



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



Teachers' Retirement 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](https://MyBenefits.illinois.gov) (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 Teachers' Retirement Insurance Program (TRIP) offers members a healthcare program called **Total Retiree Advantage Illinois (TRAIL)**. This program provides eligible-members and their covered dependents comprehensive medical and prescription drug coverage through TRAIL Medicare Advantage Prescription Drug (commonly referred to as "MAPD") plans.

As an individual who is enrolled in Medicare Parts A and B, your Annual TRAIL MAPD Open Enrollment Period will be held in the fall of each year. The TRAIL MAPD plan year is January 1 through December 31.

All Illinois counties have an HMO and PPO option. Members 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 MAPD Program provides you and your enrolled dependents comprehensive medical and prescription drug coverage through TRAIL 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](https://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 TRIP 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 medical plan once you've completed your TRAIL MAPD enrollment becomes effective.
- **Will only have one ID card** to show at your doctor visits and when picking up your prescriptions.
- **May cancel your TRIP coverage.** Canceling will terminate your medical and prescription drug coverage through TRIP. Re-enrollment is allowed for TRIP throughout the plan year with coverage effective the first of the month following your enrollment request or during your annual TRAIL MAPD Enrollment Period.

Welcome to Your TRAIL MAPD Initial Enrollment Period (Cont.)

During Your TRAIL MAPD Enrollment Period, you:

- **May elect to cancel your coverage.** Note: If you cancel your TRIP TRAIL MAPD coverage, medical and prescription drug coverage for you and your enrolled dependents will end. Canceling coverage does not allow you to stay in your current TRIP health plan. Re-enrollment is allowed for TRIP members throughout the plan year with coverage effective the first of the month following your enrollment request or during your annual TRAIL MAPD Enrollment Period.
- **May elect to re-enroll in medical/prescription drug coverage** if you previously canceled coverage.
- **May add or drop dependent coverage.** IMPORTANT: You must contact the MyBenefits Service Center (toll-free) 844-251-1777 if you want to add a dependent who is not enrolled in Medicare Parts A and B.
- **If you add a non-Medicare dependent, you will be ineligible to enroll** in a TRAIL MAPD health plan.
- **Must enroll in a TRAIL MAPD plan** if you are newly-eligible for TRAIL MAPD.



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

- TRAIL MAPD is a retiree healthcare program sponsored by the Teachers' Retirement Insurance Program (TRIP). 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 TRIP member 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 MAPD plans offered.** If you do not want TRAIL MAPD coverage, you can cancel which will terminate your medical and prescription drug coverage. **Canceling TRAIL MAPD coverage does not allow you to stay in your current TRIP 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 TRIP 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 termination of your TRIP medical and prescription drug coverage.**

Important Information You Need to Know about your TRAIL MAPD Health Plan (Cont.)

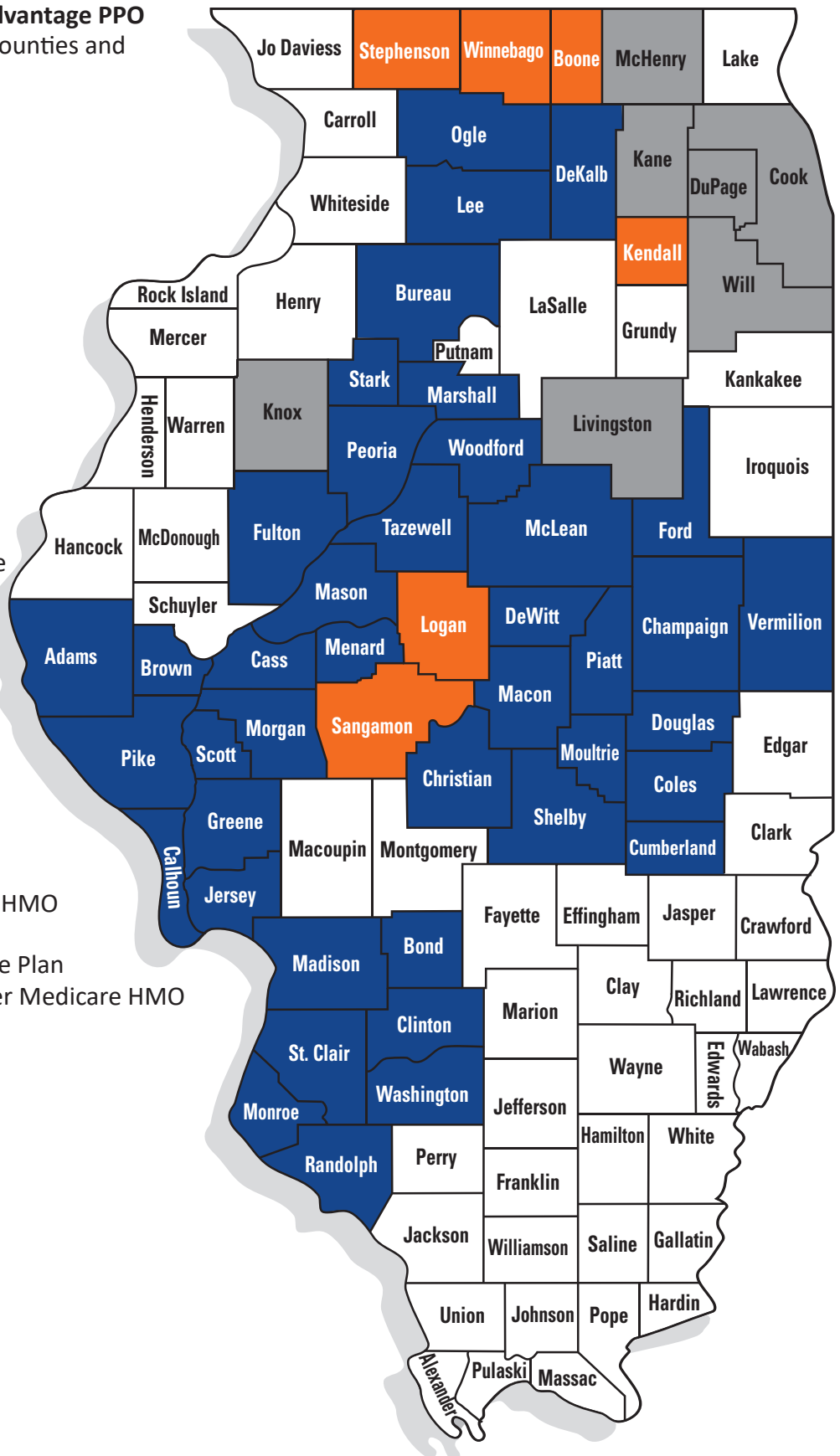
- You can terminate the TRAIL MAPD coverage at any time however, once you cancel your TRIP TRAIL MAPD coverage, re-enrollment is allowed for TRIP throughout the plan year with coverage effective the first of the month following your enrollment request or during your annual TRAIL MAPD Enrollment Period.
- 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 are currently enrolled in one of the 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 Medicare Advantage 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 TRIP-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 TRIP members who want to continue medical and prescription drug coverage, 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 health plan is not an option. **If you do not complete the online enrollment or call the MyBenefits Service Center to enroll by your enrollment deadline, we will assume you do not want the TRAIL MAPD coverage and your medical and prescription drug coverage will terminate effective January 1. If your TRIP medical and prescription coverage is terminated, you will have Original Medicare only for your medical coverage.** To obtain additional coverage, you may enroll in a Part D prescription plan for prescription drug coverage, re-enroll in the TRIP-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.
- 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 you might have already paid in your other plan. Any deductible paid to your current medical plan will not count toward your MAPD plan's annual deductible. The PPO plan's annual medical deductible 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.

