60%	\$4.85
9	55%	\$4.45
10	50%	\$4.04
11	45%	\$3.64
12	40%	\$3.23
13	35%	\$2.83
14	30%	\$2.42
15	25%	\$2.02
16	20%	\$1.61
17	15%	\$1.21
18	10%	\$0.80
19	5%	\$0.40
20+	0%	\$0.00

# State other contributions

## Life Insurance Contributions

Medical underwriting will be required to add or increase Member Optional Life and to add Spouse Life coverage.

Optional Term Life Plan Monthly Contributions	
Member's Age	Monthly Contribution Per \$1,000 of Coverage
Under 30	\$0.03
30-39	\$0.05
40-44	\$0.09
45-49	\$0.12
50-54	\$0.19
55-59	\$0.36
60-64	\$0.56
65-69	\$1.26
70 and Older	\$2.06

### Spouse Life Monthly Contributions

Coverage	Monthly Contribution
Spouse Life \$10,000 coverage (Annuitant under age 60)	\$5.70
Spouse Life \$5,000 coverage (Annuitant age 60 or older)	\$2.85

### AD&D Monthly Contribution

Coverage	Monthly Contribution Per \$1,000 of Coverage
Accidental Death & Dismemberment	\$0.02

### Child Life Monthly Contribution

Coverage	Monthly Contribution
Child Life \$10,000 coverage	\$0.60

## Dependent Health Plan Contributions

The monthly dependent contribution is in addition to the member health plan contribution, if applicable. Dependents will be enrolled in the same plan as the member.

### 2023 Monthly Health Plan Contributions for Dependent Coverage

Aetna PPO Plan	
One Dependent	Two or More Dependents
\$2.46	\$5.05

## Dental Contributions

### Delta Dental Plan Monthly Contributions

Dental Plan Year Deductible \$175

Coverage	Monthly Contribution
Member Only	\$14.00
Member Plus 1 Dependent	\$23.00
Member Plus 2 or More Dependents	\$25.50

Use your Delta Dental card for dental services.

## Vision Coverage

Vision coverage is provided at no cost to all members and dependents enrolled in a State TRAIL MAPD plan. Visit [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) for a detailed listing of your vision coverage benefits. Use your Eye Med card for vision services.

# CIP health plan details

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					
Tier 1 (generic brand)	Preferred \$9	Standard \$10	Preferred \$18	Standard \$20	Preferred \$22.50	Standard \$30
Tier 2 (preferred brand)	\$25		\$50		\$62.50	\$75
Tier 3 (non-preferred brand)	\$50		\$100		\$125	\$150
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.					
Aetna MAPD PPO	30-Day Supply		60-Day Supply		90-Day Supply	
	Greater of 5% of the retail cost of the drug OR \$4.15/Generic or \$10.35/Non-generic; the 5% cannot exceed \$50					

# CIP health plan contributions

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.

## 2023 TRAIL MAPD Health Plan Monthly Contributions Effective January 1, 2023

### Aetna MAPD PPO Plan

Member Rate	\$6.26
Dependent Rate	\$25.04

## Vision Coverage

Vision coverage 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. 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, vision lenses and standard frames.

Use your EyeMed card for vision services.

## Dental Coverage

All members and enrolled dependents have the same dental benefits available.

The annual plan year deductible for dental coverage for the TRAIL MAPD plan year (January 1, through December 31) 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.





# TRIP health plan details

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
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2023 Plan Year PPO Prescription Drug Benefit						
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Tier 3 (non-preferred brand)	\$50		\$100		\$125	\$150
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.					
Aetna MAPD PPO	30-Day Supply		60-Day Supply		90-Day Supply	
	Greater of 5% of the retail cost of the drug OR \$4.15/Generic or \$10.35/Non-generic; the 5% cannot exceed \$50					

# TRIP health plan contributions

Members in the Teachers' Retirement Insurance Program (TRIP) are responsible for a monthly contribution for Medicare Advantage health coverage that includes prescription drug benefits. If your school district currently pays your TRIP insurance premium, it may continue to pay the premium on your behalf after you enroll in TRAIL. Contact your school district to verify the premium payment arrangements for your TRAIL MAPD coverage.

2023 TRAIL MAPD Health Plan Monthly Contributions Effective January 1, 2023	
Aetna MAPD PPO Plan	
Member Rate	\$2.06
Dependent Rate	\$6.18



# Enabling a smooth transition

Aetna is committed to ensuring that your change in plan won't mean a change in care.

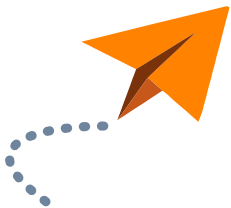
If you're currently undergoing ongoing treatment, please contact Aetna at 1-855-223-4807 from 8am to 8pm CT to discuss transition of care.





# Continuity of care

- **Aetna nurses offer support to ensure treatments, and planned surgeries are not disrupted.**
  - Nurses can answer health-related questions.
  - Aetna is working with your current carriers to obtain list of pre-certified services (out-patient, in-patient and sub-acute levels of care) that will continue in 2023, as well as current care advocacy programs.
  - Continuity of care forms will be sent in December.
  - If you have a case manager now or request one during enrollment, you'll receive a call.
  - Healthy Home visits to ensure care needs are met will begin in 2023.





