

TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) SUMMARY

JULY 1, 2020 - JUNE 30, 2021

This summary provides current TRIP premiums and accessibility information for July 1, 2020 through June 30, 2021.



Enrollment and assistance

You will make your benefit elections online through the MyBenefits website, [MyBenefits.illinois.gov](https://www.mylife.com/illinois). Contact MyBenefits Service Center with questions about navigating the MyBenefits website or how to elect benefits, Monday – Friday, 8 a.m. – 6 p.m. Central Time, 844-251-1777 or 844-251-1778 (TDD). For questions regarding eligibility, please contact Teachers' Retirement System of the State of Illinois at 877-927-5877. More detailed information is available on the TRS website at: <https://www.trsil.org>.

Medicare Advantage TRAIL Program

Since 2014, the state has administered a Medicare Advantage Program called TRAIL for annuitants and survivors enrolled in both Medicare Parts A and B. Visit www.cms.illinois.gov/thetrail for eligibility information.

Listing of Current Health Care Plan Providers

Please call the toll-free number or visit the plan online for specific coverage details.

Purpose	Administrator Name and/or Address	Group No.	Phone	Website
Enrollment/ Customer Service	MyBenefits Service Center	N/A	844-251-1777 TDD: 844-251-1778	MyBenefits.illinois.gov
Health Plan	BlueAdvantage HMO	B06802	800-868-9520 TDD: 866-876-2194	bcbsil.com/stateofillinois
	Aetna HMO/ Aetna OAP	285655 285651	855-339-9731 TDD: 800-628-3323	aetnastateofillinois.com
	Health Alliance HMO	00710A	800-851-3379 TDD: 800-526-0844	healthalliance.org/stateofillinois
	HealthLink OAP	160002	800-624-2356 TDD: 877-232-8388	healthlink.com/soi/learn-more
	HMO Illinois	H06802	800-868-9520 TDD: 866-876-2194	bcbsil.com/stateofillinois
	Teachers' Choice Health Plan (TCHP), Aetna PPO	285659	855-339-9731 TDD: 800-628-3323	aetnastateofillinois.com
Prescription Drug Plan	CVS/Caremark (for TCHP or OAP)	TCHP: 1402TD3 Aetna OAP: 1402TCH HealthLink OAP: 1402TCF	877-232-8128 TDD: 800-231-4403	caremark.com
Behavioral Health	Magellan Health P.O. Box 2216, Maryland Heights, MO 63043	N/A	800-513-2611 (nationwide) TDD: 800-456-4006	magellanascend.com

Enrollment

If you are eligible, you can enroll yourself and qualifying dependents during the following periods:

- **When you apply for monthly pension benefits.** If you want to enroll at this point, you must enroll no later than 30 days after the effective date of the pension benefits.
- **When you turn 65.** TRS will mail you enrollment information within 90 days before your 65th birthday. You have six months from the date you become eligible for Medicare Part A and Part B to enroll. If you are not eligible for both parts of Medicare, you may still enroll but must do so within 30 days of your 65th birthday.
- **When coverage is terminated by a former plan.** You may continue coverage with another plan rather than enroll in TRIP. If this occurs, you and your eligible dependents may enroll in TRIP when coverage under the other plan is terminated. The termination must be initiated by the plan. You must enroll with a letter from the plan stating the effective date of termination no later than 30 days after the termination of the plan's coverage.
- **During the Benefit Choice Period.** You may be eligible to enroll in TRIP during the Benefit Choice Period (usually May 1 through May 31 each year). The insurance becomes effective on July 1. Additionally, a fall enrollment occurs for those eligible for the Medicare Advantage (TRAIL) Program.

You may enroll dependents when you enroll in the program, the dependent turns 65, a qualifying change in family status occurs (marriage or birth/adoption of child), or coverage is involuntarily terminated by a former plan. You may also enroll dependents during the annual Benefit Choice Period. Dependents will be enrolled in the same health plan as the benefit recipient.

It is your responsibility to ensure monthly premium deductions are accurate for the insurance coverage you selected.

