

# TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) SUMMARY

JULY 1, 2017 - JUNE 30, 2018

This summary provides current TRIP premiums and accessibility information for July 1, 2017 through June 30, 2018.



## Enrollment and assistance

You will make your benefit elections online through the MyBenefits website, [MyBenefits.illinois.gov](http://MyBenefits.illinois.gov). Contact MyBenefits Service Center with questions about navigating the MyBenefits website or how to elect benefits, Monday – Friday, 8 a.m. – 6 p.m. Central Time, 844-251-1777 or 844-251-1778 (TDD). For questions regarding eligibility, please contact Teachers' Retirement System of the State of Illinois at 877-927-5877. More detailed information is available on the TRS website at: <http://www.trsil.org>.

## Medicare Advantage TRAIL Program

Since 2014, the state has administered a Medicare Advantage Program called TRAIL for annuitants and survivors enrolled in both Medicare Parts A and B. Visit [www.cms.illinois.gov/thetrail](http://www.cms.illinois.gov/thetrail) for eligibility information.

## Listing of Current Health Care Plan Providers

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

Purpose	Administrator Name and/or Address	Phone	Website
Enrollment/ Customer Service	MyBenefits – Morneau Shepell	844-251-1777 TDD: 844-251-1778	<a href="http://www.MyBenefits.illinois.gov">www.MyBenefits.illinois.gov</a>
Health Plan	BlueAdvantage HMO	800-868-9520 TDD: 866-876-2194	<a href="http://www.bcbsil.com/stateofillinois">www.bcbsil.com/stateofillinois</a>
	Aetna HMO/Aetna OAP (formerly Coventry Health Care)	855-339-9731 TDD: 800-628-3323	<a href="http://www.aetnastateofillinois.com">www.aetnastateofillinois.com</a>
	Health Alliance HMO	800-851-3379 TDD: 800-526-0844	<a href="http://www.healthalliance.org/stateofillinois">www.healthalliance.org/stateofillinois</a>
	HealthLink OAP	800-624-2356 TDD: 800-624-2356 ext. 6280	<a href="http://www.healthlink.com/member/">www.healthlink.com/member/</a>
	HMO Illinois	800-868-9520 TDD: 866-876-2194	<a href="http://www.bcbsil.com/stateofillinois">www.bcbsil.com/stateofillinois</a>
	Teachers' Choice Health Plan, Aetna PPO (formerly Cigna)	855-339-9731 TDD: 800-628-3323	<a href="http://www.aetnastateofillinois.com">www.aetnastateofillinois.com</a>
Prescription Drug Plan	CVS/Caremark (for PPO or OAP)	877-232-8128 TDD: 800-231-4403	<a href="http://www.caremark.com">www.caremark.com</a>
Behavioral Health	Magellan Behavioral Health P.O. Box 2216, Maryland Heights, MO 63043	800-513-2611 (nationwide) TDD: 800-526-0844	<a href="http://www.magellanhealth.com">www.magellanhealth.com</a>



## Enrollment

If you are eligible, you can enroll yourself and qualifying dependents during the following periods:

- **When you apply for monthly pension benefits.** If you want to enroll at this point, you must enroll no later than 30 days after the effective date of the pension benefits.
- **When you turn 65.** TRS will mail you enrollment information within 60 days before your 65th birthday. You have six months from the date you become eligible for Medicare Part A and Part B to enroll. If you are not eligible for both parts of Medicare, you may still enroll but must do so within 30 days of your 65th birthday.
- **When coverage is terminated by a former plan.** You may continue coverage with another plan rather than enroll in TRIP. If this occurs, you and your eligible dependents may enroll in TRIP when coverage under the other plan is terminated. The termination must be initiated by the plan. You must enroll with a letter from the plan stating the effective date of termination no later than 30 days after the termination of the plan's coverage.
- **During the Benefit Choice Period,** if you have never been enrolled in TRIP. You may be eligible to enroll in TRIP during the Benefit Choice Period (usually May 1 through May 31 each year). The insurance becomes effective on July 1. Additionally, a fall Benefit Choice Period occurs for those eligible for the Medicare Advantage (TRAIL) Program.

