State of Illinois
Department of Central Management Services

Your Retiree Healthcare Decision Guide

Mark Your Calendar!

- **October 15 – November 16, 2015:** Open Enrollment Period
- **November 16, 2015:** Your Open Enrollment Form must be postmarked by this date if enrolling for the first time or making changes
- **January 1 – December 31, 2016:** 2016 coverage period

***State of Illinois Retiree Medicare Advantage* seminars begin October 13th! See the back cover for the schedule of seminar dates, times and locations.**

Medicare Part A
Hospital

+

Medicare Part B
Doctor and outpatient

+

Medicare Part D
Prescription Drugs

+

Extra Programs
Beyond Original Medicare

=

Total Retiree Advantage Illinois
Your Trail to Better Health

Teachers' Retirement Insurance Program

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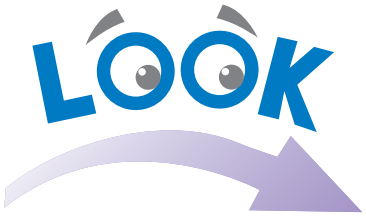
Look for the Official TRAIL Logo

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 16, 2015

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 your TRAIL Medicare Advantage Open Enrollment Period will be held in the fall of each year, instead of during May as in the past. For 2016, the plan year will begin January 1 and will go through December 31, 2016.

All Illinois counties will have an HMO and PPO option. Annuitants and survivors residing outside Illinois may elect the PPO option available nationwide.

The TRAIL Medicare Advantage Plans

- Must cover the same Part A and Part B benefits as Original Medicare.
- There are two types: **HMOs** (Health Maintenance Organizations) and **PPOs** (Preferred Provider Organizations). You pay a deductible and/or copay/coinsurance for services.
- You still have Medicare but you're no longer in Original Medicare--you're in a private medical group plan that typically has different costs and restrictions.
- You still pay Medicare premiums, and continue to pay a TRIP premium.
- If you're with an HMO, you are required to use doctors and hospitals in the plan's network. Additionally, you have to choose a Primary Care Physician, get referrals to see specialists, and/or get prior authorization for certain services.
- Once enrolled in a TRAIL Medicare Advantage plan, you cannot buy Medigap supplemental insurance to help pay your out-of-pocket costs.
- Plans have yearly limits on your out-of-pocket health care costs (an out-of-pocket maximum), after which you pay nothing for the rest of the year for covered Medicare Parts A and B services.

What is a Group Medicare Advantage Plan?

The word "Group" means that this is a plan designed just for TRIP retirees, annuitants and survivors. Only eligible members can enroll in this plan. You can't get it anywhere else.

"Medicare Advantage" is also known as Medicare Part C. Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) into one convenient plan. Plus, your TRIP-sponsored TRAIL plan includes Medicare Part D prescription coverage as well as programs that go beyond Original Medicare for example:

Humana HMOs offer:

- Member Assistance Program
- HumanaVitality
- Humana Well Dine

Coventry Advantra HMO offers:

- Case Management
- Welcome Home Program
- Compassionate Journey

Health Alliance MAPD HMO offers:

- Assist America
- Preferred Pharmacy Discount
- Retail 90

UnitedHealthcare PPO offers:

- HouseCalls
- Renew by UnitedHealthcare
- Pharmacy Saver Program™

Medicare Part A
Hospital

+

Medicare Part B
Doctor and outpatient

+

Medicare Part D
Prescription Drugs

+

Extra Programs
Beyond Original Medicare

=

Total Retiree Advantage Illinois
Your Trail to Better Health

A description of a few of these extra programs is detailed on page 20.

You must continue paying your Medicare Part B premium to keep your coverage under this TRAIL Medicare Advantage programs.