# Moving to new prescription drug coverage

- Some drugs may change tiers. You will be notified if a drug you are taking will be on a different tier.
  - **Letters will be mailed in late November if a drug you are taking will have a different cost in January.**
- Most current pre-authorizations will transition with you to the Aetna MAPD PPO Plan.
  - If Aetna is unable to complete authorization before January 1<sup>st</sup>, you will be able to get a 30-day transition fill in the first 90 days of the plan year for most drugs.
- Any open mail order prescriptions will transfer, so you will not need to get a new prescription.



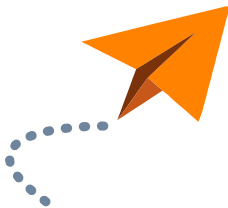
# What you need to do

Learn what's required and walk through the [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) experience.



# To stay in the TRAIL Program

- **No action is required.**
- You and your Medicare-eligible dependent(s) currently covered in a TRAIL plan (either the UnitedHealthcare PPO or an HMO) will be automatically enrolled in the Aetna MAPD PPO Plan with coverage beginning January 1, 2023.
- Plan deductibles also start over on January 1<sup>st</sup>.




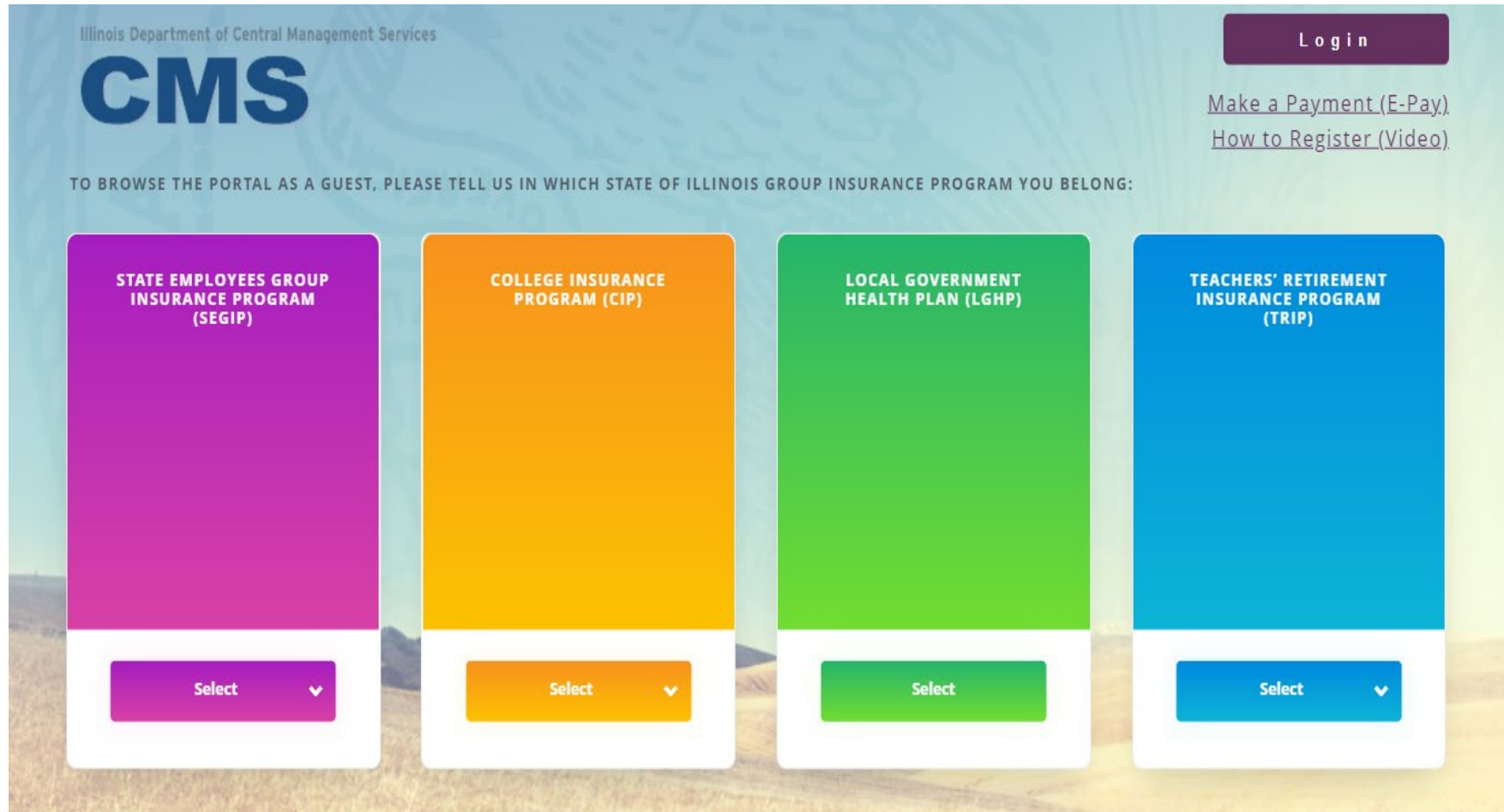
# To opt-out of the TRAIL Plan

- **You must opt-out by November 30, 2022.**
  - Visit **MyBenefits.Illinois.gov**
  - Or call the **MyBenefits Service Center** at **1-844-252-1777**
- If you don't take action by the deadline, you will automatically be enrolled in the Aetna MAPD PPO Plan.
- Re-enrollment is allowed throughout the plan year without a qualifying change in status.



