

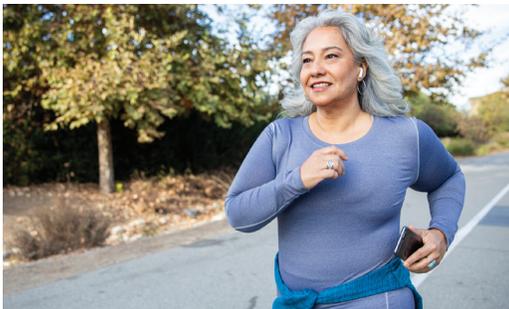


State of Illinois
Department of Central Management Services
Bureau of Benefit

Your TRAIL Medicare Advantage Prescription Drug (MAPD) Program Initial Enrollment Guide

trail

TOTAL RETIREE ADVANTAGE ILLINOIS



State of Illinois Group Insurance Program



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ONLINE ENROLLMENT PLATFORM

Making benefit elections is simple through the MyBenefits website. Follow these steps:

1. Go to MyBenefits.illinois.gov.
2. In the top right corner of the home page, click **Login**.
3. If you are logging in for the first time, click Register in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on the MAPD Initial Enrollment materials mailed to your home.
4. Enter your login ID and password. After logging in and landing on the welcome page, explore your benefit options by clicking on the TRAIL Enrollment Information tile.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the MAPD enrollment Event, located on the Welcome page.

Need Help?

AVA, the interactive digital assistant, is available online at

MyBenefits.illinois.gov

Or

Contact MyBenefits Service Center (toll-free)

844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries.

Representatives are available

Monday – Friday, 8:00 AM - 6:00 PM CT.

WHAT YOU NEED TO DO

1. Go to MyBenefits.illinois.gov to review your benefit options.
2. Choose the benefits you’d like to elect at MyBenefits.illinois.gov by clicking on your Initial MAPD Enrollment or Medicare Eligible Retirement event.
3. Consider going paperless. Provide, or update your email address at MyBenefits.illinois.gov to receive quick responses and notifications through electronic communications.

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 as quickly as possible to ensure your residential address is on file with the system.**

Welcome to Your TRAIL MAPD Health Plan Initial Enrollment Period

The State of Illinois offers retirees, annuitants, and survivors a healthcare program called *Total Retiree Advantage Illinois (TRAIL)*. This program provides Medicare 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 includes vision coverage, optional dental coverage, and life insurance coverage.

All Illinois counties have an HMO and PPO option. Retirees, annuitants, and survivors residing outside Illinois may elect the PPO option only.

To be eligible for coverage under a *Total Retiree Advantage Illinois Medicare Advantage Prescription Drug (MAPD) plan*, you and your eligible dependents must:

- Live in the United States or the U.S. Territories, **AND**
- Be retired and enrolled in Medicare Parts A and B, due to age or disability.

You Have Important Healthcare Coverage Decisions to Make

The TRAIL Program provides comprehensive medical and prescription drug coverage through MAPD plans. These types of Medicare Advantage Prescription Drug plans, commonly known as “MAPD” plans, are Medicare-approved plans that combine the different parts of Medicare into one plan. Since these plans are a type of Medicare, **you must continue to pay your federal Medicare Parts A and B premiums in order to enroll and remain enrolled in TRAIL MAPD.**

As **NEWLY-ELIGIBLE** for the TRAIL MAPD Program, you:

- **MUST elect one of the TRAIL MAPD health plans** during your enrollment period via MyBenefits.illinois.gov or by calling the MyBenefits Service Center (toll-free) 844-251-1777. **Due to your Medicare-eligibility, you cannot keep your current State of Illinois health plan.** You **must** complete your enrollment into a TRAIL MAPD health plan within your enrollment period.
- **Will have your medical and prescription drug claims processed** by the TRAIL MAPD health plan instead of Original Medicare and your current State plan once your TRAIL MAPD enrollment becomes effective.
- **May waive State coverage.** Waiving coverage will terminate your medical, prescription and vision coverage. Your current dental coverage (if enrolled) and life insurance coverage will remain in effect. Members electing to waive coverage, may cancel their dental coverage only during your TRAIL MAPD Enrollment Period.
- **Will only have one ID card** to show at your doctor visits and when picking up your prescriptions.

