



State of Illinois
Department of Central Management Services
Bureau of Benefits

Your TRAIL Medicare Advantage Prescription Drug (MAPD) Program Decision Guide



Open Enrollment Period: October 15 – November 16
Plan Year: January 1 – December 31, 2021



State of Illinois Group Insurance Program



Open Enrollment Period: October 15 – November 16

This is your State of Illinois Total Retiree Advantage Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) Decision Guide. This Decision Guide includes the plan rates for the TRAIL MAPD Program, a map of plan availability by Illinois county, and how to enroll through the MyBenefits website at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov), and a description of benefits offered by each plan.

You Have Important Healthcare Coverage Decisions to Make

As a State retiree, annuitant or survivor who is eligible for Medicare, the State offers you a retiree healthcare program called Total Retiree Advantage Illinois (TRAIL).

The TRAIL Program provides comprehensive medical and prescription drug coverage through MAPD plans. These types of Medicare Advantage Prescription Drug plans, commonly known as “MAPD” plans, are Medicareapproved 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.**

If you are **NEWLYELIGIBLE** 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 (tollfree) 8442511777. Due to your Medicareeligibility, **you cannot keep your current State of Illinois health plan.** You **must** complete your enrollment into a TRAIL MAPD 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 State plan, once your TRAIL MAPD enrollment becomes effective.
- May waive State coverage. Waiving coverage will terminate your medical, prescription and vision coverage. Your current dental coverage (if enrolled) and life insurance coverage will remain in effect. Members electing to waive coverage, may cancel their dental coverage only during your TRAIL MAPD Enrollment Period.
- Will only have one ID card to show at your doctor visits and when picking up your prescriptions.

Welcome to Your TRAIL MAPD Enrollment Period

The State of Illinois offers retirees, annuitants and survivors 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. The program includes vision coverage, optional dental coverage and life insurance coverage.

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. Retirees, annuitants and survivors residing outside Illinois may elect the PPO option only.



The TRAIL MAPD Enrollment Period features a web-based online enrollment platform entitled **MyBenefits** at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).

This site streamlines your benefit options into a onestop shop for your insurance needs. This includes learning more about your current insurance benefits, making enrollment decisions, changing your current coverage and finding contact information for all your plan administrators. Howtoenroll videos are on the site to walk you through the enrollment process.

The online system is comprehensive with the goal of providing information 24/7 and allowing you to make changes in realtime. The site will allow you to make benefit elections during open enrollment; it will also allow you to add/or drop dependents midyear due to a qualifying change in status, or correct personal information. The website will include all your benefit information as well as educational information and interactive tools.

[MyBenefits.illinois.gov](https://mybenefits.illinois.gov) is accessible via your computer, smartphone or tablet. You may also contact customer service representative for assistance Monday – Friday 8:00 AM – 6:00 PM CT (tollfree) 8442511777 or 8442511778 TDD/TTY. And, if you need help, **AVA, the interactive digital assistant, is available online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).**

To access the enrollment platform, you need to register on the website using information pertinent to you for self-authentication. Once registered, you will be provided your CMS issued Employee ID Number (EIN), which you will need whenever you login to this site. If you lose your EIN, you will be able to retrieve it through the self-authentication process. Please be sure to write down this EIN number as it will be required for every login.

Members newly eligible for the TRAIL MAPD Program are required to make an election within your enrollment period of October 15 – November 16 or you and your currently enrolled dependents will lose medical, prescription drug and vision coverage effective January 1, 2021.

How to Enroll in TRAIL MAPD:

Online Enrollment Platform

Making benefit elections is simple through the MyBenefits website. Follow these steps to register and enroll:

1. Go to [MyBenefits.illinois.gov](https://mybenefits.illinois.gov).
2. In the top right corner of the home page, click **Login**.
3. Enter your login ID and password. 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 TRAIL MAPD Open Enrollment materials mailed to your home. Write down your login ID for future reference.
4. After logging in and landing on the welcome page, discover your options by clicking on the **TRAIL MAPD Open Enrollment** tile.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the **TRAIL MAPD Event**, located on the Welcome page.
6. To finalize your benefit elections, read and agree to the terms and conditions and click **Next**.
7. Once finalized, you can **Print** a summary of your new elections for your records. You may also upload dependent documentation, if needed.