# To make changes or enroll for the first time

- **MyBenefits.Illinois.gov** is your online hub for benefit information and enrollment.
- Brought to you by  
 **LifeWorks**
- Accessible from computer, tablet, or phone.
- Targeted for State, CIP, and TRIP.





# Access the portal

- **Been here before?**
  - » Enter Login ID and password.  
Click the **Login** button.
  - » Forgot your **Login ID** or **password**?
- **First time here?**
  - » **Register** for the first time.

Illinois Department of Central Management Services

## CMS

[Need Help?](#)

Welcome.

This site provides information and tools related to your Group Insurance Benefits.

If you are logging onto the site for the first time, click on "[Register.](#)"

If you are unable to login, contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY, Monday - Friday, 8:00 AM - 6:00 PM CT.

**LOGIN ID**

[Forgot my login ID](#)

**PASSWORD**

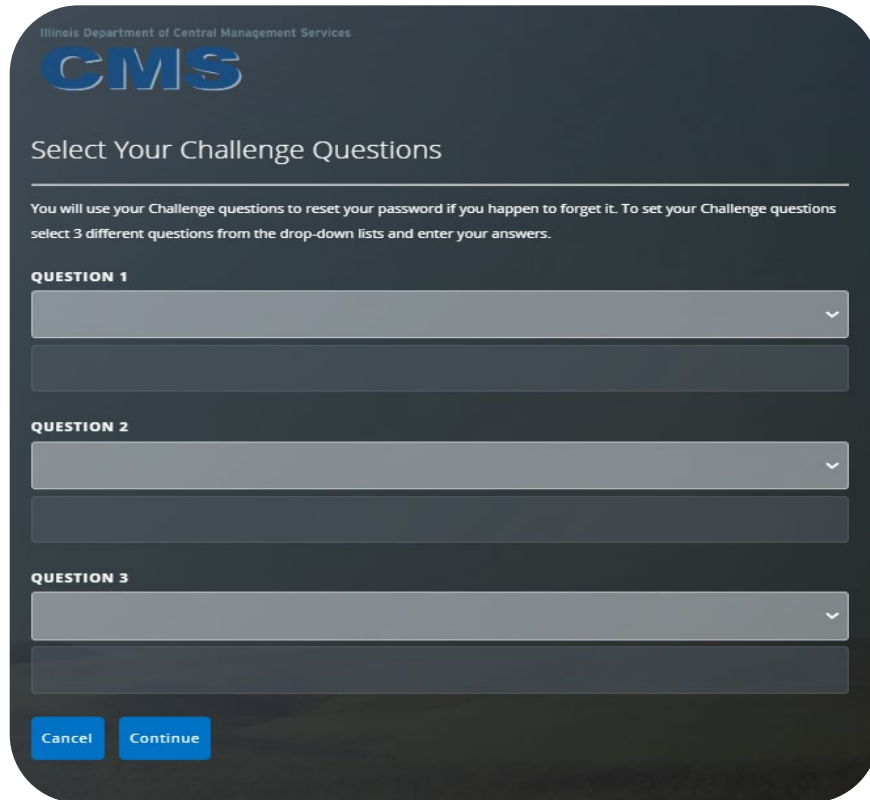
[Forgot my password](#)

**Login**

Logging in for the first time? [Register](#)  
[browse as guest](#)

# Register for the first time on the portal

- You will need to enter information to secure access.



Illinois Department of Central Management Services  
**CMS**

### Select Your Challenge Questions

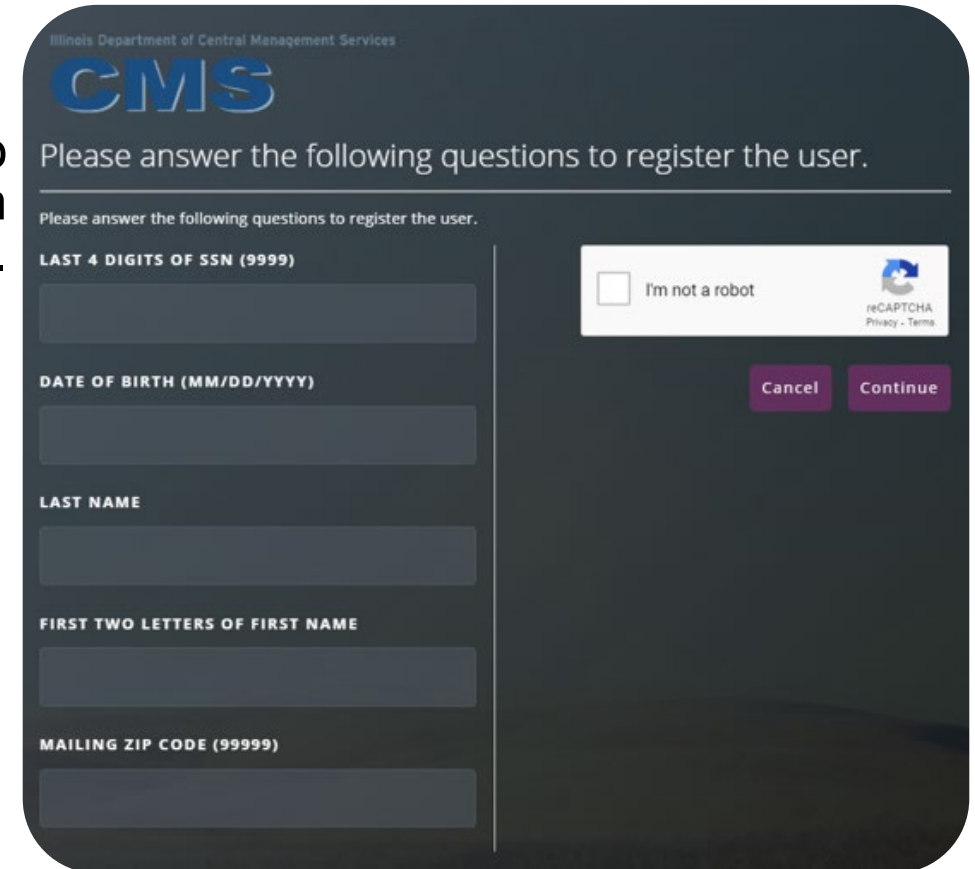
You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers.

