



State of Illinois  
Department of Central Management Services  
Bureau of Benefits

2025

# 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](https://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](https://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](https://MyBenefits.illinois.gov) to review your benefit options.
2. Choose the benefits you'd like to elect at [MyBenefits.illinois.gov](https://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](https://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.**



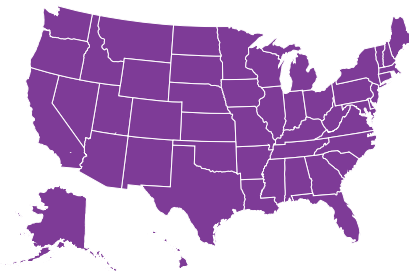
# Welcome to Your TRAIL MAPD Initial Enrollment Period

The State of Illinois offers retirees, annuitants, and survivors a healthcare program called **Total Retiree Advantage Illinois (TRAIL)**. This program provides Medicare-eligible participants 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 must:**

- Live in the United States or the U.S. Territories, **AND**
- Be covered under a retiree plan 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](https://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. State retirees, annuitants, and survivors** waiving coverage will terminate the medical, prescription and vision coverage for you and all covered dependents, if applicable. Your current dental coverage (if enrolled) and life insurance coverage will remain in effect. **Waiving TRAIL MAPD coverage does not allow you or your covered dependents to stay in your current State health plan.**

**Dependents** waiving coverage will only terminate your medical, prescription, vision and dental coverage. **Waiving TRAIL MAPD coverage does not allow you to stay in your current State health plan.**

- **Retirees, annuitants, and survivors - May add, cancel, or waive the dental coverage** for them and their covered dependents during their TRAIL MAPD Initial Enrollment and Annual Open Enrollment periods. **Note:** Dependents **must** mirror the same dental coverage as the retiree, annuitant, or survivor.
- **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

- 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.**



- The Medicare Beneficiary Identifier (MBI) number must be on file for all Medicare - eligible participants. If not already on file, a copy of the required Medicare card with the MBI number must be provided to the Medicare COB Unit or your retirement system.
- If you fail to provide a copy of the required 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 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.**



- **Retirees, annuitants, and survivors** – 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. **Reminder** – Terminating your coverage will terminate coverage for you and all covered dependents under both the TRAIL MAPD and Retiree Medical plans.

**Medicare eligible dependents** – 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.

**Non-Medicare eligible dependents** – If your coverage was terminated due to the retiree's, annuitant's, or survivor's failure to enroll in their coverage, or if they choose to waive coverage, you will not be able to re-enroll in the retiree health plan until the next Benefit Choice Open Enrollment Period or if you have a qualifying event that allows you to re-enroll into coverage.

- 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.
- **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.**
- MAPD plans are not permitted to consider deductible(s) that you might have already met under your previous health plan. Therefore, any deductible amounts that were previously met under your prior health plan, will not be considered under your new TRAIL MAPD Health Plan, and will start over. The dental plan deductible is separate from the MAPD health plan deductible and will also start over with your new TRAIL MAPD plan coverage.
- All out-of-pocket maximums that were met under your prior health plan will not carry over to your new TRAIL MAPD plan.
- 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.

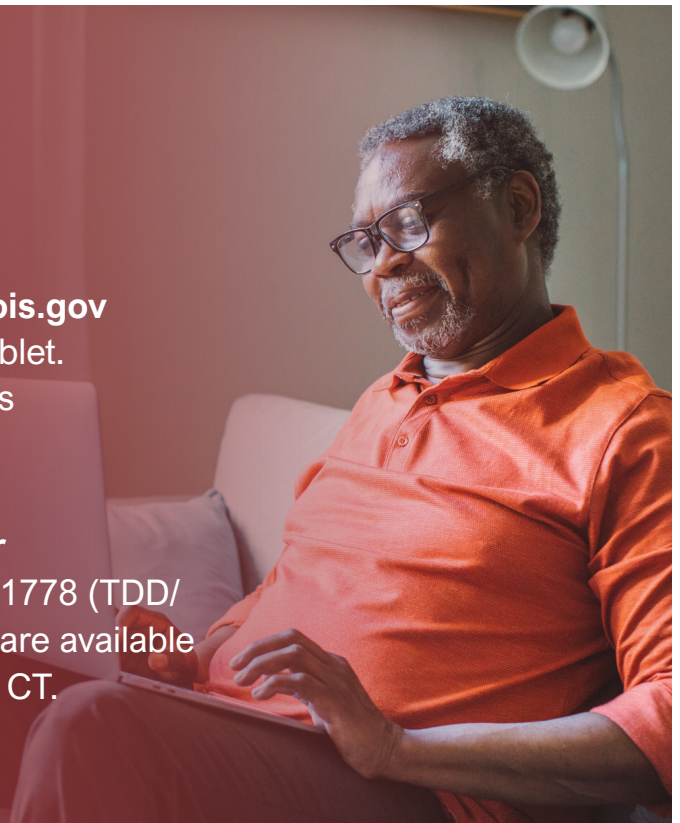
# Do You Have Questions?



Visit our website at **MyBenefits.illinois.gov** on your computer, smartphone, or tablet. AVA, the interactive digital assistant is available 24/7.



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.

2025 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	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.

