

Total Retiree Advantage Illinois (TRAIL) Summary

January 1, 2026 — December 31, 2026



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 coverage through the Teachers' Retirement Insurance Program (TRIP) will terminate.

Plan Administrators

PPO	Administrators' Name and Address	Customer Service Phone Number	Website or Email Address
Aetna MAPD PPO Plan	Aetna MAPD PPO Plan P.O. Box 981106 El Paso, TX 79998-1106	855-223-4807 TTY users, call 711	stateofillinois.aetnamedicare.com
Vision Plan	EyeMed Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111	866-723-0512 TTY users, call 711	eyemedvisioncare.com/stil
Teachers' Choice Dental Plan (TCDP)	Delta Dental of Illinois Group Number 20242 P.O. Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	soi.deltadentalil.com/
Medicare COB Unit	CMS Group Insurance 801 South 7th Street P.O. Box 19208 Springfield, IL 62794-9208	217-782-7007 800-442-1300 800-526-0844 (TDD/TTY)	Email: CMS.BEN.MedicareCOB@illinois.gov
Retirement System	Teachers' Retirement System 2815 W. Washington St P.O. Box 19253 Springfield, IL 62794-9253	877-927-5877 TTY users, call 711	trsil.org

For questions regarding TRAIL benefits, please visit [MyBenefits.illinois.gov](https://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
- 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.

Members who are newly eligible **must** elect the state-sponsored TRAIL MAPD plan to continue coverage. All 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, 2025)		
Monthly Contributions	Member Rate	\$7.72
	Dependent Rate	\$28.50

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



Aetna MAPD PPO Coverage Table for 2026 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	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 Coverage Phase)	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 for the remainder of the plan year once a member reaches \$2,100 in true out-of-pocket prescription drug costs.					

Vision Coverage

Vision coverage is provided at no additional cost to members enrolled in the TRAIL MAPD Plan. All members and enrolled dependents have the same vision coverage.

Service	In-Network	Out-of-Network	Benefit Frequency
Eye Exam	\$10 copayment	\$20 allowance	Once every 12 months
Standard Frames	\$10 copayment (up to \$110 retail frame cost; member responsible for balance over \$90)	\$20 allowance	Once every 24 months
Vision Lenses (single, bifocal and trifocal)	\$10 copayment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$20 copayment for medically necessary \$50 copayment for elective contact lenses \$90 allowance for all other lenses not mentioned above	\$70 allowance	Once every 12 months

Dental Coverage

Dental coverage is provided at no additional cost to members enrolled in the TRAIL MAPD Plan. All members and enrolled dependents have the same dental benefits available.

Deductible and Plan Year Maximum	
Plan year deductible for preventative services	N/A
Plan year deductible for all other covered services	\$100
Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)	
In-network plan year maximum benefit	\$2,000

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

