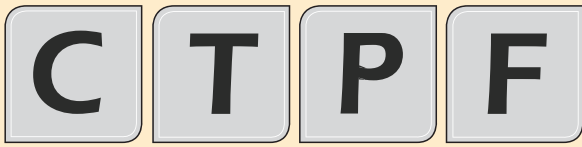


OPEN  
ENROLLMENT  
PERIOD

OCTOBER 1, 2019  
THROUGH  
OCTOBER 31, 2019



Chicago Teachers' Pension Fund

# HEALTH INSURANCE HANDBOOK

# 2020

PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE.



# Retiree Health Insurance

Choosing a health insurance plan for you and your eligible dependents is one of your most important decisions. The Chicago Teachers' Pension Fund (CTPF) sponsors comprehensive health insurance plans designed to promote wellness and provide high-quality coverage at a reasonable cost.

CTPF offers health insurance benefits to retirees, dependents, and survivors if the retiree's final teaching service was with the Chicago Public/Charter Schools. Qualified retirees may enroll in a plan for:

- Non-Medicare eligible members
- Medicare-eligible members who maintain enrollment in Medicare Part A and Part B.

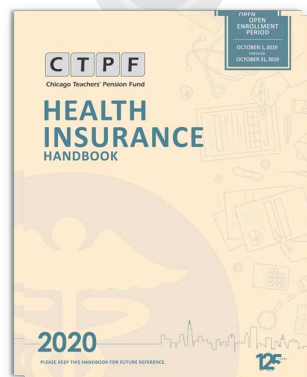
This handbook provides information about CTPF's current health insurance options, rates, and changes to health insurance plans. Read this handbook carefully and familiarize yourself with your options.

## CTPF Health Insurance Plan

## Your Responsibilities as a CTPF Health Plan Enrollee

It's important to keep CTPF informed if you have any of the following **changes which may affect your enrollment status**:

- change of address for you or your dependents
- death of a spouse or dependent
- marriage, civil union, divorce, legal separation, annulment
- dependent loss of eligibility
- change in Medicare status, including turning age 65, becoming Medicare eligible before age 65, or loss of Medicare coverage for any reason
- change in Medicare premium (such as decrease or elimination of Medicare Part A premium, or qualifying for a state premium assistance program)
- you have been awarded benefits under Medicaid (it is important that you contact CTPF once you are informed that you have been approved to receive any type of Medicaid benefits; a copy of your Medicaid award letter should also be sent to CTPF)
- your health plan or prescription ID card does not reflect your current enrollment
- your pension deduction does not match your coverage or required premium



**BRING** this handbook with you if you are attending an Open Enrollment Seminar and **PLEASE KEEP** this handbook for future reference.

Additional copies are available at [www.ctpf.org](http://www.ctpf.org).

# Open Enrollment Assistance

The 2020 Open Enrollment Period for health insurance will run from October 1 - 31, 2019. CTPF offers seminars and webinars to educate members about CTPF's health insurance plans.

CTPF Open Enrollment Webinar registration is now open. Registration for all CTPF Open Enrollment Seminars begins Wednesday, September 25, 2019, at 9:00 a.m. Representatives from our insurance carriers will be available at all CTPF seminars to answer individual questions about their plans.

## CTPF SEMINARS

Registration opens Wednesday, September 25, 2019, at 9:00 a.m. Register at [www.ctpf.org/open-enrollment](http://www.ctpf.org/open-enrollment) or call CTPF Member Services, 1-312-641-4464 to register for CTPF Seminars.



Tuesday, October 8, 2019*	Thursday, October 10, 2019
<p>3<sup>rd</sup> Floor Conference Center 425 South Financial Place   Chicago, Illinois</p> <p>Medicare Plans   9:00 a.m. Non-Medicare Plans   1:00 p.m.</p> <p><i>New Location!</i></p>	<p>Hilton Oak Lawn Ballroom 9333 South Cicero Ave.   Oak Lawn, Illinois</p> <p>Medicare Plans   9:00 a.m. Non-Medicare Plans   1:00 p.m.</p>

\*NOTE: You must preregister for these sessions and bring a photo ID.

## SEMINAR LOGISTICS

**425 South Financial Place Conference Center:** ALL ATTENDEES MUST be preregistered for this event and have a photo ID to clear security before being admitted to the 3rd floor conference center. Please allow extra time for the security measures in this building.

Parking discounts are offered at Legacy Parking, 425 South Financial Place. Enter on South Financial Place, between West Van Buren and West Congress Parkway. After parking, proceed to the main entrance at 425 South Financial Place where you will be greeted by security personnel. Only members who are preregistered and present an ID will be admitted.

**Hilton Oak Lawn:** FREE parking available for all guests.

## CTPF WEBINARS

Registration now open. Webinars will be posted online and available for on-demand viewing the week after the presentations. Register at [www.ctpf.org/open-enrollment](http://www.ctpf.org/open-enrollment)



Tuesday, October 1, 2019	Wednesday, October 2, 2019
<p>Open Enrollment Webinar Non-Medicare Plans   10:00 a.m.</p>	<p>Open Enrollment Webinar Medicare Plans   10:00 a.m.</p>

## WEBINAR LOGISTICS

Webinars will be posted online and available for on-demand viewing at [www.ctpf.org/open-enrollment](http://www.ctpf.org/open-enrollment) the week following the presentation.

# Contents

<b>Retiree Health Insurance</b> .....	<b>2</b>	Disability Extension Payment.....	18
Your Responsibilities.....	2	Adding New Dependents.....	19
<b>Open Enrollment Assistance</b> .....	<b>3</b>	Termination of Coverage under CTPF COBRA.....	19
<b>2020 Plan Changes and Updates</b> .....	<b>5</b>	Conversion Privilege.....	19
UPDATE: Plan F - Enrollment Limited.....	6	CHECKUP: Updating Your Address.....	19
<b>2020 Open Enrollment</b> .....	<b>8</b>	<b>Non-Medicare</b> .....	<b>20</b>
Chicago Public/Charter School COBRA.....	8	Overview.....	20
Enrollment Forms.....	8	Chicago Public/Charter School.....	20
CHECKUP: Legal Name.....	8	Health Maintenance Organization (HMO).....	20
ID Cards.....	9	Preferred Provider Organization (PPO).....	20
Turning Age 65.....	9	2020 Non-Medicare Plan Cost Comparison.....	21
Medicare Proof of Enrollment.....	9	2020 Plan Comparison: Non-Medicare Options.....	22-29
Reducing Your Cost.....	10	<b>Medicare</b> .....	<b>30</b>
HIPAA Authorized Representative.....	10	Overview.....	30
Power of Attorney.....	10	Turning Age 65.....	30
Fraud.....	10	Medigap Plan.....	30
Disclaimer.....	10	Medicare Advantage Plans.....	31
CHECKUP: Dental Plans.....	10	Express Scripts® Prescription Drugs.....	31
<b>Who Can Enroll in A CTPF Plan?</b> .....	<b>11</b>	Medicare Defined.....	32
Retirees and Dependents.....	11	Applying for Medicare.....	32
Survivors.....	11	Conversation Starter.....	32
Dependents Defined.....	11	The Parts of Medicare.....	32
Dependent Documentation Requirements.....	12	Medicare Parts A-D.....	32
<b>When Can I Join?</b> .....	<b>13</b>	Enrollment & Premium Payment.....	33
Initial Enrollment Period.....	13	Medicare Part A, B, D Premium.....	33
Special Enrollment Period.....	13	IRMAA Higher Income Adjustments.....	33
One Time Opt-In.....	13	<b>CTPF MEDPAY Program</b> .....	<b>34</b>
2020 Open Enrollment.....	13	Enrolling in MEDPAY.....	34
<b>How Do I End Insurance Coverage?</b> .....	<b>14</b>	Turning Age 65.....	34
Voluntarily Ending Coverage.....	14	CTPF Plan Enrollment Requirements.....	34
Involuntarily Ending Coverage.....	14	Medicare Eligibility Due to Disability.....	35
Refund of Premium.....	14	Medicare Eligibility Due to ESRD or ALS.....	35
<b>Subsidy Program</b> .....	<b>15</b>	Medicare & You.....	35
Health Insurance Premium.....	15	CHECKUP: Other Medicare Part D Plans.....	35
Subsidy for CTPF Non-Medicare Eligible Plans.....	15	Notice of Credible Coverage.....	36
Subsidy for Medicare.....	15	2020 Cost Comparison: Medicare Eligible.....	37
Chicago Public/Charter School COBRA.....	15	2020 Plan Comparison: Medicare Eligible.....	38-43
Subsidy for CTPF Medicare Plans.....	16	<b>Couple Coverage</b> .....	<b>44</b>
Subsidy for Non-CTPF Plans.....	16	<b>Terminology</b> .....	<b>45</b>
CHECKUP: Authorized Representative.....	16	<b>Contact &amp; General Information</b> .....	<b>46</b>
<b>CTPF COBRA</b> .....	<b>17</b>	CHECKUP: Mobile App.....	47
Overview.....	17	<b>Health Insurance Privacy Policy</b> .....	<b>48</b>
CTPF COBRA Eligibility.....	17	<b>Authorized Representative</b> .....	<b>48</b>
Duration of CTPF COBRA Coverage.....	17	<b>Office/Mailing Address</b> .....	<b>48</b>
Notification of CTPF COBRA Eligibility.....	18	<b>CTPF Medicare Birthday Parties</b> .....	<b>51</b>
CTPF COBRA Enrollment.....	18		
Continuation Period.....	18		
Payments under CTPF COBRA.....	18		

# 2020 Plan Changes & Updates

Effective January 1, 2020, through December 31, 2020

## IMPORTANT INFORMATION FOR ALL MEMBERS

### CTPF Plan Rates for 2020

Overall rates for CTPF plans will increase an average of 5.3% for 2020. Refer to the premium charts on *page 21* (Non-Medicare) and *page 37* (Medicare) for specific plan costs.

**2020 Health Insurance Subsidy** CTPF Trustees voted to subsidize the 2020 CTPF health insurance premiums at 50% (*certain limitations may apply*), effective January 1, 2020. The subsidy is set annually and is subject to change. (*See page 15 for more information*)

### Opt-In Policy Change

The CTPF Board of Trustees voted to allow eligible members to re-enroll in a CTPF health insurance plan one time without a qualified change in status. Previously, enrollment was only allowed once in a lifetime, unless the member experienced a qualifying event (*marriage, birth, death, etc.*). Individuals who want to rejoin a CTPF plan must do so during an open enrollment period. A member applying to re-enroll must have proof of insurance coverage (*medical and prescription drug*) as of the beginning of the open enrollment period (October 1), and maintain coverage through December 31 of that year. CTPF insurance coverage becomes effective the following January 1.



## Medicare Plan Changes

**All health plans for Medicare eligible members offered in 2019 will be offered in 2020.** Members currently enrolled in the plans listed below **DO NOT** need to take any action to stay enrolled:

- AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® PDP
- Humana Group Medicare HMO with Part D Pharmacy
- UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® PDP

### Changes to the AARP Medicare Supplement Plan F (UnitedHealthcare)

Due to a change in federal legislation, the AARP Plan F will not be open to individuals who are turning age 65 on or after January 1, 2020. Members who are age 65 or older prior to January 1, 2020, may continue to choose coverage in Plan F.

Starting in 2020, men and women may be charged different rates. On average, males will be charged higher rates. In most states this change will only apply to new enrollees. Contact UnitedHealthcare directly for a quote.

The AARP Plan F will now include access to the “At Your Best” wellness program which includes a free membership at any gym participating in the network. This Plan will also offer new discounts on hearing and vision through HearUSA and EyeMed as well as free access to the AARP Staying Sharp online health assessment and brain exercises/games program.

### Plan Enhancements for the UnitedHealthcare Group Medicare Advantage PPO

The UnitedHealthcare Medicare Advantage PPO plan has been enhanced with a reduced deductible of \$175 and the elimination of all coinsurance. A copayment of \$50 has been added for emergency room visits (*waived if admitted*).

### Possible Mid-Year Formulary Changes for Express Scripts Medicare® PDP

During the year, Express Scripts might make mid-year changes to the formulary that are allowed by Medicare rules. For example, they may remove a brand-name drug and replace it with a new generic drug on the same or lower cost-sharing tier, and with the same or fewer restrictions. You will receive a 30-day notice, or you will receive a one-month supply, rather than a 60-day refill of your brand-name drug at a network pharmacy. Please refer to your Express Scripts 2020 Annual Notice of Changes documents already mailed to you or call Express Scripts customer service at 1-800-864-1416.

### Medicare Part D Plan Update

Part D plan out-of-pocket costs are changing for 2020. Once your true out-of-pocket cost reaches \$6,350, your copay may be reduced (*in 2019, your out-of-pocket threshold was \$5,100*).

