

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 State of Illinois. 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 newly-eligible State of Illinois annuitant or survivor, you must make a choice during this TRAIL Open Enrollment Period to enroll in one of the MAPD plans offered.** If you do not want TRAIL coverage, you can opt out of the State’s coverage which will include health, prescription drug and vision coverage. This Decision Guide includes information about your health plan options which will go into effect January 1, 2015, the benefits offered and the cost of this new coverage for you and your dependents.

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 enrolled in the State of Illinois Insurance Program, **you are required** to change health plans during this fall TRAIL Open Enrollment Period. Beginning January 1, 2015, your State health and prescription drug Medicare Advantage benefits 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. Dental coverage, if enrolled, and vision will remain on the State’s fiscal year (July 1 through June 30).

Do I need to continue to pay my Original Medicare premiums?

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

Can I stay enrolled in my current health plan?

No. Medicare-eligible annuitants and survivors who want to continue health, prescription drug, dental and vision coverage through the State are required to enroll in one of the 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 15th due date, we will assume you do not want your State of Illinois health insurance and will terminate your health, prescription drug and vision coverage effective January 1, 2015. If your State health and prescription coverage is terminated, you will have Original Medicare only for your health coverage and will need to enroll in a Part D prescription plan. Your dental, if enrolled, and life insurance coverage will remain in place.

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

Due to the TRAIL plan year being on a calendar year and not a fiscal year like your current plan, the PPO plan’s deductible will begin January 1, 2015. Any deductible paid to your current health plan will not count toward your MAPD plan year deductible. The MAPD deductible is separate from your dental plan deductible which will start over July 1 each year.

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 Open Enrollment Period you may change to a different health plan if one is available in your county of residence (see page 14). **You may also change your dental election or 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 State of Illinois 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 State 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 State-sponsored health and prescription drug coverage to terminate. Since vision is included in your State coverage, it will also terminate.**

I see Health Alliance MAPD HMO is offered in several counties but not in my county. Why isn't Health Alliance offered in my county?

The procurement for new HMO plans that was issued in the spring of 2014 was based on a requirement that each county offer an HMO option in addition to the PPO option. Counties that already had an HMO option were excluded from the list of counties to receive bids for a new HMO.

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

Like Medicare, TRAIL benefits are not provided outside of the United States 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.

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

Yes! State-wide seminars will be held beginning Tuesday, October 14, 2014, and will go through November 3, 2014. 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. Health plan representatives 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 TRAIL Call Center at 1-800-610-2091 for information.

My previous State of Illinois health plan paid all of my healthcare costs and I didn't pay anything, so how is this coverage 'comparable' to what I had?

Prior to July 1, 2013, the Quality Care Health Plan (QCHP), administered by Cigna, picked up all costs remaining after Medicare paid; however, many members did not realize that effective July 1, 2013, the plan design changed. Beginning July 2013, members became responsible for the QCHP deductible, as well as the coinsurance. Members enrolled in an HMO or OAP were also held responsible for their appropriate copayments, coinsurance and deductibles.

Can I use Tricare with my Medicare Advantage plan?

If you go to a VA hospital, you will only use your Tricare coverage. Use your Medicare Advantage plan ID card when picking up a prescription. Tricare may reimburse you for your remaining out-of-pocket costs for the prescription drugs. In order to be reimbursed, you will need to submit a paper claim to Tricare with a copy of your receipts.

Will this Medicare Advantage plan cover everything that my previous plan covered?

Not necessarily. Medicare Advantage plans 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.

I get a lot of marketing materials about Medicare plans each fall - how will I know which plans are offered by the State of Illinois?

All Medicare Advantage plans offered through the State of Illinois, Department of Central Management Services, will have the Total Retiree Advantage Illinois (TRAIL) logo on all the marketing materials you receive. If you receive marketing materials without the TRAIL logo, as shown on the cover of this booklet, you know those materials are coming from plans not offered by the State of Illinois.

If I choose to opt out of the State'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 State 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.**

Can I get out of the State's 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 State's health, prescription drug and vision coverage at the end of the month in which the health plan receives your written request.** 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. If you decide you would like to re-enroll in one of the State's Medicare Advantage plans, you may do so only during a future fall open enrollment period.

If I enroll in the State's Medicare Advantage plan, will I still have Original Medicare?

Yes, you will still have Original Medicare and therefore must continue to pay your Original Medicare premiums; however, the Medicare Advantage plan you elect will be paying your healthcare claims instead of Medicare. Medicare subsidizes the Medicare Advantage plan in exchange for the plan processing your healthcare claims. The only time you will need to use your Medicare card after enrolling in a Medicare Advantage plan is if you go into hospice care. In that case, Original Medicare will pay for those services and charges, so be sure to keep your Medicare card.

I qualify to receive "Extra Help" from Social Security for my prescription drugs. What happens if I am automatically enrolled in a Medicare Part D plan due to receiving "Extra Help"?

The federal government will not allow you to be enrolled in more than one Medicare Part D plan at a time. Since the State-sponsored Medicare Advantage plans include a Medicare Part D prescription drug plan, your automatic enrollment in another Medicare Part D plan will trigger an automatic termination by federal Medicare of your State-sponsored Medicare Advantage coverage, which includes your prescription drug and vision coverage through the State. If you are automatically enrolled in another Part D plan (based on your Extra Help qualifications), you must call that plan and cancel the coverage if you want to keep your State-sponsored Medicare Advantage plan coverage. Even though you cancel the other Part D coverage, you will continue to receive the Extra Help benefit to help with your prescription drug costs.

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

No. The Medicare Advantage plan will not coordinate benefits with your additional group health plan. This means that you cannot file your medical or prescription drug claims to the group health plan for primary claim payment and then to the Medicare Advantage plan for secondary claim payment. The Medicare Advantage plan will not pay your claim if another insurance is responsible for the primary benefit payment. In order to use your non-State of Illinois group health plan insurance and keep Original Medicare, you should not enroll in a State-sponsored Medicare Advantage plan.

What Does a 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 State's 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. The only major benefit not covered by these plans is hospice care – this benefit is covered by Original Medicare even if you choose a Medicare Advantage plan.

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 of the State of Illinois, 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 State of Illinois insurance plan, which then paid much of the remaining balance.

Is enrollment into the State's Medicare Advantage plan due to Obamacare?

No. The State of Illinois initiated the TRAIL Medicare Advantage Program and although the enrollment period time frame is similar to the Affordable Care Act's (ACA, otherwise known as "Obamacare") enrollment period, the State's TRAIL program is not part of the ACA.

Do You Have More Questions?

If you have more questions about the TRAIL Medicare Advantage plans, call the TRAIL Call Center at **1-800-610-2091**.