Note that you may modify your benefit elections as needed during your enrollment period. **Each time that you modify your enrollment, you MUST completely finalize the event again.** Shortly after your MAPD Initial Enrollment Period has ended, you will receive a printed confirmation statement indicating the benefits you elected, which will be effective for the TRAIL MAPD Plan Year.

Need Help?

AVA, the interactive digital assistant, is available online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov)

Or contact **MyBenefits Service Center** (tollfree) 8442511777,
or 8442511778 (TDD/TTY) with inquiries.

Representatives are available Monday – Friday, 8:00 AM – 6:00 PM CT.

What is a Group Medicare Advantage Plan?

A Group Medicare Advantage plan is designed just for State of Illinois retirees, annuitants and survivors. Only eligible members can enroll in this plan. You can't get it anywhere else.

Your Statesponsored TRAIL MAPD plan includes Medicare Part A (hospital), Medicare Part B (doctor and outpatient) and Medicare Part D prescription drug coverage.

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™

Aetna Medicare Plan (HMO) offers:

- Preferred Pharmacy Discounts
- InHome Health Risk Assessments
- Teladoc

Health Alliance MAPD HMO offers:

- Care Coordination Services
- Fitness and Wellness Rewards
- Virtual Visits

UnitedHealthcare PPO offers:

- HouseCalls
- Renew by UnitedHealthcare
- Virtual Doctor Visits

Important Information

- **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's household Medicare Beneficiary Identifier (MBI) is not on file with MyBenefits, you must submit this information to the CMS Medicare COB unit by the end of your TRAIL MAPD Enrollment Period. If the MBI is not provided, your TRAIL MAPD and State medical insurance will be waived for the dependent(s) with the missing information and waived for the entire household if the member is missing information.
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in the TRAIL MAPD 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 your medical, prescription drug and vision coverage.**
- You may terminate the TRAIL MAPD coverage at anytime by contacting the plan administrator in writing. You may reenroll 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 State's 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 MAPD plan available in your new area.

Do You Have Questions?

Visit our website at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) on your computer, smartphone or tablet.

AVA, the interactive digital assistant, is available online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov)

Or contact **MyBenefits Service Center** (tollfree) 8442511777,

or 8442511778 (TDD/TTY) with inquiries.

Representatives are available Monday – Friday, 8:00 AM – 6:00 PM CT.

How to Enroll or Change Your Coverage Election:



- Review this Guide, along with the information you receive in the mail from the TRAIL Medicare Advantage Prescription Drug (MAPD) plan administrators for which you are eligible (based upon where you live – see the map on page 10). Materials mailed to you from the Statesponsored TRAIL MAPD plan administrators will feature the TRAIL logo.
- Complete the online TRAIL MAPD enrollment process during your enrollment period, October 15 November 16, at MyBenefits.illinois.gov via your computer, smartphone or tablet. You also have the option to call a customer service representative for assistance Monday – Friday 8:00 AM – 6:00 PM CT (tollfree) 8442511777 or 8442511778 TDD/TTY. **Please note:** Elections can only be made **during** your enrollment period.

If you are **new to the TRAIL MAPD plans** you **must** select one of the TRAIL MAPD plans by completing the online enrollment process at MyBenefits.illinois.gov or by calling (tollfree) **8442511777** or **844-2511778 TDD/TTY**.

If you are **currently enrolled in one of the TRAIL MAPD plans**, your coverage will continue – you do not need to do anything unless you want to make a change. If you want to make a **change** to your current TRAIL MAPD health plan election or dependent coverage during your enrollment period, you must complete the online process at MyBenefits.illinois.gov, or by calling (tollfree) **8442511777** or **8442511778 TDD/TTY**.

○ **You and your covered dependents will be enrolled in the same plan.**

- 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 coverageelection 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.**

Who is Eligible

To be eligible for coverage under a *Total Retiree Advantage Illinois* Medicare Advantage Prescription Drug (MAPD) plan, you and your eligibledependents 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.

Retirees, Annuitants and Survivors *Newly-Eligible* for TRAIL MAPD

You must elect one of the TRAIL Medicare Advantage Prescription Drug (MAPD) plans to have medical and prescription drug coverage for the TRAIL MAPD Plan Year. When you enroll in the TRAIL MAPD program, your vision coverage and dental, if elected, will continue.