**QUESTION 1**

**QUESTION 2**

**QUESTION 3**

- You will set up security questions and a password.



Illinois Department of Central Management Services  
**CMS**

### Please answer the following questions to register the user.

Please answer the following questions to register the user.


**LAST 4 DIGITS OF SSN (9999)**

**DATE OF BIRTH (MM/DD/YYYY)**

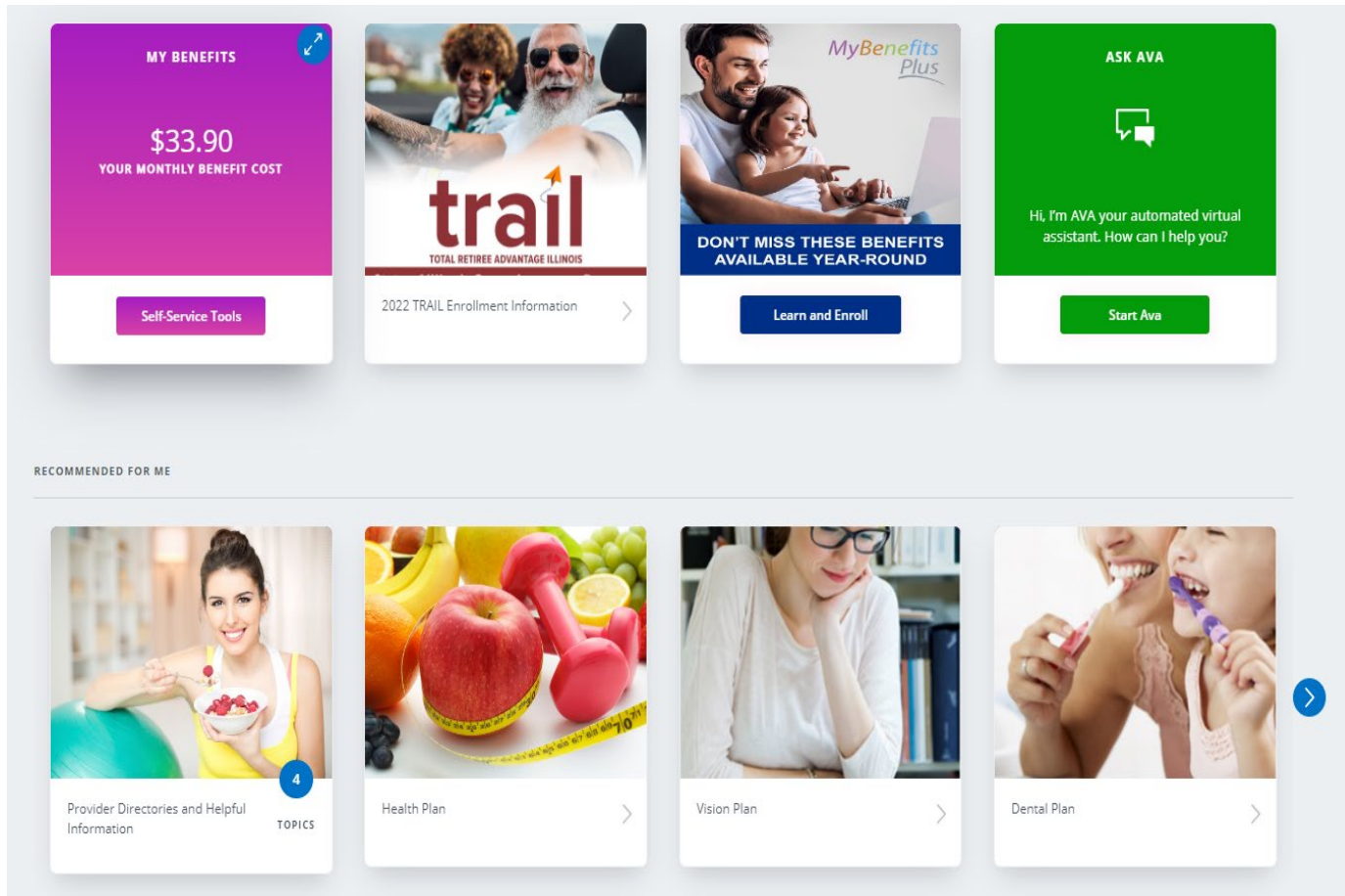
**LAST NAME**

**FIRST TWO LETTERS OF FIRST NAME**

**MAILING ZIP CODE (99999)**

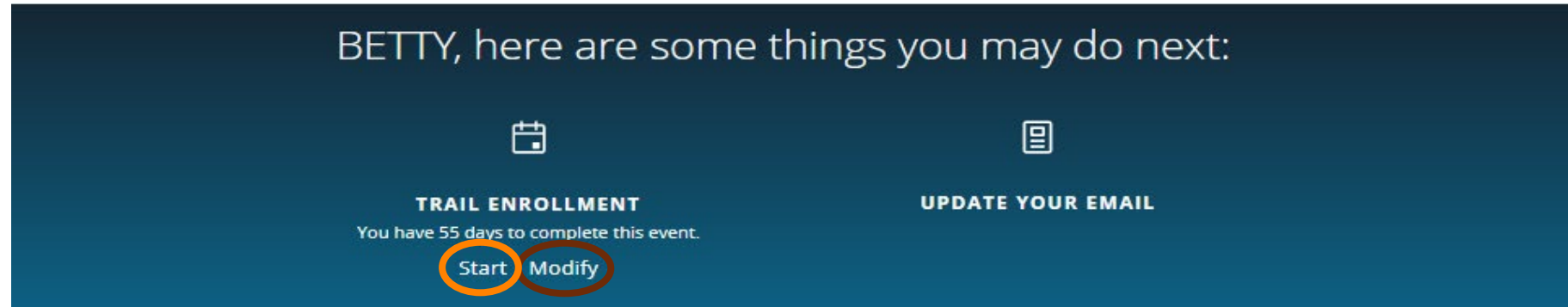
☐ I'm not a robot   
reCAPTCHA  
Privacy - Terms

# Find self-service tools

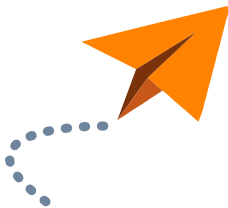


- Responsive and personalized for each individual member.
- Tools include:
  - » Provider directories.
  - » Ability to view and modify coverage.
  - » Ability to upload documentation.
  - » Access educational materials.

# Enroll in TRAIL Program



- If eligible, you'll see a call-to-action bar displayed across the center of the page.
- Use the **Start** button to make elections for the first time in this enrollment period.
- Use the **Modify** button to make changes while retaining and reviewing previous elections made during this enrollment period.
- The bar shows required actions such as:
  - » Enrollment opportunities
  - » Required documentation
  - » Contact preferences



# Review and update family information


The screenshot shows the 'Family' section of the Trail Enrollment website. The main heading is 'Family' with a subtext: 'Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.' Below this, there is a button labeled '+ Add Family Member' which is circled in orange. A dashed line connects this button to a 'Family Member' modal form on the right. The modal form contains the following fields: 'First name', 'Last name', 'Relationship' (a dropdown menu), 'Gender' (a dropdown menu), 'Date of birth' (with a calendar icon), and 'SSN' (with a question mark icon). Below these fields is a section titled 'Additional Coverage Information' with the text: 'Are you currently covered under any other health and/or dental plan(s) (such as your spouse's employers plan)?'. There is a checkbox labeled 'Dental' which is currently unchecked. At the bottom of the modal, there are two buttons: 'Cancel' and 'Save', with the 'Save' button circled in brown. An orange arrow graphic points from the 'Save' button towards the bottom right corner of the slide.


