

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	\$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					
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1 (generic brand)	\$9	\$10	\$18	\$20	\$22.50	\$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.					