

# TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) SUMMARY

JULY 1, 2021 - JUNE 30, 2022

*This summary provides current TRIP premiums and accessibility information for July 1, 2021 through June 30, 2022.*



## Enrollment and assistance

You will make your benefit elections online through the MyBenefits website, [MyBenefits.illinois.gov](https://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: <https://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](https://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	Group No.	Phone	Website
Enrollment/ Customer Service	MyBenefits Service Center	N/A	844-251-1777 TDD: 844-251-1778	<a href="https://mybenefits.illinois.gov">MyBenefits.illinois.gov</a>
Health Plan	BlueAdvantage HMO	Bo6802	800-868-9520 TDD: 866-876-2194	<a href="https://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>
	Blue Cross Blue Shield OAP	263998	855-810-6537	
	Aetna HMO/ Aetna OAP	285655 285651	855-339-9731 TDD: 800-628-3323	<a href="https://aetnastateofillinois.com">aetnastateofillinois.com</a>
	Health Alliance HMO	00710A	800-851-3379 TDD: 800-526-0844	<a href="https://healthalliance.org/stateofillinois">healthalliance.org/stateofillinois</a>
	HealthLink OAP	160002	800-624-2356 TDD: 877-232-8388	<a href="https://healthlink.com/soi/learn-more">healthlink.com/soi/learn-more</a>
	HMO Illinois	Ho6802	800-868-9520 TDD: 866-876-2194	<a href="https://bcbsil.com/stateofillinois">bcbsil.com/stateofillinois</a>
	Teachers' Choice Health Plan (TCHP), Aetna PPO	285659	855-339-9731 TDD: 800-628-3323	<a href="https://aetnastateofillinois.com">aetnastateofillinois.com</a>
Prescription Drug Plan	CVS/Caremark (for TCHP or OAP)	TCHP: 1402TD3 Aetna OAP: 1402TCH HealthLink OAP: 1402TCF	877-232-8128 TDD: 800-231-4403	<a href="https://caremark.com">caremark.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 60 days after the effective date of the pension benefits.
- **When you turn 65.** TRS will mail you enrollment information within 90 days of your 65th birthday along with a checklist to assist with your Medicare enrollment. Benefit recipients deemed eligible for Medicare Parts A and B have an opportunity to enroll into the Medicare Advantage TRAIL Program within 60 days of their 65th birth months. Benefit recipients who are not deemed eligible for Medicare Parts A and B can still enroll in a standard TRIP plan (see next page), but will be subject to a higher Not Medicare Primary Age 65 & Above premium. See the Monthly Premiums chart listed below.
- **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 60 days after the termination of the plan's coverage.
- **During the Benefit Choice Period.** 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 enrollment 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. Dependents will be enrolled in the same health plan as the benefit recipient.

It is your responsibility to ensure monthly premium deductions are accurate for the insurance coverage you selected.

## Monthly Premiums Through June 30, 2022

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)	\$96.55	\$299.92	\$408.64	\$118.53
	TCHP (PPO) when a managed care plan is available	\$250.58	\$699.96	\$1,063.69	\$281.05
	TCHP (PPO) when a managed care plan is unavailable in your county	\$125.29	\$349.98	\$531.86	\$140.53
Dependent Beneficiary	Managed Care Plan (OAP & HMO)	\$386.36	\$1,199.69	\$1,634.51	\$408.38**
	TCHP (PPO) when a managed care plan is available	\$501.18	\$1,399.91	\$2,127.38	\$562.10
	TCHP (PPO) when a managed care plan is unavailable in your county	\$501.18	\$1,399.91	\$2,127.38	\$421.59**

\* 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. View the list online for more information at <https://www.trsil.org/health-insurance/out-of-state-accessibility> or directly contact the managed care plan for information regarding availability. Some OAP carriers can be in every state.

## Hearing Instruments and Related Services

Beginning July 1, 2020, a \$2,500 benefit for hearing instruments and related services every 24 months is available through all plans when a hearing care professional prescribes a hearing instrument. Contact your plan for additional details.

## Coverage Comparison Table

Benefit	PPO Teachers' Choice Health Plan (TCHP) Nationwide	Managed Care Plans			
		HMO In-network coverage only All IL counties	Open Access Plans (OAP)		
			Tier I In-network coverage only Most IL counties	Tier II In-network coverage Nationwide	Tier III Out-of-network coverage Nationwide
Plan year maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime maximum benefit	Unlimited	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	Individual: \$3,000 Family: \$6,000	Individual: \$6,600 Family: \$13,200 (includes eligible charges from Tier I and Tier II combined)	NA	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	60% covered; deductible applies after \$400 per admission	No coverage	Contact plan administrator		
Inpatient/hospital admission	80% covered; deductible applies after \$200 per admission	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%	100%	Covered under Tier I and Tier II only
Telemedicine benefit	\$10 copayment, deductible applies. In-network only.	\$10 copayment	\$10 copayment	No coverage	No coverage
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 (30-day supply)	\$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		

