State of Illinois
Department of
Central Management Services
Bureau of Benefits

Total Retiree Advantage Illinois

Your Trail to Better Health

Your Retiree Healthcare Decision Guide

Mark Your Calendar!

- **October 15 – November 15, 2014:** Open Enrollment Period
- **November 15, 2014:** Your Open Enrollment Form must be postmarked by this date if enrolling for the first time or making changes
- **January 1 – December 31, 2015:** 2015 coverage period

***State of Illinois Retiree Medicare Advantage* seminars begin October 14th! See the back cover for the schedule of seminar dates, times and locations.**

Teachers' Retirement Insurance Program

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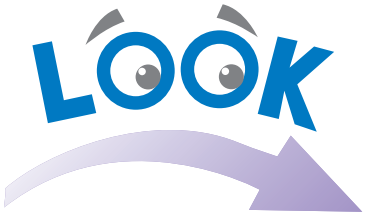
Look for the Official TRAIL Logo

You may be receiving mailings about Medicare Advantage and Medicare Supplement plans from companies that are not affiliated with the State of Illinois. Only mailings with the ***Total Retiree Advantage Illinois*** **logo contain information about the Medicare Advantage plans with prescription drug coverage (MAPD plans) available to you through your Teachers' Retirement Insurance Program (TRIP).**



Total Retiree Advantage Illinois

Your Trail to Better Health

Welcome to the Medicare Advantage Enrollment Period

Open Enrollment Period: October 15 – November 15, 2014

The Teachers' Retirement Insurance Program (TRIP) offers annuitants and survivors a healthcare program called *Total Retiree Advantage Illinois (TRAIL).* This program provides eligible members and their covered dependents comprehensive medical and prescription drug coverage through Medicare Advantage plans (commonly referred to "MAPD" plans).

As an individual who is enrolled in Medicare Parts A and B, also known as Original Medicare, your TRAIL Open Enrollment Period will be held in the fall of each year, instead of during May as in the past. For 2015, the plan year will begin January 1 and will go through December 31, 2015.

If you are currently enrolled in one of the TRAIL Medicare Advantage plans, your enrollment will continue – you do not need to do anything unless you want to make a change. If you want to make a **change** to your current Medicare Advantage health plan election or dependent coverage, complete and return the enclosed TRAIL Enrollment Form to your retirement system.

If you are new to the TRAIL Medicare Advantage plans this year, you must select one of the TRIP Medicare Advantage plans by completing the enclosed enrollment form and submitting it to your retirement system (address shown on the front of your enrollment form). You will remain enrolled in your current TRIP health plan through December 31, 2014. The Medicare Advantage plan you choose will start January 1, 2015.

Beginning with the 2015 plan year (which starts January 1, 2015), all Illinois counties will have an HMO and PPO option. Annuitants and survivors residing outside Illinois may elect the PPO option available nationwide.

How to Enroll or Change Your Coverage Election: Next Steps

- **Review this Guide, along with the information you receive in the mail** from the State-sponsored Medicare Advantage plans for which you are eligible (based on where you live – see the map on page 14). All State-sponsored Medicare Advantage plans will feature the TRAIL logo.
- **Complete the enclosed TRAIL Open Enrollment Form.**
  - You and your covered dependents will all be enrolled in the same health plan.
- **The TRAIL Open Enrollment Form must be completed in its entirety.** Although you may use a post office box address to receive your mail, federal Medicare requires a residential street address. **If your preprinted mailing address is different than your residential address, be sure to enter your residential street address in Section 2 of the form.**

Return your TRAIL Open Enrollment Form to your retirement system at the address shown on the front of your form, postmarked by **November 15, 2014.**

Who is Eligible

To be eligible for coverage under a *Total Retiree Advantage Illinois* Medicare Advantage plan, you and your eligible dependents must all:

- Live in the United States or the U.S. Territories, **AND**
- Be enrolled in Medicare Parts A and B, on or before September 30, 2014, due to age or disability.

