



State of Illinois
Department of Central Management Services
Bureau of Benefits

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



trail

TOTAL RETIREE ADVANTAGE ILLINOIS

Open Enrollment Period:
October 15 – November 15

Plan Year:
January 1 – December 31, 2022
*If you do not wish to change your coverage,
you do not need to do anything.*

This is your State of Illinois Total Retiree Advantage Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) Decision Guide. This Decision Guide includes the contribution rates and a description of benefits offered by each plan 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.

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.
- **Elect to re-enroll** in medical, prescription drug, vision, and dental coverage if you previously opted out or waived coverage.
- **Add or drop dental coverage.**
- **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.
- **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 subject to underwriting through the life insurance plan administrator if you request to add or increase your Member Optional Life coverage.
- **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 subject to underwriting through the life insurance plan administrator if you request to add Spouse Life coverage.

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 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 State 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 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 any time by contacting the plan administrator in writing. You may re-enroll, if you experience a qualifying life event, 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 on your computer, smartphone or tablet. AVA, the interactive digital assistant is available 24/7.



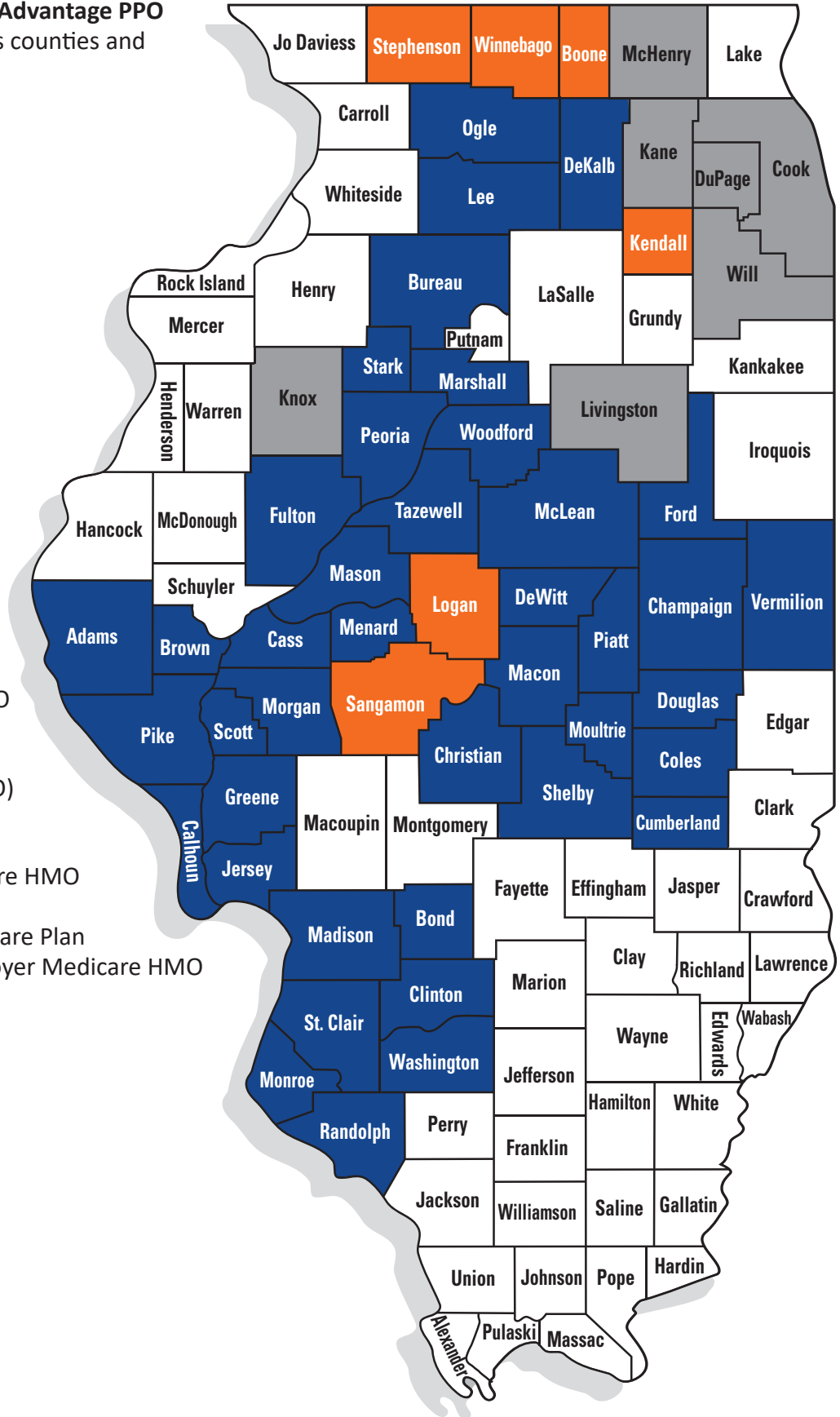
Or contact **MyBenefits Service Center** (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries. Representatives are available Monday – Friday, 8:00 AM – 6:00 PM CT.