Important Information You Need to Know about your TRAIL MAPD Health Plan

- TRAIL MAPD is a retiree healthcare program sponsored by the State of Illinois. 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 State of Illinois retiree, annuitant, or survivor, who is newly-eligible for enrollment in a TRAIL MAPD health 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 waive the State’s coverage. If you waive coverage, you will lose medical, prescription drug and vision coverage. **Waiving TRAIL MAPD coverage does not allow you to stay in your current State health plan.**
- TRAIL MAPD health 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 health 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.
- **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums, including applicable IRMAA (Income Related Monthly Adjustment Amount) surcharges.**
- If the member and/or dependent(s) Medicare Beneficiary Identifier (MBI) number is not on file it must be provided during your enrollment, please make sure you have this information available.
- If you fail to provide a copy of the Medicare card for this new MBI number to the Medicare COB unit or your Retirement system, your TRAIL MAPD and State medical insurance will be waived for the dependent(s) with the missing documentation and waived for the entire household if the member's documentation is not provided.
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in the TRAIL MAPD health 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 and vision coverage.**
- You may terminate the TRAIL MAPD coverage at any time by contacting the plan administrator in writing. You may re-enroll throughout the plan year with a qualify event and coverage will be effective the first of the month following your enrollment request or during your annual TRAIL MAPD Enrollment Period.
- If your residential or mailing address changes, you must notify **both** your retirement system and the Social Security Administration in writing as quickly as possible.
- If you enroll in one of the State’s TRAIL MAPD HMO plans and move outside of the plan’s service area to a different county in Illinois where your current HMO is not available or to a different state, you must elect a new MAPD plan available in your new area.

- Medicare Advantage Plans are not a Medicare Supplement plan. 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 State-Sponsored TRAIL plan, Medicare prescription drug (Part D) is also included.
- Once you have enrolled in a TRAIL MAPD health plan, you will 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.
- Medicare-eligible retirees, annuitants and survivors who want to continue medical, prescription drug, and vision coverage through the State, are **required** to enroll in one of the TRAIL MAPD health plans if they and their covered dependents are all enrolled in Medicare Parts A and B. **Remaining in your current State health plan is not an option. If you do not complete the online enrollment process or call the MyBenefits Service Center by your enrollment deadline, the State will assume you do not want your State of Illinois TRAIL MAPD health insurance and will terminate your medical, prescription drug and vision coverage. If your State medical and prescription coverage is terminated, you will have only Original Medicare for your medical coverage.** To obtain additional coverage you may enroll in a Part D prescription drug plan for prescription drug coverage, re-enroll in the State-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. Your dental coverage, if enrolled, and life insurance coverage will remain in place.
- Plan Year deductible and Out-of-Pocket Maximums will start over with your new TRAIL MAPD Health Plan. The MAPD plans are not permitted to consider 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, if elected, will start again for the TRAIL MAPD Plan Year.
- 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.



Your Health Plan Options: HMO vs. PPO

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

If you enroll in one of the Medicare Advantage Prescription Drug (MAPD) HMO plans available to you (based on the county in which you live), you must choose a primary care physician (PCP) from the MAPD plan's network of providers. When you enroll online or over the phone, be sure to have your PCP's identification number. That number can be obtained from the plan administrator's provider directory, or by calling the plan administrator (see page 15). Your PCP will coordinate your care and refer you to a network of specialists when needed. Out-of-network care is only available for emergencies; therefore, be sure to see a network provider when seeking services through an HMO plan.

All of the MAPD HMO plans offer a network of doctors, specialists, and hospitals from which to choose, plus a variety of programs and services to help improve your health and well-being.

UnitedHealthcare Medicare Advantage PPO

The UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization (PPO) plan is a "passive" PPO plan. If you enroll in the UHC Medicare Advantage PPO plan, you may see any provider as long as they participate in Medicare and accept the plan. With the UHC PPO plan, you will not have the restrictions of in-and out-of-network providers. So even though UHC has a network of plan providers, if you receive care from a provider not in the UHC network (i.e., an out-of-network provider), the PPO plan pays those providers the same amount Medicare would have paid; you pay the same out-of-pocket percentage as if you had received in-network care.

The majority of providers in Illinois and across the nation participate in Medicare and will accept the State-sponsored UHC group plan. If the provider is not willing to bill UHC, call UHC at the number on page 15 and ask them to contact your provider to explain the plan. If your provider still refuses to bill UHC for your visit, you must pay the bill and submit a request for reimbursement to UHC for payment. UHC will then reimburse you the Medicare allowable amount, minus any deductible or coinsurance for which you are responsible.