TRAIL *Medicare Advantage Vs. Original Medicare*

	TRAIL Medicare Advantage Plans	Original Medicare
Do I still need to pay Medicare premiums?	**Yes.** You must continue to pay **Medicare premiums** and your **plan's premium** (see page 20 for details).	**Yes.** You pay **Medicare premiums**.
Is there a medical out-of-pocket maximum?	**Yes.** The TRAIL plans have an annual out-of-pocket maximum, which protects you if you need expensive care. The plan pays the full cost of your care for the remainder of the plan year after you reach the out-of-pocket maximum (prescription expenses not included in out-of-pocket maximum).	**No.** There is no out-of-pocket maximum, therefore the cost of your care has no limit.
Can I buy supplemental insurance?	**No. You can't buy a Medigap policy** to help pay your out-of-pocket costs in a Medicare Advantage plan (Medigap defined on page 25).	**Yes. You can buy a Medigap policy,** but only at certain times, depending on where you live.
Allows me to see providers nationwide?	**Depends.** HMOs have local networks of providers you must use for the plan to cover your care. The PPO plan allows you to see any doctor or hospital in the U.S. that accepts Medicare.	**Yes.** You can go to any doctor or hospital in the U.S. that accepts Medicare.
Need referrals to see specialists?	**Depends.** For an HMO, you must get a referral from your primary care physician if you want to see a specialist. PPO plan partcipants do not need a referral.	**No.** You don't need a referral.
Does the plan cover prescription drugs?	**Yes.** The TRAIL plans include Part D prescription drug coverage and a bonus list of prescription drugs.	**No,** but if you want Medicare prescription drug coverage, you can buy a separate Part D plan.

How to Enroll or Change Your Coverage Election: Next Steps

- Review this Guide, along with the information you receive in the mail from the TRAIL Medicare Advantage plans for which you are eligible (based on where you live – see the map on page 16). All TRIP-sponsored Medicare Advantage plans will feature the TRAIL logo.
- Complete the enclosed TRAIL Medicare Advantage Open Enrollment Form.
  - You and your covered dependents will all be enrolled in the same health plan.
- The TRAIL Medicare Advantage 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 Medicare Advantage Open Enrollment Form to the Teachers' Retirement System at the address shown on the front of your form, postmarked by **November 16, 2015.**

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, 2015, due to age or disability.

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 change your 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 TRAIL 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, 2015. The Medicare Advantage plan you choose will start January 1, 2016.

TRIP Annuitants and Survivors Newly Eligible for TRAIL

If you are a TRIP annuitant or survivor who is newly-eligible for the TRAIL Medicare Advantage program, you must elect one of the TRAIL Medicare Advantage plans to have medical and prescription drug coverage after December 31, 2015. **If your TRAIL Medicare Advantage Open Enrollment Form is not postmarked by November 16, 2015, medical and prescription drug coverage for you and your enrolled dependents will end December 31, 2015.**

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, 2015.**
- 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 TRAIL 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.

What is Changing for Plan Year 2016:

- The copayment for an emergency room visit increases from $65 to $75.
- The cost of generic and non generic drugs for Catastrophic Coverage Stage have increased slightly. See pages 18 and 19 for specific amounts.
- The skilled nursing benefit for the HMO plans will go from a 120-day limit per benefit period to unlimited days.

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 (definition on page 24) statement the month after your provider submits a claim to the plan. The medical EOB is a separate statement from 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 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 members enrolled in the TRAIL Medicare Advantage 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., when your "true out-of-pocket" costs, also referred to as "TrOOP," for your prescription drugs during the plan year reaches $4,850), 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 18 and 19.

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 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.

* The annual income limits and the Part B premium are for 2015 amounts and may be different for the 2016 calendar year.

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 TRIP 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 Teachers' Retirement Insurance Program (TRIP), **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.

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 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.

If I enroll in the TRAIL 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 TRIP annuitants and survivors who want to continue health and prescription drug coverage, 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 and prescription drug coverage effective will terminate January 1, 2016. If your TRIP health and prescription 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 drug 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's annual deductible.

