



State of Illinois
Department of Central Management Services
Bureau of Benefits

A photograph of an older couple smiling. The man has a long white beard and is wearing sunglasses. The woman is also smiling and wearing sunglasses. They appear to be outdoors.

trail

TOTAL RETIREE ADVANTAGE ILLINOIS

Your TRAIL Medicare Advantage Prescription Drug (MAPD) Program Initial Enrollment Guide

State of Illinois Group Insurance Program



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ONLINE ENROLLMENT PLATFORM

Making benefit elections is simple through the MyBenefits website. Follow these steps:

1. Go to MyBenefits.illinois.gov.
2. In the top right corner of the home page, click **Login**.
3. If you are logging in for the first time, click Register in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on the MAPD Initial Enrollment materials mailed to your home.
4. Enter your login ID and password. After logging in and landing on the welcome page, explore your benefit options by clicking on the TRAIL Enrollment Information tile.
5. After exploring your benefit options and determining which benefits you would like to elect, click on the MAPD enrollment Event, located on the Welcome page.

Need Help?

AVA, the interactive digital assistant, is available online at

MyBenefits.illinois.gov

Or

**Contact [MyBenefits Service Center](https://MyBenefits.illinois.gov) (toll-free)
844-251-1777, or 844-251-1778 (TDD/TTY) with inquiries.**

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

WHAT YOU NEED TO DO

1. Go to MyBenefits.illinois.gov to review your benefit options.
2. Choose the benefits you'd like to elect at MyBenefits.illinois.gov by clicking on your Initial MAPD Enrollment or Medicare Eligible Retirement event.
3. Consider going paperless. Provide, or update your email address at MyBenefits.illinois.gov to receive quick responses and notifications through electronic communications.

If you choose to enroll online, the TRAIL MAPD online enrollment process must be completed in its entirety. As you enroll online, follow the prompts until the end so you will know you have completed your coverage-election process. If you do not complete the process, your elections will not be saved. Please note, although you may use a post office box address to receive your mail, federal Medicare requires a residential street address. **If your preprinted mailing address on this mailing is different than your residential address, such as a Post Office Box, be sure to contact your retirement system as quickly as possible to ensure your residential address is on file with the system.**

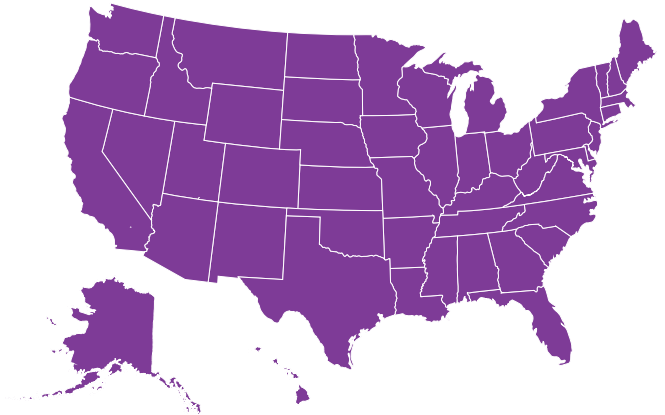
Welcome to Your TRAIL MAPD Initial Enrollment Period

The State of Illinois offers retirees, annuitants, and survivors a healthcare program called ***Total Retiree Advantage Illinois (TRAIL)***. This program provides Medicare-eligible members and their covered dependents comprehensive medical and prescription drug coverage through TRAIL Medicare Advantage Prescription Drug (commonly referred to as an “MAPD”) plan. The program includes vision coverage, optional dental coverage, and life insurance coverage.

All newly-eligible participants, who elect to enroll in the TRAIL MAPD Program will be enrolled in the Aetna Medicare Advantage Prescription Drug (MAPD) PPO Plan.

To be eligible for coverage under the *Total Retiree Advantage Illinois* MAPD plan, you and your eligible dependents must:

- Live in the United States or the U.S. Territories, **AND**
- Be retired and enrolled in Medicare Parts A and B, due to age or disability.



