State of Illinois
Department of Central Management Services
Bureau of Benefits

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

Total Retiree Advantage Illinois

Your Trail to Better Health

- **October 15 - November 15, 2019:** Open Enrollment Period

  If enrolling for the first time or making changes, you must complete your TRAIL Enrollment by November 15. **Please note: No enrollments can be made prior to October 15.**

- **January 1 – December 31, 2020:** 2020 coverage period

- **TRAIL MAPD** seminars begin October 15th. See back cover for the schedule of seminar dates, times and locations.

State of Illinois Group Insurance Program

This is your State of Illinois Total Retiree Advantage Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) Decision Guide. This Decision Guide includes the 2020 plan rates for the TRAIL MAPD Program, a map of plan availability by Illinois county, how to enroll through the MyBenefits website at **MyBenefits.illinois.gov,** and a schedule of TRAIL MAPD seminars to be held in Illinois.

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). Since you are newly-eligible for the State of Illinois TRAIL Program, you must enroll this fall to retain medical, prescription drug and vision coverage through the State after December 31, 2019.

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 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 premiums in order to enroll and remain enrolled in TRAIL MAPD**.

If you are NEWLY ELIGIBLE for the TRAIL MAPD Program this fall, you:

- MUST elect one of the TRAIL MAPD health plans by November 15, 2019 via MyBenefits.illinois.gov or by calling the MyBenefits Service Center (toll-free) 844-251-1777. You must do this by November 15, 2019 to have medical, prescription and vision coverage through the State. Due to your Medicare eligibility, **you cannot keep your current State of Illinois health plan after December 31, 2019**. Therefore, if you do not complete your enrollment into a TRAIL MAPD plan by November 15, you will no longer have medical, prescription and vision coverage through the State of Illinois.
- Will have your medical and prescription drug claims processed by the TRAIL MAPD health plan instead of Original Medicare and your current State plan.
- May opt-out of the State coverage. Opting-out will terminate your medical, prescription and EyeMed vision coverage. Your Delta Dental coverage (if enrolled) and life insurance coverage will remain in effect. Members electing to opt-out may cancel their dental coverage only during the TRAIL MAPD Open Enrollment Period.
- Will only have one ID card to show at your doctor visits and when picking up your prescriptions.

Welcome to the TRAIL MAPD Enrollment Period

TRAIL MAPD Open Enrollment Period: October 15 - November 15, 2019

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 through EyeMed, optional dental coverage through Delta Dental and life insurance coverage through Securian Financial (Minnesota Life).

As an individual who is enrolled in Medicare Parts A and B, your TRAIL MAPD Open Enrollment Period will be held in the fall of each year, rather than during May as in the past. For 2020, the plan year will begin January 1 and will go through December 31, 2020.

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**.

This site streamlines your benefit options into a one-stop 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. How-to-enroll 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 real-time. The site will allow you to make benefit elections during open enrollment; it will also allow you to add/or drop dependents mid-year 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 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 (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY.

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.

Members newly eligible for the TRAIL MAPD Program will be required to enroll during the TRAIL MAPD Open Enrollment Period which runs October 15 – November 15, 2019.

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 by **November 15th**:

1. Go to **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 2020 TRAIL MAPD Open Enrollment tile.
5. To make your elections, click on Initial MAPD Enrollment event on the homepage. The enrollment tool will open allowing you to add a dependent or click Next. On the Benefits page, compare plans by utilizing the decision support tool, Help Me Decide. Continue to follow the prompts to review and make changes to your health coverage. Click Next to review your choices.
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 through November 15th. **Each time that you modify your enrollment you MUST completely finalize the event again.** Shortly after the Initial MAPD Open Enrollment Period has ended, you will receive a printed confirmation statement with your benefits that will be effective January 1, 2020.

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.

Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital) and Medicare Part B (doctor and outpatient) into one convenient plan. Plus, your State-sponsored TRAIL MAPD plan includes Medicare Part D prescription drug coverage as well as programs that go beyond Original Medicare, for example:

Humana Employer Medicare HMO offers:
- SilverSneakers®
- Humana Well Dine
- Telemedicine (MD Live)

Aetna Medicare Plan (HMO) offers:
- Preferred Pharmacy Discounts
- In-Home Health Risk Assessments
- Teladoc

Health Alliance MAPD HMO offers:
- Care Coordination Services
- Fitness Center Benefit
- Preferred Pharmacy Program

UnitedHealthcare PPO offers:
- HouseCalls
- Renew by UnitedHealthcare
- Virtual Doctor Visits

You must continue paying your Medicare Part B premium to keep your coverage under this State-sponsored TRAIL MAPD plan.

