

Newly-Eligible Medicare Advantage TRAIL Members FAQs

What do I need to know about TRAIL as a newly-eligible annuitant or survivor?

TRAIL is a retiree healthcare program sponsored by the College Insurance Program (CIP). The plans offered through the TRAIL Program are Medicare Advantage plans which include prescription drug coverage. These plans are typically called “MAPD” plans. **As a CIP annuitant or survivor who is newly-eligible for enrollment in a Medicare Advantage Plan, you must make a choice during this TRAIL Medicare Advantage Open Enrollment Period to enroll in one of the MAPD plans offered.** This Decision Guide includes information about your health plan options which will go into effect January 1, 2016, the benefits offered and the cost of this new coverage for you and your dependents. If you do not want TRAIL coverage, you can cancel which will terminate your health and prescription drug coverage.

Why am I getting information to change now - I normally receive information to change health plans in May?

Now that you are enrolled in Medicare Parts A and B and are an annuitant or survivor of the College Insurance Program (CIP), **you are required** to change health plans during this fall TRAIL Medicare Advantage Open Enrollment Period. Beginning January 1, 2016, your health and prescription drug benefits through the TRAIL Medicare Advantage Program will follow the calendar year, not the State’s fiscal year. You will no longer receive the ‘Benefit Choice’ mailings in the spring since your health plan options are now different than those being offered to non-Medicare members. Delta Dental and EyeMed vision coverage will remain on the State’s fiscal year (July 1 through June 30).

What Does the Trail Medicare Advantage Plan Cover?

Medicare Advantage plans are offered by private companies approved by Medicare. Medicare pays a fixed amount for your care each month to these companies. When you enroll in a Medicare Advantage plan, you are no longer in Original Medicare but still have the same rights and protections as people with Original Medicare.

The TRAIL Medicare Advantage plans provide all of your Part A (hospital insurance) and Part B (medical insurance) benefits, including emergency and urgent care, and Medicare Part D (prescription drug) coverage.

Is Medicare Advantage a Medicare Supplement?

No. Medicare supplement insurance fills gaps in Original Medicare coverage by helping to pay the portion of healthcare expenses that Original Medicare does not pay, such as deductibles and coinsurances. Medicare supplement insurance can be either a Medigap plan (labeled A through L plans) or retiree insurance from a former employer. Typically, retiree insurance from a former employer pays your health insurance claims after Medicare pays its portion. As a Medicare retiree enrolled in CIP, the health plan you had prior to being enrolled in the TRAIL Medicare Advantage Program paid your claims ‘second’ after Medicare. That means any medical claims you incurred were sent first to Original Medicare for payment and the remaining balance was sent to your CIP insurance plan, which then paid much of the remaining balance.

If I enroll in the CIP Medicare Advantage plan, will I still have Medicare?

Yes, but you can only use your red, white and blue Medicare card for hospice care. All other claims for your healthcare services (including prescription drugs) should be sent to your MAPD plan administrator for processing and benefit determinations.

Do I need to continue to pay my Medicare premiums?

Yes! In order to maintain your Medicare Advantage plan health coverage, you must continue to pay your Medicare premiums.

Can I stay enrolled in my current health plan?

No. Medicare-eligible CIP annuitants and survivors who want to continue health, prescription drug, dental and vision coverage through the CIP are required to enroll in one of the TRAIL Medicare Advantage plans if they and their covered dependents are all enrolled in Medicare parts A and B. Remaining in your current health plan is not an option; therefore, if your enrollment form is not postmarked by the November 16th due date, we will assume you do not want the TRAIL Medicare Advantage coverage and your health, prescription drug, vision and dental coverage will terminate effective January 1, 2016. If your CIP health and prescription drug coverage is terminated, you will have Original Medicare only for your medical coverage and will need to enroll in a Part D prescription plan for prescription coverage.

I have already paid my health plan deductible for this year. If I enroll in the TRAIL MAPD PPO plan, do I have to pay it again?