You Must Take Action

The TRAIL Program provides comprehensive medical and prescription drug coverage through the Aetna MAPD PPO plan, which is a Medicare-approved plan that combines the different parts of Medicare into one plan. Since Aetna MAPD PPO is a type of Medicare, **you must continue to pay your federal Medicare Parts A and B premiums in order to enroll and remain enrolled in TRAIL MAPD.**

As a newly-eligible participant in the TRAIL MAPD Program, you:

- **MUST enroll in the TRAIL MAPD health plan during your enrollment period**, via MyBenefits.illinois.gov or by calling the MyBenefits Service Center (toll-free) 844-251-1777. **Due to your Medicare-eligibility, you cannot keep your current State of Illinois health plan.**
- **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.

Understanding Your Plan

Aetna Medicare Advantage PPO Plan

The Aetna Medicare Advantage Preferred Provider Organization (PPO) plan is a “passive” PPO plan. If you enroll in this plan, you may see any provider as long as they participate in Medicare and accept the plan. You will not have the restrictions of in-and out-of-network providers. So even though Aetna has a network of plan providers, if you receive care from a provider not in the Aetna 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 Aetna group plan. If the provider is not willing to bill Aetna, call Aetna at the number on page 14 and ask them to contact your provider to explain the plan. If your provider still refuses to bill Aetna for your visit, you must pay the bill and submit a request for reimbursement to Aetna for payment. Aetna will then reimburse you the Medicare allowable amount, minus any deductible or coinsurance for which you are responsible.

Important Information About TRAIL

- TRAIL MAPD is a retiree healthcare program sponsored by the State of Illinois. The plan offered through the TRAIL Program is a Medicare Advantage plan which includes prescription drug coverage. **As a State of Illinois retiree, annuitant, or survivor, who is newly-eligible for enrollment in the TRAIL MAPD health plan, this is your opportunity to enroll in the Aetna MAPD PPO Plan.** If you do not want TRAIL MAPD coverage or do not enroll in the MAPD plan, you will be waived from 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.**
- The TRAIL MAPD health plan is offered by Aetna. Medicare pays a fixed amount for your care each month to Aetna. When you enroll in a Medicare Advantage Prescription Drug (MAPD) plan, you are no longer in Original Medicare, but still have the same covered services and the same rights and protections as people with Original Medicare.



- The TRAIL MAPD health plan provides all of your Part A (hospital) and Part B (doctor and outpatient) benefits, including emergency and urgent care, and Medicare Part D (prescription drug) coverage.

- **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums, including applicable IRMAA (Income Related Monthly Adjustment Amount) surcharges.**

- If the member's 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 with your 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 health plan provides you with Medicare Advantage coverage as well as Medicare Part D coverage. **Therefore, enrollment in a different Medicare Advantage or Medicare Part D plan will automatically cause your TRAIL MAPD coverage to end, which will include 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 throughout the plan year and coverage will be 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.

- Medicare Advantage Plans are not a Medicare Supplement plan. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an "all in one" alternative to Original Medicare. These "bundled" plans include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), and in the case of your State-Sponsored TRAIL plan, Medicare prescription drug (Part D) is also included.

- Once you have enrolled in the TRAIL MAPD health plan, you will only use your red, white, and blue Medicare card for hospice care. All other claims for your healthcare services (including prescription drugs) should be sent to your MAPD plan administrator for processing and benefit determinations.



- Medicare-eligible retirees, annuitants and survivors who want to continue medical, prescription drug, and vision coverage through the State, are **required** to enroll in the TRAIL MAPD health plan 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. 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, re-enroll in the State-Sponsored TRAIL plan throughout the plan year with coverage effective the first of the month following your enrollment request, or enroll during your next annual TRAIL MAPD Enrollment Period. Your dental coverage, if enrolled, and life insurance coverage will remain in place.
- Plan Year deductible and Out-of-Pocket Maximums will start over with your new TRAIL MAPD Health Plan. The MAPD plans are not permitted to consider the deductible(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.
- 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.

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.

Health Plan Details

Aetna MAPD PPO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits under the *Total Retiree Advantage Illinois* program.