In addition, the available programs also provide you with additional benefits including, but not limited to, those listed below:

Humana Employer Medicare HMO offers:

- SilverSneakers®
- Go365™ Wellness Program
- Telemedicine™

Health Alliance MAPD HMO offers:

- Care Coordination Services
- Wellness rewards, Fitness benefits & OTC discounts
- Virtual Visits

Aetna Medicare Plan (HMO) offers:

- Preferred Pharmacy Discounts
- In-Home Health Risk Assessments
- Teladoc

UnitedHealthcare PPO offers:

- Renew Active
- Wellness on Demand
- Healthy at Home

Things to consider when choosing a Medicare Advantage Prescription Drug (MAPD) Plan

HMO Plan

- Your doctor is in the HMO network.
- You prefer copayments for medical services rather than deductibles and coinsurance.
- You take prescription drugs (lower copays than the PPO plan).
- You prefer a plan where network providers agree to help you obtain plan benefits.

PPO Plan

- You prefer the flexibility to see any Medicare provider and not stay in a network.
- You travel a lot outside Illinois, or you are a "snowbird."
- You have medical conditions for which you prefer to have the ability to see any Medicare provider without the constraints of a network.

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.

| 2022 Plan Year HMO Medical Benefit | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Members must use network providers, except for emergency services | |
| Annual medical deductible | None |
| Doctor office visit | Plan pays 100% after you pay \$20 copay per visit |
| Specialist office visit | Plan pays 100% after you pay \$30 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 \$350 copay per admission |
| Outpatient surgery | Plan pays 100% after you pay \$250 copay |
| Diagnostic tests (lab, x-ray, radiology) | Plan pays 100%; you pay 0% |
| Annual out-of-pocket maximum | \$3,000 |
| 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. |
| Acupuncture for chronic lower back pain | \$30 copayment. For further information regarding coverage, contact the plan administrator. |

| 2022 Plan Year HMO Prescription Drug Benefit | | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| Rx Plan Year Deductible | \$100 | | |
| Retail and Mail Order Pharmacy (Initial and Coverage Gap Stages) | You may obtain a 90-day supply of drugs at a retail pharmacy or 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 |
| Tier 1* | \$8 | \$16 | \$20 |
| Tier 2 | \$26 | \$52 | \$65 |
| Tier 3 and Tier 4 (specialty drugs)** | \$50 | \$100 | \$125 |
| Catastrophic Coverage Stage | Copayments are capped as indicated below once a member reaches \$7,050 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 OR \$3.95/Generic or \$9.85/Non-generic; the 5% cannot exceed the caps below: | | |
| | 30-Day Supply \$50 | 60-Day Supply \$100 | 90-Day Supply \$125 |

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

** 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.

| 2022 Plan Year PPO Medical Benefit | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Members may see any provider who participates in Medicare and accepts the plan | |
| Annual medical deductible | \$110 |
| 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 |
| Diagnostic tests (lab, x-ray, radiology) | Plan pays 85%; you pay 15% after annual deductible |
| Annual out-of-pocket maximum | \$1,300 |
| 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. |
| 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. |

| 2022 Plan Year PPO Prescription Drug Benefit | | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Rx Plan Year Deductible | \$125 | | |
| Retail and Mail Order Pharmacy (Initial and Coverage Gap Stages) | Maintenance and nonmaintenance medication 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 |
| Tier 1 | \$10 | \$20 | \$25 |
| Tier 2 | \$30 | \$60 | \$75 |
| Tier 3 and Tier 4 (specialty drugs) | \$60 | \$120 | \$150 |
| Catastrophic Coverage Stage | Copayments are capped as indicated below once a member reaches \$7,050 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 OR \$3.85/Generic or \$9.85/Non-generic; the 5% cannot exceed \$60 | | |

TRAIL Medicare Advantage Prescription Drug (MAPD) Health Plan Contributions

TRAIL MAPD Health Plan Monthly Contributions Effective January 1

Retirees and annuitants who have 20 or more years of service, as well as survivors whose annuity is based on the death of an employee who had 20 years or more of creditable service, receive their healthcare coverage premium-free through the State. This premium-free coverage includes medical, prescription and vision coverage. All members are required to pay a premium for dental and dependent coverage.