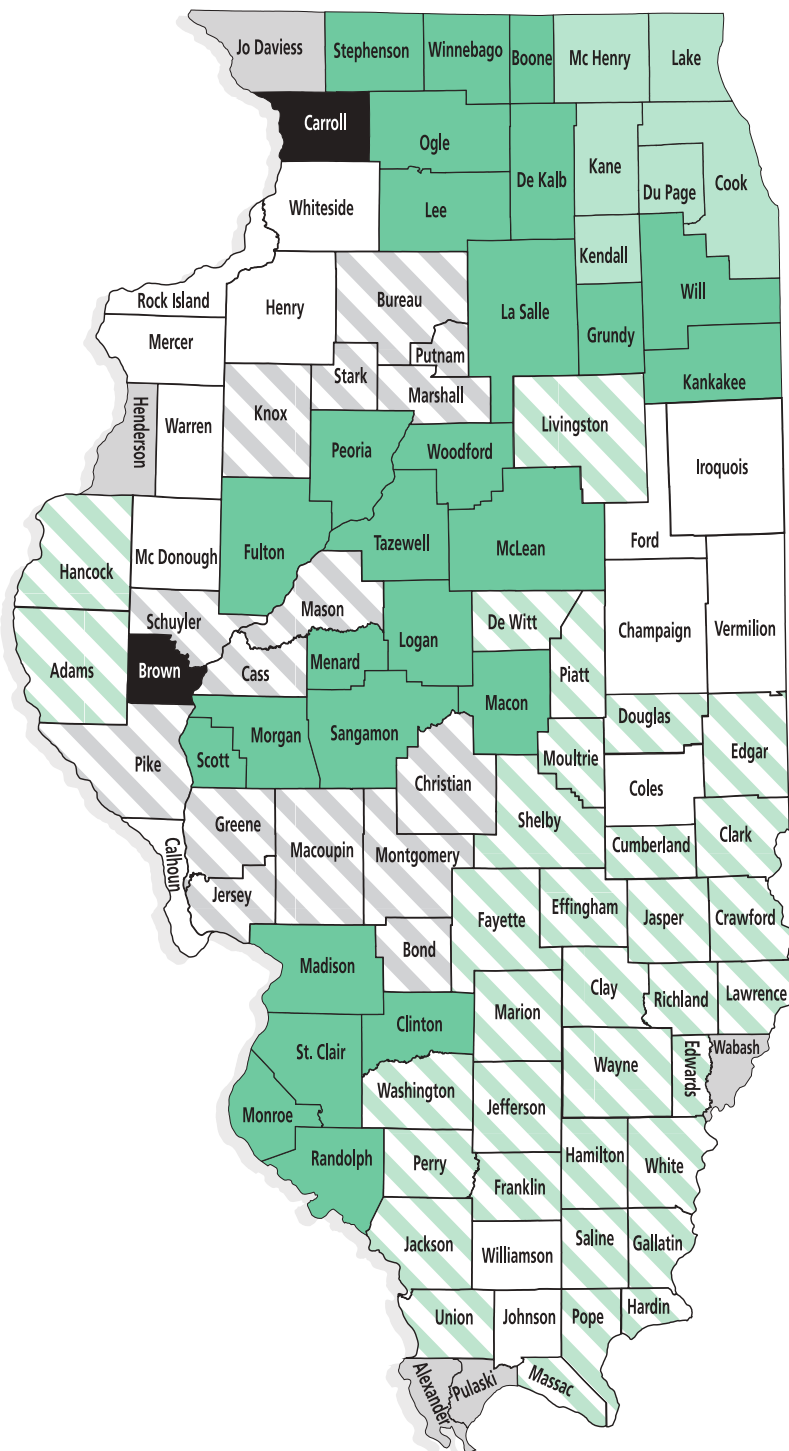
\* Open Access Plans: The benefit level is determined by the Tier in which the healthcare provider is contracted. An annual plan deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year. Amounts over the plan's allowable charges do not count toward 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, 2021 - June 30, 2022

The Teachers' Choice Health Plan (TCHP/PPO) is available nationwide.



BlueAdvantage HMO  
HMO Illinois  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers I, II & III  
HealthLink OAP Tiers I, II & III  
Teachers' Choice Health Plan (TCHP)

Aetna HMO  
Health Alliance HMO  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers I, II & III  
HealthLink OAP Tiers I, II & III (Except Ford County)  
Teachers' Choice Health Plan (TCHP)

Aetna HMO  
Health Alliance HMO  
Aetna OAP (Gallatin County has Tiers II & III Only)  
Blue Cross Blue Shield OAP Tiers II & III Only  
HealthLink OAP Tiers I, II & III  
Teachers' Choice Health Plan (TCHP)

Aetna HMO  
Health Alliance HMO  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers II & III Only  
Teachers' Choice Health Plan (TCHP)

Aetna HMO  
BlueAdvantage HMO  
Health Alliance HMO  
HMO Illinois  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers I, II & III  
HealthLink OAP Tiers I, II & III (Except Scott County)  
Teachers' Choice Health Plan (TCHP)

\*Aetna HMO  
BlueAdvantage HMO  
Health Alliance HMO  
HMO Illinois  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers II & III Only  
HealthLink OAP Tiers I, II & III (Except Stark County)  
Teachers' Choice Health Plan (TCHP)

\*Aetna HMO  
BlueAdvantage HMO  
Health Alliance HMO  
HMO Illinois  
Aetna OAP  
Blue Cross Blue Shield OAP Tiers II & III Only  
HealthLink OAP Tiers II & III Only  
Teachers' Choice Health Plan (TCHP)

\* Please be aware that some counties in the black and striped gray areas do not have provider coverage for either HMO Illinois or BlueAdvantage HMO; members in these counties may have access to the aforementioned health plan providers in a neighboring county. Please check with your provider for details.