Important Information

- **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.**
- If the member's household Medicare information is not on file with MyBenefits, or the State's Medicare COB Unit by the end of the TRAIL MAPD Enrollment Period, the TRAIL MAPD and State medical insurance will be waived for the person(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 EyeMed vision coverage.**
- You may terminate the TRAIL MAPD coverage at anytime by contacting the plan administrator in writing.
- If your residential or mailing address changes, you must notify your retirement system in writing as quickly as possible.
- If you are currently enrolled in one of the State's TRAIL MAPD HMO plans (i.e. Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO) and move outside of the plan's service area to a different county in Illinois 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** on your computer, smartphone or tablet. You also have the option to call a customer service representative for further assistance or to enroll over the phone, Monday – Friday 8:00 AM– 6:00 PM CT (toll-free) **844-251-1777** or **844-251-1778 TDD/TTY**.

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 State-sponsored TRAIL MAPD plan administrators will feature the TRAIL logo (see logo to the right).
- Complete the online TRAIL MAPD enrollment process during the Open Enrollment period 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 (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY. **Please note: No elections may be made prior to October 15.**
  - You and your covered dependents will all be enrolled in the same health 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 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 with any address changes as quickly as possible.**

Who is Eligible

To be eligible for coverage under a *Total Retiree Advantage Illinois* Medicare Advantage Prescription Drug (MAPD) plan, you and your eligible dependents must all be:

- Living in the United States or the U.S. Territories, **AND**
- Aged 65, retired and be enrolled in Medicare Parts A and B, on or before September 30, due to age or disability.

If you are **new to the TRAIL MAPD plans** this year, you **must** select one of the TRAIL MAPD plans by completing the online enrollment process at **MyBenefits.illinois.gov** or by calling (toll-free) **844-251-1777** or **844-251-1778 TDD/TTY**. You will remain enrolled in your current State health plan through December 31, 2019. The TRAIL MAPD plan you choose will start January 1, 2020.

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, you must complete the online process at **MyBenefits.illinois.gov**, or by calling (toll-free) **844-251-1777** or **844-251-1778 TDD/TTY**.

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 after December 31, 2019. When you enroll in the TRAIL MAPD program, your EyeMed vision coverage and Delta Dental, if elected, will continue.

During the TRAIL MAPD Open Enrollment Period You:

- May elect to opt-out. **Note: If you opt-out, medical, prescription drug and vision coverage for you and your enrolled dependents will end December 31, 2019; only your life insurance and dental coverage, if elected, will continue.**
- May elect to re-enroll 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 (toll-free) 844-251-1777 or 844-251-1778 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 and follow the instructions. You will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), 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 and follow the instructions. Your spouse will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), 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 this TRAIL MAPD Open Enrollment Period to enroll in one of the plans offered.** If you do not want TRAIL MAPD coverage, you can opt-out of the State's coverage. If you opt-out, you will lose medical, prescription drug and EyeMed vision coverage. **Opting-out does not allow you to stay in your current State health plan.**

Why am I getting information to change now? I normally receive information to change health plans in May.

The TRAIL MAPD plans follow a calendar year. Therefore, you will no longer receive the 'Benefit Choice' mailings in the spring since your health plan options are now different than those being offered to non-Medicare members. This means you will be making health plan choices in the fall of each year.

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. Medicare supplement insurance fills gaps in Original Medicare coverage by helping to pay the portion of healthcare expenses that Original Medicare does not pay, such as deductibles and coinsurances. Medicare supplement insurance can be either a Medigap plan (labeled A through N plans) or retiree insurance from a former employer. Typically, retiree insurance from a former employer pays your health insurance claims after Original Medicare pays its portion. As a Medicare retiree of the State of Illinois, the health plan you had prior to being enrolled in the TRAIL Program paid your claims 'second' after Medicare. That means any medical claims you incurred were sent first to Original Medicare for payment and the remaining balance was sent to your State of Illinois insurance plan.

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. Medicare-eligible 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 the November 15th deadline, the State will assume you do not want your State of Illinois health insurance and will terminate your medical, prescription drug and EyeMed vision coverage effective January 1, 2020. If your State medical and prescription coverage is terminated, you will have only Original Medicare for your medical coverage and will need to enroll in a Part D prescription drug plan for prescription drug coverage. Your dental coverage through Delta Dental, if enrolled, and life insurance coverage through Securian Financial (Minnesota Life), 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. The PPO plan's annual medical deductible and dental deductible, if you elect dental coverage, will begin January 1, 2020.