Once you meet this cost threshold, you pay:

- the greater of 5% coinsurance or \$3.60 for generics/multi-source drugs (*in 2019, your coinsurance was the greater of 5% or \$3.40*),
- \$8.95 for brand name drugs (*in 2019, your coinsurance was \$8.50*),

However, you will never pay more than the normal copay for a drug tier, based on the number of days prescribed (*e.g., 30-days*). Please refer to *pages 37-43* for more information.

For help in understanding how Part D drug plans work, please visit the Medicare website under Costs for Medicare drug coverage: [www.medicare.gov/part-d/](http://www.medicare.gov/part-d/)



## HEALTH INSURANCE MEDICARE UPDATE

### Plan F Enrollment Limited in 2020

#### ***Enrollment Limited***

Due to a change in federal legislation, the AARP Medicare Supplement Plan F (UnitedHealthcare) will not be an option for individuals who are turning age 65 on or after January 1, 2020. Members who are age 65 or Medicare eligible prior to January 1, 2020, may continue to choose coverage in Plan F. All other offered Medicare plans are available to all Medicare-eligible members.



## Medicare Star Ratings

The Centers for Medicare and Medicaid Services (CMS) uses a Star Rating system to measure how well Medicare Advantage plans and standalone Part D plans perform in categories such as customer service, member complaints, pricing and the array of services each offers. The ratings range from one to five stars, with five being the best and one the worst.



To find your plan's Star Rating, go to [www.medicare.gov/find-a-plan/](http://www.medicare.gov/find-a-plan/)

Once there, enter your plan ID (*shown below*) and your home zip code. Please note that your plan is part of a larger health insurance contract with Medicare and will not match the name of your group plan:

UHC Medicare Advantage Plan H2001	Humana Medicare Advantage Plan H1468	Express Scripts Part D Plan S5660
--------------------------------------	---	--------------------------------------

## Non-Medicare Plan Changes



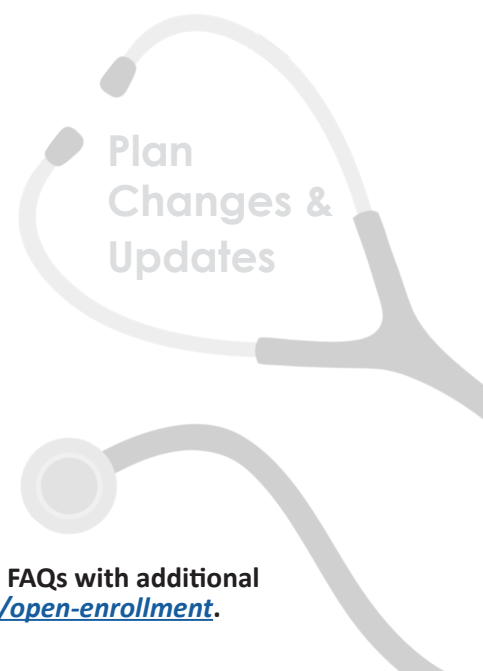
**All health plans for Non-Medicare eligible members offered in 2019 will be offered in 2020.** Members currently enrolled in the plans listed below DO NOT need to take any action to stay enrolled:

- Blue Cross Blue Shield PPO
- Blue Cross Blue Shield HMO Illinois
- UnitedHealthcare Choice Plus PPO

### Plan Changes for the UnitedHealthcare PPO Plan

Individual deductible increased from \$1,000 to \$2,000 and family deductible increased from \$2,000 to \$4,000. For more information refer to *page 21*.

Plan  
Changes &  
Updates



Find an online version of this Handbook, links to provider websites, formularies, and FAQs with additional information on our Health Insurance Open Enrollment Central page at [www.ctpf.org/open-enrollment](http://www.ctpf.org/open-enrollment).

# Enrollment

## 2020 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 - October 31, 2019. During Open Enrollment, you may enroll in a CTPF health insurance plan for the first time, change a health insurance plan or carrier, exercise your one-time Opt-In option, or add a dependent to a health plan.

**Changes made during this period become effective on January 1, 2020.**

## Chicago Public/Charter School COBRA Enrollees

If you currently have insurance through your former employer's Consolidated Omnibus Budget Reconciliation Act (COBRA) plan and wish to join a CTPF plan in January, you may enroll during Open Enrollment or within 30 days of COBRA coverage ending. *(See page 17)*

Enrollment from a COBRA plan to a CTPF plan is not automatic. **Contact CTPF before your COBRA coverage ends to obtain CTPF plan enrollment information.**

## Enrollment Forms

### Non-Medicare plans

Use CTPF Form 350 *(included in the center of this handbook or download at [www.ctpf.org](http://www.ctpf.org))* to enroll in all non-Medicare plans.

### Medicare plans

Complete CTPF Form 350 *(included in the center of this handbook or download at [www.ctpf.org](http://www.ctpf.org))*. See the instructions in "How to Enroll" on pages 38-39. The AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan and the Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan require additional forms.

### **RETURN ALL FORMS TO CTPF**

Return all completed enrollment forms and required documentation to:

**Health Benefits Department**  
Chicago Teachers' Pension Fund  
425 S. Financial Place, Suite 1400  
Chicago, IL 60605-1000

Forms returned to an insurance carrier will not be processed.



## HEALTH INSURANCE CHECKUP

### What's in a (legal) name?

It's important to **keep your legal name up-to-date** with both the Social Security Administration (SSA) and CTPF. Your legal name is the name on your birth certificate unless your name changed due to marriage, divorce, or by legal decree. Even if you do not receive SSA benefits, the SSA supplies Medicare with the name on your Medicare ID card. Make sure you use your legal name when you complete CTPF health insurance forms. Enrollment problems can occur if the name on your Medicare card does not match the name on file with CTPF.



## ID Cards

Health plan enrollees receive health insurance ID cards by mail directly from their health insurance plan provider. ID cards are normally issued at the time of enrollment or when a health plan change is made.

If you need a replacement card, contact your health insurance plan provider directly. Find contact information on *page 46*.

## Turning Age 65

If you (*or your dependent*) plan to enroll in a CTPF Medicare plan, you will need to apply for Medicare three months before the month you turn age 65 to ensure timely enrollment. See *Turning Age 65* on *page 30*.

To enroll in a CTPF Medicare plan, you must enroll in Medicare Part A and Part B, and **provide CTPF with proof of enrollment before the month** of your 65th birthday.

Acceptable proof includes:

- a copy of the Medicare card, or
- an award letter with Medicare number from the Social Security Administration verifying enrollment, with effective dates

### Current CTPF non-Medicare Health Plan Enrollees

If you are currently enrolled in a CTPF non-Medicare plan and want to continue coverage with CTPF when you turn 65, you must enroll in Medicare Part A and Part B, and provide CTPF with proof of enrollment **before the month of your 65th birthday**. If you fail to provide proof of Medicare enrollment, your CTPF health insurance will terminate on the last day of the month prior to your Medicare eligibility month. See *page 30* for information.

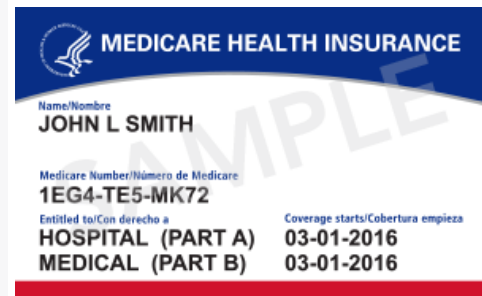
### Medicare Birthday Parties

CTPF offers bi-monthly enrollment events to help members evaluate their health insurance options. Medicare “Birthday Parties” are held in the CTPF office, and eligible members and their dependents are sent invitations in the months prior to their 65th birthday. More details can be found on *page 51*.



## Medicare Proof of Enrollment

If you are enrolling in a CTPF Medicare plan, make sure you send a copy of your Medicare card to CTPF **before the month of your 65th birthday**.



If you retired prior to July 1, 2016, and pay for Medicare Part A, CTPF requires that you enroll in the CTPF **MEDPAY** program. This is the only way you can receive a monthly subsidy for that premium in your pension check. Send the following additional documentation to CTPF along with a copy of your Medicare card:

- A copy of your first Notice of Medicare Premium Payment Due, issued by CMS
- A copy of your check for your first payment
- Completed copy of CTPF FORM 301 (*available from Member Services or online at [www.ctpf.org](http://www.ctpf.org)*)

**Find more information about the CTPF MEDPAY program on *page 34*.**

## Reducing Your Cost

### CTPF Health Insurance Premium Subsidy

CTPF members whose final teaching service was with CTPF may receive a health insurance premium subsidy. The subsidy, set annually, pays a percentage of health insurance costs for eligible CTPF retirees and their survivors. The CTPF Board of Trustees approved a 50% subsidy, effective January 1, 2020. The subsidy is subject to change at the discretion of the Board.

*See page 15 for more information about the health insurance premium subsidy program.*

### Medicare Part A Premium Subsidy

Members who retired with a pension benefit effective date of July 1, 2016, or later, who must pay for Medicare Part A coverage, will not receive a CTPF premium subsidy for this cost. This does not impact CTPF subsidies for Medicare Part B, Part D, supplemental health plans, or retirees with pension benefit effective dates prior to July 1, 2016. See *page 33* for more information.

## HIPAA Authorized Representative

If you want a family member to assist you with health insurance issues, you can submit a HIPAA Authorized Representative Designation form, available at [www.ctpf.org](http://www.ctpf.org) or from Member Services. Your Authorized Representative may discuss your health insurance options, but cannot make care or treatment decisions.

## Power of Attorney

If you would like a family member or other representative to act on your behalf, you must submit a completed power of attorney form to CTPF and to each of your health insurance carriers.

## Fraud

Falsifying information and/or documentation to obtain health insurance coverage through CTPF will result in a loss of health insurance.

## Disclaimer

If this summary description differs from the plan text or any plan term or condition, the official contract document governs. This handbook contains information regarding benefits voluntarily provided by CTPF. Plan provisions may change without prior notice. All plans are subject to and must comply with any applicable state or federal law. To the extent this summary description differs from current or future applicable state or federal law, the applicable state or federal law governs.



## HEALTH INSURANCE CHECKUP

### Dental Plans

CTPF health insurance plans do not include dental coverage. CTPF retirees may enroll in dental insurance offered through other agencies, including the Chicago Teachers Union and the Retired Teachers Association of Chicago.

*See page 47 for contact information.*

# Who Can Enroll In A CTPF Plan?

## Retirees & Dependents

---

CTPF retirees/survivors and their eligible dependents may qualify to enroll in a CTPF health insurance plan. To qualify, CTPF must be the retiree's final retirement system. A retiree/survivor and/or dependent may initially enroll in a CTPF plan once in a lifetime, unless he or she experiences a qualifying event.

*(See Special Enrollment on page 13)*

## Survivors

---

Upon the death of a member, survivors should notify Member Services as soon as possible. Once reported, CTPF will send a packet outlining survivors' health insurance options.

### Continued Coverage for Dependents

CTPF health insurance coverage continues for survivors currently enrolled as dependents following a member's death. Qualified survivors become eligible for a health insurance premium subsidy. A survivor who does not want to continue coverage may voluntarily disenroll.

### Joining a CTPF Health Insurance Plan

Qualified survivors may enroll in a CTPF health insurance plan within 30 days of a member's death, and become eligible for a premium subsidy. CTPF sends enrollment information upon notification.

## Dependents Defined\*

---

### Eligible dependents include:

- a legal spouse as defined by your state of residence
- a party to a civil union
- children under the age of 26
- unmarried veteran adult children under the age of 30
- children who are mentally or physically disabled from a cause originating prior to age 23, and who are financially dependent on you for more than one-half of their support and maintenance.

Dependent enrollment is contingent upon meeting the documentation requirements listed on *page 12*.

It is your responsibility to notify CTPF in writing when your dependent no longer meets eligibility requirements.

### \* For the purposes of dependent eligibility, the term children includes:

- natural children
- step children
- legally adopted children
- children for whom you have permanent legal guardianship
- disabled children



CTPF Health  
Insurance Plan

# Dependent Documentation Requirements

The following documentation must be provided when you add a dependent to a CTPF Health Insurance Plan.

Type of Dependent	Supporting Documentation Required
Legal spouse as defined by your state of residence	Marriage certificate or tax return indicating spouse's name
Party to a civil union	Civil union certificate
Disabled child*	Certified copy of birth certificate and an original letter from physician certifying disability on physician letterhead with date disability occurred. Disability must have occurred prior to age 23.
Natural child under age 26	Certified copy of birth certificate
Adopted child under age 26	Adoption decree/order with judge's signature and circuit clerk's stamp or seal, and proof of birth date
Stepchild under age 26	Certified copy of birth certificate indicating spouse is child's natural parent
Child under legal guardianship, under age 26	Certified guardianship appointment with Circuit Clerk stamp or seal, and proof of birth date
Unmarried veteran adult child, under age 30	<ul style="list-style-type: none"> <li>• Proof of Illinois residency</li> <li>• Veterans' Affairs Release Form (DD-214) with release date from service</li> <li>• Certified copy of birth certificate</li> </ul>

\*CTPF may require periodic updates to disabled child documentation. See *page 11* for dependent eligibility requirements.