During Your TRAIL MAPD Enrollment Period You:

- May elect to waive coverage. **Note:** If you waive coverage, medical, prescription drug and vision coverage for you and your enrolled dependents will end. Waiving coverage does not allow you to stay in your current State health plan, only your life insurance and dental coverage, if elected, will continue.
- May elect to reenroll in medical/prescription drug coverage if you previously opted out or waived coverage.
- May add or drop dental coverage.
- May add or drop dependent coverage. **IMPORTANT:** You must contact the MyBenefits Service Center (tollfree) 8442511777 or 8442511778 TDD/TTY, 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 plan.
- May add, drop, increase or decrease Member Optional Life coverage, if eligible. To request a change in your life insurance coverage, members must go online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) and follow the instructions. You will be subject to underwriting through the life insurance plan administrator if you request to add or increase your Member Optional Life coverage.
- May add or drop Child Life, Spouse Life and/or AD&D coverage, if eligible. To add or drop coverage, members must go online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) and follow the instructions. Your spouse will be subject to underwriting through the life insurance plan administrator if you request to add Spouse Life coverage.

Newly-Eligible TRAIL MAPD Members Frequently Asked Questions, or FAQs

What do I need to know about TRAIL MAPD?

TRAIL MAPD is a retiree healthcare program sponsored by the State of Illinois. 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 State of Illinois retiree, annuitant or survivor, who is newly eligible for enrollment in a TRAIL MAPD plan, you must make a choice during your TRAIL MAPD Enrollment Period to enroll in one of the plans offered.** If you do not want TRAIL MAPD coverage, you can waive the State’s coverage. If you waive coverage, you will lose medical, prescription drug and vision coverage. **Waiving TRAIL MAPD coverage does not allow you to stay in your current State health plan.**

What Does the TRAIL MAPD Plan Cover?

TRAIL MAPD 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 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.

Is Medicare Advantage a Medicare Supplement?

No. Unlike Medicare Supplements, 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 StateSponsored TRAIL plan, Medicare prescription drug (Part D) is also included.

If I enroll in a TRAIL MAPD plan, will I still have Medicare?

Yes, but you can 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.

Do I need to continue to pay my Medicare premiums?

Yes! In order to maintain your TRAIL MAPD plan health coverage, you must continue to pay your Medicare premiums.

Can I stay enrolled in my current health plan?

No. Medicareeligible retirees, annuitants and survivors who want to continue medical, prescription drug, and vision coverage through the State, are required to enroll in one of the TRAIL MAPD plans if they and their covered dependents are all enrolled in Medicare Parts A and B. Remaining in your current State health plan is not an option. If you do not complete the online enrollment process or call the MyBenefits Service Center by your enrollment deadline, the State will assume you do not want your State of Illinois TRAIL MAPD health insurance and will terminate your medical, prescription drug and vision coverage effective January 1. If your State medical and prescription coverage is terminated, you will have only Original Medicare for your medical coverage. To obtain additional coverage you may enroll in a Part D prescription drug plan for prescription drug coverage, reenroll in the StateSponsored 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. Your dental coverage, if enrolled, and life insurance coverage will remain in place.

I have already paid my plan deductibles for this year. Do I have to pay them again?

Yes. The MAPD plans are not permitted to take into account the deductible(s) you might have already paid in your other plan. Any deductible paid to your current medical plan will not count toward your MAPD plan year deductible. The MAPD medical deductible is separate from your dental plan deductible. Your annual PPO deductible and dental deductible, if elected, will start again for the TRAIL MAPD Plan Year.

Will this TRAIL MAPD plan cover everything that my current State of Illinois health plan covers?

Not necessarily. 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.