- Use the **Add a Family Member** button to add a new dependent to your account.
- Enter your dependent information and hit **Save**.





# Family screen

- Once successfully added, all dependents will be shown on the Family screen.
- Adding a dependent to the Family profile will not add the dependent to coverage.

 Family

 Health and Dental Plans

 Life Insurance and AD&D

 Complete your Enrollment

Trail Enrollment - January 1, 2023

Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.

+ Add Family Member

BETTY AZMAN

Relationship

Myself

D.O.B

Jun 2, 1919

[View Details](#)

Spouse Dependent

Relationship

Spouse

D.O.B

Jun 5, 1921


[View Details](#)

# Choose health and dental

- Use the **Select** buttons to enroll or waive from coverage.
- You will only see plans and options available to each member.

Trail Enrollment - January 1, 2023

## Health and Dental Plans



[Health and Dental Plans](#)

### Medicare Advantage Prescription Drug (MAPD)

Select who is covered

☒ BETTY  
Myself

☐ Spouse Dependent  
Spouse

Aetna Medicare Advantage Prescription Drug (MAPD) PPO

**\$0.00**  
Your monthly cost

**Select**

**Waive** ✓

**\$0.00**  
Your monthly cost

Waived

### Dental

Select who is covered

☒ BETTY  
Myself

☐ Spouse Dependent  
Spouse

**Quality Care Dental Plan** ✓

**\$14.00**  
Your monthly cost

**Select**

**Waive**

**\$0.00**  
Your monthly cost

# Enter Medicare Number (MBI)

- When enrolling in or adding a dependent to the MAPD Plan, you must enter the **MBI**.
- It must be entered exactly the way it is shown on your card.

Health and Dental Plans

Error

- Medicare Advantage Prescription Drug (MAPD)  
In order to enroll in a MAPD plan you are required to have your Medicare Number on record for yourself and any covered dependents.  
[Enter your Medicare Number](#)

Medicare Advantage Prescription Drug (MAPD) ⓘ

Select who is covered

☒ BETTY  
Myself

☐ Spouse Dependent  
Spouse

Aetna Medicare Advantage Prescription Drug (MAPD) PPO  
\$0.00  
Your monthly cost

Waive  
\$0.00  
Your monthly cost  
[Select](#)

Please enter Medicare number.

We must have the Medical Beneficiary Identifiers on file for all Medicare eligible persons. Please ensure the Medical Beneficiary Identifiers for yourself and/or family members are listed below.

