THANK YOU FOR JOINING THE TRAIL OPEN ENROLLMENT SEMINAR

***THERE WILL BE MOMENTS OF SILENCE PRIOR TO THE EVENT START TIME***

IN ORDER TO HEAR THE PANELIST, YOU WILL NEED TO CONNECT TO THE AUDIO:

1. From the “Select Audio Connection” drop down menu:
   a) “Call Me” and input your telephone number (this is the preferred method) or
   b) “Call Using Computer” to connect via your computer microphone/speakers
2. Click “Connect Audio”
<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
</table>
| Your 2021 TRAIL Open Enrollment Cover Letter and Booklet from the State of Illinois | Mailed Oct 8th | Includes:  
✓ Cover letter from CMS  
✓ “Your Retiree Healthcare Decision Guide,” including  
✓ Overview of healthcare options,  
✓ Seminar schedule,  
✓ Coverage map,  
✓ FAQs  
✓ and Definitions |
WHO CAN GET MEDICARE?

MEDICARE PART A (HOSPITAL INSURANCE)

People age 65 or older, who are citizens or permanent residents of the United States, are eligible for Medicare Part A. You’re eligible for Part A at no cost at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- Your spouse receives or is eligible to receive Social Security or railroad retirement benefits; be currently married to eligible spouse for at least 1 year, if divorced must have been married 10 years and not currently married, or deceased spouse must have been married at least 9 months prior to death and not remarried;
- You or your spouse worked long enough in a government job through which you paid Medicare taxes; or
- You are the dependent parent of a fully insured deceased child.
Anyone who’s eligible for Medicare Part A at no cost can enroll in Medicare Part B by paying a monthly premium. Some people with higher incomes will pay a higher monthly Part B premium.

You can only sign up for Part B during designated enrollment periods. If you don’t enroll in Part B when you’re first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage.

IRMAA Surcharge — assessed by Medicare based on AGI — two years prior
WHAT HAPPENS IF I’M MEDICARE INELIGIBLE?

If you don’t meet these requirements, you may be able to get Medicare Part A by paying a monthly premium. Usually, you can purchase this coverage only during designated enrollment periods.

NOTE: Even though Social Security’s full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday. You can apply online at: socialsecurity.gov
MEDICARE PREMIUMS

The TRAIL Plans REQUIRE you to continue to pay your Medicare premiums

- most people get Part A for free, but pay a premium for Medicare Part B
ELIGIBILITY — WHO IS REQUIRED TO CHANGE?

You are REQUIRED to change your non-Medicare Advantage Health Plan to one of the Medicare Advantage TRAIL plans if…

You are a retired member of the State Employees Group Insurance Program.

You live in the United States or one of the U.S. Territories, AND …

You were enrolled in Medicare Parts A and B, due to age or disability and you retired on or before January 1, 2021 AND…

All of the dependents (spouse, children) on your State of Illinois retiree insurance plan also were enrolled in Medicare Parts A and B on or before January 1, 2021.
HOW IS MY INSURANCE CHANGING?

Prior to being Enrolled in TRAIL

Part A + Part B

Medicare = Secondary Coverage
(UnitedHealthcare PPO, Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO)

Once You Are Enrolled in TRAIL

Part A + Part B + Part D

MAPD = One plan pays for health & prescription claims and there is only one card for health & prescription coverage
WHAT IS A GROUP MEDICARE ADVANTAGE PLAN?

A Group Medicare Advantage plan is designed just for State of Illinois retirees, annuitants and survivors. Only eligible members can enroll in this plan. You can’t get it anywhere else.