# When Can I Join?



An eligible retiree/survivor and/or dependent may initially enroll in a CTPF plan once in a lifetime, unless he or she experiences a qualifying event noted below.

## Initial Enrollment Period

You may initially enroll in CTPF coverage when one of the following events occurs:

- Within 30 days after COBRA continuation coverage under the Board of Education or Charter School active employee group health program ends,\* unless coverage is cancelled due to non-payment of premium
- Within 30 days of the effective date of pension/survivor benefits
- During the Annual Open Enrollment Period (*once in a lifetime*)
- Within 30 days of first becoming eligible for Medicare
- When coverage is cancelled by a former group plan through no fault of your own

\* If COBRA coverage ends December 31, 2019, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 - 31, 2019. Coverage becomes effective January 1, 2020.

## Special Enrollment Period

In addition to the annual Open Enrollment Period, you have 30 days after a qualifying event to change plans or add an eligible dependent. Qualifying events may include:

- change in permanent address that affects the availability of an HMO or Medicare Advantage plan
- marriage/civil union or divorce/dissolution
- birth, adoption, or legal guardianship
- termination of a Primary Care Physician for HMO plan enrollees
- becoming eligible for Medicare

Please indicate the qualifying event on CTPF Form 350 and include any supporting documents detailing your reason for loss of coverage.

## One Time Opt-In

Eligible members may re-enroll in a CTPF health insurance plan **one time** without a qualified change in status (*marriage, birth, death, etc.*). Individuals who want to rejoin a CTPF plan must do so during a CTPF Open Enrollment Period. A member applying to re-enroll must have proof of insurance coverage (*medical and prescription drug*) as of the beginning of the open enrollment period (October 1), and maintain coverage through December 31 of that year. CTPF insurance coverage becomes effective the following January 1.

## 2020 Open Enrollment

The annual Open Enrollment Period is the time when you or a dependent can enroll in a CTPF plan or change plans. Open Enrollment runs October 1 - 31, 2019. Changes made during Open Enrollment become effective January 1, 2020.

**Get started by following these steps:**

1. Make sure you understand any plan changes. (*See page 5*)
2. **If you are currently enrolled in a CTPF plan and you want to continue coverage, you do not need to take any action. Your coverage will continue.**
3. If you or a dependent want to enroll or change plans, you must complete the appropriate enrollment forms. An enrollment form for most plans is included in this handbook. See the “How to Enroll” section of the comparison charts for plans not included on the enrollment form.
4. **Return all completed enrollment forms and required documentation to:**

**Health Benefits Department**  
Chicago Teachers’ Pension Fund  
425 S. Financial Place, Suite 1400  
Chicago, IL 60605-1000

**Forms returned to an insurance carrier will not be processed.**

# How Do I End Insurance Coverage?

## Voluntarily Ending Coverage

---

You can voluntarily end health insurance coverage at any time. Complete CTPF Form 350 by indicating your desired disenrollment date at least 30 days prior to the first day of the month when you want to end coverage. Your benefits will cease on the last day of the month.

If your request is received less than 30 days in advance, your coverage may be effective in the following month.

***Please contact CTPF Member Services at 1-312-641-4464 with any questions.***

## Involuntarily Ending Coverage

---

### Retirees

A retiree's health insurance coverage ends:

- the last day of the month when eligibility requirements are no longer met,
- on the date you lose Medicare coverage due to non-payment of premium, or
- on the date of death

### Dependents\*

A dependent's health insurance coverage ends

- simultaneously with the termination of the retiree's coverage, or
- the last day of the month when eligibility requirements are no longer met

\* CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. See *page 11* for information.

## Refund of Premium

---

Premiums will not be refunded for coverage ended retroactively due to late notification of ineligibility.



Ending  
Coverage

# Subsidy Program

## Health Insurance Premium

CTPF retirees whose final teaching service was with the Chicago Public/Charter Schools may qualify for a partial subsidy of their insurance premiums. A surviving spouse/child receiving a survivor's pension may also qualify for a subsidy.

The amount CTPF can spend on retiree health insurance is limited by state law. Each year, the CTPF Board of Trustees sets a premium subsidy amount. The subsidy for plan year 2020 is 50% of the total premium cost (*certain limitations may apply*). The subsidy is subject to change at the discretion of the Board.

Premium cost for dependent coverage is not eligible for the subsidy.

## Subsidy for CTPF Non-Medicare Eligible Plans

If you are enrolled in a CTPF Non-Medicare health insurance plan, your share of the monthly plan cost is deducted from your pension benefit.

**Example:** If your monthly premium is \$1,000, and the approved subsidy percentage is 50%, CTPF deducts \$500 from your monthly pension for the premium cost, and pays the remaining \$500 on your behalf.

## Subsidy for Medicare

CTPF provides a premium subsidy for Medicare Part B and Part D coverage. Members with a pension benefit effective date prior to July 1, 2016, also receive a subsidy for Medicare Part A (*for members who must pay a premium*).

### Costs Not Subsidized

CTPF does not subsidize Medicare penalties or adjustments. If you are disenrolled from Medicare for any reason, CTPF may recoup any overpaid premium subsidy from your pension check. See *page 15* for more information.

### Paying for Medicare Part A

Retirees enrolled in a CTPF Medicare health insurance plan who must also pay a premium for Medicare Part A must enroll in CTPF's **MEDPAY** Program. Under this program, CTPF makes Medicare Part A, Part B, and Income-Related Monthly Adjustment Amount (IRMAA) Part B premium payments on your behalf, and deducts your share (*after the applicable premium subsidy*) from your pension benefit. See *page 34* for information.

## Subsidy for Chicago Public/Charter School COBRA

If you are enrolled in COBRA continuation coverage, CTPF automatically applies the premium subsidy to your pension benefit. The necessary authorization forms must be on file with CTPF.



All teachers hired by the Chicago Public/Charter schools on or after April 1, 1986, contribute to Medicare and receive premium-free Medicare Part A benefits after 40 quarters of participation. Members employed prior to April 1, 1986, had the option of making Medicare contributions starting in 2006. Individuals who chose this option met their contribution requirements (40 quarters) in 2016.

**CTPF does not subsidize Part A premiums for members with benefit effective dates of July 1, 2016, or later.**

## Paying for Medicare Part B

Medicare will bill you for your Part B premium unless you receive a Social Security benefit or qualify for and enroll in CTPF's **MEDPAY** program. If you make Part B payments directly to Medicare, CTPF provides a subsidy by adding 50% of the premium cost to your pension benefit.

**Example:** If your Medicare Part B Premium cost is \$110 and the approved subsidy percentage is 50%, CTPF adds \$55 to your pension benefit. You must make your Part B payment directly to Medicare.

## Subsidy for CTPF Medicare Plans

If you are enrolled in a CTPF Medicare health insurance plan, your share of the monthly plan cost is deducted from your pension benefit.

**Example:** If your monthly premium is \$300, and the approved subsidy percentage is 50%, CTPF deducts \$150 from your monthly pension for the premium cost, and pays the remaining \$150 on your behalf.

## Subsidy for Non-CTPF Plans

Members enrolled in non-CTPF health insurance plans and/or Medicare may be eligible for a subsidy, subject to maximum reimbursement amounts published annually. The maximum reimbursement amount will be based on CTPF's least expensive Medicare or non-Medicare plan option.

An application is mailed in the spring to members who are not enrolled in a CTPF health insurance plan. The subsidy is paid out retroactively in an annual payment. Premium payment documentation is required and is explained on the application.



## HEALTH INSURANCE CHECKUP

### Authorized Representative

An authorized representative (AR) is a trusted friend or family member that you designate to assist with your CTPF health care services.

#### Why Designate an AR?

Assigning an AR now ensures that the people you trust can ask questions, discuss claims, and advocate for you in the event that you need assistance with these matters. An AR does not have power of attorney and cannot make care or treatment decisions.

#### How to Designate an AR with CTPF

Download CTPF Form 345 at [www.ctpf.org/health-insurance-forms-publications](http://www.ctpf.org/health-insurance-forms-publications), or call Member Services, 312-641-4464, to request one. Complete the form and return to CTPF.

#### Designate an AR with your Health Insurance Provider

Each insurance provider has its own process and designation form. Call the customer service number found on your insurance card for more information.



### Overview

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federal law that gives health plan enrollees, including retirees and their eligible dependents, the right to temporarily continue health insurance at group rates. Coverage must be lost due to specific qualifying events (*see below*). The type of qualifying event determines who is qualified for continued coverage and for how long.

The decision to continue coverage under COBRA must be made within a certain time period, called the election period. If COBRA continuation coverage is elected within the qualifying period, the coverage will be reinstated retroactive to 12:01 a.m. on the date following termination of coverage. Coverage under COBRA is identical to the health insurance coverage provided to plan enrollees.

### CTPF COBRA Eligibility

COBRA continuation coverage is a continuation of CTPF health insurance coverage when coverage would otherwise end because of a qualifying event. A list of qualifying events with the applicable continuation periods can be found in the chart below. You must notify CTPF in writing of address changes for dependents so that COBRA notification can be sent.

### Duration of CTPF COBRA Coverage

Qualifying Events	Continuation Period
<b>Retiree</b>	
Suspension of annuity benefits for any reason, including termination of disability benefits, except for gross misconduct	18 months
Loss of eligibility	18 months
Disability determination by the Social Security Administration (SSA) of a disability that existed at the time of the qualifying event	29 months
<b>Dependent</b>	
Suspension of retiree's annuity benefits as stated above	18 months
Failure to satisfy the plan's eligibility requirements for dependent status	36 months
Retiree's death, divorce, or legal separation: spouse or ex-spouse	36 months
Retiree becomes Medicare entitled (for Part A, Part B, or both) and elects to terminate group health benefit	36 months

---

## Notification of CTPF COBRA Eligibility

---

As the retiree, you are responsible for notifying CTPF of you or your dependent(s) loss of eligibility of coverage within 60 days of the date of the qualified event, or the date on which coverage would end, whichever is earlier. Failure to notify CTPF at the following address within 60 days will result in termination of CTPF COBRA continuation rights:

**Health Benefits Department**  
Chicago Teachers' Pension Fund  
425 S. Financial Place, Suite 1400  
Chicago, IL 60605-1000

CTPF sends a letter with CTPF COBRA continuation rights within 14 days of receiving notification of the health insurance termination with a qualified event. The letter includes an enrollment form, premium payment information, and important deadline information.

If you and/or your dependent(s) do not receive a CTPF COBRA continuation letter within 30 days, and you notified CTPF within the required 60-day period, contact CTPF immediately.

---

## CTPF COBRA Enrollment

---

You and/or your dependents have 60 days from the date of the COBRA eligibility letter to elect enrollment in COBRA and 45 days from the date of election to pay required premiums. Failure to complete and return the enrollment form, or to submit payment by the due dates, will terminate COBRA rights. If the enrollment form and all required payments are received by the due dates, coverage will be reinstated retroactive to the date of the qualifying event.

---

## Continuation Period When Second Qualifying Event Occurs

---

If, while on an 18-month COBRA continuation period a second qualifying event occurs, you and your dependents may extend coverage an additional 18 months, for a maximum of 36 months. However, this 18-month extension does not apply in the case of a new dependent added to existing COBRA coverage.

---

## Premium Payment Under CTPF COBRA

---

You have 60 days from the date of the COBRA eligibility letter to elect CTPF COBRA and 45 days from the date of election to pay all premiums. Premium is 102% of the group rate for each COBRA-enrolled individual and is not subsidized by CTPF. Failure to pay the premium by the due date will result in termination of coverage retroactive to the last date of the month in which premiums were paid.

---

## Disability Extension of 18-Month Period of Continuation Coverage

---

If, while covered under COBRA, you are determined to be disabled by the Social Security Administration (SSA), you may be eligible to extend coverage from 18 months to 29 months. Enrolled dependents are also eligible for the extension. To extend benefits, you must have become disabled during the first 60 days of COBRA continuation coverage. You must submit a copy of the SSA determination letter to CTPF within 60 days of the date of the letter and before the end of the original 18-month COBRA coverage period.

---

## Disability Extension Premium Payment

---

Disabled individuals and their enrolled dependents pay an increased premium, up to 150% of the cost of coverage, for all months covered beyond the initial 18 months.

## Adding New Dependents to CTPF COBRA Coverage

Qualified dependents may be added to existing COBRA coverage. Contact CTPF for more information and documentation requirements.

## Termination of Coverage under CTPF COBRA

Termination of COBRA coverage occurs when the earliest of the following occurs:

- maximum continuation period ends
- COBRA enrollee fails to make timely payment of premium
- COBRA enrollee becomes entitled to Medicare
- the plan terminates

## Conversion Privilege

When COBRA coverage terminates, enrollees may have the right to convert to an individual health plan without providing evidence of insurability. Contact your health plan administrator to see if you qualify for this option.