Will this Medicare Advantage plan cover everything that my current TRIP 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.

What is the difference between TRIP and TRAIL?

TRIP stands for the Teachers' Retirement Insurance Program (TRIP). TRIP offers group insurance to eligible annuitants and survivors under the Teachers' Retirement System (TRS) who retired from an eligible K-12 Illinois school district. Group insurance benefits under TRIP include health and prescription drug coverage.

TRAIL stands for Total Retiree Advantage Illinois (TRAIL). TRAIL offers group insurance in the form of Medicare Advantage plans to annuitants and survivors already enrolled in TRIP. The TRAIL program is a part of TRIP, but is only offered to Medicare-eligible plan participants eligible for and/or enrolled in TRIP.

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 TRIP-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 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.**

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 Teachers' 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 the 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 and prescription drug 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 TRIP 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 TRIP?

All TRIP-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 the TRIP'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 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.

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 TRIP medical coverage and prescription drug 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.

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.

Important Information - Please Read!

TRAIL Medicare Advantage TRIP Plan Participants

- **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 a TRAIL Medicare Advantage plan provides you with health and Medicare Part D prescription drug coverage. **Therefore, enrollment in a different Medicare Advantage or Medicare Part D plan will automatically cause your TRAIL Medicare Advantage coverage to end, which will include termination of 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 Medicare Part D 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.
- If your residential or mailing address changes, you must notify your retirement system in writing.
- If you are currently enrolled in one of the TRAIL Medicare Advantage HMO plans (i.e. Coventry Advantra, Health Alliance MAPD, and Humana Medicare) 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.

Do You Have More Questions?

If you have more questions about the TRAIL Medicare Advantage plans, call the State of Illinois, Department of Central Management Services, Bureau of Benefits at **1-800-442-1300 or 217-782-2548.**

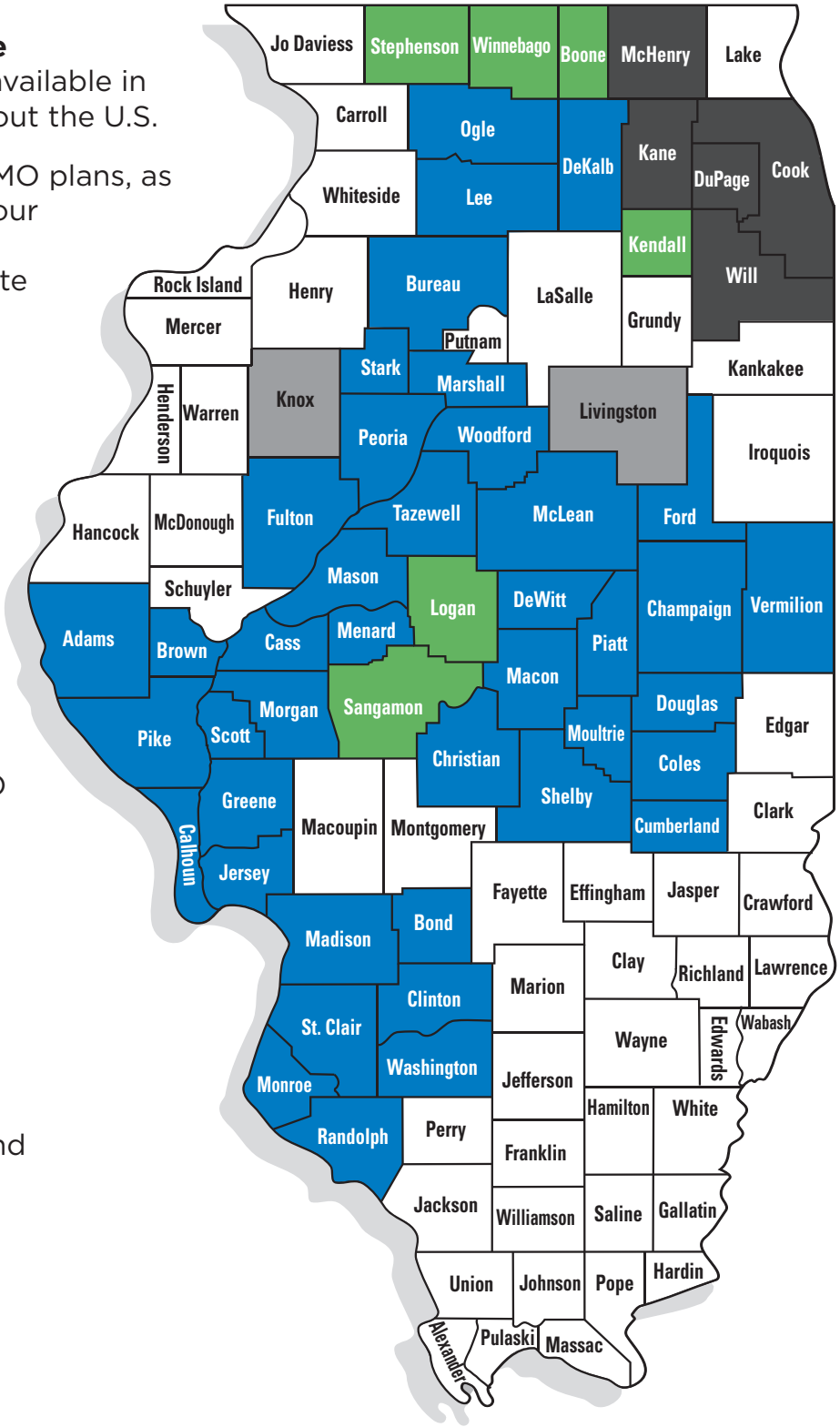
A Map of Medicare Advantage Plans by County