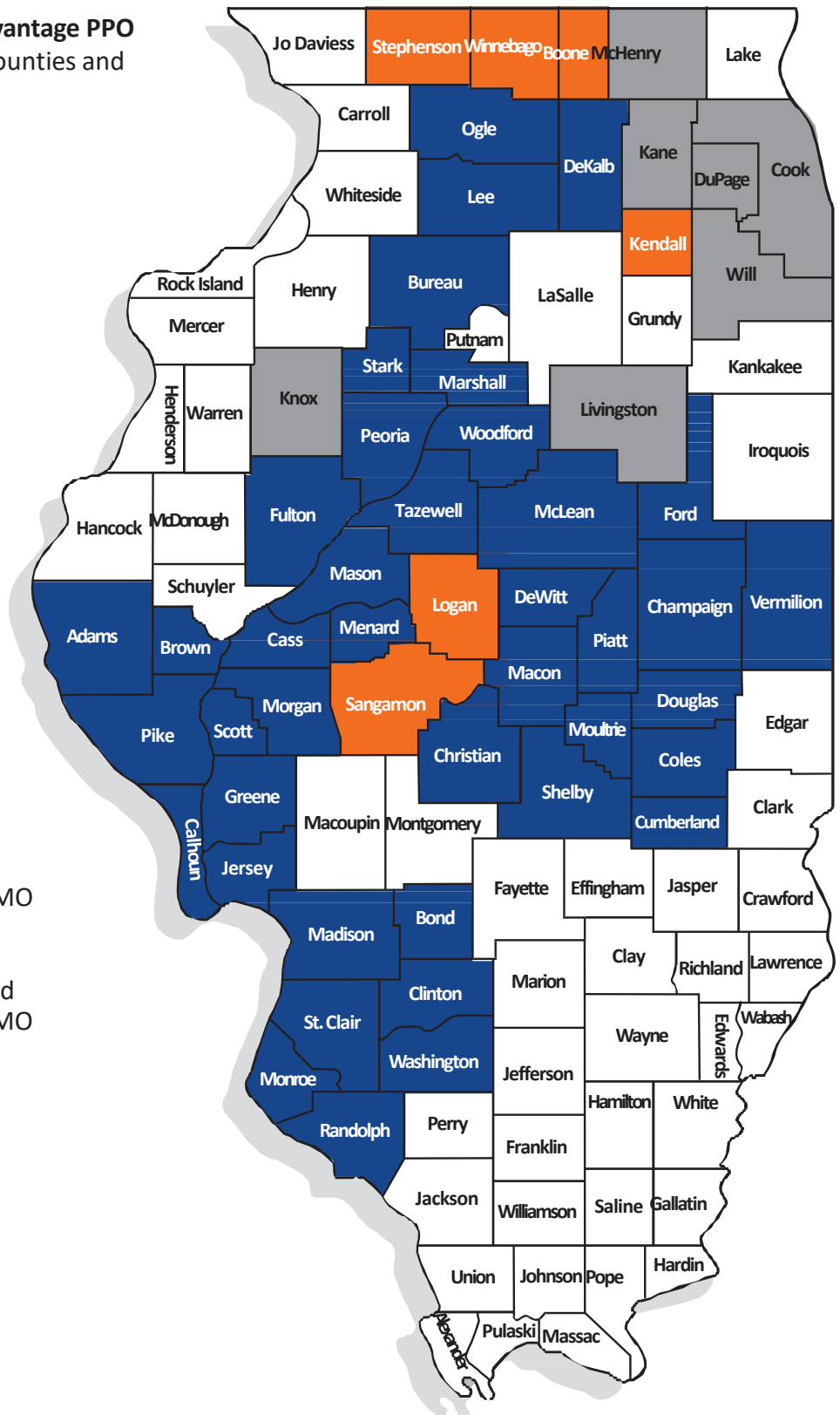
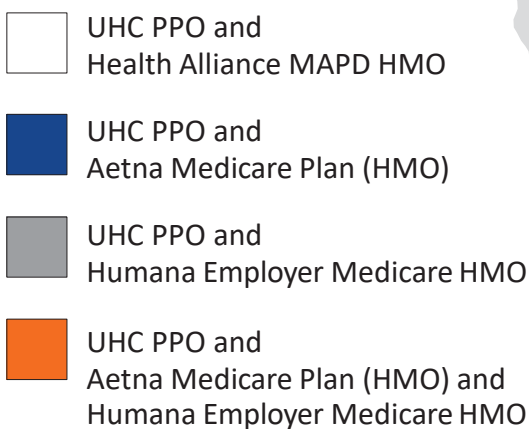


**Members
s newly-
eligible
for the TRAIL MAPD
Program are required
to make an election
during your TRAIL
MAPD Enrollment
Period.**

A Map of TRAIL MAPD Plans by County

The UnitedHealthcare 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:



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 administrator's provider directory, or by calling the plan administrator (see page 19). Your PCP will coordinate your care and refer you to a network of specialists when needed. Outofnetwork 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 from which to choose, plus a variety of programs and services to help improve your health and wellbeing.

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 plan, you will not have the restrictions of in and outofnetwork providers. So even though UHC has a network of plan providers, if you receive care from a provider not in the UHC network (i.e., an outofnetwork provider), the PPO plan pays those providers the same amount Medicare would have paid; you pay the same outofpocket percentage as if you had received innetwork care.