## HEALTH INSURANCE CHECKUP

### Stay Up-to-Date with Address Changes

If you move, notify the Social Security Administration (SSA) of your new address. Even if you don't receive a Social Security benefit, the agency needs to know if your address changes, otherwise you may not receive a Medicare Part B bill. If you are Medicare-eligible and fail to pay your Medicare Part B premium you can lose ALL of your Medicare coverage and you will be disenrolled from your CTPF health insurance plan.

# Non-Medicare

## Health Insurance Options for Non-Medicare Eligible Members

### Overview

---

The following pages offer general descriptions of the types of health insurance options for CTPF retirees who are not eligible for Medicare. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts on *pages 21-29*.

### Chicago Public/Charter School Continuation Coverage

---

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows you to pay for the same health insurance coverage that you received during employment, usually for 18 months.

Health insurance costs are generally lower under COBRA continuation coverage than they would be under a CTPF plan. Many choose this option and extend coverage for the maximum time allowed, normally 18 months.

Under COBRA continuation coverage, you pay premiums directly to your former employer. The employer administers the program, determines eligibility, and processes applications. In order to maintain coverage, you must make monthly premium payments on time or your coverage may be cancelled.

**Contact your employer for additional information.**

### Health Maintenance Organization (HMO)

---

CTPF offers the Blue Cross Blue Shield HMO Illinois plan. This plan includes both medical and prescription drug coverage.

The HMO does not have deductibles, coinsurance, or claim forms to file. All health care must be provided (except in emergencies) by doctors, hospitals, and pharmacies that belong to the HMO network.

The HMO requires you to choose a primary care physician (PCP) to coordinate your care. Your PCP can be an internist, general practitioner, or family practitioner. You have the option to change your PCP at any time (changes may not be effective immediately). You must seek a referral for specialty care and use network providers except in an emergency. A directory of providers is available online or directly from the HMO.

The HMO service area is limited, so consider this option carefully if you travel frequently, do not live in the same place for 12 months of the year, or have dependents living away from home.

### Preferred Provider Organization (PPO)

---

CTPF offers two PPO options, the Blue Cross Blue Shield PPO and UnitedHealthcare Choice Plus PPO. These plans include both medical and prescription drug coverage.

A Preferred Provider Organization (PPO) is a network of physicians, hospitals, and other professionals that have agreed to accept established fees from a health plan.

You decide whether or not to use a PPO network provider, but plans generally pay a higher percentage of covered charges for services within the PPO network.



# 2020 Plan Cost Comparison

The following health insurance plans are available to non-Medicare eligible participants. If you have Medicare Part A and Part B due to end stage renal disease, these plans are available to you within the 30-month coordination period.

This comparison is to be used as a guide. In case this summary differs from the health plan text or any health plan term or condition, the official contract document must govern.

While every effort has been made to ensure up-to-date information, CTPF is not responsible for the final adjudication of insurance claims, which are solely the responsibility of the health plan. *(See page 5 for CTPF Plan rate information)*

Blue Cross Blue Shield PPO	UnitedHealthcare Choice Plus PPO	Blue Cross Blue Shield HMO Illinois
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy*</b>		
\$966.45	\$680.29	\$505.71
<b>CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy*</b>		
\$2,899.34	\$2,040.87	\$1,517.13
<b>CTPF retiree/survivor + 2 or more dependents monthly premium cost with CTPF premium subsidy*</b>		
\$4,832.23	\$3,401.45	\$2,528.55
<b>CTPF dependent cost for single coverage<sup>^</sup> (dependents do not receive the CTPF premium subsidy)</b>		
\$1,932.89	\$1,360.58	\$1,011.42

\* The retiree/survivor cost is the amount paid for monthly coverage after CTPF applies the health insurance premium subsidy. The current subsidy is 50% of total premium cost. See *page 15* for more information.

<sup>^</sup> This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See *page 44* for additional information about couple coverage.

# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross Blue Shield PPO

### NETWORK NAME

Participating Provider Organization (PPO)

### PLAN FEATURES

Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 50% Non-PPO of allowed charges after the plan year deductible has been met.

### CONTACT INFORMATION

**Group number:** P06675  
 1-800-331-8032 Customer Service  
 1-800-851-7498 Mental Health  
 1-800-423-1973 Pharmacy  
 1-800-299-0274 Nurse Line  
[www.bcbsil.com](http://www.bcbsil.com)

### HOW TO ENROLL

Complete CTPF Form 350 (*available in the center of this book or online at [www.ctpf.org](http://www.ctpf.org)*). Return with required documentation to CTPF.

### SERVICE AREA

Nationwide

### FOREIGN TRAVEL

Foreign travel emergency benefits available. Other foreign medical coverage may be available. Contact BCBS at 1-800-810-2583 for more information.

### PHYSICIAN SELECTION

Enhanced benefit level when you use a PPO hospital or physician.

### LIFETIME MAXIMUM

No lifetime maximum

### OUT-OF-POCKET MAXIMUMS

Individual:   \$2,400 PPO  
                   \$4,800 Non-PPO  
 Family:       \$4,000 PPO  
                   \$9,600 Non-PPO

Prescription copays do not apply toward plan deductible.

<b>UnitedHealthcare Choice Plus PPO</b>	
<b>NETWORK NAME</b>	
	UnitedHealthcare Choice Plus
<b>PLAN FEATURES</b>	
	Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 50% Non-PPO of allowed charges after the plan year deductible has been met. Some services are available for a copayment.
<b>CONTACT INFORMATION</b>	
	<b>Group number:</b> 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health <a href="http://www.myuhc.com">www.myuhc.com</a>
<b>HOW TO ENROLL</b>	
	Complete CTPF Form 350 ( <i>available in the center of this book or online at <a href="http://www.ctpf.org">www.ctpf.org</a></i> ). Return with required documentation to CTPF.
<b>SERVICE AREA</b>	
	Nationwide
<b>FOREIGN TRAVEL</b>	
	Foreign travel emergency benefits available.
<b>PHYSICIAN SELECTION</b>	
	Enhanced benefit level when you use a PPO hospital or physician. No referral required.
<b>LIFETIME MAXIMUM</b>	
	No lifetime maximum
<b>OUT-OF-POCKET MAXIMUMS</b>	
	Individual: \$6,500 PPO \$10,000 Non-PPO Family: \$13,000 PPO \$20,000 Non-PPO Prescription copays apply toward out-of-pocket maximums.

<b>Blue Cross Blue Shield HMO Illinois (HMOI)</b>	
<b>NETWORK NAME</b>	
	HMO Illinois (HMO)
<b>PLAN FEATURES</b>	
	Traditional HMO. You must select an HMOI primary care physician (PCP). Referral required for specialty care. Plan typically pays 100% after copayment. Must use network provider.
<b>CONTACT INFORMATION</b>	
	<b>Group number:</b> H64047 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy 1-800-299-0274 Nurse Line <a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>HOW TO ENROLL</b>	
	Complete CTPF Form 350 ( <i>available in the center of this book or online at <a href="http://www.ctpf.org">www.ctpf.org</a></i> ). Return with required documentation to CTPF.
<b>SERVICE AREA</b>	
	Chicago vicinity only
<b>FOREIGN TRAVEL</b>	
	Foreign travel emergency benefits available.
<b>PHYSICIAN SELECTION</b>	
	PCP directed, referrals required. Must use network provider.
<b>LIFETIME MAXIMUM</b>	
	No lifetime maximum
<b>OUT-OF-POCKET MAXIMUMS</b>	
	Individual: \$1,500 Family: \$3,000 Prescription copays, vision, durable medical equipment, and prosthetics do not apply to out-of-pocket maximums.

# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross Blue Shield PPO

### ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE

\$500 PPO  
\$1,000 Non-PPO

### ADDITIONAL DEDUCTIBLES

\$200 Deductible each PPO hospital admission (*not to exceed 2 copays per year*)  
\$400 Deductible each non-PPO hospital admission (*not to exceed 2 copays per year*)  
\$150 Deductible each emergency room visit, unless admitted

### HOSPITAL SERVICES

#### Inpatient

80% PPO hospital plus \$200 hospital admission deductible  
50% Non-PPO hospital plus \$400 hospital admission deductible

#### Skilled Nursing Facility (*non-custodial*)

80% PPO facility plus \$200 hospital admission deductible  
50% Non-PPO facility plus \$400 hospital admission deductible  
Services must be rendered in a BCBS-approved skilled nursing facility.

### OUTPATIENT SERVICES

#### Chemotherapy, Radiation Therapy

80% PPO provider  
50% Non-PPO provider

#### Emergency Room

100% After \$150 emergency room deductible, unless admitted

#### Lab/X-ray

80% PPO provider  
50% Non-PPO provider

#### Speech, Physical and Occupational Therapy

80% PPO provider  
50% Non-PPO provider

#### Surgery

80% PPO provider  
50% Non-PPO provider

#### Urgent Care

80% PPO provider  
50% Non-PPO provider



<b>UnitedHealthcare Choice Plus PPO</b>	
<b>ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE</b>	
Individual:	\$2,000 PPO \$5,000 Non-PPO
Family:	\$4,000 PPO \$10,000 Non-PPO
Deductible does not apply to all services.	
<b>ADDITIONAL DEDUCTIBLES</b>	
<b>Emergency Room</b> \$250 per occurrence deductible	
<b>HOSPITAL SERVICES</b>	
<b>Inpatient</b> 80% PPO after deductible 50% Non-PPO after deductible, prior authorization required	
<b>Skilled Nursing Facility (non-custodial)</b> 80% PPO after deductible 50% Non-PPO after deductible Limited to 60 days per year	
<b>OUTPATIENT SERVICES</b>	
<b>Chemotherapy, Radiation Therapy</b> 80% PPO after deductible 50% Non-PPO after deductible	
<b>Emergency Room</b> 80% after a \$250 per occurrence deductible per visit and the medical plan deductible has been met (PPO and non-PPO)	
<b>Lab/X-ray</b> 80% PPO provider, after deductible 50% Non-PPO provider, after deductible	
<b>Speech, Physical and Occupational Therapy</b> 80% PPO provider, after deductible 50% Non-PPO provider, after deductible Limited to 20 visits per year per therapy	
<b>Surgery</b> 80% PPO after deductible 50% Non-PPO after deductible	
<b>Urgent Care</b> \$50 Copay PPO, deductible does not apply 50% Non-PPO, after deductible	

<b>Blue Cross Blue Shield HMO Illinois (HMOI)</b>	
<b>ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE</b>	
None	
<b>ADDITIONAL DEDUCTIBLES</b>	
None	
<b>HOSPITAL SERVICES</b>	
<b>Inpatient</b> \$200 Copay per admission <i>(not to exceed 2 copays per year)</i>	
<b>Skilled Nursing Facility (non-custodial)</b> No copay	
<b>OUTPATIENT SERVICES</b>	
<b>Chemotherapy, Radiation Therapy</b> \$30 Copay	
<b>Emergency Room</b> \$125 Copay: PCP notification recommended except in life threatening situation	
<b>Lab/X-ray</b> \$30 Copay	
<b>Speech, Physical and Occupational Therapy</b> No copay Limited to 60 visits per year	
<b>Surgery</b> \$175 Copay	
<b>Urgent Care</b> \$30 Copay	

# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross Blue Shield PPO

### PROFESSIONAL AND OTHER SERVICES

#### Allergy Shots

80% PPO provider  
50% Non-PPO provider

#### Ambulance

80%

#### Chiropractic Visits

80% PPO provider  
50% Non-PPO provider  
Limited to 40 visits per year

#### Dental

Accidental care only: coverage provided for repair of accidental injury to sound natural teeth

#### Eyeglasses and Contacts

Not covered  
Contact BCBS customer service at 1-800-331-8032 for details on the vision discount program.

#### Maternity

80% PPO provider  
50% Non-PPO provider

#### Physician Office Visits

80% PPO provider  
50% Non-PPO provider

#### Preventive Care Services (*physicals, diagnostic tests, immunizations*)

100% of allowed charges PPO and  
50% non-PPO providers  
Includes routine physical examinations, diagnostic tests, and immunizations

#### Prosthetic Devices and Medical Equipment

80% up to purchase price

#### Vision Screening and Exams

Not covered  
Contact BCBS customer service at 1-800-331-8032 for details on the vision discount program.