Medicare Advantage plans combine the benefits of Medicare Part A (hospital) and Medicare Part B (doctor and outpatient) into one convenient plan. Plus, your State-sponsored TRAIL MAPD plan includes Medicare Part D prescription drug coverage as well as programs that go beyond Original Medicare, for example:

- **Humana Employer Medicare HMO offers:**
  - SilverSneakers®
  - Humana Well Dine
  - Telemedicine (MD Live)

- **Health Alliance MAPD HMO offers:**
  - Care Coordination Services
  - Fitness and Wellness Rewards
  - Virtual Visits

- **Aetna Medicare Plan HMO offers:**
  - Preferred Pharmacy Discounts
  - In-Home Health Risk Assessments
  - Teladoc

- **UnitedHealthcare PPO offers:**
  - HouseCalls
  - Renew by UnitedHealthcare
  - Virtual Doctor Visits
**Your Retiree Benefits:**

<table>
<thead>
<tr>
<th>STATE</th>
<th>CIP</th>
<th>TRIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision (included with MAPD)</td>
<td>Vision (included with MAPD)</td>
<td>n/a</td>
</tr>
<tr>
<td>Dental *</td>
<td>Dental (included with MAPD)</td>
<td>n/a</td>
</tr>
<tr>
<td>Life *</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* Optional benefits for State retirees and survivors

YOU WILL CONTINUE TO HAVE ACCESS TO THE SAME BENEFITS YOU CURRENTLY HAVE
A Map of TRAIL MAPD Plans by County

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

UnitedHealthcare PPO, Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and the Humana Employer Medicare HMO availability is indicated by the key below:

- UHC PPO and Health Alliance MAPD HMO
- UHC PPO and Aetna Medicare Plan (HMO)
- UHC PPO and Humana Employer Medicare HMO
- UHC PPO and Aetna Medicare Plan (HMO) and Humana Employer Medicare HMO
• Customer Service Phone Number: (888) 223-1092
• You can seek care with any licensed medical professional that accepts Medicare, anywhere in the United States
• There is an annual plan year deductible — this is the amount you pay at the beginning of the plan year before the plan pays its share
• After the deductible, you and the plan share in the cost — this is called coinsurance
• There is no coinsurance for preventive services and health screenings
HOW DOES THE MEDICARE ADVANTAGE HMO WORK?

HMO OPTIONS

• HMOs are available only within the State of Illinois
• You must choose a primary care physician (PCP) from providers in the HMO network; you must get referrals from your PCP
• You must use network providers, except for emergencies
• You can also call the HMO for assistance locating a physician and/or provider
• HMO plans have copayments - copayments are set amounts due at the time of service
• There is no copayment for preventive services and health screenings

Aetna Medicare Plan (HMO): (855) 223-4807
Health Alliance MAPD: (877) 795-6131
Humana Employer Medicare HMO: (800) 951-0125
<table>
<thead>
<tr>
<th>HMO Plan</th>
<th>PPO Plan</th>
<th>Plan Costs</th>
<th>HMO Plan</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your doctor is in the HMO network</td>
<td>You prefer the flexibility to see any</td>
<td>Annual Medical Deductible</td>
<td>$0</td>
<td>$110</td>
</tr>
<tr>
<td>You prefer copayments for medical services</td>
<td>Medicare provider and not stay in a network</td>
<td>Primary Care Physician Office Visit</td>
<td>$20</td>
<td>15% coinsurance</td>
</tr>
<tr>
<td>rather than deductibles and coinsurance</td>
<td>You travel a lot outside Illinois or you are</td>
<td>Specialist Office Visit</td>
<td>$30</td>
<td>15% coinsurance</td>
</tr>
<tr>
<td>You take prescription drugs (lower copays</td>
<td>“snowbird”</td>
<td>Diagnostic Tests</td>
<td>$0</td>
<td>15% coinsurance</td>
</tr>
<tr>
<td>than the PPO plan)</td>
<td>You have medical conditions for which</td>
<td>Hospital Admission</td>
<td>$350</td>
<td>15% coinsurance</td>
</tr>
<tr>
<td>You prefer a plan where network providers</td>
<td>you prefer to have the ability to see any</td>
<td>Outpatient Surgery</td>
<td>$250</td>
<td>15% coinsurance</td>
</tr>
<tr>
<td>agree to help you obtain plan benefits</td>
<td>Medicare provider without the constraints of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a network</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STATE GROUP - THINGS TO CONSIDER**

**WHEN CHOOSING A MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLAN**
### Medicare Advantage – PPO (UnitedHealthcare)

