

TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) SUMMARY

JULY 1, 2016 - JUNE 30, 2017

This summary provides current TRIP premiums and accessibility information for July 1, 2016 through June 30, 2017.



Listing of Current Health Care Plan Providers

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

Prescription Drugs		Teachers' Choice Health Plan - TCHP
CVS/Caremark (877) 232-8128 www.caremark.com	Paper Claims PO Box 52136 Phoenix, AZ 85072-2136 Mail Order PO Box 94467 Palatine, IL 60094-4467	Cigna (800) 962-0051 TDD: (800) 526-0844 www.cigna.com/stateofil
Managed Care Plans - HMOs and OAPs		
BlueAdvantage or HMO Illinois (800) 868-9520 TDD: (866) 876-2194 www.bcbsil.com/stateofillinois	Health Alliance HMO (800) 851-3379 TDD: (800) 526-0844 www.healthalliance.org/stateofillinois	
HealthLink OAP (800) 624-2356 TDD: (800) 624-2356, ext. 6280 www.healthlink.com/illinois_index.asp	Coventry Healthcare HMO or OAP (800) 431-1211 TDD: (217) 366-5511 http://chcillinois.com	

For questions regarding coverage benefits, please contact the Department of Central Management Services (CMS) at (217) 782-2548 or (800) 442-1300.

For questions regarding eligibility or enrollment, please contact TRS at (800) 877-7896. More detailed information is available on the TRS website at: <http://trs.illinois.gov>.

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 for eligibility information.



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, 2017

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	\$75.65	\$235.00	\$320.18	\$92.87
	TCHP (when a managed care plan is available)	\$196.34	\$554.16	\$833.43	\$220.21
	TCHP (when a managed care plan is unavailable in your county)	\$98.17	\$277.09	\$416.72	\$110.11
Dependent Beneficiary	Managed Care Plan	\$302.72	\$939.98	\$1,280.68	\$321.73**
	TCHP (when a managed care plan is available)	\$392.68	\$1,108.33	\$1,666.86	\$440.42
	TCHP (when a managed care plan is unavailable in your county)	\$392.68	\$1,108.33	\$1,666.86	\$330.32**

* 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. Call TRS for more information, (800) 877-7896, or directly contact the managed care plan for information regarding availability.

Coverage Comparison Table

Benefit	Managed Care Plans			
	PPO Teachers' Choice Health Plan (TCHP) (Available in all IL counties)	HMO	Open Access Plans (Available in all IL counties)	
			Tier I 100% benefit	Tier II 80% benefit
Plan year maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited
Annual out-of-pocket maximum	Individual: \$1,200 in network \$4,400 out-of-network Family: \$2,750 in network \$8,800 out-of-network \$500 per participant	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*
Out-of-network hospital admission	\$400 deductible 60% allowable charges**	No coverage	Contact plan administrator	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
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
Diagnostic lab & x-ray	80% in network 60% allowable charges out-of-network**	100%	100%	80% network charges
Emergency room hospital services	\$400	100% after \$200 copayment	100% after \$200 copayment	100% after \$200 copayment
Physician office visit	80% in network 60% allowable charges out-of-network**	\$20 copayment	100% after \$20 copayment	80% network charges
Preventive services, including immunizations	100% in network 60% allowable charges out-of-network**	100%	100%	100%
Durable medical equipment	80% in network 60% allowable charges out-of-network**	80% network charges	80% network charges	80% network 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	\$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, 2016 - June 30, 2017


- BlueAdvantage HMO CI
- Coventry HMO AS
- Coventry OAP CH
- Health Alliance HMO AH
- HealthLink OAP CF
- HMO Illinois BY
- Teachers' Choice Health Plan (TCHP) D3

 AH, AS, BY, CF, CH, CI, D3

 BY, CF, CH, CI, D3

 AH, AS, CF, CH, D3

 AH, AS, CF, CH, CI, D3

 AH, AS, BY, CF, CH, CI, D3

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