<b>UnitedHealthcare Choice Plus PPO</b>
<b>PROFESSIONAL AND OTHER SERVICES</b>
<p><b>Allergy Shots</b> No charge Physician visit copay applies</p>
<p><b>Ambulance</b> 80% PPO/Non-PPO after deductible Prior authorization required for non-emergency</p>
<p><b>Chiropractic Visits</b> 80% PPO provider, after deductible 50% Non-PPO after deductible Limited to 20 visits per year</p>
<p><b>Dental</b> 80% PPO/Non-PPO after deductible Accident only; Prior authorization required</p>
<p><b>Eyeglasses and Contacts</b> Discounts on frames, lenses, and lens options.</p>
<p><b>Maternity</b> See applicable service for benefit level. Copay only applies to initial office visit for physician office services.</p>
<p><b>Physician Office Visits</b> 100% PPO provider, deductible does not apply \$100 Copay PPO specialist provider, deductible does not apply 50% Non-PPO provider after deductible</p>
<p><b>Preventive Care Services (physicals, diagnostic tests, immunizations)</b> 100% PPO for routine lab, x-rays, mammograms, preventive tests. PPO preventive care not subject to deductible 50% Non-PPO after deductible</p>
<p><b>Prosthetic Devices and Medical Equipment</b> 80% PPO after deductible 50% Non-PPO after deductible Limited to single purchase of each type of device every 3 years</p>
<p><b>Vision Screening and Exams</b> Not covered</p>

<b>Blue Cross Blue Shield HMO Illinois (HMOI)</b>
<b>PROFESSIONAL AND OTHER SERVICES</b>
<p><b>Allergy Shots</b> \$30 Office Visit Copay</p>
<p><b>Ambulance</b> No copay</p>
<p><b>Chiropractic Visits</b> \$30 Copay Limited to 40 visits per year</p>
<p><b>Dental</b> Accidental care only: coverage provided for repair of accidental injury to sound natural teeth</p>
<p><b>Eyeglasses and Contacts</b> Covered up to \$75 allowance every 24 months Contact EyeMed at 1-844-684-2254 for details on the vision discount program.</p>
<p><b>Maternity</b> 100% after \$30 copay</p>
<p><b>Physician Office Visits</b> \$30 Copay</p>
<p><b>Preventive Care Services (physicals, diagnostic tests, immunizations)</b> No copay</p>
<p><b>Prosthetic Devices and Medical Equipment</b> No copay</p>
<p><b>Vision Screening and Exams</b> \$30 Copay Limited to one screening/exam every 12 months</p>

# Plan Comparison: Non-Medicare Eligible Members

## Blue Cross Blue Shield PPO

### BEHAVIORAL HEALTH SERVICES

#### Inpatient

- 80% PPO hospital plus \$200 hospital admission deductible
- 50% Non-PPO hospital plus \$400 hospital admission deductible

#### Outpatient

- 80% PPO provider
- 50% Non-PPO provider

### PRESCRIPTION DRUG BENEFITS\*

#### Retail up to 30-Day Supply

- \$10 Generic copay
- \$30 Formulary brand copay
- \$50 Non-formulary brand copay

#### Retail up to 90-Day Supply

- \$25 Generic copay
- \$75 Formulary brand copay
- \$125 Non-formulary brand copay

#### Mail Order up to 90-Day Supply

- \$20 Generic copay
- \$60 Formulary brand copay
- \$100 Non-formulary brand copay

**\* Specialty medications limited to a 30-day supply**



UnitedHealthcare Choice Plus PPO	
<b>BEHAVIORAL HEALTH SERVICES</b>	
<b>Inpatient</b>	
80%	PPO after deductible
50%	Non-PPO after deductible
	Prior authorization required
<b>Outpatient</b>	
100%	PPO, deductible does not apply
50%	Non-PPO provider after deductible
<b>ANNUAL PRESCRIPTION DRUG DEDUCTIBLE</b>	
Tiers 1 & 2	No deductible
Tiers 3 & 4	Annual Retail & Mail Order Combined
	Deductible of \$250 per individual not to exceed \$500 for the entire family.
<b>PRESCRIPTION DRUG BENEFITS*</b>	
<b>Retail up to 30-Day Supply</b>	
\$0	Tier 1 copay
\$50	Tier 2 copay
\$100	Tier 3 copay
\$250	Tier 4 copay
<b>Retail up to 90-Day Supply</b> Not offered	
<b>Mail Order up to 90-Day Supply</b>	
\$0	Tier 1 copay
\$125	Tier 2 copay
\$250	Tier 3 copay
\$625	Tier 4 copay

\* Specialty medications limited to a 30-day supply

Blue Cross Blue Shield HMO Illinois (HMOI)	
<b>BEHAVIORAL HEALTH SERVICES</b>	
<b>Inpatient</b>	
\$200	deductible each hospital admission <i>(not to exceed 2 copays per year)</i>
<b>Outpatient</b>	
\$30	Copay
	All care coordinated through your PCP
<b>PRESCRIPTION DRUG BENEFITS*</b>	
<b>Retail up to 30-Day Supply</b>	
\$10	Generic copay
\$30	Formulary brand copay
\$50	Non-formulary brand copay
<b>Retail up to 90-Day Supply</b>	
\$25	Generic copay
\$75	Formulary Brand copay
\$125	Non-formulary brand copay
<b>Mail Order up to 90-Day Supply</b>	
\$20	Generic copay
\$60	Formulary brand copay
\$100	Non-formulary brand copay

\* Specialty medications limited to a 30-day supply



**\* Prescription Drug Plan Changes**

Each health insurance plan utilizes a formulary (*a list of preferred prescription drugs*). Formularies may change annually, so make sure you review your plan's 2020 formulary to determine if your prescription expenses will change.

# Medicare

## Health Insurance Options for Medicare Eligible Members

### Overview

The following pages offer general descriptions of the types of plans offered to CTPF retirees who are eligible for and maintain active enrollment in Medicare Part A and Part B. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts on *pages 38-43*.

### Turning Age 65

If you (or your dependent) plan to enroll in a CTPF Medicare plan, apply for Medicare three months before the month you turn age 65, and consider attending a CTPF Medicare “Birthday Party” when invited.

**To enroll in a CTPF Medicare plan, you must enroll in Medicare Part A and Part B, and provide CTPF with proof of enrollment before the month of your 65th birthday.**

Acceptable proof includes:

- a copy of the Medicare card, or
- an award letter with Medicare number from the Social Security Administration verifying enrollment, with effective dates

See general Medicare information on *page 32*, and find Medicare Birthday Party information on *page 51*.

### Current CTPF non-Medicare Health Plan Enrollees

If you are currently enrolled in a CTPF non-Medicare plan and want to continue coverage with CTPF when you turn 65, you must enroll in Medicare Part A and Part B, and provide CTPF with proof of enrollment **before the month** of your 65th birthday. If you fail to provide proof of Medicare enrollment, your CTPF health insurance will terminate on the last day of the month prior to your Medicare eligibility month.

### More Information about Turning Age 65

CTPF offers bimonthly Medicare “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options. See *page 51* for information.

### Medigap Plan

A Medigap policy is health insurance sold by private companies that helps pay the costs that Original Medicare

(Parts A and B) doesn’t cover, such as Part A and Part B deductibles and coinsurance. Original Medicare provides coverage first, then Medigap helps fill in the gaps. The federal government defines standard benefits for Medigap plans. Medigap premiums are regulated by each state. You must be enrolled in Medicare Part A and Part B to join a Medigap plan.

CTPF offers the AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP). Due to a change in federal legislation, the AARP Plan F will not be open to individuals who are turning age 65 on or after January 1, 2020. Members who are age 65 or older prior to January 1, 2020, may continue to choose coverage in Plan F.

### AARP Medicare Supplement Plan F (UnitedHealthcare)

The AARP Medicare Supplement Plan F is an individual Medigap plan administered by UnitedHealthcare and endorsed by AARP. This plan supplements Original Medicare (Part A and Part B) and includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF. (*See page 31 for more information*)

This is an individual plan that is 100% portable with guaranteed renewal. You can obtain medical care from any physician or hospital that accepts Medicare. Plan F covers 100% of most Medicare-eligible expenses not paid by Medicare.

Plan F premiums are based on age, gender, vary by geographic area, and are quoted directly by UnitedHealthcare. Call CTPF to determine total premium cost including prescription coverage. Premiums may change slightly during the plan year depending on your enrollment date. UnitedHealthcare informs you of these premium changes.

New enrollees must submit completed enrollment applications to CTPF.

**Note:** If you have Medicare coverage for a reason other than age, you cannot enroll in this plan.

## Medicare Advantage Plans

---

A Medicare Advantage plan completely replaces original Medicare Part A and Part B coverage. In an Advantage plan, the plan administrator assumes all of the financial cost of the services provided to you, less the applicable copayments. You must be enrolled in Medicare Part A and Part B to join an Advantage plan. CTPF offers two Medicare Advantage plans:

### UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF

You can obtain medical care from any physician, hospital, or provider that accepts Medicare and Medicare Advantage Plans. The plan includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF (*see right for more information*). This plan covers most medical services at 100% once the deductible is satisfied.

Plan premiums are listed on *page 37* and include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

**\* Medicare Advantage Note:** This CTPF health plan is a custom plan that does not require the use of a network provider for coverage. Your benefit levels are the same whether or not you use a network provider. You may seek care from any provider nationwide that accepts Medicare and Medicare Advantage Plans. All Medicare Advantage plans are regulated by CMS (Centers for Medicare and Medicaid Services). CMS requires that certain language be included in all Medicare Advantage documents. Unfortunately, some of this language can be confusing, misleading, and in some cases contradictory to your actual plan benefits.

***If you have any questions, please call CTPF Member Services at 1-312-641-4464.***

### Humana Group HMO with Part D Pharmacy

This plan is a traditional HMO where you select a Primary Care Provider to direct your care. You must use network physicians to receive benefits. The plan includes enhanced Medicare Part D prescription drug coverage provided through Humana. You typically pay a copay for services.

Plan premiums are listed on *page 37* and include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

## Express Scripts® Prescription Drug Coverage

---

Express Scripts® is the prescription drug benefits administrator for the UnitedHealthcare Group Medicare Advantage PPO and AARP Medicare Supplement Plan F (UnitedHealthcare) plans. Enrollment in prescription drug coverage is automatic for these plans. Express Scripts® will send all new enrollees welcome kits with a **separate** prescription drug ID card. You will need to present this card at your pharmacy to receive prescription benefits.

The Express Scripts Medicare® (PDP) for CTPF is an enhanced Part D prescription drug plan approved by Medicare. The plan is based on a drug formulary list which includes Medicare Part D drugs. View the drug formulary at the website: [www.Express-Scripts.com/medd/ctpf](http://www.Express-Scripts.com/medd/ctpf). Although standard Medicare Part D plans may include a coverage gap (doughnut hole), the Express Scripts® enhanced plan offers continued coverage through the coverage gap. (*Copays apply, see the “Important Pharmacy Notes” on pages 42-43*)

Copays may change annually based on a drug’s formulary status. This Part D drug plan utilizes a Preferred Value network that offers lower copays than the standard network. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Contact Express Scripts at 1-800-864-1416 for details.

If you qualify for “extra help” from the federal government for your prescription drug costs, your prescription copays and premium may be lower than those listed in this handbook.



## Medicare Defined

Medicare is the federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS), for individuals who:

- reach age 65 or older, or
- receive Social Security disability benefits for over 24 months, or
- have End-Stage Renal Disease (ESRD), or
- receive disability benefits for Amyotrophic Lateral Sclerosis (ALS)

## Applying for Medicare

To apply for Medicare, contact your local Social Security Administration (SSA) office or call 1-800-772-1213 to enroll in Medicare Part A and Part B, three months prior to your 65th birthday. You can also apply online at [www.medicare.gov](http://www.medicare.gov).

If you are already collecting Social Security retirement benefits, your enrollment in Medicare at age 65 is usually automatic.

### \*Conversation Starter



Before you reach age 65, arrange to speak with your doctor's office about your transition to Medicare. Confirm that your provider accepts Medicare, and where applicable, Medicare Advantage plans. You may also take the opportunity to discuss the types of health insurance coverage CTPF offers to members on Medicare.

They may ask to take your plan information in advance. Your *CTPF Health Insurance Handbook* can provide some of the information they might need and the health plan's contact information is in the back of the book.

## The Parts of Medicare

### **Medicare Part A**

#### **Hospital Insurance**

Part A insurance helps cover inpatient care in hospitals. It also helps cover care in skilled nursing facilities (non-custodial), hospice, and home health care.

### **Medicare Part B**

#### **Medical Insurance**

Part B insurance helps cover doctors' services and outpatient care. Part B also helps cover some preventive services to maintain health and to keep certain illnesses from getting worse.

### **Medicare Part C**

#### **Medicare Advantage Plans**

Part C insurance replaces the traditional Part A and Part B coverage. Part C plans are Medicare Advantage HMO, PPO, or Point of Service (POS) plans run by private companies approved by Medicare. These plans may offer other coverage including prescription drugs.

### **Medicare Part D**

#### **Prescription Drug Coverage**

Part D insurance helps cover the cost of outpatient prescription drugs. The federal government sets a minimum standard of benefits that must be covered by Part D plans. Standard Part D plans may include a coverage gap (doughnut hole).

#### **Enhanced Medicare Part D Plans**

Enhanced Medicare Part D Plans have a higher actuarial value than a basic Part D plan. Out-of-pocket expenses are generally lower, and continued coverage through the coverage gap may be offered.



# Enrollment & Premium Payment

## Medicare Part A Premium

You may qualify for premium-free Part A coverage if you paid Medicare taxes while working. Members hired on or after April 1, 1986, paid Medicare taxes through payroll deductions.