<table>
<thead>
<tr>
<th>Benefits are the same In-Network and Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Medical Deductible</strong> (applies toward your annual out-of-pocket maximum)</td>
</tr>
<tr>
<td>$110 per enrollee</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
</tr>
<tr>
<td>$1,300 per enrollee</td>
</tr>
<tr>
<td><strong>Primary Care Physician Visit</strong></td>
</tr>
<tr>
<td>15% coinsurance</td>
</tr>
<tr>
<td><strong>Specialist Visit</strong></td>
</tr>
<tr>
<td>15% coinsurance</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Admission</strong></td>
</tr>
<tr>
<td>15% coinsurance</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
</tr>
<tr>
<td>15% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Room</strong> (waived if admitted within 24 hours)</td>
</tr>
<tr>
<td>$120 copayment</td>
</tr>
<tr>
<td><strong>Diagnostic tests</strong> (lab, x-ray, radiology)</td>
</tr>
<tr>
<td>15% coinsurance</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
</tr>
<tr>
<td>0% coinsurance</td>
</tr>
</tbody>
</table>

### Medicare Advantage – HMO (Humana Employer Medicare HMO, Health Alliance MAPD & Aetna Medicare Plan (HMO))

<table>
<thead>
<tr>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
</tr>
<tr>
<td>$3,000 per enrollee</td>
</tr>
<tr>
<td><strong>Primary Care Physician Visit</strong></td>
</tr>
<tr>
<td>$20 copayment</td>
</tr>
<tr>
<td><strong>Specialist Visit</strong></td>
</tr>
<tr>
<td>$30 copayment</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Admission</strong></td>
</tr>
<tr>
<td>$350 copayment per admission</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
</tr>
<tr>
<td>$250 copayment</td>
</tr>
<tr>
<td><strong>Emergency Room</strong> (waived if admitted within 24 hours)</td>
</tr>
<tr>
<td>$120 copayment</td>
</tr>
<tr>
<td><strong>Diagnostic tests</strong> (lab, x-ray, radiology)</td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
</tr>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>
## STATE GROUP — PRESCRIPTION COVERAGE

<table>
<thead>
<tr>
<th>Annual Prescription Deductible</th>
<th>Medicare Advantage – PPO (UnitedHealthcare)</th>
<th>Medicare Advantage – HMO (Humana Employer Medicare HMO, Health Alliance MAPD &amp; Aetna Medicare Plan (HMO))</th>
</tr>
</thead>
<tbody>
<tr>
<td>$125 per enrollee</td>
<td>$100 per enrollee</td>
<td></td>
</tr>
</tbody>
</table>

### PHARMACY

<table>
<thead>
<tr>
<th>30-Day Supply</th>
<th>Medicare Advantage – PPO (UnitedHealthcare)</th>
<th>Medicare Advantage – HMO (Humana Employer Medicare HMO, Health Alliance MAPD &amp; Aetna Medicare Plan (HMO))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10 copayment</td>
<td>$8 copayment</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 copayment</td>
<td>$26 copayment</td>
</tr>
<tr>
<td>Nonpreferred Brand and Specialty</td>
<td>$60 copayment</td>
<td>$50 copayment</td>
</tr>
<tr>
<td>31 to 60-Day Supply</td>
<td>2x copayment</td>
<td>2x copayment</td>
</tr>
<tr>
<td>61 to 90-Day Supply</td>
<td>2.5x copayment</td>
<td>2.5x copayment</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>Medicare Advantage – PPO (UnitedHealthcare)</td>
<td>Medicare Advantage – HMO (Humana Employer Medicare HMO, Health Alliance MAPD &amp; Aetna Medicare Plan (HMO))</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Annual Medical Deductible (applies towards annual out-of-pocket maximum)</td>
<td>$250 per enrollee</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$1,100 per enrollee</td>
<td>$3,000 per enrollee</td>
</tr>
<tr>
<td>Primary Care Physician Visit</td>
<td>20% coinsurance</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>20% coinsurance</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>20% coinsurance</td>
<td>$250 copayment per admission</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% coinsurance</td>
<td>$150 copayment</td>
</tr>
<tr>
<td>Emergency Room (waived if admitted within 24 hours)</td>
<td>$120 copayment</td>
<td>$120 copayment</td>
</tr>
<tr>
<td>Diagnostic tests (lab, x-ray, radiology)</td>
<td>20% coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>0% coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>
### CIP AND TRIP - PRESCRIPTION COVERAGE

