Health Plan Details

Aetna MAPD PPO

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

2027 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	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.

2027 Plan Year PPO Prescription Drug Benefit						
Rx Plan Year Deductible	**$125**					
Retail and Mail Order Pharmacy (Initial Coverage Phase)	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**	
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) Tier 4 (specialty brand)	**$60**		**$120**		**$150**	
Aetna MAPD PPO	**Catastrophic Coverage Stage**					
	If you reach $2,400 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.					