2023 Plan Year Medical Benefit	
Members may see any provider who participates in Medicare and accepts the plan	
Annual medical deductible	\$110
Annual out-of-pocket maximum	\$1,300
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
Transportation (non-emergency)	24 trips with unlimited miles allowed per trip
Lab	Plan pays 100%; you pay 0%
Diagnostic tests X-ray Radiology	Plan pays 85%; you pay 15% after annual deductible
Home Health Care	Plan pays 100%; you pay 0%
Compression Stockings	2 per year without prior authorization Plan pays 85%; you pay 15% after annual deductible
Hearing Instruments and related services	\$2,500 per hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details. Aetna will cover 1 exam every 12 months.
Acupuncture for chronic lower back pain	\$12 (in and out-of-network) for each Medicare-covered visit. Up to 12 visits in 90 days, if medically necessary.

2023 Plan Year PPO Prescription Drug Benefit						
Rx Plan Year Deductible	\$125					
Retail and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Maintenance and nonmaintenance medications are 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	
	Retail and Mail-Order Pharmacies					
Tier 1 (generic brand)	Preferred \$9	Standard \$10	Preferred \$18	Standard \$20	Preferred \$22.50	Standard \$25
Tier 2 (preferred brand)	\$30		\$60		\$75	
Tier 3 (non-preferred brand) Tier 4 (specialty brand)	\$60		\$120		\$150	
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$7,400 in true out-of-pocket prescription drug costs.					
Aetna MAPD PPO	30-Day Supply		60-Day Supply		90-Day Supply	
	Greater of 5% of the retail cost of the drug OR \$4.15/Generic or \$10.35/Non-generic; the 5% but not more than \$60.					

Aetna Medicare Advantage (MAPD) PPO Plan Comes with these NO-COST EXTRAS

With your new plan, you get access to these extra benefits

Aetna Healthy Rewards	Get rewarded with a gift card when you complete important healthcare activities.
SilverSneakers® Fitness Program	Get a gym membership at thousands of participating locations nationwide. Or get moving from the comfort of your home with live online classes.
MDLIVE® Behavioral Health Support	Get access to virtual mental health visits by phone or video through an MDLIVE® board-certified psychiatrist or licensed therapist. There are no visit limits, and the copay is \$0.
Teledoc® Telemedicine	Teledoc® is a low-cost, convenient, and quality alternative to emergency room and urgent care visits for non-emergency medical care. Care is available 24/7 by web, phone, and the Teledoc® mobile app. Teledoc® physicians can diagnose, treat, and write short-term prescriptions for a wide range of general health issues.
Transportation to Appointments	Focus on your health and treatment plan and worry less about getting to the doctor. With Aetna MAPD PPO, you get rides for non-emergency trips to and from medical appointments.
Meal Home Delivery	Get delicious and nutritious meals delivered to your home after your hospital stay.
Healthy Lifestyle Coaching	Talking with a health coach can help you create a realistic plan to improve your health. This program could help you do things such as quit smoking, lose weight, or eat better. Your coach will set up regular calls with you. You'll work together to help you reach your health goals.
Health Home Visit	Have a licensed healthcare professional assess your health and safety needs right in your own home. They'll also review your medications and family history.
Hearing Aid Reimbursement	Submit your itemized bills showing your costs on hearing aids from any licensed provider that accepts Medicare to Aetna, and you can get reimbursed for \$2,500 per ear every 24 months.
Nurse Line	You have toll-free, 24-hour access to nurses who can help answer your health questions. This doesn't replace care from your regular doctor.
Resources For Living® Program	A consultant can refer you to local services that can make life easier and more enjoyable. You only pay the cost of any services you use.

To learn more, visit
stateofillinois.aetnamedicare.com
or call 855-223-4807.



Member Health Plan Contributions

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:

2023 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	Aetna MAPD PPO
0	100%	\$8.09
1	95%	\$7.68
2	90%	\$7.28
3	85%	\$6.87
4	80%	\$6.47
5	75%	\$6.06
6	70%	\$5.66
7	65%	\$5.25
8	60%	\$4.85
9	55%	\$4.45
10	50%	\$4.04
11	45%	\$3.64
12	40%	\$3.23
13	35%	\$2.83
14	30%	\$2.42
15	25%	\$2.02
16	20%	\$1.61
17	15%	\$1.21
18	10%	\$0.80
19	5%	\$0.40
20+	0%	\$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.

2023 Monthly Health Plan Contributions for Dependent Coverage

Aetna MAPD PPO Plan

One Dependent	Two or More Dependents
\$2.46	\$5.05

Life Insurance Contributions

Life insurance coverage options, administered by MetLife, 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.