A Map of TRAIL MAPD Plans by County

The United Healthcare Medicare Advantage PPO (UHC PPO) is available in all Illinois counties and throughout the U.S.

UnitedHealthcare PPO, Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and the Humana Employer Medicare HMO availability is indicated by the key below:

- UHC PPO and Health Alliance MAPD HMO
- UHC PPO and Aetna Medicare Plan (HMO)
- UHC PPO and Humana Employer Medicare HMO
- UHC PPO and Aetna Medicare Plan (HMO) and Humana Employer Medicare HMO



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 administrators' provider directory, or by calling the plan administrators (see page 13). Your PCP will coordinate your care and refer you to 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 to choose from, 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, you will not have the restrictions of in- and out-of-network coverage. So even though UHC has a network of 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 TRIP-sponsored UHC group plan. If the provider is not willing to bill UHC, call UHC at the number on page 13 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	PPO Plan
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- | | |
|--|--|
| <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• 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
Annual out of pocket maximum	\$3,000
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 100% after you pay \$20 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 \$250 copay per admission
Outpatient surgery	Plan pays 100% after you pay \$150 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%
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	\$20 copayment. For further information regarding coverage, contact the plan administrator.

2022 Plan Year HMO 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 through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1*	\$10	\$20	\$30
Tier 2	\$20	\$40	\$60
Tier 3 and Tier 4 (specialty drugs)**	\$40	\$80	\$120
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 \$40	60-Day Supply \$80	90-Day Supply \$120

* 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	\$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
Diagnostic tests (lab, x-ray, radiology)	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.
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.

2022 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 through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1	\$10	\$20	\$30
Tier 2	\$25	\$50	\$75
Tier 3 and Tier 4 (specialty drugs)	\$50	\$100	\$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 \$3.95/Generic or \$9.85/Non-generic; the 5% cannot exceed \$50		

TRIP TRAIL MAPD Health Plan Contributions

TRAIL MAPD Health Plan Monthly Contributions Effective January 1

Members in the Teachers' Retirement Insurance Program (TRIP) are responsible for a monthly contribution for Medicare Advantage 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. If you wish to verify the premium payment arrangements for your TRAIL MAPD coverage, you should contact your school district.

2022 TRIP TRAIL MAPD Health Plan Monthly Contributions Effective January 1, 2022

	HMO Plans			PPO Plan
	Humana Employer Medicare HMO	Aetna Medicare Plan (HMO)	Health Alliance MAPD HMO	UnitedHealthcare
Member Rate	\$36.31	\$35.46	\$43.42	\$38.17
Dependent Rate	\$108.93	\$106.38	\$130.25	\$114.50



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, TRIP 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 12 & 13 for Catastrophic Coverage amounts).

Part B and 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, 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 6.

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.**
- **Teachers' Retirement Insurance Program (TRIP) premiums or changes to your address, contact your retirement system:**

Teachers' Retirement System	877-927-5877
2815 W. Washington Street	
PO Box 19253	
Springfield, IL 62794-9253	
- **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 84130-0769	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
Medicare COB 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
Retirement System	Teachers' Retirement System 2815 W. Washington St PO Box 19253 Springfield, IL 62794-9253	877-927-5877 TTY users, call 711	trsil.org
Medical Plans	MyBenefits Service Center 134 N. LaSalle Street Suite 2200 Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	MyBenefits.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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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 to participate in a live event or watch a recording of the seminar at a later date. Just login online 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.