Retirees, annuitants and survivors with less than 20 years of service are required to pay 5% of the cost of coverage for every year of service they have less than 20 years.* See chart below:

**2022 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 | HMO Plans (Humana Employer Medicare HMO, Aetna Medicare Plan (HMO), and Health Alliance MAPD HMO) | UnitedHealthcare PPO Plan |
|------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------|
| 0 | 100% | \$154.13 | \$143.85 |
| 1 | 95% | \$146.42 | \$136.65 |
| 2 | 90% | \$138.71 | \$129.46 |
| 3 | 85% | \$131.01 | \$122.27 |
| 4 | 80% | \$123.30 | \$115.08 |
| 5 | 75% | \$115.59 | \$107.88 |
| 6 | 70% | \$107.89 | \$100.69 |
| 7 | 65% | \$100.18 | \$93.50 |
| 8 | 60% | \$92.47 | \$86.31 |
| 9 | 55% | \$84.77 | \$79.11 |
| 10 | 50% | \$77.06 | \$71.92 |
| 11 | 45% | \$69.35 | \$64.73 |
| 12 | 40% | \$61.65 | \$57.54 |
| 13 | 35% | \$53.94 | \$50.34 |
| 14 | 30% | \$46.23 | \$43.15 |
| 15 | 25% | \$38.53 | \$35.96 |
| 16 | 20% | \$30.82 | \$28.77 |
| 17 | 15% | \$23.12 | \$21.57 |
| 18 | 10% | \$15.41 | \$14.38 |
| 19 | 5% | \$7.70 | \$7.19 |
| 20+ | 0% | – | – |

* The 5% rates in the chart above do not apply to the following members: U of I federal retirees, SURS retirees who elected a lower pension in exchange for free insurance, retirees, annuitants and survivors of vested retired judges and general assembly members, SURS and SERS members who retired prior to 1/1/1998, TRS members who retired prior to 7/1/1999, and vested regional superintendents who retired under TRS on or after 7/1/1998.

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.

| 2022 Monthly Health Plan Contributions for Dependent Coverage | | | |
|-------------------------------------------------------------------------------------|------------------------|----------------------|------------------------|
| Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO | | UnitedHealthcare PPO | |
| One Dependent | Two or More Dependents | One Dependent | Two or More Dependents |
| \$89.91 | \$126.00 | \$110.00 | \$155.00 |

Life Insurance Contributions

Life insurance coverage options, administered by MetLife, depend upon when you retired and whether you are an immediate annuitant, deferred annuitant, or survivor. If you are uncertain of your life insurance benefits, contact your retirement system. To request a change in your life insurance coverage, members must go online at MyBenefits.illinois.gov and follow the instructions. 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 Over | \$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 |

Vision Coverage

Vision coverage is provided at no additional cost to members enrolled in any of the TRAIL MAPD health plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. Eye exams are covered once every 12 months from the last date the exam benefit was used. The benefit for replacement lenses is also once every plan year from the last date used. Standard frames are available once every 24 months from the last date used.

| Service | Network Provider Benefit | Out of Network** Provider Benefit | Benefit Frequency |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|
| Eye Exam | \$30 copayment | \$30 reimbursement | Once every 12 months |
| Standard Frames | \$30 copayment (up to \$175 retail frame cost; member responsible for balance over \$175) | \$70 reimbursement | Once every 24 months |
| Vision Lenses* (single, bifocal and trifocal) | \$30 copayment | \$50 allowance for single vision lenses \$80 allowance for bifocal and trifocal lenses | Once every 12 months |
| Contact Lenses (All contact lenses are in lieu of vision lenses) | \$120 allowance | \$120 reimbursement | Once every 12 months |

Use your Eye Med card for vision services.

* Vision Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

** Out of network claims must be filed within one year from the date of service.

Dental Contributions

All members and enrolled dependents have the same dental benefits available regardless of the health plan selected. During your TRAIL MAPD Enrollment Period, members have the option to add or drop dental coverage. **The election to add or drop dental coverage will remain in effect the entire plan year, without exception.**

The annual plan year deductible for dental coverage for the TRAIL MAPD plan year (January 1 through December 31) is \$175 per participant per plan year. Once the annual deductible has been met, each member is subject to a maximum annual dental benefit. Each member has a maximum dental benefit of \$2,500 (including orthodontia) when services are rendered by an in-network provider; however, participants who use an out of network provider are limited to a maximum benefit of \$2,000.

Delta Dental Plan Monthly Contributions

| Coverage | Monthly Contribution |
|----------------------------------|----------------------|
| Member Only | \$13.00 |
| Member Plus 1 Dependent | \$21.00 |
| Member Plus 2 or More Dependents | \$23.50 |

Use your Delta Dental card for dental services.