The majority of providers in Illinois and across the nation participate in Medicare and will accept the Statesponsored UHC group plan. If the provider is not willing to bill UHC, call UHC at the number on page 19 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.

Things to consider when choosing a Medicare Advantage Prescription Drug (MAPD) Plan

HMO Plan	PPO Plan	Plan Costs	HMO Plan	PPO Plan
<p>Your doctor is in the HMO network</p> <p>You prefer copayments for medical services rather than deductibles and coinsurance</p> <p>You take prescription drugs (lower copays than the PPO plan)</p> <p>You prefer a plan where network providers agree to help you obtain plan benefits</p>	<p>You prefer the flexibility to see any Medicare provider and not stay in a network</p> <p>You travel a lot outside Illinois or you are a "snowbird"</p> <p>You have medical conditions for which you prefer to have the ability to see any Medicare provider without the constraints of a network</p>	Annual Medical Deductible	\$0	\$110
		Primary Care Physician Office Visit	\$20	15% coinsurance
		Specialist Office Visit	\$30	15% coinsurance
		Diagnostic Tests	\$0	15% coinsurance
		Hospital Admission	\$350	15% coinsurance
		Outpatient Surgery	\$250	15% coinsurance
		Annual Medical OutofPocket Maximum	\$3,000	\$1,300
		Prescription Deductible	\$100	\$125
		Prescription Drug Tier 1 30day copay	\$8 copay	\$10 copay
		Prescription Drug Tier 2 30day copay	\$26 copay	\$30 copay
		Prescription Drug Tier 3 & 4 30day copay	\$50 copay	\$60 copay

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.

2021 Plan Year HMO Medical Benefit Members must use network providers, except for emergency services	
Annual medical deductible	None
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 100% after you pay \$30 copay per visit
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$120 copay per visit (can use nonnetwork 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 \$350 copay per admission
Outpatient surgery	Plan pays 100% after you pay \$250 copay
Diagnostic tests (lab, xray, radiology)	Plan pays 100%; you pay 0%
Annual outofpocket maximum	\$3,000
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	\$30 copayment. For further information regarding coverage, contact the plan administrator.

2021 Plan Year HMO Prescription Drug Benefit			
Rx Plan Year Deductible	\$100		
Retail And Mail Order Pharmacy (Initial and Coverage Gap Stages)	You may obtain a 90day supply of drugs at a retail pharmacy or through mail order. The copayment for a 6190 day supply is 2.5 times the 30day copayment amount.		
	30Day Supply	60Day Supply	90Day Supply
Tier 1*	\$8	\$16	\$20
Tier 2	\$26	\$52	\$65
Tier 3 and Tier 4 (specialty drugs)**	\$50	\$100	\$125
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,550 in true outofpocket 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 \$3.70/Generic or \$9.20/Nongeneric; the 5% cannot exceed the caps below:		
	30Day Supply \$50	60Day Supply \$100	90Day Supply \$125

* HMOs may also have a pharmacy saver program, contact the plan provider for more information.

** Specialty drugs may only be available in a 30day 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.

2021 Plan Year PPO Medical Benefit	
Annual medical deductible	\$110
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
Diagnostic tests (lab, xray, radiology)	Plan pays 85%; you pay 15% after annual deductible
Annual outofpocket maximum	\$1,300
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	\$12 (in and outofnetwork) for each Medicarecovered visit. Up to 12 visits in 90 days, if medically necessary.

2021 Plan Year PPO Prescription Drug Benefit			
Rx Plan Year Deductible	\$125		
Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Maintenance and nonmaintenance medication is available in a 90day supply at retail pharmacies and through mail order. The copayment for a 6190 day supply is 2.5 times the 30day copayment amount.		
	30Day Supply	60Day Supply	90Day Supply
Tier 1	\$10	\$20	\$25
Tier 2	\$30	\$60	\$75
Tier 3 and Tier 4 (specialty drugs)	\$60	\$120	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,550 in true outofpocket prescription drug costs.		
	30Day Supply	60Day Supply	90Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.70/Generic or \$9.20/Nongeneric; the 5% cannot exceed \$50		

TRAIL Medicare Advantage Prescription Drug (MAPD) Medical Contributions

TRAIL MAPD Plan Monthly Contributions Effective January 1

Retirees and annuitants who have 20 or more years of service, as well as survivors whose annuity is based on the death of an employee who had 20 years or more of creditable service, receive their healthcare coverage premiumfree through the State. This premiumfree coverage includes medical, prescription and vision coverage. All members are required to pay a premium for dental and dependent coverage.