How You Benefit

***Total Retiree Advantage Illinois* Medicare Advantage plans with prescription drug coverage offer you many advantages:**

- **Access:** If you choose the UnitedHealthcare (UHC) PPO, you can see any provider that accepts Medicare patients — the provider does not have to be in the UHC network. Your coverage levels will be the same whether you see an in-network provider or not. The Coventry Advantra, Health Alliance MAPD and Humana HMOs have provider networks. Information about these networks will be mailed to you by the HMO plans that are available in your county. Network information can also be found on the plan's websites. See page 23 for plan administrator website addresses and contact information. Remember, with an HMO you must see an in-network provider to receive benefits (except in cases of emergency). HMO availability varies by Illinois county. See the map on page 14 for details.
- **Convenience:** No matter which plan you choose, you'll continue to have medical and prescription drug coverage packaged together in one plan—so there's one ID card and one toll-free customer service phone number.
- **Wellness extras:** The Medicare Advantage plans offer a variety of wellness/clinical programs at no additional cost that can put you on the path to healthier living, such as the SilverSneakers® fitness program. Although the programs vary, some examples include wellness programs, disease management programs, case management programs, discount programs, medication therapy management and meal programs. Be sure to review the materials you receive from each plan to understand the special programs available to you.
- **One-stop resources:** When you have claim-related questions about doctors, hospitals, pharmacies or other providers, you'll only need to make one call to your plan (UnitedHealthcare, Coventry Advantra, Health Alliance MAPD or Humana) for assistance. See page 23 for customer service phone numbers.

Newly-Eligible TRIP Annuitants and Survivors

If you are a newly-eligible TRIP annuitant or survivor, you **must** elect one of the State-sponsored Medicare Advantage plans to have medical and prescription drug coverage after December 31, 2014. **If your TRAIL Open Enrollment Form is not postmarked by November 15, 2014, medical and prescription drug coverage for you and your enrolled dependents will end December 31, 2014.**

During the Open Enrollment Period You:

- May elect to cancel your medical and prescription drug coverage. **Note: If you cancel your TRIP enrollment, medical and prescription drug coverage for you and your enrolled dependents will end December 31, 2014.**
- May add or drop dependent coverage. **IMPORTANT: You must contact your retirement system if you want to add a dependent who is not enrolled in Medicare Parts A and B. By adding a non-Medicare dependent, you will not be eligible for the Medicare Advantage plans.**

IMPORTANT: If You Cancel Your Teachers' Retirement Insurance Program Coverage

Under current TRIP eligibility rules, members who cancel coverage are ineligible to re-enroll in the program in the future unless they lose their other coverage for reasons other than voluntary termination or nonpayment of premium.

Medical Coverage with the TRAIL Medicare Advantage Program

With a Medicare Advantage plan, the plan covers the same services that Original Medicare covers. Also, with a Medicare Advantage plan, the same rules apply for services that are allowed based on medical necessity as determined by Medicare. Some procedures may require preapproval and/or prior authorization by the plan. In these instances, the provider should submit a prior authorization request to the plan prior to services being provided to ensure the services will be covered. Since Medicare Advantage plans follow Medicare rules, some procedures may only be allowed to be performed in certain time intervals based on outcomes and need determined by Medicare.

Explanation of Benefits (EOB)

With a Medicare Advantage plan you will receive an EOB statement the month after your provider submits a claim to the plan. The medical EOB is a separate statement than the prescription drug EOB, which is also sent monthly based on the prescriptions you filled. You will not receive a medical or prescription drug EOB if you did not have services during the previous month.

Personal Contact

With a Medicare Advantage plan, you should expect much more personal contact from your health plan than you received from your previous health plan. Medicare Advantage plans are strictly regulated by Medicare whose goal is to help you be as healthy and viable as you can be. You may be contacted by the plan administrator to complete a health risk assesment (HRA). It is a Medicare requirement for the plan to request the HRA; however, it is optional for you to complete the survey.

Non-Medicare Providers

Providers who do not accept Medicare, as well as providers who refuse to bill the PPO plan on your behalf for your claims, may ask you to sign a document indicating that you are liable for the payment of all services. This document is typically called an 'Advance Beneficiary Notice'. **Make sure you understand your financial liability before signing the document since the Medicare Advantage plan may not be responsible to pay claims from those providers.** A provider should never bill you more than the Medicare-approved amount.

Dental and Vision Services

Routine dental and vision exams and services are not covered under a Medicare Advantage plan; however, services that are considered medically necessary due to either trauma or illness may be covered under a Medicare Advantage plan.

Prescription Drug Coverage with the TRAIL Medicare Advantage Program

Since Medicare Advantage plans are a type of Medicare plan, the prescription drug coverage provided under the TRAIL Medicare Advantage plan includes Medicare Part D prescription drug coverage. Prescription drug formularies (i.e., list of drugs covered) vary by plan. The TRAIL prescription drug coverage, like a Medicare Part D plan, must follow Medicare rules for which types of drugs are allowed to be covered. For example, many hormone drugs have been determined not safe for individuals over the age of 65. For this reason, Medicare will not cover some drugs in this class. If you are uncertain whether a particular drug will be covered, you should call the health plan in which you are interested in enrolling to inquire.

