

Total Retiree Advantage Illinois (TRAIL) Summary

January 1, 2015 -December 31, 2015



This summary provides current TRAIL premiums and accessibility information for January 1, 2015 through December 31, 2015.

What is a Medicare Advantage Plan?

A Medicare Advantage plan is a healthcare plan administered by a private insurer who processes and pays your health insurance claims. That means that federal Medicare no longer pays your healthcare 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.

Listing of current health care plan providers

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

HMOs	Administrator's Address	Customer Service Phone Numbers	Website Address
Coventry Advantra	P.O. Box 8052 London, KY 40742	855-223-4807	www.aetna-coventryretiree.com/soi
Health Alliance MAPD	301 S. Vine St. Urbana, IL 61801	877-795-6131	www.healthallianceretiree.org/soi
Humana Medicare	Humana Claims Office P. O. Box 14601 Lexington, KY 40512-4061	800-951-0125	www.humana.com/soi
PPO	Administrator's Address	Customer Service Phone Numbers	Website Address
UnitedHealthcare Group	P.O. Box 31362 Salt Lake City, UT 84131-0362	888-223-1092	www.uhcretiree.com/soi

For questions regarding TRAIL benefits, please contact the Department of Central Management Services (CMS) at (217) 782-2548 or (800) 442-1300. For questions regarding eligibility or enrollment, please contact TRS at (800) 877-7896.



TRAIL Eligibility and Enrollment

Members or survivors of members must be:

- receiving a TRS monthly benefit,
- live in the United States or a U.S. territory, and
- eligible and enrolled in Medicare Parts A and B on or before September 30, 2014 due to age or disability.

Special Information about TRAIL Medicare Advantage Part D (MAPD) Plans

Participants retain Medicare coverage and continue to pay Medicare Part B premiums.

If applicable, IRMAA (Income-Related Monthly Adjustment Amount) 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. This is required to be paid to remain in the plan.

The TRAIL MAPD plan includes prescription drug coverage. Participants should **not** enroll in a separate Medicare Part D plan. Part D is coordinated within the MAPD plan.

The TRAIL Medicare Advantage plan offers wellness/clinical programs at no additional cost. This includes Silver Sneakers fitness, disease management, and other discount programs.

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

Members who are newly eligible **must** elect a state-sponsored TRAIL MAPD plan to continue coverage after December 31. Coverage will be **terminated** if members do not respond. Newly eligible members are notified by CMS that they must enroll in a TRAIL plan.

Members who are already enrolled in the TRAIL MAPD plan can enroll an eligible dependent during open enrollment in the fall or change their coverage to a new carrier.

Federal Medicare law requires all plans to send new ID cards annually to participants.

Medical Contributions

TRIP MAPD Monthly Contributions Effective Jan. 1, 2015				
	Coventry Advantra HMO	Health Alliance MAPD HMO	Humana HMOs	UnitedHealthcare PPO
Member Rate	\$37.13	\$43.51	\$43.72	\$49.94
Dependent Rate	\$111.38	\$130.52	\$131.15	\$149.80

Coverage Comparison Table

	UnitedHealthcare PPO	Health Alliance, Coventry Advantra and Humana HMOs*
Annual medical deductible	\$250	None
Annual out-of-pocket maximum	\$1,000	\$3,000
Doctor office visit	Plan pays 80%; you pay 20% after annual deductible	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 80%; you pay 20% after annual deductible	Plan pays 100% after you pay \$20 copay per visit
Preventive services	Plan pays 100%; you pay 0%	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$65 copay per visit; copay is waived if you are admitted within 24 hours	Plan pays 100% after you pay \$65 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 80%; you pay 20% after annual deductible	Plan pays 100% after you pay \$250 copay per admission
Outpatient surgery	Plan pays 80%; you pay 20% after annual deductible	Plan pays 100% after you pay \$150 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 80%; you pay 20% after annual deductible	Plan pays 100%; you pay 0%
Prescription drugs (30-day supply) <i>(Copayments are capped once a participant reaches the catastrophic coverage stage of \$4,700 in "true out-of-pocket" costs.)</i>	<ul style="list-style-type: none"> • Generic: \$10 copay (or less with UHC Pharmacy Saver Program) • Preferred brand: \$25 copay • Non-preferred brand and specialty drugs: \$50 copay 	<ul style="list-style-type: none"> • Generic: \$10 copay • Preferred brand: \$20 copay • Non-preferred brand and specialty drugs: \$40 copay

*Members must use network providers, except for emergency services.

