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	$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
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 80%; you pay 20% after annual deductible
Home Health Care	Plan pays 100%; you pay 0%
Compression Stockings	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. Aetna will cover 1 exam every 12 months.
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.

2027 Plan Year PPO Prescription Drug Benefit						
Retail and Mail Order Pharmacy (Initial Coverage Phase)	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.					
	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** $30
Tier 2 (preferred brand)	$25		$50		$62.50	$75
Tier 3 (non-preferred brand) **Tier 4 (specialty brand)**	$50		$100		$125	$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.					