Yes. Due to the TRAIL plan year being on a calendar year and not a fiscal year like your current plan, the PPO plan's annual medical deductible will begin January 1, 2016. Any deductible paid to your current health plan will not count toward your MAPD plan year deductible. The MAPD medical deductible is separate from your dental plan deductible which will start over July 1 each year.

Will this Medicare Advantage plan cover everything that my current CIP health plan covers?

Not necessarily. Your current health plan may cover services that Original Medicare does not cover. Medicare Advantage plans are required to cover all services covered by Original Medicare. In order to be covered, the service must be considered medically necessary and in certain cases, meet Medicare guidelines for approval. Some services have limits to how often they can be obtained.

TRAIL FAQs for All Retirees, Annuitants and Survivors

If I am currently enrolled in TRAIL, do I need to fill out the TRAIL Open Enrollment Form again this year?

No. Once you are enrolled in one of the TRAIL Medicare Advantage plans, you do not need to complete the enrollment form again unless you want to make a change. During the TRAIL Medicare Advantage Open Enrollment Period you may change to a different health plan if one is available in your county of residence (see page 16). **You may also add a dependent to your coverage or drop a dependent from your coverage. If you do not want anything to change, then do not turn in the enrollment form.**

Will I get marketing materials from the TRAIL plans again this year?

Yes. Since the fall enrollment period is your opportunity to shop around for a different health plan, all of the TRAIL plans that are available in your county of residence will be sending you information regarding their coverage and benefits. Even if you do not change health plans this year, federal Medicare requires the plans to mail new ID cards each year, so be sure to watch your mail in late December for your new ID cards. You will know your CIP-sponsored Medicare Advantage ID card by the TRAIL logo on the card.

I have a friend who enrolled in a Medicare Part D plan after enrolling in TRAIL and lost their CIP health and prescription coverage – why did this happen?

When a member who is enrolled in a Medicare Advantage plan with prescription drug coverage enrolls in another Medicare plan, whether it's another Medicare Advantage plan or a Part D prescription drug plan, enrollment into that new plan will terminate enrollment in the current plan. That is because federal Medicare allows a person to only be enrolled in one Medicare plan at a time. Many pharmacies offer prescription drug plans that are Medicare Part D plans. **Be careful not to enroll in another prescription drug Part D plan as enrollment in that plan may cause your TRAIL Medicare Advantage health and prescription drug coverage to terminate. Since your vision and dental coverage are included in your CIP coverage, they will also terminate.**

Is there coverage through TRAIL when I travel outside the U.S.?

Like Original Medicare, TRAIL Medicare Advantage benefits are not provided outside of the U.S. and the U.S. Territories, except for emergency services. Typically, if emergency services are needed while outside of the U.S., the enrollee will need to pay the provider at the time of service and submit a reimbursement request to their Medicare Advantage plan. Many TRAIL members who travel outside the U.S. purchase travel insurance for their international travel.

May I elect a Medicare Advantage HMO in a different county from where I live if my providers are in that county?

No. Medicare determines in which counties a Medicare Advantage HMO can provide coverage. Members may only elect from the Medicare Advantage plans available in their county of residence, regardless of where the provider's office is located. **If you move, you must contact the State Universities Retirement System immediately.**

Will there be informational seminars I can attend to learn more about TRAIL?

Yes! Statewide seminars will be held beginning Tuesday, October 13, 2015, and will go through October 30, 2015. Representatives from the Group Insurance Division of the Department of Central Management Services will be giving a presentation on the Medicare Advantage plans and benefits. Representatives from the TRAIL Medicare Advantage health plans available in your area will also be there to answer any specific questions you have for them regarding coverage, benefits, formularies, provider networks, etc. The TRAIL Seminar Schedule is printed on the back cover of this booklet. You may also call the State of Illinois, Department of Central Management Services, Bureau of Benefits at 1-800-442-1300 or 217-782-2548 for information.

If I enroll in an HMO MAPD plan and my PCP leaves the network, can I change MAPD plans?

No. You must choose another PCP in your Medicare Advantage plan's network. You can switch MAPD plans during the next TRAIL Medicare Advantage Enrollment Period.

I am a Veteran and use VA services. How does my Medicare Advantage plan work with VA benefits?