<table>
<thead>
<tr>
<th>PHARMACY</th>
<th>Medicare Advantage – PPO (UnitedHealthcare)</th>
<th>Medicare Advantage – HMO (Humana Employer Medicare HMO, Health Alliance MAPD &amp; Aetna Medicare Plan (HMO))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Prescription Deductible</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>30-Day Supply</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copayment</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25 copayment</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Nonpreferred Brand and Specialty</td>
<td>$50 copayment</td>
<td>$40 copayment</td>
</tr>
<tr>
<td>31 to 60-day supply</td>
<td>2x copayment</td>
<td>2x copayment</td>
</tr>
</tbody>
</table>
| 61 to 90-day supply (Mail Order is 2x the copayment) | Retail: 3x copayment | Retail copayment varies by plan:  
- Aetna Medicare Plan (HMO) 2x  
- Health Alliance MAPD 2.5x  
- Humana Employer Medicare HMO 3x |
PRESCRIPTION DRUG COVERAGE

PART D COVERAGE STAGES

PART D IRMAA PREMIUM

- **You start here. You will pay the full cost of your Part D prescription drugs. Once you have paid the plan’s deductible, you move on to the next stage.**

- **If the plan has no prescription drug deductible you start here. You will pay copays in this stage. Once you and the plan have spent $4,020 on your Part D prescription drugs, you move to the next stage.**

- **You will pay no more for your prescription drugs in this stage as you did in the previous stage. Once you have spent $6,350 on your Part D prescription drugs, then you move on to the next stage.**

- **If you reach this stage, you stay in this stage through the end of the plan year (December 31). You may pay more for your prescription drugs in this stage, but what you will pay will be capped (a limit is placed on the most you can pay for a prescription, see pages 12 & 13 for Catastrophic Coverage amounts).**
You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.

If the member’s household Medicare information is not on file with MyBenefits, or the State’s Medicare COB Unit by the end of the TRAIL MAPD Enrollment Period, the TRAIL MAPD and State medical insurance will be waived for the person(s) with the missing information and waived for the entire household if the member is missing information.

You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in the TRAIL MAPD plan provides you with Medicare Advantage coverage as well as Medicare Part D coverage. Therefore, enrollment in a different Medicare Advantage or Medicare Part D plan will automatically cause your TRAIL MAPD coverage to end, which will include your medical, prescription drug and EyeMed vision coverage.

You may terminate the TRAIL MAPD coverage at anytime by contacting the plan administrator in writing.

If your residential or mailing address changes, you must notify your retirement system in writing as quickly as possible.

If you are currently enrolled in one of the State’s TRAIL MAPD HMO plans (i.e. Aetna Medicare Plan (HMO), Health Alliance MAPD HMO or Humana Employer Medicare HMO) and move outside of the plan’s service area to a different county in Illinois or to a different state, you must elect a new MAPD plan available in your new area.
DURING THE TRAIL MAPD OPEN ENROLLMENT PERIOD YOU:

- May elect to opt-out. Note: If you opt-out, medical, prescription drug and vision coverage for you and your enrolled dependents will end December 31, 2019; only your life insurance and dental coverage, if elected, will continue.

- May elect to re-enroll in medical/prescription drug coverage if you previously opted-out or waived coverage.

- May add or drop dental coverage.

- May add or drop dependent coverage. IMPORTANT: You must contact the MyBenefits Service Center (toll-free) 844-251-1777 or 844-251-1778 TDD/TTY, if you want to add a dependent who is not enrolled in Medicare Parts A and B. If you add a non-Medicare dependent, you will be ineligible to enroll in a TRAIL MAPD plan.

- May add, drop, increase or decrease Member Optional Life coverage, if eligible. To request a change in your life insurance coverage, members must go online at MyBenefits.illinois.gov and follow the instructions. You will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), if you request to add or increase your Member Optional Life coverage.