### Premium Free Medicare Part A

You must earn 40 Medicare “quarters” or “credits” to qualify for premium-free Medicare Part A; or 30+ quarters to qualify for a reduced premium.

You receive Medicare Part A at no cost if you receive a Social Security or Railroad Retirement Board (RRB) benefit.

You can apply for Medicare through a spouse if you have been married at least one year, or through an ex-spouse (living or deceased), if you were married for at least 10 years.

### Paying for Medicare Part A

If you do not qualify for premium-free Part A coverage, you must purchase this coverage. CTPF takes over this responsibility and pays Medicare on your behalf when you enroll in CTPF’s **MEDPAY** program. (see page 34)

## Medicare Part B Premium

Almost everyone must pay for Part B coverage. You are responsible for making payments directly to Medicare, and will receive a monthly or quarterly bill unless you:

- receive a Social Security benefit. Medicare deducts the Part B premium cost directly from monthly SSA benefits.
- participate in CTPF’s **MEDPAY** program. CTPF pays Medicare on your behalf. (see page 34)

Pay Medicare Part B bills promptly to avoid losing all your health insurance coverage. If you are not eligible for the CTPF **MEDPAY** program, CTPF recommends enrolling in the *Medicare Easy Pay Program* to help avoid payment lapses. Easy Pay allows Medicare to deduct your monthly premium payment directly from your checking or savings account. Medicare administers Easy Pay; obtain an application at [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE.

### Part B Assistance

Some individuals may qualify for a state-sponsored Part B premium assistance program. If you qualify for Part B assistance, notify CTPF immediately.

## Medicare Part D Premium

All CTPF plans include Medicare Part D prescription drug coverage. The cost of Part D coverage is included in your premium.

### Part D Penalties

If you do not enroll in a Medicare Part D drug plan when you first become eligible for Medicare, you may have to pay a late enrollment penalty, unless you have proof of other creditable coverage. Medicare Part D penalties are the total responsibility of the member. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

**Note:** All CTPF-sponsored Medicare plans have included creditable prescription coverage since 2006.

## IRMAA Higher Income Adjustments for Medicare Part B and Part D

Medicare beneficiaries with higher incomes pay more for Part B and Part D insurance.

This Income-Related Monthly Adjustment Amount (IRMAA) is deducted from a beneficiary’s Social Security benefit or direct-billed by Medicare. The Social Security Administration uses federal tax returns to determine high income status.

### Paying for IRMAA

All IRMAA expenses are the total responsibility of the member. CTPF does not subsidize IRMAA. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

**PART B:** CTPF will make Medicare Part B IRMAA payments on your behalf if you are enrolled in CTPF’s **MEDPAY** Program. (see page 34)

**PART D:** Government regulations prevent CTPF from making Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense.

## CTPF's MEDPAY Program

---

If you must pay for Medicare Part A, CTPF takes over payment responsibility when you enroll in CTPF's **MEDPAY** Program. Through this program, CTPF makes Medicare Part A, Part B, and IRMAA Part B\* premium payments on your behalf, and deducts your share (after applying the applicable premium subsidy) from your pension benefit.

*\*CTPF cannot make Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense.*

## Enrolling in CTPF's MEDPAY Program

---

**Make your first Medicare premium payment to CMS, then immediately send CTPF:**

1. A copy of your first Notice of Medicare Premium Payment Due, issued by CMS
2. A copy of your check for your first payment
3. CTPF Form 301 (available from Member Services or download at [www.ctpf.org](http://www.ctpf.org))

CTPF will process your request and make all subsequent Medicare Part A, Medicare Part B, and IRMAA Part B premium payments on your behalf. Your share of the premium payment (after CTPF premium subsidy, if applicable) will be deducted from your pension benefit.



## Current CTPF Non-Medicare Enrollees Turning Age 65

---

If you are currently enrolled in a CTPF non-Medicare plan and want to continue coverage with CTPF when you turn 65, you must enroll in Medicare Part A and Part B, and provide CTPF with proof of enrollment **before the month of your 65th birthday**. If you fail to provide proof of Medicare enrollment, your CTPF health insurance will terminate on the last day of the month prior to your Medicare eligibility month. See *page 30* for information.

### More Information about turning age 65

CTPF offers bimonthly Medicare “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options. See *page 51* for information.

## CTPF Plan Enrollment Requirements

---

Qualified individuals who want to enroll in a CTPF plan for Medicare eligible members must be enrolled in Medicare Part A and Part B. If you do not qualify for premium-free Part A coverage, you must purchase this coverage through CTPF's **MEDPAY** program.

You must provide proof of Medicare enrollment before enrolling in a CTPF health insurance plan. Acceptable proof includes:

- A copy of the Medicare card, or
- An award letter with Medicare number from the Social Security Administration verifying enrollment, with effective dates

If you enroll in a CTPF health plan and must pay for Medicare Part A, CTPF requires that you enroll in the CTPF **MEDPAY** program. This is the only way you can receive a monthly subsidy for that premium in your pension check.

## Medicare Eligibility Due to Disability

If you are under the age of 65 and receive SSA or RRB disability benefits, you are automatically enrolled in Medicare Part A and Part B after 24 months. You must notify CTPF in writing when you, or a dependent covered under your health plan, becomes eligible for Medicare due to disability. You may join a CTPF plan when you provide proof of Medicare Part A and Part B enrollment. Some CTPF plans have an age requirement; see the comparison charts for additional information.

## Medicare Eligibility Due to ESRD or ALS

If you are under the age of 65 with End-Stage Renal Disease (ESRD), you can apply for Medicare benefits by contacting a local SSA office. Once the 30-month ESRD coordination period expires, you may enroll in a CTPF Medicare plan if you also have Medicare Part B coverage.

If you receive disability benefits due to ALS, you automatically receive Medicare Part A the month benefits begin. You may join a CTPF plan when you enroll in both Medicare Part A and Part B.

Regardless of your age, it is your responsibility to notify CTPF if you are enrolled in Medicare Part A and Part B due to ESRD or ALS.

## Medicare & You

*Medicare & You* is the official US government Medicare handbook. If you would like a paper copy of this book you can:

- Go online to [www.medicare.gov](http://www.medicare.gov) and download a pdf
- Call 800-Medicare (1-800-633-4227) and request a copy; TTY users should call 1-877-486-2048
- Visit a local SSA office, but call first to make sure they have copies on hand

There are also advantages to saving the paper and going online at [www.medicare.gov](http://www.medicare.gov) to reference the *Medicare & You* handbook. Any changes to Medicare are updated regularly online. An electronic version can be downloaded to your Kindle, iPad, Nook or other eReader. In addition, audio versions of the handbook are also available.



### Other Medicare Part D Plans

## HEALTH INSURANCE CHECKUP

All CTPF's Medicare plans include comprehensive prescription drug coverage. If you are currently enrolled or plan to enroll in a CTPF Medicare plan, **do not enroll in any additional Medicare Part D coverage.**

Members may receive solicitations from insurance carriers for other Medicare D plans. If you are enrolled in a CTPF Medicare plan, and you enroll in an additional Medicare part D plan, **you will lose ALL CTPF coverage.**

# Notice of Creditable Coverage



**Chicago Teachers' Pension Fund**

425 S. Financial Place | Suite 1400  
Chicago, Illinois 60605-1000

## Important Prescription Drug Information for CTPF Medicare-Eligible Plan Participants

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. All Medicare drug plans provide at least a standard level of coverage set by Medicare.

The Chicago Teachers' Pension Fund (CTPF) has determined that its prescription drug coverage is, on average, at least as good if not better than the standard Medicare prescription drug coverage and is considered Creditable Coverage.

**If you are currently enrolled, or plan to enroll, in a CTPF Medicare insurance plan for 2020, you should not enroll in an additional Medicare Part D prescription drug plan, or you will lose all CTPF health insurance coverage.**

With this Notice of Creditable Coverage, you will not be penalized if you later decide to enroll in a non-CTPF prescription drug plan. However, if you drop or lose your coverage with CTPF and do not enroll in Medicare prescription drug coverage within 63 continuous days after your coverage ends, you may pay more (*a penalty*) to enroll in a Medicare Part D prescription drug plan.

### **KEEP THIS NOTICE**

If you are enrolled in a CTPF health plan for the 2020 benefit year, this notice verifies that you have creditable coverage for Medicare Part D.

If, in the future, you decide to join a non-CTPF Medicare drug plan, you may be required to provide a copy of this notice. This notice proves that you have maintained creditable coverage.

**JANUARY 1, 2020 - DECEMBER 31, 2020**

# 2020 Plan Cost Comparison

The following health insurance plans are available to Medicare-eligible plan participants enrolled in both Medicare Part A and Part B, unless you have Medicare due to ESRD and are within the 30-month coordination period. This comparison is to be used as a guide. In case this summary differs from the health plan text or any health plan term or condition, the official contract document must govern.

While every effort has been made to ensure up-to-date information, CTPF is not responsible for the final adjudication of insurance claims, which are solely the responsibility of the health plan.

(See page 5 for CTPF Plan rate information)

<b>AARP® Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) ▲</b>		<b>UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP)</b>	<b>Humana Group Medicare HMO with Part D Pharmacy</b>
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy*</b>			
<i>Avg. for</i> Age 65	\$173.99	\$181.58	\$100.20
Age 66-68	\$187.49		
Age 69-71	\$199.84		
Age 72-74	\$210.60		
Age 75+	\$228.60		
<b>CTPF retiree/survivor +1 dependent monthly premium cost with CTPF premium subsidy*</b>			
<i>Avg. for</i> Age 65	\$521.97	\$544.73	\$300.59
Age 66-68	\$562.47		
Age 69-71	\$599.52		
Age 72-74	\$631.80		
Age 75+	\$685.79		
<b>CTPF retiree/survivor + 2 dependents monthly premium cost with CTPF premium subsidy*</b>			
<i>Avg. for</i> Age 65	\$869.94	\$907.88	\$500.98
Age 66-68	\$937.45		
Age 69-71	\$999.20		
Age 72-74	\$1,053.00		
Age 75+	\$1,142.98		
<b>CTPF dependent cost for single coverage^ (dependents do not receive the CTPF premium subsidy)</b>			
<i>Avg. for</i> Age 65	\$347.98	\$363.15	\$200.39
Age 66-68	\$374.98		
Age 69-71	\$399.68		
Age 72-74	\$421.20		
Age 75+	\$457.19		

▲ This plan is not available to members under age 65 with Medicare due to a disability or members who turn 65 on or after January 1, 2020. Rates for the AARP Medicare Supplement Plan F UnitedHealthcare are based on age, gender, vary by geographic area, and are quoted directly by UnitedHealthcare. The amounts listed above are average costs for members residing in IL, CA, AZ, FL & IN. If you are considering this plan, contact UnitedHealthcare directly for a quote. If you are a current enrollee, UnitedHealthcare will send you a letter with your 2020 Plan F premium cost. When you receive your letter, contact CTPF to determine your actual monthly cost, which includes your premium for prescription drug coverage and the health insurance premium subsidy.

\* The retiree/survivor cost is the amount paid for monthly coverage after CTPF applies the health insurance premium subsidy. The current subsidy is 50% of total premium cost. See page 15 for more information.

^ This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See page 44 for additional information about couple coverage.

# Plan Comparison: Medicare - Eligible Members



## AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare)

Plan F is only available to eligible Retirees with a 65<sup>th</sup> birthday prior to 1/1/2020 or with a Medicare Part A effective date prior to 1/1/2020.

**AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF** Available to eligible retirees who turn age 65 prior to 1/1/2020.

### PLAN FEATURES

Pays 100% after Medicare for Medicare covered services. Premium may vary by by age, gender, discount availability, and geographic area. Includes enhanced Medicare Part D prescription coverage.

### CONTACT INFORMATION

**UnitedHealthcare Group Number: 1089**

1-800-392-7537 Customer Service

1-888-543-5630 NurseLine

[www.medicare.uhc.com](http://www.medicare.uhc.com)

**Express Scripts® Group number: CTPFRX**

1-800-864-1416 Customer Service

[www.Express-Scripts.com/medd/ctpf](http://www.Express-Scripts.com/medd/ctpf)

### HOW TO ENROLL

Call UnitedHealthcare at 1-800-392-7537 and request an enrollment kit for CTPF Plan #1089. Complete the kit, CTPF Form 350 (*available in the center of this book or online at [www.ctpf.org](http://www.ctpf.org)*), and return all materials to CTPF.

### SERVICE AREA

Nationwide (*residents in Mass., Minn., and Wis., must call UnitedHealthcare AARP for enrollment options*)

### FOREIGN TRAVEL

Foreign travel emergency benefits available.

### PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

### LIFETIME MAXIMUM

No lifetime maximum except foreign travel lifetime max of \$50,000.

### OUT-OF-POCKET MAXIMUM

N/A

### ANNUAL PLAN YEAR DEDUCTIBLE

None

### SPECIAL DEDUCTIBLES

None

### HOSPITAL SERVICES

**Inpatient**

100% after Medicare pays (*including Medicare Part A deductible*)

**Skilled Nursing Facility (*non-custodial*)**

Medicare pays all approved amounts for the first 20 days. Days 21-100, plan pays 100% after Medicare pays. No benefit after day 100 (in benefit period).

**UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**PLAN FEATURES**

Use any physician who accepts Medicare. Enhanced Medicare Part D prescription coverage. The plan pays 100% after the deductible has been met, with the exception of Emergency Room visits.

**CONTACT INFORMATION**

**UnitedHealthcare Group Number: 12830**  
Toll free 1-866-572-9396, TTY 711  
8 a.m. – 8 p.m., local time | 7 days a week  
1-877-365-7949 NurseLine | [www.UHCRetiree.com/ctpf](http://www.UHCRetiree.com/ctpf)  
**Express Scripts® Group number: CTPFRX**  
1-800-864-1416 Customer Service  
[www.Express-Scripts.com/medd/ctpf](http://www.Express-Scripts.com/medd/ctpf)

**HOW TO ENROLL**

Complete CTPF Form 350 (*available in the center of this book or online at [www.ctpf.org](http://www.ctpf.org)*). Return with required documentation to CTPF.

**SERVICE AREA**

Nationwide; All 50 states, the District of Columbia and the 5 US Territories.

**FOREIGN TRAVEL**

Foreign travel emergency benefits available.

**PHYSICIAN SELECTION**

Choose any provider who accepts Medicare.

**LIFETIME MAXIMUM**

No lifetime maximum

**OUT-OF-POCKET MAXIMUM**

\$1,500 (*Includes \$175 deductible*)  
Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network.

**ANNUAL PLAN YEAR DEDUCTIBLE**

\$175

**SPECIAL DEDUCTIBLES**

None

**HOSPITAL SERVICES**

**Inpatient**  
100% after deductible

**Skilled Nursing Facility (non-custodial)**  
100% after deductible  
0% coinsurance per day, days 1-20;  
100% days 21-100 after deductible

**Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan**

**PLAN FEATURES**

Traditional HMO with network, referrals and prior authorization required. Includes Humana Group Medicare prescription coverage.

**CONTACT INFORMATION**

**Group number 076234 for Illinois plans**  
For other service areas, group number is listed on insurance card  
1-866-396-8810 Customer Service  
[www.humana.com](http://www.humana.com)

**HOW TO ENROLL**

Contact CTPF Member Services at 312-641-4464 and request an enrollment packet. Return the completed packet and CTPF Form 350 (*available in the center of this book or online at [www.ctpf.org](http://www.ctpf.org)*), to CTPF.

**SERVICE AREA**

Chicago (*Cook, DuPage, Kane, Kendall, & Will counties*) and some areas in AZ, AL, CA, CO, FL, KS, LA, NM, NV, PR, TN, UT, TX, call for more info.

**FOREIGN TRAVEL**

Foreign travel emergency benefits available. Limited to emergency Medicare-covered services.

**PHYSICIAN SELECTION**

Select a PCP from the listing at [www.humana.com](http://www.humana.com)

**LIFETIME MAXIMUM**

No lifetime maximum except inpatient mental health (*see behavioral health services*).

**OUT-OF-POCKET MAXIMUM**

\$2,500 per individual, per calendar year. Excludes Part D pharmacy, extra services, & the plan premium.

**ANNUAL PLAN YEAR DEDUCTIBLE**

None

**SPECIAL DEDUCTIBLES**

None

**HOSPITAL SERVICES**

**Inpatient** \$150 Copay, per day, for first five days of each admission, authorized services only

**Skilled Nursing Facility (non-custodial)** No copay days 1-20, no 3-day hospital stay required; \$25 Copay per day, days 21-100, per benefit period.

## Plan Comparison: Medicare - Eligible Members

### AARP Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan

#### OUTPATIENT SERVICES

##### **Chemotherapy, Radiation**

100% after Medicare pays

**Emergency Room** 100% after Medicare pays

**Lab/X-Ray** 100% after Medicare pays

##### **Speech, Physical & Occupational Therapy, Outpatient Rehab**

100% after Medicare pays

**Surgery** 100% after Medicare pays

**Urgent Care** 100% after Medicare pays

#### PROFESSIONAL & OTHER SERVICES

**Ambulance** 100% after Medicare pays

**Allergy Shots** 100% after Medicare pays

**Chiropractic Visits** 100% after Medicare pays;  
Medicare covered services only

**Dental** 100% after Medicare pays; Medicare covered  
services only

**Diabetic Part B Covered Supplies**  
100% after Medicare pays

**Hearing** 100% after Medicare pays; Medicare covered  
services only

**Home Health Services** 100% after Medicare pays

**Physician Office Visits** 100% after Medicare pays

**Preventive Care (*physicals, diagnostics,  
immunizations*)** 100% after Medicare pays

**Prosthetic Devices, Med. Equip**  
100% after Medicare pays

**Podiatry** 100% after Medicare pays

**Renal Dialysis** 100% after Medicare pays

**Transplants** 100% after Medicare pays

**Vision Services** 100% after Medicare pays;  
Medicare covered services only

**Extra Benefits (*wellness, vision, and hearing  
discounts*)** At Your Best by UnitedHealthcare is  
available in 35 states including Illinois and  
SilverSneakers is available in 8 states. These programs  
provide a free gym membership. Contact carrier for  
more details on wellness and discount programs.



**UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**OUTPATIENT SERVICES**

**Chemotherapy, Radiation** 100% after deductible

**Emergency Room** \$50

**Lab/X-Ray** 100% after deductible

**Speech, Physical & Occupational Therapy, Outpatient Rehab** 100% after deductible

**Surgery** 100% after deductible

**Urgent Care** 100% covered

**PROFESSIONAL & OTHER SERVICES**

**Ambulance** 100% after deductible

**Allergy Shots** 100% after deductible

**Chiropractic Visits** 100% after deductible (unlimited visits); Medicare covered services

**Dental** 100% after deductible; Medicare covered services only

**Diabetic Part B Covered Supplies** 100% covered

**Hearing**

**Medicare-covered Services:** 100% after deductible

**Routine (Non-Medicare) Services:** \$0 copay routine hearing exam

**Hearing Aids:** \$1,000 allowance purchased in or out-of-network every three years

**Home Health Services** 100% after deductible

**Physician Office Visits** 100% after deductible

**Preventive Care (physicals, diagnostics, immunizations)** 100% covered (*1 physical per plan year*)

**Prosthetic Devices, Med. Equip** 100% after deductible

**Podiatry**

**Medicare-covered Services** 100% after deductible

**Routine (Non-Medicare) Services** 100% after deductible, 6 visits per year

**Renal Dialysis** 100% after deductible

**Transplants** 100% after deductible

**Vision Services**

**Medicare covered Services:** 100% after deductible;

Eye Wear: \$0 copay Medicare covered standard eyeglass lenses and frames after cataract surgery.

**Routine (Non-Medicare Covered) Services:** \$0 copay annual routine eye exam; \$300 eye wear allowance every two years.

**Extra Benefits (wellness, discounts)** \$60/quarter over the counter benefit, house calls, Silver Sneakers, hearing aid discount, virtual office visit and more. Contact carrier for more benefit details.

**Humana Group Medicare HMO**

with Part D Pharmacy Medicare Advantage plan

**OUTPATIENT SERVICES**

**Chemotherapy, Radiation**

\$50 Copay outpatient hospital, \$25 Specialist

**Emergency Room**

\$50 Copay emergency room; waived if admitted within 24 hours; applies for care outside US

**Lab/X-Ray**

100% covered except urgent care, \$25 Copay urgent care

**Speech, Physical & Occupational Therapy, Outpatient Rehab**

100% per visit after \$25-\$40 copay (*based on where services are rendered*)

**Surgery**

\$100 Copay per visit in hospital

\$75 Copay per visit in ambulatory surgical facility

**Urgent Care**

\$25 Copay

**PROFESSIONAL & OTHER SERVICES**

**Ambulance** \$50 Copay per date of service

**Allergy Shots** No copay

**Chiropractic Visits** \$20 Copay;

Medicare guidelines apply

**Dental** \$25 copay (*Medicare covered services only*)

**Diabetic Part B Covered Supplies** 100% covered

**Hearing** \$10 Copay

\$25 copay if referred to a Specialist - Medicare covered services only

**Home Health Services** No copay (*prior authorization required*) excludes personal home care

**Physician Office Visits**

\$10 Copay PCP, \$25 Copay specialist

**Preventive Care (physicals, diagnostics, immunizations)** No copay

**Prosthetic Devices, Med. Equip** 10% at medical equipment provider or pharmacy

**Podiatry** \$25 Copay; Medicare covered services only

**Renal Dialysis** No copay in dialysis center; 20% at hospital

**Transplants** As any other disease at Medicare-approved Humana National Transplant Network only

**Vision Services** \$25 Copay; Medicare covered services only

**Extra Benefits (wellness, discounts)** Contact carrier for extra benefit details.

# Plan Comparison: Medicare - Eligible Members



## Prescription Drug Plan Changes

Each health insurance plan utilizes a formulary (a list of preferred prescription drugs). Formularies may change annually, so make sure you review your plan's 2020 formulary to determine if your prescription expenses will change.

**\*Non-preferred network copays are \$5 more than stated copays**

## AARP Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan

### BEHAVIORAL HEALTH SERVICES

**Outpatient:** 100% after Medicare pays

**Inpatient:** 100% after Medicare pays

### PRESCRIPTION DRUG BENEFITS

#### Preferred Value Network Pharmacy\*

(up to 31-Day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

#### Preferred Value Network Pharmacy\*

(up to 90-Day Supply)

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

#### Express Scripts Mail Order (up 90-Day Supply)

\$20 Generic copay

\$60 Preferred brand copay

\$100 Non-preferred brand copay

\$100 Specialty drugs

### Coverage

Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.

Non-Medicare Part D drugs are not covered (for example, lifestyle drugs for ED).

Medicare Part B drugs, including diabetic supplies, are processed by your medical plan.

### Vaccinations

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact your Medicare drug plan for more information about vaccines.

### Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$6,350, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.60 for generics/multi source drugs, \$8.59 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 30 days).

**UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**BEHAVIORAL HEALTH SERVICES**

**Outpatient:** 100% after deductible  
**Inpatient:** 100% after deductible (190 day lifetime limit)

**PRESCRIPTION DRUG BENEFITS**

**Preferred Value Network Pharmacy\***  
*(up to 31-Day supply)*

\$10 Generic copay  
 \$30 Preferred brand copay  
 \$50 Non-preferred brand copay  
 \$50 Specialty drugs

**Preferred Value Network Pharmacy\***  
*(up to 90-day supply)*

\$25 Generic copay  
 \$75 Preferred brand copay  
 \$125 Non-preferred brand copay  
 \$125 Specialty drugs

**Express Scripts Mail Order (up to 90-Day Supply)**

\$20 Generic copay  
 \$60 Preferred brand copay  
 \$100 Non-preferred brand copay  
 \$100 Specialty drugs

**Coverage**

Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.

Non-Medicare Part D drugs are not covered *(for example, lifestyle drugs for ED)*.

Medicare Part B drugs: use UnitedHealthcare Medicare Advantage ID card.

**Vaccinations**

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact UnitedHealthcare Medicare Advantage customer service for more information on vaccines and other Part B services.

**Important Pharmacy Notes**

Once your true out-of-pocket cost reaches \$6,350, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.60 for generics/multi source drugs, \$8.95 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 30 days).

**Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan**

**BEHAVIORAL HEALTH SERVICES**

**Outpatient:** \$10 Copay PCP, \$25 Copay specialist, \$40 Copay outpatient facility  
**Inpatient:** \$150 Copay per day (days 1-5) in-network, per admission; authorized services only. Inpatient psychiatric care: 190 day lifetime limit. Alcohol and substance abuse: \$150 Copay per day (days 1-5) in-network, per admission.

**PRESCRIPTION DRUG BENEFITS**

**Retail Pharmacy (up to 30-Day supply)**

\$5 Preferred generic copay  
 \$30 Non-preferred generic or preferred brand copay  
 \$45 Non-preferred brand copay  
 25% Coinsurance for specialty drugs *(limited to a 30-Day supply, max. \$150 per prescription)*  
 30-day mail order supply also available with \$5 preferred generic copay. All other copays same as retail 30-day supply.

**Retail up to 90-Day Supply**

\$15 Preferred generic copay  
 \$90 Non-preferred generic or preferred brand copay  
 \$135 Non-preferred brand copay

**Mail Order up to 90-Day Supply**

\$0 Preferred generic copay  
 \$60 Non-preferred generic or preferred brand copay  
 \$90 Non-preferred brand copay

**Vaccinations**

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact Humana customer service for more information about vaccines and other Part B services.

**Important Pharmacy Notes**

Once your true out-of-pocket cost reaches \$6,350 your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.60 for generics/multi source drugs, \$8.95 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 30 days).

# Couple Coverage

## Insurance Options when only one Family Member is Medicare Eligible

Depending on the age of your dependent, you may be in a situation where one family member is covered by Medicare and the other is not.

