



TOTAL RETIREE ADVANTAGE ILLINOIS

Total Retiree Advantage Illinois (TRAIL) Summary

January 1, 2024 – December 31, 2024

What is a Medicare Advantage with Prescription Drug Plan?

A Medicare Advantage with Prescription Drug (MAPD) plan is a healthcare plan administered by a private insurer who processes and pays your health and prescription drug claims. That means that federal Medicare no longer pays your health or prescription drug claims but will instead subsidize the MAPD plan with the Medicare premiums you pay. Although federal Medicare no longer pays healthcare claims, you still need to pay your Medicare premiums in order to remain enrolled in the MAPD plan. If you do not pay your Medicare premiums, your health and prescription drug coverage through the Teachers' Retirement Insurance Program (TRIP) will terminate.

Current health care plan provider

Please call the toll-free number or visit the plan online for specific coverage details. TRAIL only offers one MAPD plan option.

PPO	Administrator Address	Customer Service Phone Number	Website Address
Aetna MAPD PPO Plan	P.O. Box 981106 El Paso, TX 79998-1106	(855) 223-4807	stateofillinois.aetnamedicare.com

For questions regarding TRAIL benefits, please visit MyBenefits.illinois.gov or call toll free, Monday-Friday, CST, 8 a.m. to 6 p.m., (844) 251-1777 or for TDD/TTY call toll free (844) 251-1778. For questions regarding eligibility or enrollment, please contact TRS at (877) 927-5877.

TRAIL Eligibility & Enrollment

Members or survivors of members must be:

- receiving a TRS monthly benefit,
- living in the United States or a U.S. territory, and
- eligible and enrolled in Medicare Parts A and B due to age or disability.

The TRAIL MAPD plan includes prescription drug coverage. Participants should **not** enroll in a separate Medicare Part D plan or enroll in a separate Medicare Advantage Plan. Members who enroll in a separate Medicare Part D plan or Medicare Advantage plan will lose TRIP coverage.

Participants use one identification card for medical providers, hospitals and pharmacies.

Members who are newly eligible **must** elect the state-sponsored TRAIL MAPD plan to continue coverage. Coverage will be **terminated** if members do not respond. Newly eligible members are notified by the MyBenefits Service Center that they must enroll in the TRAIL plan.



Aetna MAPD PPO (Effective Jan. 1, 2024)

Monthly Contributions	Member Rate	\$2.16
	Dependent Rate	\$6.49

Visit [MyBenefits.illinois.gov](https://mybenefits.illinois.gov) for more information.

Aetna MAPD PPO Coverage Table for 2024 Plan Year

Medical Benefit						
Annual medical deductible	\$250					
Annual out-of-pocket maximum	\$1,100					
Doctor office visit	Plan pays 80%; you pay 20% after annual deductible					
Specialist office visit	Plan pays 80%; you pay 20% 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 80%; you pay 20% after annual deductible					
Outpatient surgery	Plan pays 80%; you pay 20% 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 80%; you pay 20% after annual deductible					
Home Health Care	Plan pays 100%; you pay 0%					
Compression Stockings	Two per year without prior authorization. Plan pays 80%; you pay 20% after annual deductible					
Hearing instruments & 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 one exam every 12 months.					
Acupuncture for chronic lower back pain	\$16 (in and out-of-network) for each Medicare-covered visit. Up to 12 visits in 90 days, if medically necessary.					
Prescription Drug Benefit						
Retail and Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90-day supply of drugs through mail order for 2.5 times the 30-day copayment amount.					
	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 \$30
Tier 2 (preferred brand)	\$25		\$50		\$62.50	\$75
Tier 3 (non-preferred brand) Tier 4 (specialty brand)	\$50		\$100		\$125	\$150
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$8,000 in true out-of-pocket prescription drug costs.					