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 participate 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 participate 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 27 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 $75 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you areadmitted 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 $4,850 in "true out-of-pocket" prescription drug costs.		
Coventry Advantra HMO	**Up to a 90-Day Supply**		
	Generic	**Nongeneric**	
	$2.95	$7.40	
Health Alliance MAPD HMO	**Greater of 5% of the retail cost of the drug OR $2.95/Generic or $7.40/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**

* HMOs may also have pharmacy saver programs, contact the plan provider for more information.
** 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 $75 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 $4,850 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	**60-Day Supply**	**90-Day Supply**
UnitedHealthcare PPO	**Greater of 5% of the retail cost of the drug OR $2.95/Generic or $7.40/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, 2016

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 TRAIL Medicare Advantage coverage, you should contact your school district.

TRIP Medicare Advantage Plan Monthly Contributions
Effective January 1, 2016

	HMO Plans			PPO Plan
	Humana	Coventry Advantra	Health Alliance MAPD	UnitedHealthcare
Member Rate	**$42.31**	**$38.99**	**$42.32**	**$52.44**
Dependent Rate	**$126.93**	**$116.95**	**$126.96**	**$157.29**

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:

- **Member Assistance Program:** Provides you with three confidential, telephonic counseling sessions per life event, online resources, unlimited consultations with subject-matter experts, and referrals for adult care and childcare issues

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 participating pharmacies nationwide

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, contact your retirement system:**

Teachers' Retirement System 2815 W. Washington Street P.O. Box 19253 Springfield, IL 62794-9253	(800) 877-7896

- **TRAIL Medicare Advantage eligibility criteria or completing the TRAIL Enrollment Form, call the State of Illinois, Department of Central Management Services, Bureau of Benefits:**

Bureau of Benefits	(800) 442-1300 (217) 782-2548 (800) 526-0844 (TDD/TTY)

You Must Notify Your 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 red, white and blue Medicare card must be provided to the State of Illinois Medicare Coordination of Benefits (COB) Unit when a change in your or your dependent's Medicare status occurs. The Medicare COB Unit's address and phone number can be found on page 27.
- **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 become incapacitated.**