Monthly Premiums Through June 30, 2021

Type of Plan		Not Medicare Primary Under Age 26	Not Medicare Primary Age 26-64	Not Medicare Primary Age 65 & Above	Medicare Primary* All Ages
Benefit Recipient	Managed Care Plan (OAP & HMO)	\$91.95	\$285.64	\$389.18	\$112.89
	TCHP (PPO) when a managed care plan is available	\$238.65	\$673.59	\$1,013.04	\$267.67
	TCHP (PPO) when a managed care plan is unavailable in your county	\$119.32	\$336.80	\$506.53	\$133.84
Dependent Beneficiary	Managed Care Plan (OAP & HMO)	\$367.96	\$1,142.56	\$1,556.68	\$391.07**
	TCHP (PPO) when a managed care plan is available	\$477.31	\$1,347.19	\$2,026.08	\$535.33
	TCHP (PPO) when a managed care plan is unavailable in your county	\$477.31	\$1,347.19	\$2,026.08	\$401.51**

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at 800-442-1300 or 217-782-7007.

** Medicare Primary dependent beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

Out-of-State Managed Care

Managed care is available in some counties in Arkansas, Indiana, Iowa, Kentucky, Missouri, and Wisconsin. View the list online for more information at <https://www.trsil.org/members/retired/health-insurance/out-of-state-accessibility> or directly contact the managed care plan for information regarding availability. OAP carriers can be in every state.

Hearing Instruments and Related Services

Beginning July 1, 2020, a \$2,500 benefit for hearing instruments and related services every 24 months is available through all plans when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.