- May add or drop Child Life, Spouse Life and/or AD&D coverage, if eligible. To add or drop coverage, members must go online at MyBenefits.illinois.gov and follow the instructions. Your spouse will be required to undergo underwriting through the life insurance plan administrator, Securian Financial (Minnesota Life), if you request to add Spouse Life coverage.
NEWLY-ELIGIBLE MEMBERS OF TRAIL

**Must enroll** in one of the Medicare Advantage plans offered through the State’s TRAIL Program (or opt-out/cancel coverage)

**Must** complete your enrollment online or by phone by November 16th

**Coverage** will be effective January 1, 2021

Plan year will be January 1st through December 31st each year

Annual election period will be the fall TRAIL Enrollment Period; no longer the Benefit Choice Period in May

If you elect the United Healthcare PPO, the plan deductible will start January 1, 2021
CURRENT MEMBERS OF TRAIL

If already enrolled in TRAIL, **YOU DO NOT NEED TO DO ANYTHING**

**if you want to make changes** to your coverage you may do so by contacting the My Benefits service center or online

**Changes** will be effective January 1, 2021

New plan year will begin January 1st and run through December 31st

All plan deductibles will start over January 1, 2021
IF YOU ARE NEW TO TRAIL THIS YEAR:

- You must complete your enrollment by **November 16, 2020**
- If you do not enroll, health coverage for you and your eligible dependents will end on **December 31, 2020**
- There is no default coverage; no election = no coverage
- Your selected health plan will mail a post-enrollment kit and a letter with your new ID card
If you enroll in another Medicare Advantage or Medicare Part D Plan, you will lose your State of Illinois coverage.

You MUST continue to pay your Medicare premiums to be eligible for TRAIL.

If you move outside the HMO service area, you must contact your retirement system and choose a new plan.

If you pay more than $144.30 for your Part B premium, you most likely will receive a bill from Social Security for your Part D prescription coverage (IRMAA).
THE MEDICARE ADVANTAGE

Separate Enrollment Periods

State of Illinois TRAIL Open Enrollment
(October 15 – November 16, 2020)
Plan materials will have the TRAIL logo

Federal Annual Medicare Enrollment
(October 15 – December 7, 2020)
Plan materials will NOT have TRAIL logo
FOR MORE INFORMATION:
CMS.ILLINOIS.GOV/THETRAIL

TO ENROLL OR MAKE CHANGES:
MYBENEFITS.ILLINOIS.GOV
OR
1-844-251-1777
The MyBenefits web portal is the employee's online hub for benefit information and enrollment.

Tiles displayed on the landing page for State, CIP, TRIP and Local will provide personalized information for each group.
MyBenefits Web Portal

**Call to Action Bar**

Site is designed with a “Call to Action Bar” this bar will notify employees of any actions that need to be taken.

Enrollment opportunities, pending documentation and request for updates such as email address will be displayed front and center on the site.
Employees have access to several self-service tools.

Self service tools allow the employee to complete a variety of changes, view current coverage, and upload required documentation.
Employees have access to the Decision Support Tool.

The tool on the homepage displays current information for the 2020 plan year.

The Decision Support Tool for the 2021 plan year can be found inside the TRAIL enrollment event.
All employees eligible for the TRAIL Enrollment will see a tile specifically designed to provide information regarding the 2021 plan year.

Inside the tile, employees may read through what’s changing for the upcoming year, link to the Decision Guide, Booklets and to obtain provider information.
The tiles under the “Recommended For Me” section, provide information related to the employee’s current benefits, eligibility and optional coverage choices.

The tiles under the “You Might Find This Interesting” section, provide general health and welfare information that might be of interest to the specific employee.
MyBenefits Web Portal

Informational Tiles

Each tile will provide specific information and helpful tools to employees.

Displayed is the Provider Directory tile which will allow members to obtain information regarding providers and includes a directory to contact each provider.
ACCESSING MYBENEFITS WEB PORTAL
Accessing MyBenefits Web Portal

*Landing Page*

Access the website, or start the registration process here by selecting the Login button in the right hand corner.