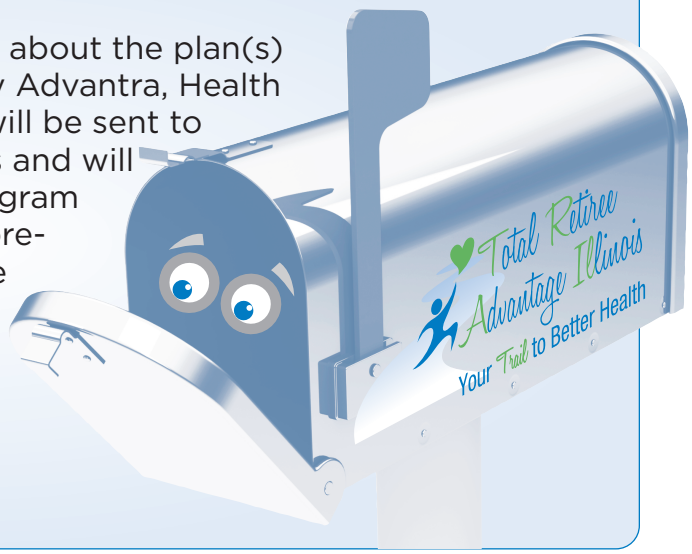
Low Income Subsidy (LIS)/Extra Help

Depending on your income and overall assets, you may qualify to receive a Low Income Subsidy (also referred to as Extra Help) from the Social Security Administration to help you pay for costs associated with the Part D (prescription drug) portion of your coverage. Eligibility for Extra Help and the amount of your subsidy, if any, are determined solely by the federal government.

To find out whether you qualify for Extra Help, you can apply through the Social Security Administration or through your local Medicaid office. If you qualify for Extra Help, you will receive information from your MAPD plan administrator telling you the amount of the subsidy you will receive. Receiving Extra Help will not affect your enrollment in TRAIL. However, because the Extra Help applies only to the Part D portion of your coverage, you will still be responsible for the full amount of any Member costs for your medical coverage under the plan. You must also continue to pay your Medicare Part B premium. If you have any questions regarding your Extra Help benefit, you should contact your plan administrator.

Watch Your Mailbox!

Watch your mailbox for detailed information about the plan(s) available to you (UnitedHealthcare, Coventry Advantra, Health Alliance MAPD and/or Humana). Materials will be sent to you by the TRAIL Medicare Advantage plans and will have the Total Retiree Advantage Illinois program logo on the envelope. You will only receive pre-enrollment packets from the TRAIL Medicare Advantage plans that are available in the county where you live. All materials provided by the State will be posted on the Total Retiree Advantage Illinois website: **www.cms.illinois.gov/thetrail**.



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 27 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 16 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.

- **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 27 for customer service phone numbers.

- **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.

HEALTHWAYS SilverSneakers® FITNESS

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 copayments.

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 by Original Medicare. Most Medicare Advantage plans, including the State of Illinois TRAIL plans, offer prescription drug coverage.

Medicare Allowable Charges Providers who participate with Medicare agree to accept the Medicare allowable charge as full payment. Participating 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 ten different plans labeled A through N 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 will pay during the plan year for covered Medicare Part A and Part B services. Once you reach this amount, you will have 100% coverage (the plan pays everything) for the rest of the plan year for covered Medicare Part A and Part B services. Your medical deductible, if there is one, plus the amounts you pay in copayments and coinsurance for covered Medicare Part A and Part B services count toward your out-of-pocket maximum.

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** Customer Service Dept. P.O. Box 29675 Hot Springs, AR 71903-9675	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 Correspondence P.O. Box 14168 Lexington, KY 40512	800-951-0125	www.humana.com/soi
Health 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
Retirement System	**Teachers' Retirement System** 2815 W. Washington St. P.O. Box 19253 Springfield, IL 62794-9253	800-877-7896	www.trs.illinois.gov

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.