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

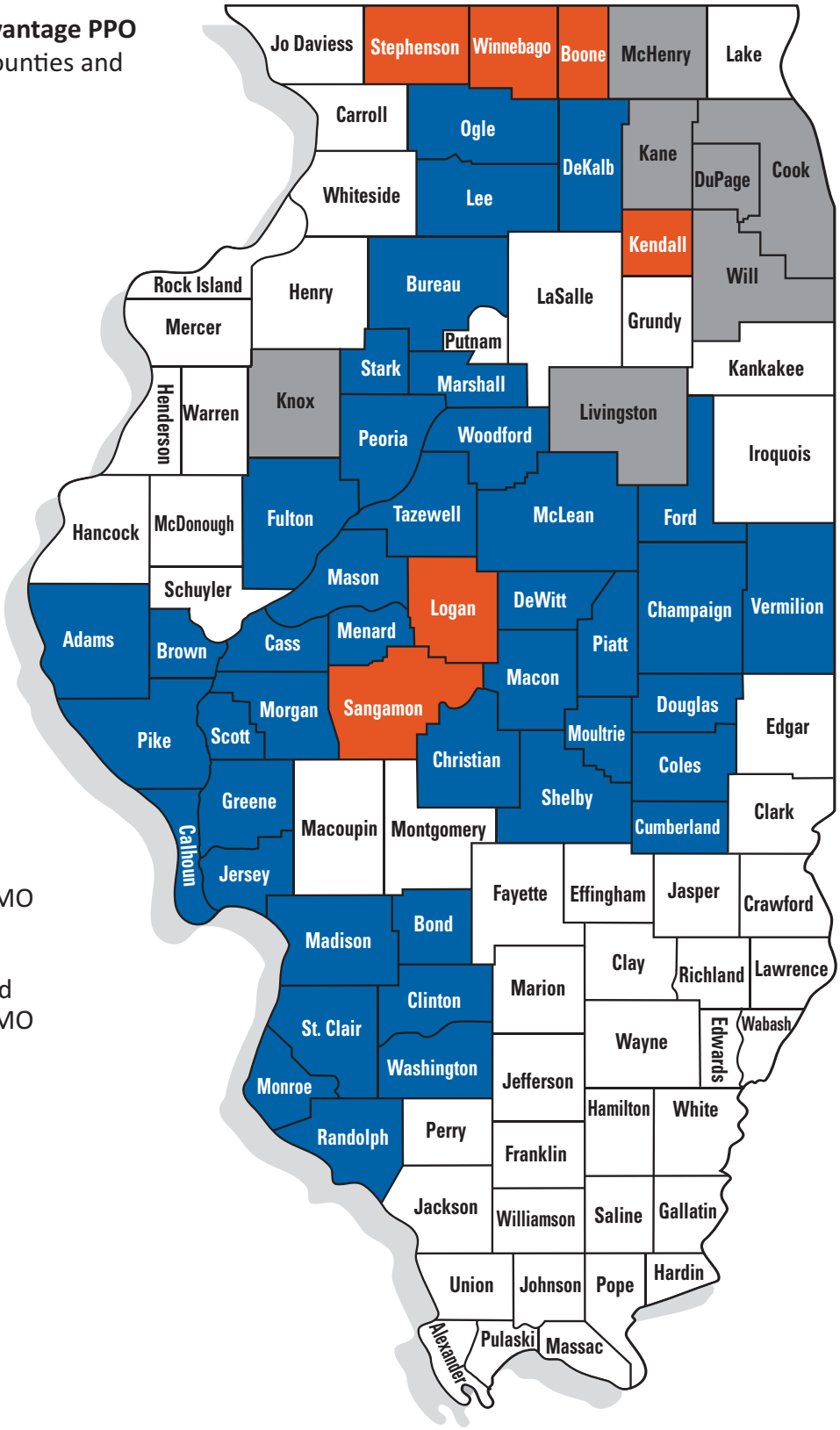
Not necessarily. Your current health plan may cover services that Original Medicare does not cover. Medicare Advantage plans are required to cover all services covered by Original Medicare. In order to be covered, the service must be considered medically necessary and in certain cases, meet Medicare guidelines for approval. Some services have limits to how often they can be obtained.