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 Older	\$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 aged 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

Vision Coverage

Vision coverage is provided at no additional cost to members enrolled in any of the TRAIL MAPD health 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	Out of Network** 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
Use your Eye Med card for vision services.			

* 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.

** Out of network 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 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	
Dental Plan Year Deductible \$175	
Coverage	Monthly Contribution
Member Only	\$14.00
Member Plus 1 Dependent	\$23.00
Member Plus 2 or More Dependents	\$25.50
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 plan 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.

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 \$7,400 for prescription drugs in 2023), 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 \$4,660 on your Part D prescription drugs, you move to the next stage.**

Coverage Gap

You will pay no more for your prescription drugs in this stage as you did in the previous stage. **Once you have spent \$7,400 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 page 8 or Catastrophic 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](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, or civil union partnership is dissolved.**
- **You gain legal guardianship of a child or adopt a child.**
- **You have insurance benefit questions • to enroll into an insurance plan • to add a dependent to your insurance plan • to provide a marriage certificate to add a new spouse to your insurance plan • to term a dependent from your insurance plan • and to find out more about your insurance coverage.**

Contact:

State of Illinois Medicare Coordination of Benefits Unit (MCOB Unit) 800-442-1300

- For Medicare requirements for the State of Illinois Group Insurance plans
- To turn in a copy of a Medicare identification card
- To inform the State of the loss of Medicare benefits
- For questions regarding the Medicare Advantage Plans after enrollment or a termination of coverage has occurred.
- **You experience a change in Medicare status.** A copy of the red, white and blue Medicare card must be provided to the State of Illinois Medicare Coordination of Benefits (COB) Unit when a change in your or your dependent's Medicare status occurs. The Medicare COB Unit's address and phone number can be found on page 14.

Social Security Administration (SSA) 800-772-1213, or go online at: ssa.gov/medicare

- To enroll in Medicare
- To check on the status of Medicare enrollment
- To request a Medicare identification card
- For questions about Medicare premiums or about IRMAA premiums.

Federal CMS Medicare & Medicaid Services 800-633-4227, or go online at: medicare.gov

- To find out other Medicare plan information.

Who Do I Call if I Have Questions About. . .?

- **Plan ID cards, Claims, provider networks, prescription formularies or coverage for specific procedures, call the plan directly:**

Aetna MAPD PPO Plan

855-223-4807

- **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, or you have 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	Websites
Aetna MAPD PPO Plan	Aetna MAPD PPO Plan PO Box 981106 El Paso, TX 79998-1106	855-223-4807 TTY users, call 711	stateofillinois.aetnamedicare.com
Vision Plan	EyeMed Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111	866-723-0512 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	800-323-1743 800-526-0844 (TDD/TTY)	soi.deltadentalil.com
Life Insurance Plan	MetLife Insurance Company Group Life Claims PO Box 6100 Scranton, PA 18505	800-880-6394 TTY users, call 711	metlife.com/stateofillinois
Medicare COB Unit	CMS Group Insurance 801 South 7th Street PO Box 19208 Springfield, IL 62794-9208	217-782-7007 800-442-1300 800-526-0844 (TDD/TTY)	CMS.BEN.MedicareCOB@illinois.gov
State Employees' Retirement System	2101 South Veterans' Parkway PO Box 19255 Springfield, IL 62794-9255	217-785-7444 866-321-7625 (TDD/TTY)	srs.illinois.gov
State Universities Retirement System	1901 Fox Drive Champaign, IL 61820-7333	800-275-7877	surs.org
Teachers' Retirement System	2815 W. Washington Street PO Box 19253 Springfield, IL 62794-9253	877-927-5877 TTY users, call 711	trsil.org

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.

Notes

[illegible]



TOTAL RETIREE ADVANTAGE ILLINOIS

TRAIL MAPD Seminar



An Informational TRAIL MAPD Enrollment seminar (recording) is available online for Medicare-eligible retirees. This pre-recorded seminar is an opportunity to learn about the Total Retiree Advantage Illinois (TRAIL) Program and the Aetna MAPD PPO plan. You can log on to your computer, smartphone, or tablet at <http://cms.illinois.gov/thetrail> to view the recorded TRAIL MAPD Enrollment seminar. Click on the TRAIL MAPD seminar link and watch from the comforts of your home.