BETTY  
You

Medicare Number  
11 Digits

Spouse Dependent  
Spouse

Medicare Number  
11 Digits

[Cancel](#) [Save](#)

MEDICARE HEALTH INSURANCE

Name/Nombre  
JOHN L SMITH

Medicare Number/Número de Medicare  
1EG4-TE5-MK72


Entitled to/Entitled a  
HOSPITAL (PART A)  
MEDICAL (PART B)

Coverage starts/Cobertura empieza  
03-01-2016  
03-01-2016

# Choose life insurance

- Use the **drop downs** to select the desired volume of coverage.
- You will only see options available to you.
- The tool will prompt you to **recalculate** when changes are made to display accurate costs.

Trail Enrollment - January 1, 2023  
Life Insurance and AD&D



**Important information**

- Optional Member Life**  
You have applied for Optional and/or Spouse Life and you are required to complete the Statement of Health application. A link to complete the Statement of Health application will be provided on your enrollment confirmation page at the end of your enrollment. The Statement of Health application must be completed with MetLife and the selected benefit level must be approved prior to coverage taking effect. Your Monthly Cost shown is assuming approval of your selected coverage option.  
If you do not complete your Statement of Health, by using the link at the end of the enrollment, you must do so within 60 days of your election. You can complete this form at a later date by using the link under Self-Service Tools, View Required Documents. Your coverage will not take effect until approved by MetLife.

**Basic Life**

Basic Life

\$0  
Your monthly cost

Coverage level  
\$5,000 Basic Life

\$5,000.00  
Amount tested

**Option Life and AD&D**

**Optional Member Life**

\$40.40  
Your monthly cost

Coverage level  
\$20,000 Additional Life

\$20,000.00  
Amount tested

**Optional Spouse Life**

\$0  
Your monthly cost

Coverage level  
Waive

**Optional Accidental Death and Dismemberment (AD&D)**

\$0  
Your monthly cost

Coverage level  
Waive

< Previous

Recalculate

Next >

# Complete enrollment

- Review your elections and changes.
- Elections that have been changed will be shown in **blue** to highlight changes made for 2023.