Retirees, annuitants and survivors with less than 20 years of service are required to pay 5% of the cost of coverage for every year of service they have less than 20 years.* See chart below:

2021 TRAIL MAPD Plan Monthly Contributions for Retirees, Annuitants and Survivors with Less than 20 Years of Service			
Years of Service	Member's Responsibility: Percentage of Cost	HMO Plans (Humana Employer Medicare HMO, Aetna Medicare Plan (HMO), and Health Alliance MAPD HMO)	UnitedHealthcare PPO Plan
0	100%	\$162.15	\$156.63
1	95%	\$154.04	\$148.79
2	90%	\$145.93	\$140.96
3	85%	\$137.82	\$133.13
4	80%	\$129.72	\$125.30
5	75%	\$121.61	\$117.47
6	70%	\$113.50	\$109.64
7	65%	\$105.39	\$101.81
8	60%	\$97.29	\$93.97
9	55%	\$89.18	\$86.14
10	50%	\$81.07	\$78.31
11	45%	\$72.96	\$70.48
12	40%	\$64.86	\$62.65
13	35%	\$56.75	\$54.82
14	30%	\$48.64	\$46.98
15	25%	\$40.53	\$39.15
16	20%	\$32.43	\$31.32
17	15%	\$24.32	\$23.49
18	10%	\$16.21	\$15.66
19	5%	\$8.10	\$7.83
20+	0%	\$0.00	\$0.00

* The 5% rates in the chart above do not apply to the following members: U of I federal retirees, SURS retirees who elected a lower pension in exchange for free insurance, retirees, annuitants and survivors of vested retired judges and general assembly members, SURS and SERS members who retired prior to 1/1/1998, TRS members who retired prior to 7/1/1999, and vested regional superintendents who retired under TRS on or after 7/1/1998.

Dependent Health Plan Contributions

The monthly dependent contribution is in addition to the member health plan contribution, if applicable. Dependents will be enrolled in the same plan as the member.

2021 Monthly Health Contributions for Dependent Coverage			
Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO		UnitedHealthcare PPO	
One Dependent	Two or More Dependents	One Dependent	Two or More Dependents
\$89.91	\$126.00	\$110.00	\$155.00

Life Insurance Contributions

Life insurance coverage options depend upon when you retired and whether you are an immediate annuitant, deferred annuitant or survivor. If you are uncertain of your life insurance benefits, contact your retirement system. To request a change in your life insurance coverage, members must go online at [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) and follow the instructions. Medical underwriting will be required to add or increase Member Optional Life and to add Spouse Life coverage. Once your enrollment is processed, Securian Financial will send you an Evidence of Insurability packet to complete and return to their office for underwriting.

Optional Term Life Plan Monthly Contributions	
Member's Age	Monthly Contribution Per \$1,000 of Coverage
Under 30	\$0.02
3039	\$0.06
4049	\$0.08
5054	\$0.16
5559	\$0.36
6064	\$0.62
6569	\$1.22
70 and above	\$2.02

Child Life Monthly Contribution	
Coverage	Monthly Contribution
Child Life \$10,000 coverage	\$0.70

Spouse Life Monthly Contributions	
Coverage	Monthly Contribution
Spouse Life \$10,000 coverage (Annuitant under age 60)	\$6.00
Spouse Life \$5,000 coverage (Annuitant age 60 or older)	\$3.00
AD&D Monthly Contribution	
Coverage	Monthly Contribution Per \$1,000 of Coverage
Accidental Death & Dismemberment	\$0.02

Vision Coverage

Vision coverage is provided at no additional cost to members enrolled in any of the TRAIL MAPD plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. Eye exams are covered once every 12 months from the last date the exam benefit was used. The benefit for replacement lenses is also once every plan year from the last date used. Standard frames are available once every 24 months from the last date used.