Part D IRMAA Premium

Since the TRAIL prescription drug coverage includes a Medicare Part D benefit, Medicare requires that members of TRAIL whose annual income exceeds $85,000 for an individual or $170,000 for a couple will be subject to an additional premium, called IRMAA (Income-Related Monthly Adjustment Amount). The Social Security Administration will send members whose income is verified by the IRS to exceed these amounts a predetermination letter indicating whether or not IRMAA will apply to the Medicare beneficiary. If applicable, IRMAA 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. Specifically, the 2014 base premium for Part B is $104.90 – if you pay more than that amount for your Part B coverage, then you will most likely be charged the Part D IRMAA by Social Security. You will receive a quarterly bill in the mail from Social Security for these additional premiums. In order to remain in the Medicare Advantage plan, you must pay these additional premiums. Go to **www.medicare.gov** for IRMAA premium amounts.

Part D Coverage Stages

Since the TRAIL prescription drug coverage is considered a Medicare Part D plan, the member's cost for prescription drugs under the TRAIL Program must follow the Medicare Part D drug coverage 'stages.' There are four drug payment stages: Annual Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

Unlike a standard Part D plan in which the retiree is required to pay a percentage of the full retail cost of the drug, **TRIP retirees enrolled in the TRAIL Program pay only the plan's standard copayment through the Initial Coverage and Coverage Gap stages** (Coverage Gap is also referred to as the 'Donut Hole'). Paying only the standard copayment through the Coverage Gap is a valuable benefit for TRAIL members. Once you reach the Catastrophic Coverage stage (i.e., your "true out-of-pocket" costs, also referred to as "TrOOP," for your prescription drugs during the plan year reaches $4,700), you will pay either a small copayment or will have a cap applied that will limit your prescription drug costs. TRAIL copayments and prescription caps (caps apply once you are in the Catastrophic Coverage stage) are listed in the charts on pages 16 and 17.

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 Teachers' Retirement Insurance Program (TRIP). 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 TRIP 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 cancel your TRIP coverage which will include your health and prescription drug 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 of the Teachers' Retirement Insurance Program (TRIP), **you are required** to change health plans during this fall TRAIL Open Enrollment Period. Beginning January 1, 2015, your TRIP 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.

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 TRIP annuitants and survivors who want to continue health and prescription drug coverage through TRIP 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 TRIP health insurance and will terminate your health and prescription drug coverage effective January 1, 2015. If your TRIP 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.

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.

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 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 TRIP 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 TRIP 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 TRIP health and prescription drug coverage to 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 TRIP 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 Teachers' Choice Health Plan (TCHP), 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 TCHP 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 cancel my TRIP 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 cancel your TRIP 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 TRIP 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 TRIP health and prescription drug 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. Under current TRIP eligibility rules, members who cancel coverage are ineligible to re-enroll in the program in the future unless they lose their other coverage for reasons other than voluntary termination or nonpayment of premium.

If I enroll in the TRIP 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 coverage through TRIP. 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 TRIP 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 TRIP 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 enrolled in TRIP, 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 TRIP insurance plan, which then paid much of the remaining balance.

Is enrollment into the TRIP 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.**

Important Information - Please Read!

TRAIL Medicare Advantage TRIP Plan Partitripants

- You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in the State-sponsored Medicare Advantage plan provides you with Medicare Advantage coverage as well as Medicare Part D coverage. **Therefore, enrollment into a different Medicare Advantage or Medicare Part D plan will automatically cause your TRIP coverage to end, which will include your health and prescription drug coverage.**
- You must have creditable prescription drug coverage (as good as Medicare's) since 2006 in order to avoid a late enrollment penalty.
- You can terminate the Medicare Advantage coverage at anytime by contacting the Medicare Advantage plan in writing; however, once you cancel your TRIP coverage you will not be permitted to re-enroll in the program in the future unless you lose your other coverage for reasons other than voluntary termination or nonpayment of premium.
- You cannot file claims to the Medicare Advantage plan after another insurance company paid the claim. Medicare Advantage plans do not coordinate benefits with another insurance plan that pays first (such as an insurance plan through active employment or your spouse's active employment).
- You must notify your retirement system in writing if your residential or mailing address changes.
- If you are currently enrolled in a Medicare Advantage HMO plan and move outside of the plan's service area (such as to a different county in Illinois or to a different State) you must contact your retirement system and elect a new Medicare Advantage plan available in your new area.