Family

Health and Dental Plans

Life Insurance and AD&D

Complete your Enrollment

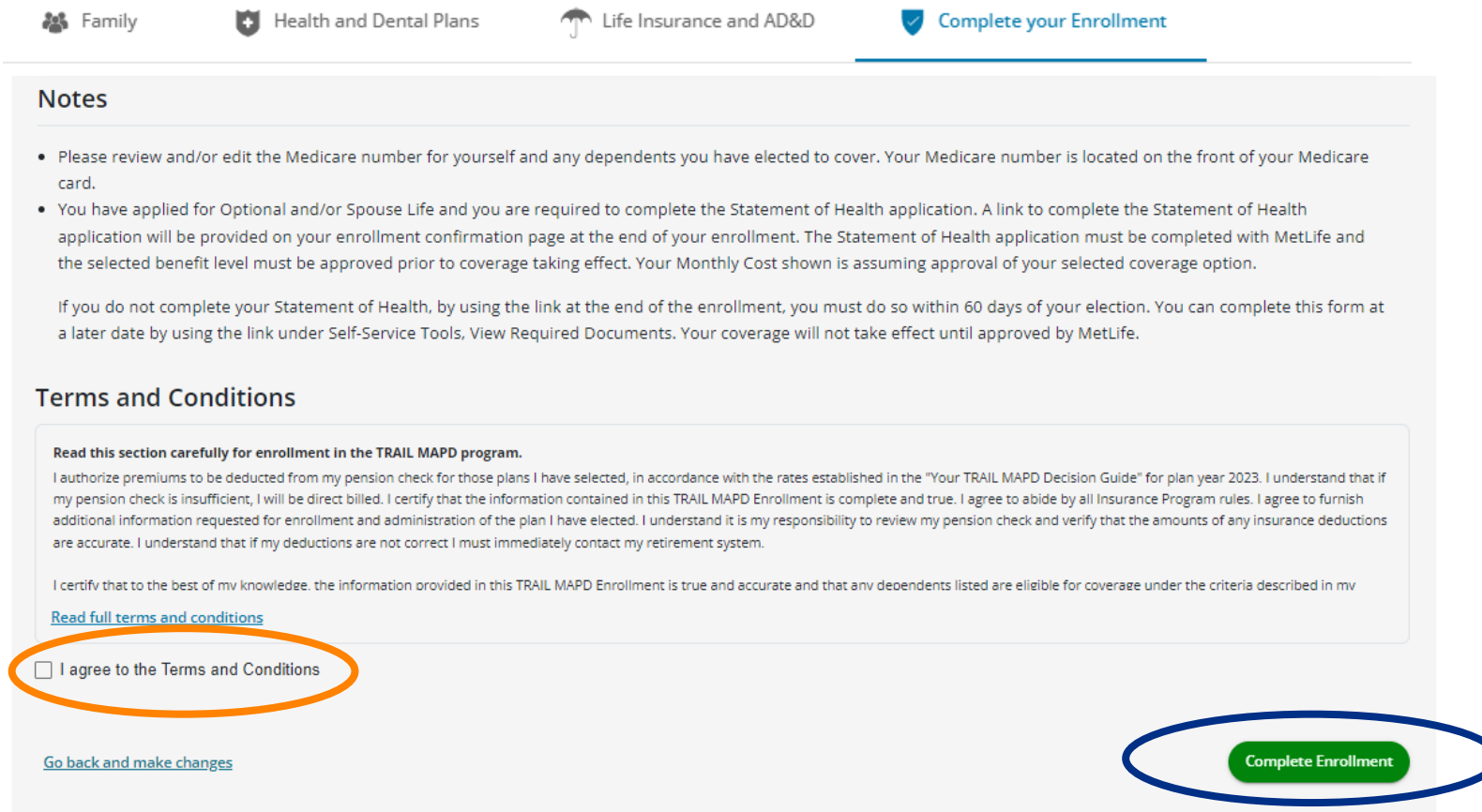
Your coverage

All benefits are effective as of January 1, 2023 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Options	Coverage Details	Your Cost	Employer Cost
Health and Dental Plans				
★ Medicare Advantage Prescription Drug (MAPD) ⓘ	Aetna Medicare Advantage Prescription Drug (MAPD) PPO	Medicare Eligible Retiree + 1	\$2.46	\$13.72
★ Dental	Quality Care Dental Plan	Retiree + 2 or more	\$25.50	\$79.98
Life Insurance and AD&D				
Basic Life				
★ Basic Life	\$5,000 Basic Life	\$5,000.00	-	\$0.14
Option Life and AD&D				
★ Optional Member Life ⓘ	\$20,000 Additional Life	\$20,000.00	\$40.40	-
★ Optional Spouse Life	Waive		-	-
★ Optional Accidental Death and Dismemberment (AD&D)	Waive		-	-



# Finalize your elections



The screenshot shows a web interface for finalizing elections. At the top, there are four tabs: 'Family', 'Health and Dental Plans', 'Life Insurance and AD&D', and 'Complete your Enrollment'. The 'Complete your Enrollment' tab is selected and underlined. Below the tabs is a 'Notes' section with two bullet points and a paragraph. Below that is a 'Terms and Conditions' section with a paragraph of text and a link 'Read full terms and conditions'. At the bottom left, there is a checkbox labeled 'I agree to the Terms and Conditions', which is circled in orange. At the bottom right, there is a green button labeled 'Complete Enrollment', which is circled in blue. A dashed orange arrow points from the 'Complete Enrollment' button towards the right side of the slide.

Family Health and Dental Plans Life Insurance and AD&D **Complete your Enrollment**

### Notes

- Please review and/or edit the Medicare number for yourself and any dependents you have elected to cover. Your Medicare number is located on the front of your Medicare card.
- You have applied for Optional and/or Spouse Life and you are required to complete the Statement of Health application. A link to complete the Statement of Health application will be provided on your enrollment confirmation page at the end of your enrollment. The Statement of Health application must be completed with MetLife and the selected benefit level must be approved prior to coverage taking effect. Your Monthly Cost shown is assuming approval of your selected coverage option.

If you do not complete your Statement of Health, by using the link at the end of the enrollment, you must do so within 60 days of your election. You can complete this form at a later date by using the link under Self-Service Tools, View Required Documents. Your coverage will not take effect until approved by MetLife.

### Terms and Conditions

**Read this section carefully for enrollment in the TRAIL MAPD program.**

I authorize premiums to be deducted from my pension check for those plans I have selected, in accordance with the rates established in the "Your TRAIL MAPD Decision Guide" for plan year 2023. I understand that if my pension check is insufficient, I will be direct billed. I certify that the information contained in this TRAIL MAPD Enrollment is complete and true. I agree to abide by all Insurance Program rules. I agree to furnish additional information requested for enrollment and administration of the plan I have elected. I understand it is my responsibility to review my pension check and verify that the amounts of any insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my retirement system.

I certify that to the best of my knowledge, the information provided in this TRAIL MAPD Enrollment is true and accurate and that any dependents listed are eligible for coverage under the criteria described in my

[Read full terms and conditions](#)

☐ I agree to the Terms and Conditions

[Go back and make changes](#) **Complete Enrollment**

- Agree to the Terms and Conditions by **checking the box** to acknowledge the attestation statement.
- After acknowledging the attestation, use the **Complete Enrollment** button to submit your elections.

# Enrollment confirmation


## Enrollment Confirmed

Event type: Trail Enrollment | January 1, 2023


[View my Enrollment Summary](#)

### To do

Documents below are required to be filled and returned to MyBenefits. If you decide to download or upload them later, they will be available on the home page through the self-service tools.


 [Marriage Certificate Required Form](#)

Submit by: December 9, 2022




- You will see a green check mark to confirm completion of enrollment.
- Once enrollment is completed, the **icon on the call-to-action bar** will display in green.
- If documentation is needed, you will see a **link** outlining what is required. Click on it to see what is required.