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:

- 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 19). Your PCP will coordinate your care and refer you to a network of 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 from which to choose, 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 plan, you will not have the restrictions of in- and out-of-network 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 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 State-sponsored 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
Your doctor is in the HMO network	**You prefer the flexibility to see any Medicare provider and not stay in a network**
You prefer copayments for medical services rather than deductibles and coinsurance	**You travel a lot outside Illinois or you are a "snowbird"**
You take prescription drugs (lower copays than the PPO plan)	**You have medical conditions for which you prefer to have the ability to see any Medicare provider without the constraints of a network**
You prefer a plan where network providers agree to help you obtain plan benefits	

Plan Costs	HMO Plan	PPO Plan
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 Out-of-Pocket Maximum	$3,000	$1,300
Prescription Deductible	$100	$125
Prescription Drug Tier 1 30-day copay	$8 copay	$10 copay
Prescription Drug Tier 2 30-day copay	$26 copay	$30 copay
Prescription Drug Tier 3 & 4 30-day 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.

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 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 $350 copay per admission
Outpatient surgery	Plan pays 100% after you pay $250 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%
Annual out-of-pocket maximum	$3,000
Hearing Instruments and related services	$2,500 for hearing instrument and related services every 24 months for individuals 65 and older, when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

HMO Prescription Drug Benefit			
Rx Plan Year Deductible	**$100**		
Retail And Mail Order Pharmacy (Initial and Coverage Gap Stages)	You may obtain a 90-day supply of drugs at a retail pharmacy or through mail order. The copayment for a 61-90 day supply is 2.5 times the 30-day copayment amount.		
	30-Day Supply	**60-Day Supply**	**90-Day 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 $6,350 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 $3.60/Generic or $8.95/Non-generic; the 5% cannot exceed the caps below:**		
	30-Day Supply **$50.00**	60-Day Supply **$100.00**	90-Day Supply **$125.00**

* 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.

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, x-ray, radiology)	Plan pays 85%; you pay 15% after annual deductible
Annual out-of-pocket maximum	$1,300
Hearing Instruments and related services	$2,500 for hearing instrument and related services every 24 months for individuals 65 and older, when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

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 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.		
	30-Day Supply	**60-Day Supply**	**90-Day 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 $6,350 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 $3.60/Generic or $8.95/Non-generic; the 5% cannot exceed $60.00**		

TRAIL Medicare Advantage Prescription Drug (MAPD) Medical Contributions

TRAIL MAPD Plan Monthly Contributions Effective January 1, 2020

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 premium-free through the State. This premium-free coverage includes medical, prescription and EyeMed 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:

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%	$183.04	$209.53
1	95%	$173.88	$199.05
2	90%	$164.73	$188.57
3	85%	$155.58	$178.10
4	80%	$146.43	$167.62
5	75%	$137.28	$157.14
6	70%	$128.12	$146.67
7	65%	$118.97	$136.19
8	60%	$109.82	$125.71
9	55%	$100.67	$115.24
10	50%	$91.52	$104.76
11	45%	$82.36	$94.28
12	40%	$73.21	$83.81
13	35%	$64.06	$73.33
14	30%	$54.91	$62.85
15	25%	$45.76	$52.38
16	20%	$36.60	$41.90
17	15%	$27.45	$31.43
18	10%	$18.30	$20.95
19	5%	$9.15	$10.47
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.

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** and follow the instructions. Medical underwriting will be required to add or increase Member Optional Life and to add Spouse Life coverage. An Evidence of Insurability application is available by contacting Securian Financial (Minnesota Life), at 888-202-5525, or by downloading the form at **MyBenefits.illinois.gov**.

Optional Term Life Plan Monthly Contributions	
Member's Age	Monthly Contribution Per $1,000 of Coverage
Under 30	$0.02
30-39	$0.06
40-49	$0.08
50-54	$0.16
55-59	$0.36
60-64	$0.62
65-69	$1.22
70 and above	$2.02

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

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

EyeMed Vision Coverage

Vision coverage through EyeMed, 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. A $25 copayment is required for in-network eye exams, spectacle lenses and standard frames.

Service	Network Provider Benefit	Out-of-Network** Provider Benefit	Benefit Frequency
Eye Exam	$25 copayment	$30 allowance	Once every 12 months
Spectacle Lenses* (single, bifocal and trifocal)	$25 copayment	$50 allowance for single vision lenses $80 allowance for bifocal and trifocal lenses	Once every 12 months
Standard Frames	$25 copayment (up to $175 retail frame cost; member responsible for balance over $175)	$70 allowance	Once every 24 months
Contact Lenses (All contact lenses are in lieu of spectacle lenses)	$120 allowance	$120 allowance	Once every 12 months

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

** Out-of-network claims must be filed within one year from the date of service.

Delta Dental Contributions

All members and enrolled dependents have the same dental benefits available through Delta Dental regardless of the health plan selected. During the TRAIL MAPD Open 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 2020 plan year (January 1 through December 31, 2020) 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 in-network provider; however; participants who use an out-of-network provider are limited to a maximum benefit of $2,000.