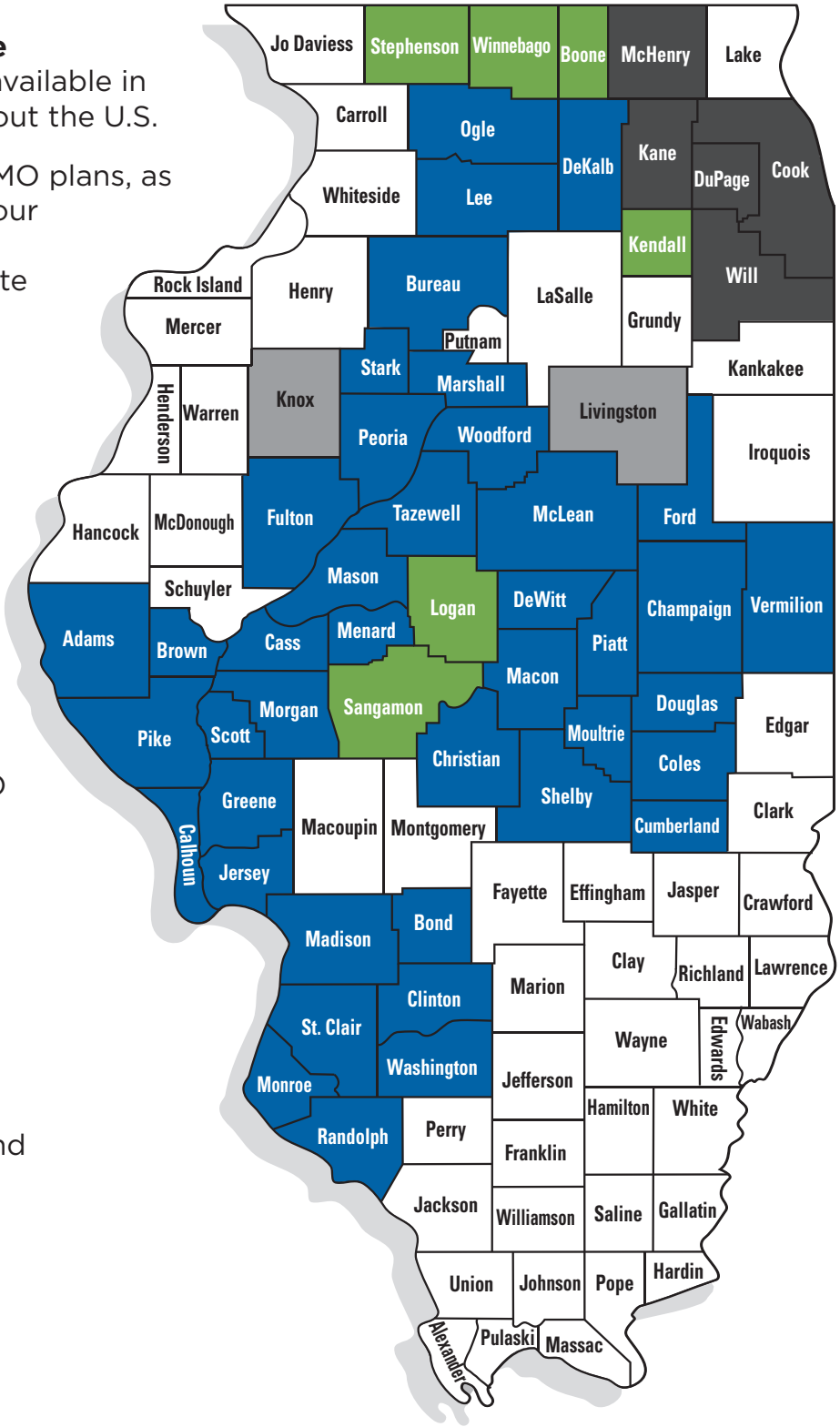
A Map of Medicare Advantage Plans by County

The UnitedHealthcare Medicare Advantage PPO (UHC PPO) is available in all Illinois counties and throughout the U.S.

Note: There are two Humana HMO plans, as shown in the map key and on your Open Enrollment Form. Please ensure you select the appropriate Humana HMO plan that is available in your county on the enrollment form.

UnitedHealthcare PPO, Coventry Advantra HMO, Health Alliance MAPD HMO and the Humana HMOs availability is indicated by the key below:

- UHC PPO and Health Alliance MAPD HMO
- UHC PPO and Coventry Advantra HMO
- UHC PPO and Humana Benefit Plan HMO
- UHC PPO and Humana Health Plan HMO
- UHC PPO and Coventry Advantra HMO and Humana Health Plan HMO



Your Health Plan Options: HMO vs. PPO

Coventry Advantra, Health Alliance MAPD and Humana HMOs

If you enroll in one of the Medicare Advantage HMOs available to you (based on the county in which you live), you must choose a primary care physician (PCP) from the plan's network of providers. Your PCP will coordinate your care and refer you to specialists when needed. Out-of-network care is only covered in cases of emergency; therefore, be sure to see a network provider when seeking services through an HMO plan.