You may enroll dependents when you enroll in the program, the dependent turns 65, a qualifying change in family status occurs (marriage or birth/adoption of child), or coverage is involuntarily terminated by a former plan. You may also enroll dependents during the annual Benefit Choice Period if they previously have not been enrolled in TRIP. Dependents will be enrolled in the same health plan as the benefit recipient.

## Monthly Premiums Through June 30, 2018

Type of Plan		Not Medicare Primary Under Age 26	Not Medicare Primary Age 26-64	Not Medicare Primary Age 65 & Above	Medicare Primary* All Ages
Benefit Recipient	Managed Care Plan (OAP & HMO)	\$79.43	\$246.75	\$336.19	\$97.51
	TCHP (PPO) when a managed care plan is available	\$206.16	\$581.87	\$875.10	\$231.22
	TCHP (PPO) when a managed care plan is unavailable in your county	\$103.08	\$290.94	\$437.56	\$115.62
Dependent Beneficiary	Managed Care Plan (OAP & HMO)	\$317.86	\$986.98	\$1,344.71	\$337.82**
	TCHP (PPO) when a managed care plan is available	\$412.31	\$1,163.75	\$1,750.20	\$462.44
	TCHP (PPO) when a managed care plan is unavailable in your county	\$412.31	\$1,163.75	\$1,750.20	\$346.84**

\* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at 800-442-1300 or 217-782-7007.

\*\* Medicare Primary dependent beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

## Out-of-State Managed Care

Managed care is available in some counties in Arkansas, Indiana, Iowa, Kentucky, Missouri, and Wisconsin. Contact TRS at [members@trsil.org](mailto:members@trsil.org) for more information or directly contact the managed care plan for information regarding availability.

## Coverage Comparison Table

Benefit	PPO Teachers' Choice Health Plan (TCHP) (Available in all IL counties)	Managed Care Plans			
		HMO	Open Access Plans (Available in all IL counties)		
			Tier I 100% benefit	Tier II 80% benefit	Tier III (Out-of-Network) 60% benefit
Plan year maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual out-of-pocket maximum	<b>Individual:</b> \$1,200 in network \$4,400 out-of-network <b>Family:</b> \$2,750 in network \$8,800 out-of-network	Individual: \$3,000 Family: \$6,000	Individual: \$6,600 Family: \$13,200 (includes eligible charges from Tier I and Tier II combined)		NA
Annual plan deductible Must be satisfied for all services	\$500 per participant	\$0	\$0	\$300 per enrollee*	\$400 per enrollee*
Out-of-network hospital admission	\$400 deductible 60% allowable charges**	No coverage	Contact plan administrator		
Inpatient/hospital admission	80% after annual deductible, \$200 deductible	100% after \$250 copayment	100% after \$250 copayment	80% network charges after \$300 copayment	60% allowable charges after \$400 copayment
Outpatient surgery	80% in network 60% allowable charges out-of-network**	100% after \$150 copayment	100% after \$150 copayment	80% network charges after \$150 copayment	60% allowable charges after \$150 copayment
Diagnostic lab & x-ray	80% in network 60% allowable charges out-of-network**	100%	100%	80% network charges	60% allowable charges
Emergency room hospital services	\$400 additional deductible	100% after \$200 copayment	100% after \$200 copayment		
Physician & Specialist office visits	80% in network 60% allowable charges out-of-network**	\$20 copayment	100% after \$20 copayment	80% network charges	60% allowable charges
Preventive services, including immunizations	100% in network 60% allowable charges out-of-network**	100%	100%		Covered under Tier I and Tier II only
Durable medical equipment	80% in network 60% allowable charges out-of-network**	80% network charges	80% network charges	80% network charges	60% allowable charges
Prescription Drugs copayment	\$7-\$50 generic \$14-\$100 preferred brand \$28-\$150 nonpreferred brand	\$10 generic \$20 preferred brand \$40 nonpreferred brand	\$10 generic \$20 preferred brand \$40 nonpreferred brand		