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



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 |
| 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 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. |

| 2022 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 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 \$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 \$50 | 60-Day Supply \$100 | 90-Day 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 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 | \$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 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 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 | | | |
|--|---|---------------|---------------|
| Rx Plan Year Deductible | \$125 | | |
| Retail 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 \$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 \$60 | | |

TRAIL MAPD Health Plan Contributions

TRAIL MAPD Health 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 premium-free through the State. This premium-free 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:

| 2022 TRAIL MAPD Health 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% | \$154.13 | \$143.85 |
| 1 | 95% | \$146.42 | \$136.65 |
| 2 | 90% | \$138.71 | \$129.46 |
| 3 | 85% | \$131.01 | \$122.27 |
| 4 | 80% | \$123.30 | \$115.08 |
| 5 | 75% | \$115.59 | \$107.88 |
| 6 | 70% | \$107.89 | \$100.69 |
| 7 | 65% | \$100.18 | \$93.50 |
| 8 | 60% | \$92.47 | \$86.31 |
| 9 | 55% | \$84.77 | \$79.11 |
| 10 | 50% | \$77.06 | \$71.92 |
| 11 | 45% | \$69.35 | \$64.73 |
| 12 | 40% | \$61.65 | \$57.54 |
| 13 | 35% | \$53.94 | \$50.34 |
| 14 | 30% | \$46.23 | \$43.15 |
| 15 | 25% | \$38.53 | \$35.96 |
| 16 | 20% | \$30.82 | \$28.77 |
| 17 | 15% | \$23.12 | \$21.57 |
| 18 | 10% | \$15.41 | \$14.38 |
| 19 | 5% | \$7.70 | \$7.19 |
| 20+ | 0% | – | – |

* 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.

2022 Monthly Health Plan 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

Medical underwriting will be required to add or increase Member Optional Life and to add Spouse Life coverage.

Optional Term Life Plan Monthly Contributions

| Member's Age | Monthly Contribution Per \$1,000 of Coverage |
|--------------|--|
| Under 30 | \$0.03 |
| 30-39 | \$0.05 |
| 40-44 | \$0.09 |
| 45-49 | \$0.12 |
| 50-54 | \$0.19 |
| 55-59 | \$0.36 |
| 60-64 | \$0.56 |
| 65-69 | \$1.26 |
| 70 and Over | \$2.06 |

Spouse Life Monthly Contributions

| Coverage | Monthly Contribution |
|--|----------------------|
| Spouse Life \$10,000 coverage (Annuitant under age 60) | \$5.70 |
| Spouse Life \$5,000 coverage (Annuitant age 60 or older) | \$2.85 |

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 | \$0.60 |

Dental Contributions

Delta Dental Plan Monthly Contributions

| Coverage | Monthly Contribution |
|----------------------------------|----------------------|
| Member Only | \$13.00 |
| Member Plus 1 Dependent | \$21.00 |
| Member Plus 2 or More Dependents | \$23.50 |

Use your Delta Dental card for dental services.

Vision Coverage

Vision coverage is provided at no cost to all members and dependents enrolled in a State TRAIL MAPD plan. Visit MyBenefits.illinois.gov for a detailed listing of your vision coverage benefits. Use your Eye Med card for vision services.



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 the virtual TRAIL MAPD Enrollment seminar that works best for you, click on the TRAIL MAPD seminar link and watch from the comforts of your home.

Week 1

- Oct 15, Friday, 9:00 AM - 12:00 PM CT

Week 2

- Oct 19, Tuesday, 1:00 PM - 4:00 PM CT
- Oct 21, Thursday, 9:00 AM - 12:00 PM CT

Week 3

- Oct 25, Monday, 9:00 AM - 12:00 PM CT
- Oct 27, Wednesday, 1:00 PM - 4:00 PM CT
- Oct 29, Friday, 9:00 AM - 12:00 PM CT