All of the plans, Coventry Advantra, Health Alliance MAPD and Humana HMOs offer networks of doctors, specialists and hospitals to choose from, plus a variety of programs and services to help improve your health and well-being.

UnitedHealthcare Medicare Advantage PPO

The UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization (PPO) plan is a "passive" PPO plan. If you enroll in the UHC Medicare Advantage PPO plan, you can see any provider as long as they partitripate in Medicare and accept the plan. With the UHC PPO, you will not have the restrictions of in- and out-of-network coverage. So even though UHC has a network of providers, if you receive care from a provider not in the UHC network (i.e., an out-of-network provider), the PPO plan pays those providers the same amount Medicare would have paid; you pay the same out-of-pocket percentage as if you had received in-network care.

The majority of providers in Illinois and across the nation partitripate in Medicare and will accept the State-sponsored UHC group plan. If the provider is not willing to bill UHC, call UHC at the number on page 23 and ask them to contact your provider to explain the plan. If your provider still refuses to bill UHC for your visit, you must pay the bill and submit a request for reimbursment to UHC for payment. UHC will then reimburse you the Medicare allowable amount, minus any deductible or coinsurance for which you are responsible.

Things to consider when choosing a Medicare Advantage Plan

HMO	PPO
Your doctor is in the HMO network	You prefer the flexibility to see any Medicare provider and not stay in a network
You prefer copayments instead of deductibles and coinsurance	You travel a lot outside Illinois or you are a "snowbird"
You rarely travel outside the HMO service area	You have medical conditions in which you need to have the ability to see any Medicare provider without the constraints of a network

HMO Plans

Coventry Advantra, Health Alliance MAPD and Humana HMOs

The chart below highlights Medicare Advantage coverage levels for the HMO plans under the *Total Retiree Advantage Illinois* program.

HMO Medical Benefit Members must use network providers, except for emergency services	
Annual medical deductible	None
Annual out-of-pocket maximum	$3,000
Doctor office visit	Plan pays 100% after you pay $20 copay per visit
Specialist office visit	Plan pays 100% after you pay $20 copay per visit
Preventive services	Plan pays 100%; you pay 0%
Emergency	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 100% after you pay $250 copay per admission
Outpatient surgery	Plan pays 100% after you pay $150 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%

HMO 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 times the 30-day copayment amount.		
	30-Day Supply	**60-Day Supply**	**90-Day Supply**
Generic Drugs	$10	$20	**Retail copayments are:** Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	$20	$40	
Nonpreferred Brand and Specialty Drugs *	$40	$80	

CATASTROPHIC COVERAGE STAGE	Copayments are capped as indicated below once a member reaches $4,700 in "true out-of-pocket" prescription drug costs.					
	30-Day Supply		**60-Day Supply**		**90-Day Supply**	
	Generic	Nongeneric	Generic	Nongeneric	Generic	Nongeneric
Coventry Advantra HMO	$2.65	$6.60	$5.30	$13.20	$5.30	$13.20
Health Alliance MAPD HMO	**Greater of 5% of the retail cost of the drug OR $2.65/Generic or $6.60/Nongeneric; the 5% cannot exceed the caps below:**					
Humana HMOs	30-Day Supply **$40.00**		60-Day Supply **$80.00**		90-Day Supply **$120.00**	

* Specialty drugs may only be available in a 30-day supply. Varies by plan.

PPO Plan

UnitedHealthcare PPO

The chart below highlights Medicare Advantage coverage levels for the PPO plan under the *Total Retiree Advantage Illinois* program.

PPO Medical Benefit	
Annual medical deductible	$250
Annual out-of-pocket maximum	$1,000
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 $65 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
Diagnostic tests (lab, x-ray, radiology)	Plan pays 80%; you pay 20% after annual deductible

PPO Prescription Drug Benefit			
RETAIL PHARMACY 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 times the 30-day copayment amount.		
	30-Day Supply	**60-Day Supply**	**90-Day Supply**
Generic Drugs *	**$10**	**$20**	**$30**
Preferred Brand	**$25**	**$50**	**$75**
Nonpreferred Brand and Specialty Drugs	**$50**	**$100**	**$150**
CATASTROPHIC COVERAGE STAGE	Copayments are capped as indicated below once a member reaches $4,700 in "true out-of-pocket" prescription drug costs.		
UnitedHealthcare PPO	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**
	Greater of 5% of the retail cost of the drug OR $2.65/Generic or $6.60/Nongeneric; the 5% cannot exceed $50.00		

* Generic drugs could be less with UHC Pharmacy Saver Program. Go to **www.uhcretiree.com/soi** for more information on the UHC Pharmacy Saver Program.