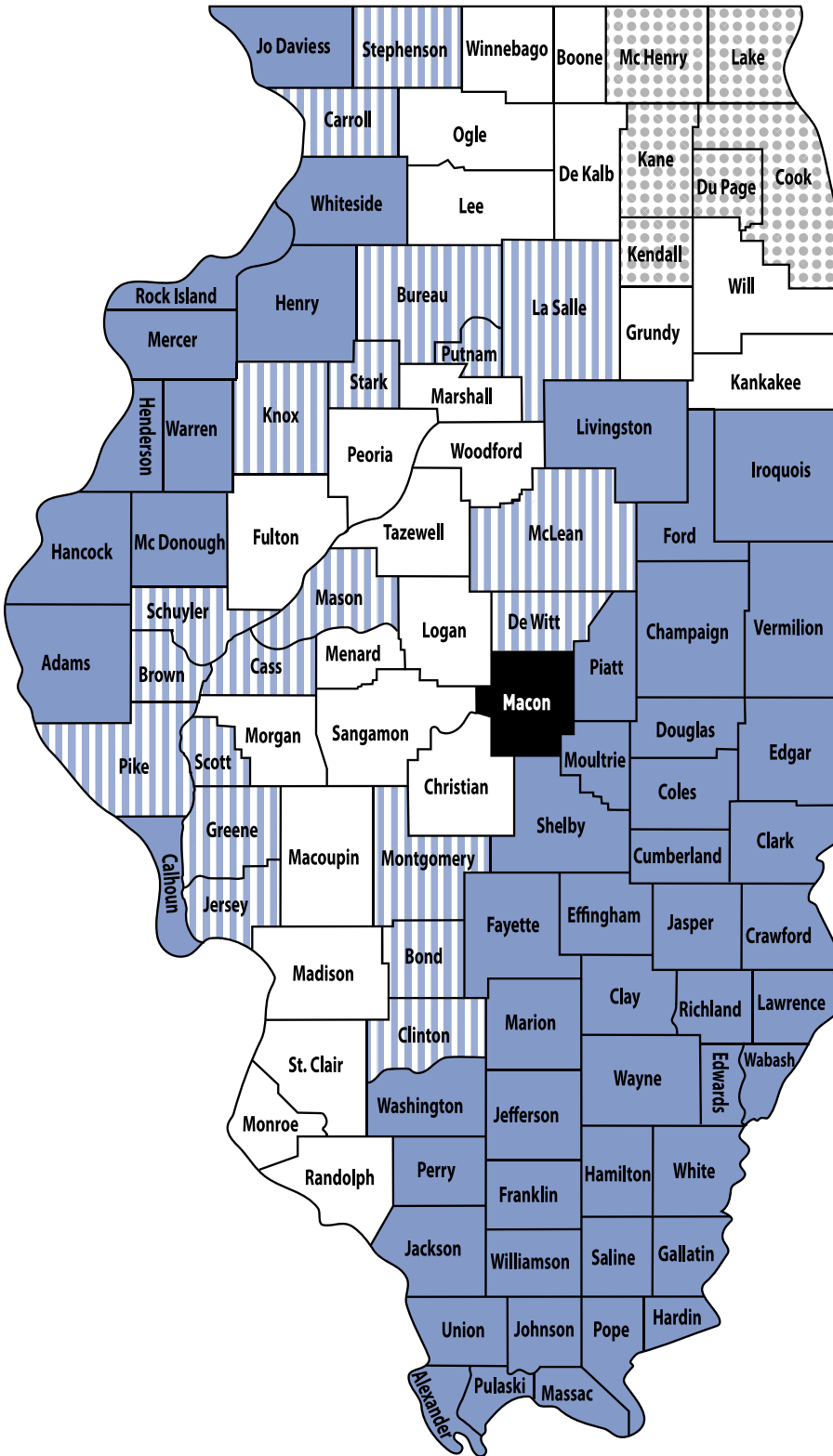
\* Open Access Plans: The benefit level is determined by the Tier in which the healthcare provider is contracted. An annual plan deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year. Amounts over the plan's allowable charges do not count toward the out-of-pocket maximum.

\*\* TCHP: Sixty percent of allowable charges are paid for out-of-network charges after the annual plan deductible has been met.

# Health Plans by Illinois County

## Effective July 1, 2017 - June 30, 2018

The Teachers' Choice Health Plan (TCHP/PPO) is available in every Illinois county.



Health Alliance HMO - A H  
 Aetna HMO (formerly Coventry HMO) - AS  
 HMO Illinois - BY  
 Healthlink OAP - CF  
 Aetna OAP (formerly Coventry OAP) - CH  
 BlueAdvantage HMO - CI  
 TCHP Aetna PPO (formerly Cigna) - D3

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*Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; benefit recipients in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county*