Prescription Drug Coverage

A TRAIL MAPD plan includes Medicare Part D prescription drug coverage. Prescription drug formularies (i.e., list of drugs covered) vary by health plan. The TRAIL MAPD prescription drug coverage must follow Medicare rules for which types of drugs can be covered. Drugs covered under a non-Medicare Part D plan may not be covered under a Medicare Part D plan. If you are uncertain whether a drug will be covered, you should call the health plan in which you are interested in enrolling to inquire.

Part D Coverage Stages

Since the TRAIL MAPD prescription drug coverage is a Medicare Part D plan, the member's cost for prescription drugs under the TRAIL MAPD Program must follow the Medicare Part D drug coverage stages. There are four drug payment stages: Annual Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage. At the beginning of the year, you start out in the Annual Deductible stage. If the plan has no prescription drug deductible, then you begin in the second stage, the Initial Coverage stage. You progress to the next stage once you have met the cost requirements for the current stage.

Unlike a standard Part D plan in which the enrollee is required to pay a percentage of the full retail cost of the drug, State members enrolled in the TRAIL MAPD Program pay only the plan's standard copayment through the Initial Coverage and Coverage Gap stages. Paying only the standard copayment through the Coverage Gap is a valuable benefit for TRAIL MAPD members. Once a member reaches the Catastrophic Coverage stage (when the true out-of-pocket costs reach \$7,050 for prescription drugs in 2022), the member will pay either a small copayment or 5% coinsurance that is capped to limit a member's out-of-pocket costs.

Annual Deductible

You start here. You will pay the full cost of your Part D prescriptions drugs. **Once you have paid the plan's deductible, you move on to the next stage.**

Initial Coverage

If the plan has no prescription drug deductible you start here. You will pay copays in this stage. **Once you and the plan have spent \$4,430 on your Part D prescription drugs, you move to the next stage.**

Coverage Gap

You will pay no more for your prescription drugs in this stage as you did in the previous stage. **Once you have spent \$7,050 on your Part D prescription drugs, then you move on to the next stage.**

Catastrophic Coverage

If you reach this stage, you stay in this stage through the end of the plan year (December 31). You may pay more for your prescription drugs in this stage, but what you will pay will be capped (a limit is placed on the most you can pay for a prescription, see pages 8 & 9 for Catastrophic Coverage amounts).

Part D IRMAA Premium

Medicare requires those enrolled in a Medicare Part D plan whose annual income is above a certain limit to pay an additional premium called IRMAA (Income-Related Monthly Adjustment Amount). Medicare will look back at your tax return from two years ago to determine your income. For those members whose income is verified by the IRS to exceed the established limits, the Social Security Administration will send a predetermination letter. If applicable, IRMAA applies to both Medicare Parts B and D; therefore, members who pay an additional premium for their Medicare Part B coverage are the same members who will be charged the Medicare Part D IRMAA amount. Members will receive a quarterly bill in the mail from Social Security for these additional premiums. To remain in the Medicare Advantage plan, affected members must pay these additional premiums. Go to [medicare.gov](https://www.medicare.gov) for IRMAA premium amounts.

Go Online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), or call 844-251-1777 (toll-free) if:

- Your dependents experience a change of address.
- Your dependent loses eligibility. Dependents who are no longer eligible under the Program (including divorced spouses or partners of a dissolved civil union or domestic partner relationship) must be reported online immediately.
- You get married or enter into a civil union partnership, or your marriage, domestic partnership or civil union partnership is dissolved.
- You gain legal guardianship of a child or adopt a child.
- You have insurance benefit questions • insurance plan options in your residential area • to enroll into an insurance plan • to add a dependent to your insurance plan • to provide a marriage certificate to add a new spouse to your insurance plan • to term a dependent from your insurance plan • and to find out more about your insurance coverage.

Contact:

State of Illinois Medicare Coordination of Benefits Unit (MCOB Unit) 800-442-1300

- For Medicare requirements for the State of Illinois Group Insurance plans
- To turn in a copy of a Medicare identification card
- To inform the State of the loss of Medicare benefits
- For questions regarding the Medicare Advantage Plans after enrollment or a termination of coverage has occurred.
- **You experience a change in Medicare status.** A copy of the red, white and blue Medicare card must be provided to the State of Illinois Medicare Coordination of Benefits (COB) Unit when a change in your or your dependent's Medicare status occurs. The Medicare COB Unit's address and phone number can be found on page 15.

Social Security Administration (SSA) 800-772-1213, or go online at: ssa.gov/medicare

- To enroll in Medicare
- To check on the status of Medicare enrollment
- To request a Medicare identification card
- For questions about Medicare premiums or about IRMAA premiums.