TRIP Medicare Advantage Contributions

Medicare Advantage Plan Monthly Contributions Effective January 1, 2015

Annuitants and survivors in the Teachers' Retirement Insurance Program (TRIP) are responsible for a contribution for Medicare Advantage health coverage that includes prescription drug benefits. If your school district currently pays your TRIP insurance premium, it may continue to pay the premium on your behalf after you enroll in TRAIL. If you wish to verify the premium payment arrangements for your TRIP coverage, you should contact your school district.

TRIP Medicare Advantage Plan Monthly Contributions
Effective January 1, 2015

	HMO Plans			PPO Plan
	Humana	Coventry Advantra	Health Alliance MAPD	UnitedHealthcare
Member Rate	**$43.72**	**$37.13**	**$43.51**	**$49.94**
Dependent Rate	**$131.15**	**$111.38**	**$130.52**	**$149.80**

Extra Benefits the Medicare Advantage Plans Offer

With a Medicare Advantage plan, you should expect much more personal contact from your health plan than you received from your previous health plan. Medicare Advantage plans are strictly regulated by Medicare whose goal is to help you be as healthy and viable as you can be. All plans offer the **SilverSneakers®** fitness program at no additional cost to their members and a **24-hour Nurseline** to talk to members about health and medical conditions. A sample of other benefits offered are listed below. If you would like to learn more about the extra benefits offered, contact the health plan directly.

Humana HMOs offer:

- **Humana Active Outlook:** A lifestyle enrichment program

Coventry Advantra HMO offers:

- **Welcome Home Program:** Nurses assist members as they transition from an inpatient admission to their home

Health Alliance MAPD HMO offers:

- **Retail 90:** Order a 90-day supply of drugs through a participating Retail 90 pharmacy and save

UnitedHealthcare PPO offers:

- **Pharmacy Saver Program™:** Savings on generic drugs at thousands of partitripating pharmacies nationwide

You Must Notify the Teachers' Retirement System If:

- **You and/or your dependents experience a change of address.**
- **Your dependent loses eligibility.** Dependents that are no longer eligible under the Program (including divorced spouses or partners of a dissolved civil union) must be reported to your retirement system immediately.
- **You experience a change in Medicare status.** A copy of the Medicare card must be provided to the Medicare Coordination of Benefits Unit when a change in your or your dependent's Medicare status occurs. The Medicare Unit's address and phone number can be found on page 23.
- **You get married or enter into a civil union partnership; or your marriage or civil union partnership is dissolved.**
- **You gain legal guardianship of a child or adopt a child.**
- **You have a financial or medical power of attorney (POA) who you would like to be able to make decisions and get information on your behalf if you are incapacitated.**

Who Do I Call if I Have Questions About. . .

- **Claims, provider networks, prescription formularies or coverage for specific procedures, call the plan directly:**

UnitedHealthcare PPO	(888) 223-1092
Humana Health Plan HMO	(800) 951-0125
Coventry Advantra HMO	(855) 223-4807
Health Alliance MAPD HMO	(877) 795-6131

- **Teachers' Retirement Insurance Program (TRIP) premiums or changes to your address, call your retirement system:**

Teachers' Retirement System	(800) 877-7896

- **TRAIL Medicare Advantage eligibility criteria or completing the TRAIL Enrollment Form, call the TRAIL Call Center:**

TRAIL Call Center (available during the TRAIL Open Enrollment Period only)	(800) 610-2091 (800) 526-0844 (TDD/TTY)

Definitions

Advance Beneficiary Notice (ABN) Also known as a "waiver of liability." A notice healthcare providers and suppliers are required to give a person with Original Medicare when they believe that Medicare will not cover their services or items and the person has no reason to know that Medicare will not cover these services or items. If your provider does not give you an ABN to sign and you have no reason to know the procedure is not covered, then you do not have to pay. If you sign an ABN before you get the service or item and Medicare does not pay for it, you generally pay for it (although there are a few exceptions). Providers are not required to give you an ABN for services or items Medicare never covers.

Annual Wellness Visit This is a once a year visit covered by Medicare in which you can meet with your doctor to develop a prevention plan based on your needs. It will give you an opportunity to create and update a medical history, a list of your medications and a list of your current providers and suppliers. During this visit your provider will record your weight, height, blood pressure and Body Mass Index (BMI), as well as screen for cognitive issues and depression and your ability to function safely at home. The provider should give you a 5 to 10 year screening schedule or checklist and health advice and referrals to health education or preventive counseling services or programs aimed at reducing identified risk factors and at promoting wellness.