2025 Plan Year PPO Prescription Drug Benefit						
Rx Plan Year Deductible	\$125					
Retail and Mail Order Pharmacy (Initial Coverage Phase)	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.					
	Retail Pharmacies		Retail and Mail-Order Pharmacies			
	30-Day Supply		60-Day Supply		90-Day Supply	
Tier 1 (generic brand)	Preferred \$9	Standard \$10	Preferred \$18	Standard \$20	Preferred \$22.50	Standard \$25
Tier 2 (preferred brand)	\$30		\$60		\$75	
Tier 3 (non-preferred brand) Tier 4 (specialty brand)	\$60		\$120		\$150	
Aetna MAPD PPO	Catastrophic Coverage Stage					
	If you reach \$2,000 in true out-of-pocket Part D prescription drug costs, you will pay \$0 for your Part D prescription drugs for the remainder of the plan year.					

# The Aetna Medicare Advantage (MAPD) PPO plan comes with these benefits at no additional cost to you.

## Aetna Healthy Rewards

Get rewarded with a gift card when you complete important healthcare activities such as annual exams, flu shots and more.

## 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.

## Teladoc Health Virtual Healthcare

Teladoc Health 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 Teladoc Health mobile app. Teladoc Health doctors 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 24 one-way trips with unlimited mileage.

## Meal Home Delivery

Get 28 delicious and nutritious meals delivered to your home after your qualified inpatient hospital or skilled nursing facility (SNF) 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.

## Healthy 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.

## 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® Referral Program

A consultant can refer you to local services that can make life easier and more enjoyable. This may include help at home, social and recreational activities, caregiver support, and more. You only pay the cost of any services you use.

To learn more, visit  
**[stateofillinois.aetnamedicare.com](https://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:

2025 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%	\$51.21
1	95%	\$48.64
2	90%	\$46.08
3	85%	\$43.52
4	80%	\$40.96
5	75%	\$38.40
6	70%	\$35.84
7	65%	\$33.28
8	60%	\$30.72
9	55%	\$28.16
10	50%	\$25.60
11	45%	\$23.04
12	40%	\$20.48
13	35%	\$17.92
14	30%	\$15.36
15	25%	\$12.80
16	20%	\$10.24
17	15%	\$7.68
18	10%	\$5.12
19	5%	\$2.56
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.

## 2025 Monthly Health Plan Contributions for Dependent Coverage

### Aetna 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 (Spouse under age 60)	\$5.70
Spouse Life \$5,000 coverage (Spouse 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

# Vision Coverage

Vision coverage is provided at no additional cost to members enrolled in the TRAIL MAPD health plan. 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 - 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	\$15.00
Member Plus 1 Dependent	\$25.00
Member Plus 2 or More Dependents	\$27.50
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 three drug payment stages: Annual Deductible, Initial Coverage, 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 stages. Once a member reaches the Catastrophic Coverage stage (when the true out-of-pocket costs reach \$2,000 for prescription drugs in 2025), the member will pay \$0 for the Part D prescription drugs for the remainder of the year.

### 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 have spent \$2,000 on your Part D prescription drugs, you move 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 will pay \$0 for your part D prescription drugs for the remainder of the year.**

## 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](http://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](http://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](http://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
<b>Aetna MAPD PPO Plan</b>	<b>Aetna MAPD PPO Plan</b> PO Box 981106 El Paso, TX 79998-1106	855-223-4807 TTY users, call 711	<a href="http://stateofillinois.aetnamedicare.com">stateofillinois.aetnamedicare.com</a>
<b>Vision Plan</b>	<b>EyeMed</b> Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111	866-723-0512 TTY users, call 711	<a href="http://eyemedvisioncare.com/stil">eyemedvisioncare.com/stil</a>
<b>Quality Care Dental Plan (QCDP)</b>	<b>Delta Dental of Illinois</b> Group Number 20240 PO Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	<a href="http://soi.deltadentalil.com">soi.deltadentalil.com</a>
<b>Life Insurance Plan</b>	<b>MetLife Insurance Company</b> Group Life Claims PO Box 6100 Scranton, PA 18505	800-880-6394 TTY users, call 711	<a href="http://metlife.com/stateofillinois">metlife.com/stateofillinois</a>
<b>Medicare COB Unit</b>	<b>CMS Group Insurance</b> 801 South 7th Street PO Box 19208 Springfield, IL 62794-9208	217-782-7007 800-442-1300 800-526-0844 (TDD/TTY)	<a href="mailto:CMS.BEN.MedicareCOB@illinois.gov">CMS.BEN.MedicareCOB@illinois.gov</a>
<b>State Employees' Retirement System</b>	2101 South Veterans' Parkway PO Box 19255 Springfield, IL 62794-9255	217-785-7444 866-321-7625 (TDD/TTY)	<a href="http://srs.illinois.gov">srs.illinois.gov</a>
<b>State Universities Retirement System</b>	1901 Fox Drive Champaign, IL 61820-7333	800-275-7877	<a href="http://surs.org">surs.org</a>
<b>Teachers' Retirement System</b>	2815 W. Washington Street PO Box 19253 Springfield, IL 62794-9253	877-927-5877 TTY users, call 711	<a href="http://trsil.org">trsil.org</a>

## 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 Initial Enrollment 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 presentation is available online for Medicare-eligible retirees. You can log on to your computer, smartphone, or tablet at <http://cms.illinois.gov/thetrail> to view the prerecorded presentation. This prerecorded presentation is an opportunity to learn about the Total Retiree Advantage Illinois (TRAIL) Program and the Aetna MAPD PPO plan.

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