Coverage Comparison Table

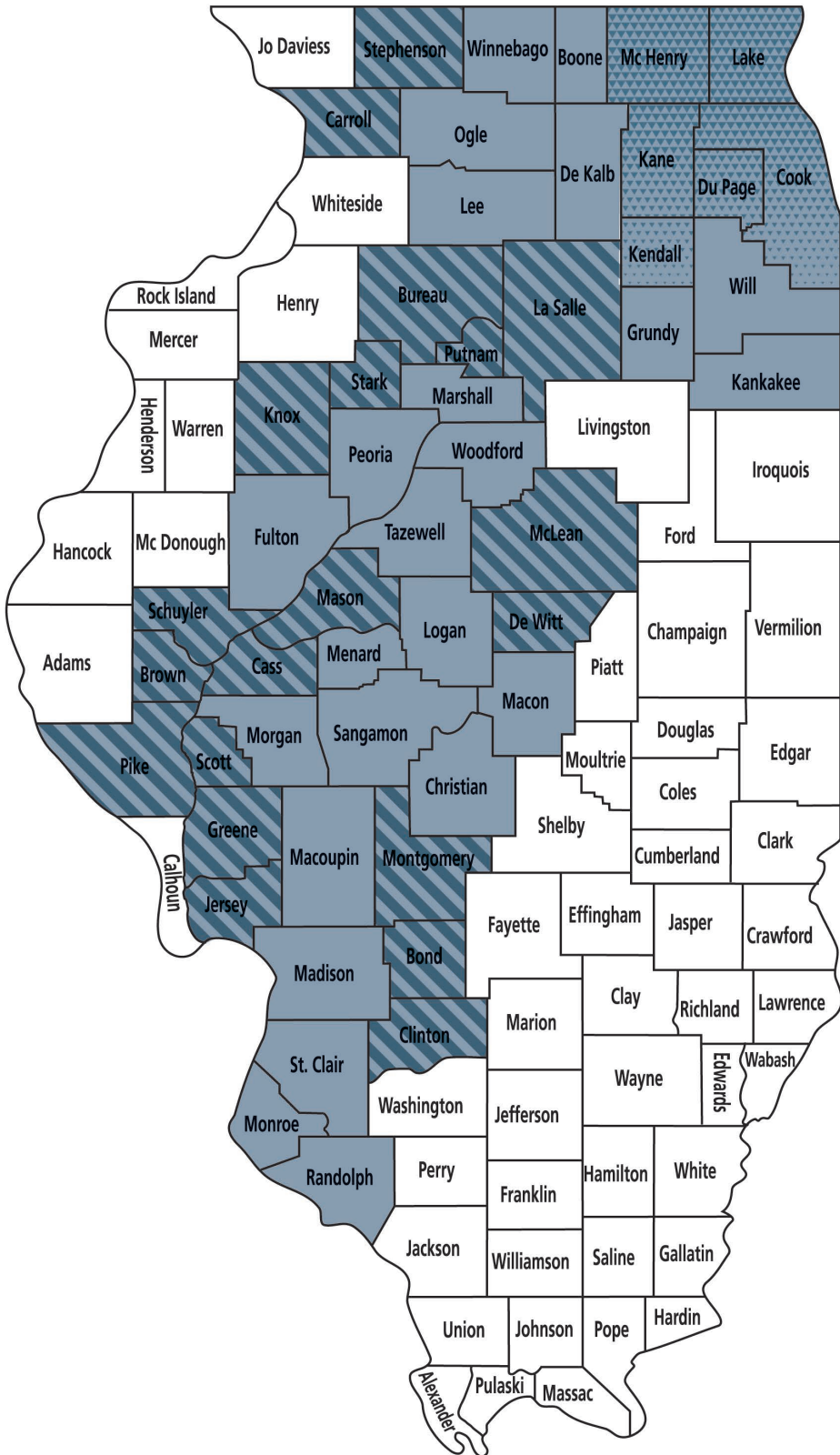
Benefit	PPO Teachers' Choice Health Plan (TCHP) Nationwide	Managed Care Plans			
		HMO In-network coverage only All IL counties	Open Access Plans (OAP)		
			Tier I In-network coverage only All IL counties	Tier II In-network coverage only Nationwide	Tier III Out-of-network coverage only Nationwide
Plan year maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual out-of-pocket maximum	Individual: \$1,200 in network; \$4,400 out-of-network Family: \$2,750 in network; \$8,800 out-of-network	Individual: \$3,000 Family: \$6,000	Individual: \$6,600 Family: \$13,200 (includes eligible charges from Tier I and Tier II combined)		NA
Annual plan deductible Must be satisfied for all services	\$500 per participant	\$0	\$0	\$300 per enrollee*	\$400 per enrollee*
Out-of-network hospital admission	60% covered; deductible applies after \$400 per admission	No coverage	Contact plan administrator		
Inpatient/hospital admission	80% covered; deductible applies after \$200 per admission	100% after \$250 copayment	100% after \$250 copayment	80% network charges after \$300 copayment	60% allowable charges after \$400 copayment
Outpatient surgery	80% in network; 60% allowable charges out-of-network**	100% after \$150 copayment	100% after \$150 copayment	80% network charges after \$150 copayment	60% allowable charges after \$150 copayment
Diagnostic lab & x-ray	80% in network; 60% allowable charges out-of-network**	100%	100%	80% network charges	60% allowable charges
Emergency room hospital services	\$400 additional deductible	100% after \$200 copayment	100% after \$200 copayment		
Physician & Specialist office visits	80% in network; 60% allowable charges out-of-network**	\$20 copayment	100% after \$20 copayment	80% network charges	60% allowable charges
Preventive services, including immunizations	100% in network; 60% allowable charges out-of-network**	100%	100%		Covered under Tier I and Tier II only
New Telemedicine benefit	\$10 copayment, deductible applies	\$10 copayment	\$10 copayment	No coverage	No coverage
Durable medical equipment	80% in network; 60% allowable charges out-of-network**	80% network charges	80% network charges	80% network charges	60% allowable charges
Prescription Drugs copayment (30-day supply)	\$7-\$50 generic \$14-\$100 preferred brand \$28-\$150 nonpreferred brand	\$10 generic \$20 preferred brand \$40 nonpreferred brand	\$10 generic \$20 preferred brand \$40 nonpreferred brand		

* Open Access Plans: The benefit level is determined by the Tier in which the healthcare provider is contracted. An annual plan deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year. Amounts over the plan's allowable charges do not count toward the out-of-pocket maximum.

** TCHP: Sixty percent of allowable charges are paid for out-of-network charges after the annual plan deductible has been met.

Health Plans by Illinois County

Effective July 1, 2020 - June 30, 2021



The Teachers' Choice Health Plan (TCHP/PPO) is available nationwide.

- Health Alliance HMO - AH
- Aetna HMO - AS
- HMO Illinois - BY
- Healthlink OAP - CF
- Aetna OAP - CH
- BlueAdvantage HMO - CI
- TCHP Aetna PPO - D3

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Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; benefit recipients in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.