Delta Dental Plan Monthly Contributions	
Coverage	**Monthly Contribution**
Member Only	$11.00
Member Plus 1 Dependent	$17.00
Member Plus 2 or More Dependents	$19.50
Use your Delta 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 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, 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 out-of-pocket costs reach $6,350 for prescription drugs in 2020), 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 $4,020 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 $6,350 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 (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** 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)

Customer service phone number: **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 19.

Social Security Administration (SSA)

Customer service phone number: **800-772-1213**

Website: **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 Office (Center for Medicare and Medicaid Services)

Customer service phone number: **800-633-4227 (800-MEDICARE)**

Website: **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.**
- **Life insurance coverage options, health and dental premiums or changes to the member's address, call your retirement system:**

State Employees' Retirement System	217-785-7444
State Universities Retirement System	800-275-7877
Teachers' Retirement System	877-927-5877
Judges' Retirement System	217-782-8500
General Assembly Retirement System	217-782-8500

- **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	Website Address
UnitedHealthcare Group Medicare Advantage PPO	**UnitedHealthcare Group** Customer Service Dept. PO Box 29675 Hot Springs, AR 71903-9675	888-223-1092 TTY users, call 711	**uhcretiree.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	**healthallianceretiree.org/soi**
Humana Employer Medicare HMO	**Humana Employer Medicare HMO** PO Box 14168 Lexington, KY 40512	800-951-0125 TTY users, call 711	**humana.com/soi**
Vision Plan	**EyeMed** Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111	866-723-0512 866-308-5375 (TDD/TTY)	**eyemedvisioncare.com/stil**
Quality Care Dental Plan (QCDP)	**Delta Dental of Illinois** Group Number 20240 PO Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	**soi.deltadentalil.com**
Life Insurance Plan	**Securian Financial (Minnesota Life)** PO Box 64136 St. Paul, MN 55164-9987	888-202-5525 800-526-0844 (TDD/TTY)	**lifebenefits.com/Illinois**
Medicare COB Unit, Premium Collection 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)	**benefitschoice.il.gov**
Medical/Dental Vision/Life 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.

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TRAIL MAPD Seminar Schedule

Any impacted retiree may attend any meeting. Reservations not required.

If you are unable to attend in person, you can log on to your computer, smartphone or tablet to view the seminar via live-stream webinar on October 22. Just login online at **MyBenefits.illinois.gov**. Click on the TRAIL MAPD tile and watch from the comforts of your home. If unable to attend a live seminar, a video will be available at **MyBenefits.illinois.gov**.

October 15, 2019
Radisson Hotel & Conference Center
200 S. Bell School Rd.
Rockford, IL
9:00 a.m. – 11:00 a.m.

October 16, 2019 *(Two Sessions)*
Hilton Garden Inn
4070 East Main St.
Saint Charles, IL
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 3:00 p.m.

Total Retiree Advantage Illinois
Your Trail to Better Health

October 17, 2019
Courtyard Chicago Downtown/Magnificent Mile
165 East Ontario Street
Chicago, IL
9:00 a.m. – 11:00 a.m.

Hilton Chicago
9333 S. Cicero Ave.
Oak Lawn, IL
3:00 p.m. – 5:00 p.m.

October 18, 2019
Holiday Inn & Convention Center
18451 Convention Center Dr.
Tinley Park, IL
9:00 a.m. – 11:00 a.m.

October 21, 2019
Holiday Inn & Suites
Peoria at Grand Prairie
7601 N. Orange Prairie Road
Peoria, IL
9:00 a.m. – 11:00 a.m.

Eastland Suites Hotel
1801 Eastland Dr
Bloomington, IL
3:00 p.m. – 5:00 p.m.

October 22, 2019 *(Two Sessions)*
Crowne Plaza
3000 S. Dirksen Parkway
Springfield, IL
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 3:00 p.m.

October 23, 2019
DoubleTree by Hilton Mt. Vernon
222 Potomac Blvd
Mt. Vernon, IL
9:00 a.m. – 11:00 a.m.

The Regency Conference Center
400 Regency Park Drive
O'Fallon, IL
3:00 p.m. – 5:00 p.m.

October 24, 2019
Hilton Garden Inn Champaign/Urbana
1501 South Neil Street
Champaign, IL
9:00 a.m. – 11:00 a.m.