If you both want CTPF health insurance coverage, you must enroll in corresponding non-Medicare and Medicare health insurance plans, offered by the same carrier.

Each family member must complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on *pages 21 and 37* of this handbook. When you both reach age 65, you may enroll in the same health insurance plan and pay the Member +1 rate.

HEALTH INSURANCE PLAN (NON-MEDICARE PLAN)	CORRESPONDING PLAN (MEDICARE PLANS)
UnitedHealthcare Choice Plus PPO	UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP)
	AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP)*

\*Starting in 2020, this plan will not be open to members who turn age 65 on or after January 1, 2020.

## EXAMPLES

### One family member is Medicare eligible

John is a CTPF retiree, age 63, and his spouse is age 65. John enrolls in the UnitedHealthcare Non-Medicare PPO, and his spouse enrolls in the UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP). John and his spouse are covered under separate plans so each must pay the single premium. Find single premiums in the charts on *pages 21* (non-Medicare) and *37* (Medicare).

<b>John's monthly member premium cost:</b>	<b>\$680.29</b>
<b>Spouse's monthly non-member premium cost:</b>	<b>\$363.15</b>
<b>Total monthly cost for John and Spouse:</b>	<b>\$1,043.44</b>

### When all become Medicare eligible

Three months prior to his 65th birthday, John applies for Medicare.\* When he receives proof of Medicare Part A and Part B enrollment, he immediately notifies CTPF. John then enrolls in the same plan as his spouse. Once John's coverage becomes effective, John and his spouse pay the Member + 1 rate.

#### John's member + 1 dependent cost

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) **\$544.73**

\* If you are currently enrolled in a CTPF non-Medicare plan and plan to continue coverage in a CTPF plan when you turn 65, you must enroll in Medicare Part A and Part B, and provide proof of enrollment **before** the month of your 65th birthday (*see page 30 for information*).

# Terminology

---

## Annual Plan Deductible

The amount of covered medical expenses a member pays per calendar year before a health plan covers services.

## Annual Maximum

The amount a member pays out-of-pocket for benefits each year.

## Coinsurance

The set amount a member pays (usually a percentage) for services before a plan begins to pay.

## Copayment/Copay

The set amount a member pays for a medical service.

## Creditable Coverage

Prescription drug coverage that is on average at least good as if not better than the standard Medicare Part D prescription drug coverage.

## Deductible

The amount a member pays for services for health insurance before the insurance carrier will cover the cost of services.

## Effective Date

The first day health insurance coverage begins.

## Emergency Medical Care

Medical care provided in a hospital emergency room.

## Formulary

A list of preferred drugs approved for use by a health insurance plan.

## In-Network

Physicians and hospitals that agree to accept an insurance provider's terms and payments.

## IRMAA

Income-Related Monthly Adjustment Amount (IRMAA). An additional amount that must be paid for Medicare Part B and Part D by Medicare beneficiaries who have higher incomes.

## Lifetime Reserve Days

Additional days that Medicare will pay for hospitalization longer than 90 days. A total of 60 reserve days can be used during a lifetime. Medicare pays all covered costs except for daily coinsurance for reserve days.

## Medicare (Original)

Original Medicare consists of Part A and Part B. It is run by the federal government. Medicare pays hospitals and doctors directly for your care. Medicare pays some but not all of the cost of your care.

## Medicare Advantage

Medicare Advantage plans are also known as Medicare Part C. Medicare Advantage plans combine the services of Part A and Part B, and often times, Part D.

## Medicare Part D

Medicare Part D is prescription drug coverage offered by private insurance companies. The federal government sets a minimum standard of prescription benefits that must be covered by Part D plans.

## Medigap

Insurance coverage offered by private companies that helps pay the costs that Original Medicare (Parts A and B) doesn't cover, such as Part A and B deductibles and coinsurance. Original Medicare provides coverage first, then Medigap helps fill in the gaps. The federal government defines standard benefits for Medigap plans. Premiums may vary between health insurance companies offering Medigap plans for identical coverage. Medigap premiums are regulated by each state.

## MEDPAY

CTPF's program that pays Medicare Parts A, B, & IRMAA Part B for enrolled members who must pay for both Medicare Parts A and B.

## Open Enrollment

The period when retirees can enroll in a health insurance plan for the first time, change health insurance plans, or add dependents to a health insurance plan.

## Out-of-Network

Physicians and hospitals who do not accept a health insurance provider's terms and payments. Charges are usually higher than in-network providers.

## Out-of-Pocket Maximum

The maximum amount paid out-of-pocket for covered expenses in any plan year. After the out-of-pocket maximum is met, the plan pays at 100% of the eligible charge or the Usual and Customary charge as determined by the health plan administrator.

## Premium

Periodic payment to Medicare, an insurance carrier, or health care plan to maintain health care or prescription drug coverage.

## Primary Care Physician (PCP)

A physician responsible for a member's complete health care services. A PCP can make referrals to specialists and other health care providers for services.

## Referral

A written order required from a PCP that allows a visit to a specialist or to obtain certain services.

## Special Deductible

Emergency room deductible and non-PPO admission deductible. These deductibles are in addition to the annual plan year deductible.

## Urgent Medical Care

Medical care provided in an urgent care facility.

# Contact Information

## NON-MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>Blue Cross Blue Shield PPO</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	P06675	1-800-331-8032 <b>Customer Service</b> 1-800-851-7498 <b>Mental Health</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>NurseLine</b>
<b>UnitedHealthcare Choice Plus PPO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-633-2446 <b>Customer Service</b> 1-866-633-2446 <b>Mental Health</b>
<b>Blue Cross Blue Shield HMO Illinois</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 <b>Customer Service</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>NurseLine</b>

## MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF</b> <a href="http://www.UHCRetiree.com/ctpf">www.UHCRetiree.com/ctpf</a>  <a href="http://www.Express-Scripts.com/medd/ctpf">www.Express-Scripts.com/medd/ctpf</a>	UnitedHealthcare 12830  <b>Express Scripts</b> CTPFRX	1-866-572-9396 <b>Customer Service</b> 1-800-453-8440 <b>Behavioral Health</b> 1-877-365-7949 <b>NurseLine</b>  1-800-864-1416 1-800-716-3231 <b>TTY/TDD</b>
<b>AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF</b> <a href="http://www.medicare.uhc.com">www.medicare.uhc.com</a>  <a href="http://www.Express-Scripts.com/medd/ctpf">www.Express-Scripts.com/medd/ctpf</a>	UnitedHealthcare 1089  <b>Express Scripts</b> CTPFRX	1-800-392-7537 <b>Customer Service</b> 1-888-543-5630 <b>NurseLine</b>  1-800-864-1416 1-800-716-3231 <b>TTY/TDD</b>
<b>Humana Group Medicare HMO with Part D Pharmacy</b> <a href="http://www.humana.com">www.humana.com</a>	<b>Humana</b> 076234	1-866-396-8810 <b>Customer Service</b>

## DENTAL INSURANCE PLAN PROVIDERS

<b>Chicago Teachers Union</b> <a href="http://www.ctunet.com">www.ctunet.com</a>	1-312-329-9100
<b>Retired Teachers Association of Chicago</b> <a href="http://www.rtac.org">www.rtac.org</a>	1-312-750-1522

## OTHER IMPORTANT NUMBERS

<b>Chicago Teachers' Pension Fund Member Services</b> <a href="http://www.ctpf.org">www.ctpf.org</a>	1-312-641-4464 1-312-641-7185 <i>fax</i>
<b>Center for Medicare and Medicaid Services (CMS)</b> <a href="http://www.medicare.gov">www.medicare.gov</a>	1-800-MEDICARE (1-800-633-4227)
<b>Illinois Senior Health Insurance Program (SHIP)</b> <a href="http://www.state.il.us/AGING/SHIP">www.state.il.us/AGING/SHIP</a>	1-800-548-9034
<b>Social Security Administration</b> <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	1-800-772-1213



## HEALTH INSURANCE CHECKUP

### Mobile Apps



In addition to website access (*see page 46 for websites*), many of our insurance carriers also have mobile apps that can be installed on your phone and/or tablet for easy, on-the-go access to prescription orders, pharmacy searches, claims updates, and more.

Access your mobile device's app store (*App Store for iPhone/iPad, Google Play for Android*) to search for the following apps:

- BCBS: Blue Cross Blue Shield non-Medicare PPO and HMO plans (*choose the app for your state*)
- Health4Me: UnitedHealthcare PPO Plan
- MyHumana & Humana Pharmacy: Humana Medicare Advantage HMO Plan
- Express Scripts Mobile App: Express Scripts



## Health Information Privacy Policy

CTPF may use protected health information known as (PHI) as provided in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). PHI is health information that can be associated with a member using personal identifiers such as name or Social Security number.

In the course of providing health insurance benefits to our members and administering CTPF's health insurance plans, CTPF may receive and create PHI. Disclosure of PHI is generally limited to activities associated with administration of health care benefits including plan enrollment, premium payments, and facilitation of plan coverage.

CTPF makes every effort to disclose only minimum PHI when necessary, in compliance with federal and state law and CTPF's privacy policy.

A copy of CTPF's Privacy Notice is available upon request by contacting the Health Benefits Department.



## Authorized Representative

If you want a family member to assist you with health insurance issues, you may designate an authorized representative. The authorized representative can discuss your health insurance options with a CTPF staff member, if necessary. An authorized representative does not have power of attorney and cannot make any of your care or treatment decisions.

**CTPF Form 345, HIPAA Authorized Representative Designation, is available at [www.ctpf.org](http://www.ctpf.org) or from Member Services.**



## Office/Mailing Address

### **Chicago Teachers' Pension Fund\***

425 S. Financial Place | Suite 1400

Chicago, Illinois 60605-1000

312.641.4464 | 312.641.7185 *fax*

[www.ctpf.org](http://www.ctpf.org) | [memberservices@ctpf.org](mailto:memberservices@ctpf.org)

**Office Hours:** 8:00 a.m. – 5:00 p.m. | M-F

Appointments recommended.

Walk-ins only accepted until 3:00 p.m.

**Follow Us:** [Facebook](#) | [Twitter](#) | [LinkedIn](#) | *Search:* Chicago Teachers' Pension Fund

**\*WE'RE MOVING:** The CTPF office will relocate to 425 South Financial Place in Autumn 2019. Find information about the move at [www.ctpf.org/onthemove](http://www.ctpf.org/onthemove).







# Medicare Birthday Parties



Turning 65 means it's time to enroll in Medicare and choose a new CTPF health insurance plan. CTPF offers bimonthly Medicare "Birthday Parties" designed to help members evaluate their health insurance options. If you're turning 65 this year, watch your mail for a personalized invitation.

**Party attendees will receive important health insurance information and will have the opportunity to:**

- Learn about CTPF Medicare plan options.
- Speak directly with representatives from CTPF health insurance companies.
- Receive assistance completing health insurance enrollment forms.

## When:

Medicare birthday parties are held bimonthly. When you become eligible, CTPF will send you a personalized invitation. Reservations are required and space is limited so call to register when you receive your invitation.

## Where:

Seminars are held in the CTPF Office:  
425 S. Financial Place | Suite 1400  
Chicago, IL 60605-1000

Discounted parking vouchers are available.

Birthday treats and light refreshments provided.



Chicago Teachers' Pension Fund

425 S. Financial Place | Suite 1400  
Chicago, Illinois 60605-1000



**WE'RE MOVING:** The CTPF office will relocate to 425 South Financial Place in Autumn 2019. Find information about the move at [ctpf.org/onthemove](http://ctpf.org/onthemove).

## HEALTH INSURANCE OPEN ENROLLMENT PERIOD | OCTOBER 1-31, 2019

*Join us for an Open Enrollment Seminar or Webinar*

### WHAT'S INSIDE!

**Open Enrollment Seminars & Webinars** ..... | PAGE 3

**CTPF Seminars** (*Medicare & Non-Medicare Eligible Members*)  
Tuesday, October 8<sup>th</sup> or Thursday, October 10<sup>th</sup>

**CTPF Webinars**  
Tuesday, October 1<sup>st</sup> – *Non-Medicare Eligible Members*  
Wednesday, October 2<sup>nd</sup> – *Medicare Eligible Members*

**Health Insurance Plan Changes for 2020** ..... | PAGE 5

**General Enrollment Information** ..... | PAGE 8

**Non-Medicare Plan Information** ..... | PAGE 20

**Medicare Plan Information** ..... | PAGE 30

### BOARD OF TRUSTEES

**Jeffery Blackwell**  
*President*

**Mary Sharon Reilly**  
*Vice President*

**Robert F. Bures**  
**James Cavallero**  
**Gervaise Clay**

**Miguel del Valle**  
**Tina Padilla**  
**Maria J. Rodriguez**

**Jerry Travlos**  
**Dwayne Truss**

**Charles A. Burbridge**  
*Executive Director*

**Gregory Redfeairn**  
*Financial Secretary*

**Jacquelyn Price Ward**  
*Recording Secretary*