Plenty of seating. See you there.

Total Retiree Advantage Illinois
Your Trail to Better Health

TRAIL Seminar Schedule

Any impacted retiree may attend any meeting

Reservations not required

October 13, 2015
Giovanni's
Grand Rooms 2-4
610 N. Bell School Rd.
Rockford, IL
9:30 a.m. – 11:30 a.m.

Faranda's Banquet Center
Banquet Room
302 Grove St.
DeKalb, IL
3:00 p.m. – 5:00 p.m.

October 14, 2015
Noah's of Lincolnshire
Banquet Room
200 Barclay Blvd.
Lincolnshire, IL
9:30 a.m. – 11:30 a.m.

Hilton Garden Inn St Charles
Salon A-B
4070 East Main St.
Saint Charles, IL
3:00 p.m. – 5:00 p.m.

October 15, 2015
Holiday Inn & Suites Carol Stream
Stratford Room
150 S. Gary Ave.
Carol Stream, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 16, 2015
Holiday Inn Chicago Oakbrook
Oak Ballroom
17 W 350 22nd St.
Oakbrook Terrace, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 19, 2015
Holiday Inn Tinley Park & Convention Center
North Pavilion 2&3
18451 Convention Center Dr.
Tinley Park IL
9:30 a.m. – 11:30 a.m.

Clarion Hotel Joliet Banquet & Convention Center
Essington Room
411 South Larkin Ave.
Joliet, IL
3:00 p.m. – 5:00 p.m.

October 20, 2015
The Majestic Theatre
150 N. Schuyler Ave.
Kankakee IL
9:30 a.m. – 11:30 a.m.

Gateway Building
Grand Ballroom
200 NE Water St
Peoria, IL
3:30 p.m. – 5:30 p.m.

October 21, 2015
Chateau Hotel & Conference Center
Ballroom
1601 Jumer Drive
Bloomington IL
9:30 a.m. – 11:30 a.m.

Unique Suites Hotel
Event Rooms 3-4
920 W Lincoln Ave.
Charleston IL
3:00 p.m. – 5:00 p.m.

October 22, 2015
The "I" Hotel and Conference Center
Chancellor Ballroom
1900 S. First St.
Champaign, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 23, 2015
Hope Evangelical Free Church
3000 Lenhart Rd.
Springfield IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 26, 2015
Holiday Inn Rock Island Hotel & Conference Center
Grand Ballroom
226 17th St.
Rock Island, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

Central Management Services
Bureau of Benefits
801 S. Seventh Street
Springfield, IL 62703
1-800-442-1300

IOCI 16-133 (9-15) 45,400
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October 27, 2015
Spoon River College Community
Outreach Center
Macomb Mid America National Bank Conference Hall
2500 E. Jackson St.
Macomb, IL
9:30 a.m. – 11:30 a.m.

Holiday Inn
Ballroom BC
4821 Oak St.
Quincy, IL
3:00 p.m. – 5:00 p.m.

October 28, 2015
Double Tree by Hilton
Collinsville- St. Louis
Madison C&D
1000 East Port Plaza Dr.
Collinsville IL
9:30 a.m. – 11:30 a.m.

Bel-Air Banquet & Events Center
Regency
200 S. Belt West
Belleville IL
2:30 p.m. – 4:30 p.m.

October 29, 2015
Thelma Keller Convention Center
at the Holiday Inn
Convention Ctr AB
1202 N. Keller Dr.
Effingham, IL
9:30 a.m. – 11:30 a.m.

Cedarhurst Center for the Arts
Mitchell Museum Performance Hall
2600 Richview Rd.
Mt. Vernon, IL
3:00 p.m. – 5:00 p.m.

October 30, 2015
John A. Logan College
Main Building Rms F104- F106
700 Logan College Rd.
Carterville, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.