

# Plan Administrators

Plan	Administrators' Name and Address	Customer Service Phone Numbers	Websites
<b>UnitedHealthcare Group Medicare Advantage PPO</b>	<b>UnitedHealthcare Customer Service Department</b> PO Box 30769 Salt Lake City, UT 84130-0769	888-223-1092 TTY users, call 711	<a href="http://uhcretiree.com/soi">uhcretiree.com/soi</a>
<b>Aetna Medicare Plan (HMO)</b>	<b>Aetna Medicare Plan (HMO)</b> PO Box 981106 El Paso, TX 79998-1106	855-223-4807 TTY users, call 711	<a href="http://stateofillinois.aetnamedicare.com">stateofillinois.aetnamedicare.com</a>
<b>Health Alliance MAPD HMO</b>	<b>Health Alliance</b> 3310 Fields South Drive Champaign, IL 61822	877-795-6131 TTY users, call 711	<a href="http://healthalliance.org/stateofillinois">healthalliance.org/stateofillinois</a>
<b>Humana Employer Medicare HMO</b>	<b>Humana Employer Medicare HMO</b> PO Box 14168 Lexington, KY 40512	800-951-0125 TTY users, call 711	<a href="http://our.humana.com/soi">our.humana.com/soi</a>
<b>Vision Plan</b>	<b>EyeMed</b> Out-of-Network Claims PO Box 8504 Mason, OH 45040-7111	866-723-0512 TTY users, call 711	<a href="http://eyemedvisioncare.com/stil">eyemedvisioncare.com/stil</a>
<b>College Choice Dental Plan (CCDP)</b>	<b>Delta Dental of Illinois</b> Group Number 20242 PO Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	<a href="http://soi.deltadentalil.com">soi.deltadentalil.com</a>
<b>Medicare COB Unit</b>	<b>CMS Group Insurance</b> 801 South 7th Street PO Box 19208 Springfield, IL 62794-9208	217-782-2548 800-442-1300 800-526-0844 (TDD/TTY)	<a href="mailto:CMS.BEN.MedicareCOB@illinois.gov">CMS.BEN.MedicareCOB@illinois.gov</a>
<b>Retirement System</b>	<b>State Universities Retirement System</b> 1901 Fox Drive Champaign, IL 61820-7333	800-275-7877	<a href="http://surs.org">surs.org</a>
<b>Medical/Dental Vision</b>	<b>MyBenefits Service Center</b> 134 N. LaSalle Street Suite 2200 Chicago, IL 60602	844-251-1777 844-251-1778 (TDD/TTY)	<a href="http://MyBenefits.illinois.gov">MyBenefits.illinois.gov</a>

## 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 *Your TRAIL Medicare Advantage Prescription Drug (MAPD) Program 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.