



TOTAL RETIREE ADVANTAGE ILLINOIS

Total Retiree Advantage Illinois (TRAIL) Summary

January 1, 2023 – December 31, 2023

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 CMS that they must enroll in the TRAIL plan.



Aetna MAPD PPO (Effective Jan. 1, 2023)

| | | |
|-----------------------|----------------|--------|
| Monthly Contributions | Member Rate | \$2.06 |
| | Dependent Rate | \$6.18 |

Visit [MyBenefits.illinois.gov](https://www.aetna.com/illinois) for more information.

Aetna MAPD PPO Coverage Table for 2023 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 \$7,400 in true out-of-pocket prescription drug costs. | | | | | |
| | 30-Day Supply | | 60-Day Supply | | 90-Day Supply | |
| Aetna MAPD PPO | Greater of 5% of the retail cost of the drug OR \$4.15/Generic or \$10.35/Non-generic; the 5% cannot exceed \$50 | | | | | |