If you go to a VA hospital, you will use your VA benefits. Veterans' Affairs will pay for the VA authorized services. You can also use your VA benefits to obtain your prescription drugs. If you choose not to use a VA facility/physician, your Medicare Advantage plan would cover the Medicare eligible expenses according to your plan benefits, including non-VA prescription drugs (i.e., non-VA prescription drugs are drugs not obtained through a VA pharmacy, such as a pharmacy within a VA facility or VA clinic. Non-VA prescription drugs can also be medications that are not covered by the VA or those not in stock at the VA pharmacy).

Can I use TRICARE with my Medicare Advantage plan?

In general, your Medicare Advantage plan will pay first for any Medicare covered services. TRICARE may pay your Medicare Advantage deductible and copay amounts. You would pay the cost of services that your Medicare Advantage and/or TRICARE do not cover. For your prescription drugs, your Medicare Advantage plan would be the primary payer. TRICARE may pay as the secondary payer if the pharmacy used is also a TRICARE network pharmacy.

Can I get out of the TRAIL Medicare Advantage plan if I don't like it?

Yes. If at any time you wish to disenroll from the Medicare Advantage plan, you may write to your health plan indicating your desire to cancel the coverage. **You will be disenrolled from the TRAIL health, prescription drug, Delta Dental and EyeMed vision coverage at the end of the month in which the health plan receives your written request.** This does not mean you can return to your prior CIP health plan. Once cancelled, you will go back to having your Original Medicare coverage only and will most likely need to obtain a separate Medicare Part D plan for your prescription drug coverage.

I get a lot of marketing materials about Medicare plans each fall – how will I know which plans are offered by CIP?

All CIP-sponsored Medicare Advantage plans will have the TRAIL logo. If you receive marketing materials without the TRAIL logo, you know those materials are coming from plans not offered by the State of Illinois.



If I opt out of CIP's coverage, do I have guaranteed issue rights?

Guaranteed issue rights are determined by the Centers for Medicare and Medicaid Services (federal CMS). If you choose to opt out of your CIP retiree healthcare and purchase a private healthcare plan such as a Medicare supplement plan, the private healthcare plan determines whether or not you qualify for guaranteed issue. If you disagree with the private plan's determination, you will need to file a complaint with federal CMS and they will have the ultimate authority. The State of Illinois cannot determine guaranteed issue and does not issue letters that indicate you have guaranteed issue rights.

I am eligible for both Medicare and Medicaid. What happens if I am automatically enrolled in a Medicare Part D plan due to my dual eligibility?

Individuals who are both eligible for Medicare and entitled to full Medicaid benefits typically will be automatically enrolled in a Medicare Part D (prescription drug) plan by Medicare. However, the federal government will not allow you to be enrolled in more than one Part D plan at a time. Since the TRAIL plans include Part D coverage, your automatic enrollment in another Part D plan will terminate your coverage in the TRAIL, which will include termination of your CIP medical coverage, prescription drug coverage, and EyeMed vision coverage. If you are automatically enrolled in another Part D plan based on being dual eligible, you must call that plan and cancel coverage if you want to keep your TRAIL Medicare Advantage coverage under the TRAIL.

In addition to being automatically enrolled in a Part D plan, dual eligible individuals also automatically qualify to receive Extra Help from the Social Security Administration to pay for prescription drug coverage. The eligibility for Extra Help is not dependent on accepting the automatic enrollment into the other Part D plan. You will continue to receive the Extra Help benefit even if you cancel the other Part D coverage in order to maintain your TRAIL Medicare Advantage coverage.

I have additional group health plan coverage based on my spouse's current employment. Will the TRAIL Medicare Advantage plan coordinate benefits with my additional group health plan?

Yes. The Medicare Advantage plan will coordinate benefits with your additional group health plan. You should contact your MAPD plan administrator and provide your additional group health coverage information. The MAPD plan administrator will coordinate benefits after your other group health plan makes a benefit determination. You will need to inform all of your medical providers of your insurance plans and ask that they file your claims accordingly. Your MAPD plan will be your secondary insurance.