Browse the site as a guest by selecting the appropriate group option (i.e. SEGIP TRAIL MAPD Member).
Accessing MyBenefits Web Portal

*Login Page*

Login using existing password or register for the first time.

Use the “Forgot my login ID,” or “Forgot my password” links for assistance.
Accessing MyBenefits Web Portal

**Registering for the first time**

Enter a series of information to secure access for the first time to the MyBenefits web portal.

Complete the security challenge by selecting the appropriate images.
Secure account access with a password and security questions.
Accessing MyBenefits Web Portal

Reviewing Security Disclaimer

Review and accept the privacy disclaimer to finalize access set up.

Check the box after reading, and Continue onto site.
Accessing MyBenefits Web Portal

Successful Access

After successful completion of registration steps, employees are directed into their personalized web portal.
TRAIL ENROLLMENT EVENT
TRAIL Enrollment Event

**Starting the Enrollment Process**

Use the **Start** or **Modify** button to make elections for the 2021 TRAIL Enrollment period.

**Start:** Make elections for the first time.

**Modify:** Make changes while retaining and reviewing previous elections made within the same event.
TRAIL Enrollment Event

Step One - Family

Personalize your benefits plan

Review and update family information in Step One of the enrollment.

Add dependents and edit basic dependent information.
To add a dependent, enter all required (*) fields, save and close the popup screen.

Use the Tip Tools as a guide to understand requested information.
After successful addition of dependents the family screen will display all family members added to the employee’s profile.

Select the Next button to move onto Step Two.
Step Two of the enrollment process allows employees to elect coverage for calendar year 2021.

Please note, that if you have not submitted a copy of your or any covered dependents’ Medicare card(s) you must provide it in order for the elections to be processed.

Use the “Help me decide” link to compare medical plans side by side.
TRAIL Enrollment Event

**Step Two - Benefits**

The “Help me decide” link will direct employees to the “Decision Support Tool.”

Employees will select the appropriate coverage tier, type of plan (HMO, OAP, PPO) and plans they would like to compare.
Step Two - Benefits

Employees can select up to 3 plans to compare side by side.

The plan design will be displayed under each selection making it easy to identify differences between plans.

Use the “Remove” link at the top of the page to eliminate plans.
TRAIL Enrollment Event

Step Two - Benefits

Using the drop down, the enrollment tool will display only plans that are available to each specific employee.

If an HMO plan is selected, employees will be prompted to assign their primary care physician.
TRAIL Enrollment Event

**Step Two - Benefits**

To add a dependent to coverage, select the “Change who is covered” link.

All dependents who were set-up in Step One, will appear in the popup-window.

If the dependents are overage or ineligible, the tool will not allow that dependent to be added to coverage.
All covered dependents will appear in the tool, if a new dependent is added within Step One – Family, the dependent will also need to be added to coverage in Step Two.
TRAIL Enrollment Event

*Step Two - Benefits*

To make life insurance changes within the TRAIL Enrollment event, use the drop downs to select the desired volume of coverage.

Options shown are unique to each individual.

The tool will prompt employees to recalculate when changes are made in order to display accurate costs.
TRAIL Enrollment Event

Step Two - Benefits

After using the recalculation tool, coverage level and monthly costs will update based on volume elected.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage Options</th>
<th>Coverage Level</th>
<th>Your Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$5,000 Basic Life</td>
<td>$5,000.00</td>
<td>-</td>
</tr>
<tr>
<td>Optional Member Life</td>
<td>$15,000 Addition</td>
<td>$15,000.00</td>
<td>$18.30</td>
</tr>
<tr>
<td>Spouse Life</td>
<td>Waive</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Voluntary AD&amp;D</td>
<td>Waive</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Step Three of the enrollment is the Finalization step. Employees will have an opportunity to review all of their elections. Elections that have changed, will be displayed in blue to highlight changes made for calendar year 2021.