Service	Network Provider Benefit	OutofNetwork** Provider Benefit	Benefit Frequency
Eye Exam	\$30 copayment	\$30 reimbursement	Once every 12 months
Standard Frames	\$30 copayment (up to \$175 retail frame cost; member responsible for balance over \$175)	\$70 reimbursement	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	\$30 copayment	\$50 allowance for single vision lenses \$80 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$120 allowance	\$120 reimbursement	Once every 12 months

* Vision Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

** Outofnetwork claims must be filed within one year from the date of service.

Dental Contributions

All members and enrolled dependents have the same dental benefits available regardless of the health plan selected. During your TRAIL MAPD Enrollment Period, members have the option to add or drop dental coverage. **The election to add or drop dental coverage will remain in effect the entire plan year, without exception.**

The annual plan year deductible for dental coverage for the TRAIL MAPD plan year (January 1 through December 31) is \$175 per participant per plan year. Once the annual deductible has been met, each member is subject to a maximum annual dental benefit. Each member has a maximum dental benefit of \$2,500 (including orthodontia) when services are rendered by an innetwork provider; however; participants who use an outofnetwork provider are limited to a maximum benefit of \$2,000.

2021 Dental Plan Monthly Contributions	
Coverage	Monthly Contribution
Member Only	\$12.00
Member Plus 1 Dependent	\$19.00
Member Plus 2 or More Dependents	\$21.50
Use your dental card for dental services.	

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 nonMedicare 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, State 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 outofpocket costs reach \$6,550 for prescription drugs in 2021), the member will pay either a small copayment or 5% coinsurance that is capped to limit a member's outofpocket 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 \$4,130 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 \$6,550 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 Castastrophic Coverage amounts).

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 (IncomeRelated 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) 8004421300

- 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 19.

Social Security Administration (SSA) 8007721213, 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 8006334227, 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	8882231092
Humana Employer Medicare HMO	8009510125
Aetna Medicare Plan (HMO)	8552234807
Health Alliance MAPD HMO	8777956131
- **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.**
- **Life insurance coverage options, health and dental premiums or changes to the member's address, call your retirement system:**

State Employees' Retirement System	2177857444
State Universities Retirement System	8002757877
Teachers' Retirement System	8779275877
Judges' Retirement System	2177828500
General Assembly Retirement System	2177828500
- **TRAIL MAPD eligibility criteria or completing the TRAIL MAPD online enrollment process, call the MyBenefits Service Center:**
MyBenefits Call Service Center (tollfree) 8442511777 or 8442511778 TDD/TTY

Plan Administrators

Plan	Administrators' Name and Address	Customer Service Phone Numbers	Website Address
UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Customer Service Department PO Box 30769 Salt Lake City, UT 841300769	8882231092 TTY users, call 711	uhcretiree.com/soi
Aetna Medicare Plan (HMO)	Aetna Medicare Plan (HMO) PO Box 981106 El Paso, TX 799981106	8552234807 TTY users, call 711	stateofillinois.aetnamedicare.com
Health Alliance MAPD HMO	Health Alliance 3310 Fields South Drive Champaign, IL 61822	8777956131 TTY users, call 711	healthallianceretiree.org/soi
Humana Employer Medicare HMO	Humana Employer Medicare HMO PO Box 14168 Lexington, KY 40512	8009510125 TTY users, call 711	our.humana.com/soi
Vision Plan	EyeMed Outof-Network Claims PO Box 8504 Mason, OH 450407111	8667230512 TTY users, call 711	eyemedvisioncare.com/stil
Quality Care Dental Plan (QCDP)	Delta Dental of Illinois Group Number 20240 PO Box 5402 Lisle, IL 60532	8003231743 8005260844 (TDD/TTY)	soi.deltadentalil.com
Life Insurance Plan	Securian Financial PO Box 64136 St. Paul, MN 551649987	8882025525 8005260844 (TDD/TTY)	lifebenefits.com/Illinois
Medicare COB Unit, Premium Collection Unit	CMS Group Insurance 801 South 7th Street PO Box 19208 Springfield, IL 627949208	2177822548 8004421300 8005260844 (TDD/TTY)	benefitschoice.il.gov
Medical/Dental Vision/Life Plans	MyBenefits Service Center 134 N. LaSalle Street Suite 2200 Chicago, IL 60602	8442511777 8442511778 (TDD/TTY)	MyBenefits.illinois.gov
State Employees' Retirement System	2101 South Veterans' Parkway PO Box 19255 Springfield, IL 627949253	2177857444 8663217625 (TDD/TTY)	srs.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.



TRAIL MAPD Virtual Seminar

Any impacted retiree may attend.

An Informational Virtual TRAIL MAPD Enrollment seminar is available to give Medicareeligible 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.