Federal CMS Medicare & Medicaid Services 800-633-4227, or go online at: medicare.gov

- To find out other Medicare plan information.

Who Do I Call if I Have Questions About. . .?

- **Plan ID cards, Claims, provider networks, prescription formularies or coverage for specific procedures, call the plan directly:**

| | |
|------------------------------|--------------|
| UnitedHealthcare PPO | 888-223-1092 |
| Humana Employer Medicare HMO | 800-951-0125 |
| Aetna Medicare Plan (HMO) | 855-223-4807 |
| Health Alliance MAPD HMO | 877-795-6131 |
- **If you have a financial or medical power of attorney (POA) whom you would like to be able to make decisions and get information on your behalf if you become incapacitated.**
- **Life insurance coverage options, health and dental premiums or changes to the member's address, call your retirement system:**

| | |
|--------------------------------------|--------------|
| State Employees' Retirement System | 217-785-7444 |
| State Universities Retirement System | 800-275-7877 |
| Teachers' Retirement System | 877-927-5877 |
| Judges' Retirement System | 217-782-8500 |
| General Assembly Retirement System | 217-782-8500 |
- **TRAIL MAPD eligibility criteria or completing the TRAIL MAPD online enrollment process, call the MyBenefits Service Center:**
MyBenefits Call Service Center (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY

Plan Administrators

| Plan | Administrators' Name and Address | Customer Service Phone Numbers | Websites |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| UnitedHealthcare Group Medicare Advantage PPO | UnitedHealthcare Customer Service Department PO Box 30769 Salt Lake City, UT 841300769 | 888-223-1092 TTY users, call 711 | uhcretree.com/soi |
| Aetna Medicare Plan (HMO) | Aetna Medicare Plan (HMO) PO Box 981106 El Paso, TX 79998-1106 | 855-223-4807 TTY users, call 711 | stateofillinois.aetnamedicare.com |
| Health Alliance MAPD HMO | Health Alliance 3310 Fields South Drive Champaign, IL 61822 | 877-795-6131 TTY users, call 711 | healthalliance.org/stateofillinois |
| Humana Employer Medicare HMO | Humana Employer Medicare HMO PO Box 14168 Lexington, KY 40512 | 800-951-0125 TTY users, call 711 | our.humana.com/soi |
| Vision Plan | EyeMed Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111 | 866-723-0512 TTY users, call 711 | eyemedvisioncare.com/stil |
| Quality Care Dental Plan (QCDP) | Delta Dental of Illinois Group Number 20240 PO Box 5402 Lisle, IL 60532 | 800-323-1743 800-526-0844 (TDD/TTY) | soi.deltadentalil.com |
| Life Insurance Plan | MetLife Insurance Company Group Life Claims PO Box 6100 Scranton, PA 18505 | 800-880-6394 TTY users, call 711 | metlife.com/stateofillinois |
| Medicare COB Unit, Premium Collection Unit | CMS Group Insurance 801 South 7th Street PO Box 19208 Springfield, IL 62794-9208 | 217-782-2548 800-442-1300 800-526-0844 (TDD/TTY) | CMS.BEN.MedicareCOB@illinois.gov |
| Medical/Dental Vision/Life Plans | MyBenefits Service Center 134 N. LaSalle Street Suite 2200 Chicago, IL 60602 | 844-251-1777 844-251-1778 (TDD/TTY) | MyBenefits.illinois.gov |
| State Employees' Retirement System | 2101 South Veterans' Parkway PO Box 19255 Springfield, IL 62794-9255 | 217-785-7444 866-321-7625 (TDD/TTY) | srs.illinois.gov |

Disclaimer

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of members. The State reserves the right to change any of the benefits, program requirements and contributions described in *Your TRAIL Medicare Advantage Prescription Drug (MAPD) Program Decision Guide*. This Guide is intended to supplement the *Benefits Handbook*. If there is a discrepancy between the *Benefits Handbook* and state or federal law, the law will control.

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TOTAL RETIREE ADVANTAGE ILLINOIS

TRAIL MAPD Virtual Seminar Any impacted retiree may attend.

An Informational Virtual TRAIL MAPD Enrollment seminar is available to give Medicare-eligible retirees and survivors an opportunity to learn about the Total Retiree Advantage Illinois (TRAIL)

Program. You can log on to your computer, smartphone, or tablet at <http://cms.illinois.gov/thetrail> to view your virtual TRAIL MAPD Enrollment seminar, click on the TRAIL MAPD seminar link and watch from the comforts of your home.