**Step Three - Finalization**

<table>
<thead>
<tr>
<th>Benefit name</th>
<th>Coverage options</th>
<th>Coverage details</th>
<th>Employer Cost</th>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Advantage Prescription Drug (MAPD)</td>
<td>UnitedHealthcare PPO</td>
<td>Medicare Eligible Retiree + 1</td>
<td>$365.23</td>
<td>$110.00</td>
</tr>
<tr>
<td>Dental</td>
<td>Quality Care Dental Plan</td>
<td>Retirement + 1</td>
<td>$48.22</td>
<td>$17.00</td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life</td>
<td>$5,000 Basic Life</td>
<td>$5,000.00</td>
<td>$1.65</td>
<td>-</td>
</tr>
<tr>
<td>Optional Member Life</td>
<td>$15,000 Additional Life</td>
<td>$15,000.00</td>
<td>-</td>
<td>$18.30</td>
</tr>
<tr>
<td>Spouse Life</td>
<td>$5,000 Spouse Life</td>
<td>$5,000.00</td>
<td>-</td>
<td>$3.00</td>
</tr>
<tr>
<td>Voluntary AD&amp;D</td>
<td>Waive</td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
<td><strong>$366.20</strong></td>
<td><strong>$148.30</strong></td>
</tr>
</tbody>
</table>

**Special Reminders**

1. The Medicare MBI number is missing. This information must be submitted before the close of open enrollment, November 16, 2020, to ensure your election is processed. Please fax your Medicare card with your MBI number to 217-557-3973 or email this information to CMS.Ben.MedicareCOB@illinois.gov. If you fail to provide this information or the information received is inadequate your elections will not be processed.
In order to finalize elections, employees will have to accept the attestation statement by checking the box to acknowledge the statement.

Once the attestation acknowledgement is checked the Next button will engage allowing employees to submit their elections.
Once elections have been successfully submitted, employees can print a confirmation summary of the elections made during the TRAIL Enrollment event.

If documentation is required, members will see a Form box outlining what is required*.  

* All Required Documents are due by November 25th 2020
TRAIL Enrollment Event

*Step Three - Finalization*

When the TRAIL Enrollment is complete, the icon on the “Call to Action” Bar will display in green indicating completion.

The TRAIL Enrollment event will remain on the “Call to Action” Bar until the end of the enrollment period allowing employees to make additional changes.
If documentation is required, a new action icon will display in the “Call to Action” Bar.

Employees can also use the Self-Service Tool to review and upload required documents.
TRAIL Enrollment Event

Upload Documentation

Upload documents

This page lists the documents that you are required to submit related to enrollment changes that you recently submitted.

If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list.

For each required document, you can upload a file a maximum of five times.

- Click Upload to attach a document.
- Click View or a document name to view the document.
- Click Replace to attach a new version of a document you have already submitted.
- Click Remove to remove a document submitted in error and re-set it to “Not received”. Note: If there is more than one version of a document uploaded, this will remove all of them.

The documentation page will designate what document(s) are required to complete the enrollment.

Documents are reviewed daily and the standard approval timeline is 72 hours.
MY BENEFITS UPGRADE

1-844-251-1777
NEW TOOLS

Helpful Widgets
• **Password Resets**
  • Ability for employees to contact MyBenefits and receive a password reset without speaking to a representative

• **AVA – Automated Virtual Assistant**
  • Launch of new virtual chat tool to promote employee self-service

• **MyBenefits Plus**
  • Voluntary benefits available to State Retirees only
Need Help? Just Ask Ava....

- Plan information
- Benefits eligibility
- Personal information
- Current benefits enrollment
PLAN FOR THE FUTURE
ENROLL OCT. 15TH – NOV. 16TH

Accident Insurance
Critical Illness Insurance
Hospital Indemnity Insurance

NEW! Gain the power to make treatment decisions, without putting your finances at risk.

Guaranteed Issue
Includes Cancer Coverage
Pays Benefits Directly to You
Easy Online Application
Includes Health Screening Benefit

Have questions? Contact customer care at (855) 548-8800 or mybenefitsplus@corestream.com
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ENROLL OCT. 15TH — NOV. 16TH

NEW! Protect yourself and your family. Legal Services can help you find the extra guidance you need, when you need it.

Have questions? Contact customer care at (855) 548-8800 or mybenefitsplus@corestream.com