Coinsurance Your share of the costs of a covered healthcare service, calculated as a percent (for example, 15%) of the allowed amount for the service. For example, if the Medicare Advantage plan's allowed amount for an office visit is $100 and you've met your deductible, if applicable, your coinsurance payment of 15% would be $15. The plan pays the rest of the allowed amount.

Copayment A fixed amount (for example, $20) you pay for a covered healthcare service, at the time of service. The amount can vary by the type of covered service.

Deductible The amount you owe for healthcare services before your health insurance begins to pay. For example, if your annual deductible is $125, your plan won't pay anything until you've met your $125 deductible for covered services subject to the deductible. The deductible does not apply to preventive services.

Donut Hole Medicare prescription drug plans (Part D) have a coverage gap stage called the "donut hole".

Explanation of Benefits (EOB) EOB is an acronym for Explanation of Benefits. Although EOBs often look like a medical bill, the EOB actually gives you details regarding how your insurance company processed medical insurance claims. The EOB tells you what portion of a claim was paid to the healthcare provider and what portion of the payment, if any, for which you are responsible.

Extra Help – Low Income Subsidy Extra Help is a Medicare program that helps people with limited income and resources to pay their Medicare prescription drug costs, like premiums, deductibles and coinsurance.

Formulary A formulary (also called a drug list) is a list of prescription drugs covered by your health plan.

Guaranteed Issue Rights Guaranteed issue rights require that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. In some states, guaranteed issue doesn't limit how much you can be charged if you enroll.

Income-Related Monthly Adjustment Amount (IRMAA) If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain limit, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA) in addition to your monthly plan premium. This extra amount is paid directly to Social Security or Medicare, not to your plan.

Medicare Advantage Plan Medicare Advantage plans are a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage plans include Health Maintenance Organizations, Preferred Provider Organizations and Special Needs Plans. With a Medicare Advantage plan, Medicare services are covered through the plan and are not paid for under Original Medicare. Most Medicare Advantage plans, including the State of Illinois TRAIL plans, offer prescription drug coverage.

Medicare Allowable Charges Providers who partitripate with Medicare agree to accept the Medicare allowable charge as full payment. Partitripating Medicare providers may not bill the patient for the balance amount above the Medicare allowable fee schedule (known as "balance billing"). It is important to verify that your provider "Accepts Medicare Assignment" or is a "Medicare Provider" to avoid unexpected and potentially large out-of-pocket expenses.

Medicare Part A Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

Medicare Part B Medicare Part B covers certain doctors' services, outpatient care, medical supplies and preventive services.

Medicare Part D Medicare Part D is a program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a stand-alone Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare. The State of Illinois TRAIL plans include Medicare Part D prescription drug coverage.

Medigap A supplemental insurance policy that is sold by private insurance companies to fill "gaps" in Medicare. This insurance policy is usually available in the form of twelve different plans labeled A through L and works only with Original Medicare.

Original Medicare Original Medicare is fee-for-service coverage under which the government pays your healthcare providers directly for your Part A (Hospital Insurance) and/or Part B (Medical Insurance) benefits.

Definitions

Out-of-Pocket Maximum The out-of-pocket maximum amount is the most you pay during the plan year before your medical insurance or plan starts to pay 100% for covered medical benefits. This limit includes deductibles, coinsurance, copayments or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not count premiums, prescription drug copayments/ coinsurance, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for nonessential health benefits.

Retiree Insurance Health insurance provided by employers to former employees who have retired. Retiree insurance usually pays secondary to Original Medicare.

Secondary Insurance Health insurance that covers your healthcare after the primary insurance on a claim for medical or hospital care. It usually pays for all or some of the costs that the primary insurer did not cover, but may not cover services not covered by the primary insurer.

Supplement Insurance Fills gaps in Original Medicare coverage by helping to pay for the portion of healthcare expenses that Original Medicare does not pay, such as deductibles and coinsurances. Supplement insurance includes Medigap plans and retiree insurance from a former employer. Supplement insurance may offer additional benefits that Original Medicare does not cover.

True Out-of-Pocket Costs (TrOOP) True out-of-pocket (TrOOP) costs are amounts you pay for covered Part D drugs that count towards your drug plan's out-of-pocket threshold. Your annual prescription deductible, if applicable, coinsurance or copayments, and what you pay in the coverage gap, which includes manufacturer discounts, all count toward this out-of-pocket limit. The limit doesn't include your Medicare Advantage plan's premium.

