

Health Plan Details

Aetna MAPD PPO

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

| 2024 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. |

| 2024 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. | | | | | |
| | Retail Pharmacies | | Retail and Mail-Order Pharmacies | | | |
| | 30-Day Supply | | 60-Day Supply | | 90-Day Supply | |
| | 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) Tier 4 (specialty brand) | \$60 | | \$120 | | \$150 | |
| | Catastrophic Coverage Stage | | | | | |
| Aetna MAPD PPO | If you reach \$8,000 in true out-of-pocket Part D prescription drug costs, you will pay \$0 for your Part D prescription drugs for the remainder of the plan year. | | | | | |