BETTY, here are some things you may do next:




TRAIL ENROLLMENT  
VIEW CHANGES

Start Modify



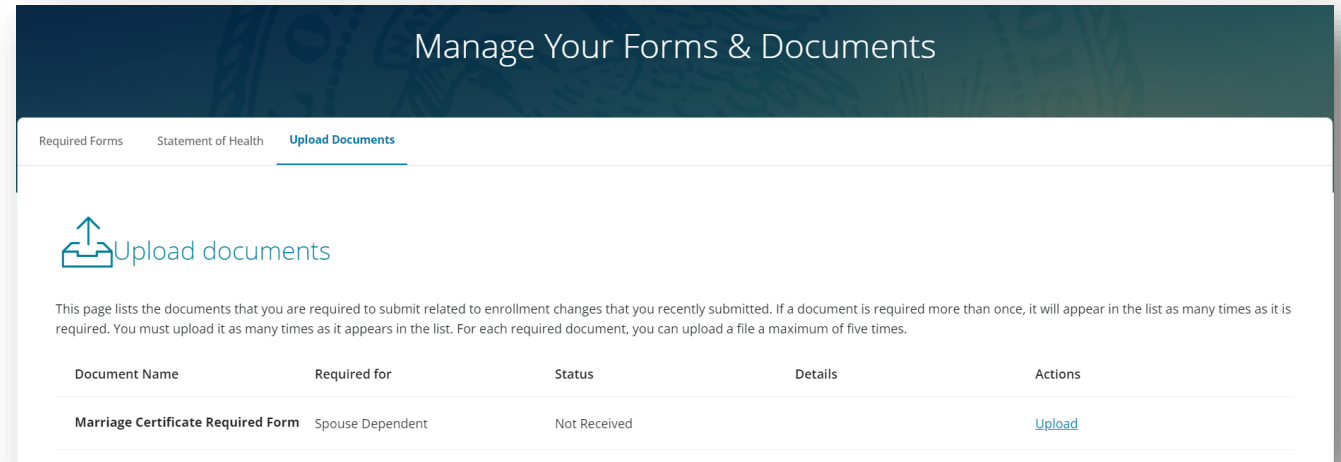
UPDATE YOUR EMAIL



ENROLLMENT FORMS  
REQUIREMENTS


# Provide required documentation

- The documentation page shows what document or documents are required to complete enrollment.
- You can also use the Self-Service Tool to upload required documents.
- Documents are reviewed daily, and the standard approval time is 72 hours.



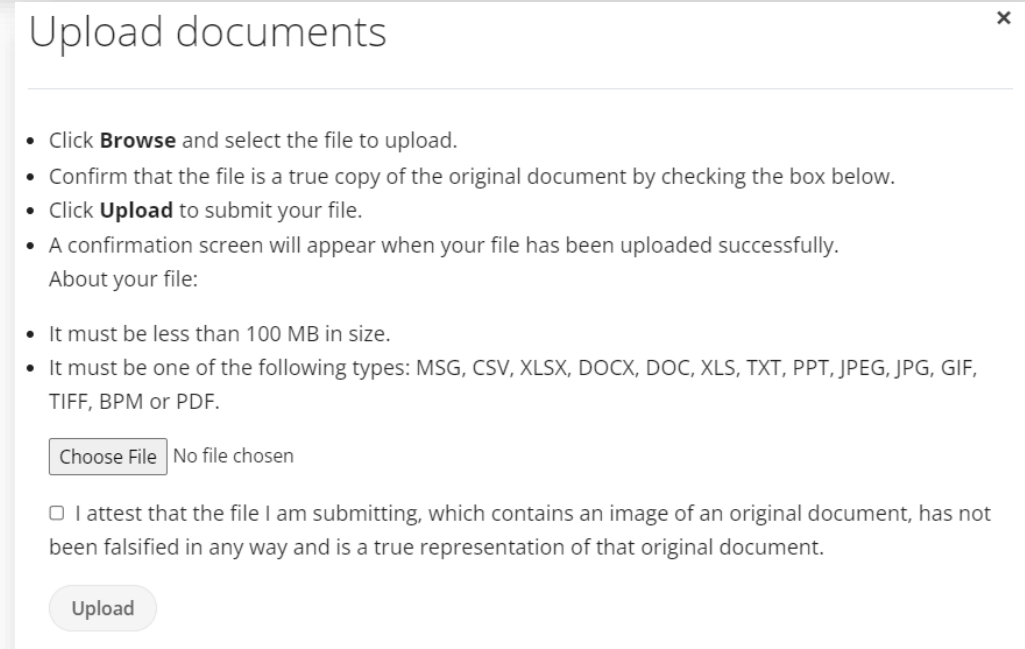
Manage Your Forms & Documents

Required Forms   Statement of Health   **Upload Documents**

 Upload documents

This page lists the documents that you are required to submit related to enrollment changes that you recently submitted. If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list. For each required document, you can upload a file a maximum of five times.

Document Name	Required for	Status	Details	Actions
Marriage Certificate Required Form	Spouse Dependent	Not Received		<a href="#">Upload</a>



Upload documents

- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file:

- It must be less than 100 MB in size.
- It must be one of the following types: MSG, CSV, XLSX, DOCX, DOC, XLS, TXT, PPT, JPEG, JPG, GIF, TIFF, BPM or PDF.

No file chosen

☐ I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true representation of that original document.

# Questions?

- **Aetna:**  
Call 1-855-223-4807 from 8am to 8pm CT or visit [StateofIllinois.AetnaMedicare.com](http://StateofIllinois.AetnaMedicare.com) to learn about plan benefits, find providers, and look up prescription drugs.
- **MyBenefits Service Center:**  
Call 1-844-251-1777 from 8am – 6pm CT or visit [mybenefits.illinois.gov](http://mybenefits.illinois.gov) to ask about eligibility, make changes to your coverage, or opt out of the Aetna MAPD PPO plan.
- **Medicare:**  
Call 1-800-633-4227 visit [www.medicare.gov](http://www.medicare.gov) to ask questions about Medicare Parts A and B.
- **CMS:**  
The recorded presentation and TRAIL guides can be found at [cms.Illinois.gov/thetrail](http://cms.Illinois.gov/thetrail)