Plan Administrators

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers	Website Address
UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Group P.O. Box 31362 Salt Lake City, UT 84131-0362	888-223-1092	www.uhcretiree.com/soi
Coventry Advantra HMO	Coventry Advantra P.O. Box 8052 London, KY 40742	855-223-4807	www.aetna-coventryretiree.com/soi
Health Alliance MAPD HMO	Health Alliance MAPD 301 South Vine Street Urbana, IL 61801	877-795-6131	www.healthallianceretiree.org/soi
Humana Medicare Employer HMO (the Humana Benefit Plan HMO and the Humana Health Plan HMO)	Humana Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601	800-951-0125	www.humana.com/soi
Health Plans and Medicare COB Unit	CMS Group Insurance Division 801 South 7th Street P.O. Box 19208 Springfield, IL 62794-9208	217-782-2548 800-442-1300 800-526-0844 (TDD/TTY)	www.cms.illinois.gov/thetrail

Disclaimer

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of Members. The State reserves the right to change any of the benefits; program requirements and contributions described in this *Your Retiree Healthcare Decision Guide*. This Guide is intended to supplement the *Benefits Handbook*. If there is a discrepancy between the *Benefits Handbook* and state or federal law, the law will control.

Total Retiree Advantage Illinois
Your Trail to Better Health

TRAIL Seminar Schedule

Any impacted retiree may attend any meeting

October 14, 2014
Giovanni's
610 N. Bell School Road
Rockford, IL
9:30 a.m. – 11:30 a.m.

Northern Illinois University
Holmes Student Center -
Sandburg Auditorium
340 Carroll Avenue
DeKalb, IL
1:30 p.m. – 3:30 p.m.

October 15, 2014
Hyatt Deerfield
1750 Lake Cook Road
Deerfield, IL
9:30 a.m. – 11:30 a.m.

Hilton Garden Inn St Charles
4070 E. Main Street
St Charles, IL
3:00 p.m. – 5:00 p.m.

October 16, 2014
Hilton Oak Lawn
9333 S. Cicero Avenue
Oak Lawn, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 17, 2014
Holiday Inn & Suites Carol Stream
150 S. Gary Avenue
Carol Stream, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 20, 2014
Prairie State College
Conference Center Auditorium
202 S. Halsted Street
Chicago Heights, IL
9:30 a.m. – 11:30 a.m.

Clarion Hotel Joliet Banquet & Convention Center
411 S. Larkin Avenue
Joliet, IL
3:00 p.m. – 5:00 p.m.

October 21, 2014
Hilton Garden Inn Kankakee
455 Riverstone Parkway
Kankakee, IL
9:30 a.m. – 11:30 a.m.

October 22, 2014
Unique Suites Hotel
920 W. Lincoln Avenue
Charleston, IL
9:30 a.m. – 11:30 a.m.

Chateau Hotel & Conference Center
Ballroom
1601 Jumer Drive
Bloomington, IL
3:00 p.m. – 5:00 p.m.

October 23, 2014
Holiday Inn Champaign-Urbana
Ballroom
1001 Killarney Street
Urbana, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

James R. Thompson Center (JRTC)
100 W. Randolph Street
Assembly Hall, Concourse Level
Chicago, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 24, 2014
Hope Evangelical Church
3000 Lenhart Road
Springfield, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.
(This seminar will be available as a live web broadcast; go to **www.cms.illinois.gov/thetrail** for the link to view)

October 27, 2014
Holiday Inn Rock Island Hotel & Conference Center
226 17th Street
Rock Island, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 28, 2014
Gateway Building
200 NE Water Street
Peoria, IL
9:30 a.m. – 11:30 a.m.

Spoon River College
Community Outreach Center
MidAmerica National Bank
Conference Hall
2500 E. Jackson
Macomb, IL
3:00 p.m. – 5:00 p.m.

October 29, 2014
Holiday Inn
4821 Oak Street
Quincy, IL
9:30 a.m. – 11:30 a.m.

Illinois College
Rammelkamp Chapel
1101 W. College Avenue
Jacksonville, IL
3:00 p.m. – 5:00 p.m.

October 30, 2014
Double Tree by Hilton
Collinsville-St. Louis
1000 Eastport Plaza Drive
Collinsville, IL
9:30 a.m. – 11:30 a.m.

Bel-Air Banquet & Events Center
200 South Belt West
Belleville, IL
1:30 p.m. – 3:30 p.m.

October 31, 2014
John A Logan College
Main Building Room #s
F103/F104/F105A&B
700 Logan College Road
Carterville, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

November 3, 2014
Thelma Keller Convention Center
at the Holiday Inn
1202 N. Keller Drive
Effingham, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

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