

8/18

Chicago Teachers' Pension Fund

A blackboard with a dark wooden frame and rounded corners. The text is written in white chalk on the black surface.

2008 Health Insurance
Open Enrollment Handbook

Please keep this handbook for future reference.

Chicago Teachers' Pension Fund

203 North LaSalle, Chicago, IL 60601 (312) 641-4464

Please keep this handbook for future reference.

This Handbook is intended to be a summary of your health benefits under the CTPF sponsored health insurance plans. In case this summary differs from the plan text or any plan term or condition, the official contract document will govern. While every effort has been made to ensure up-to-date information, the Pension Fund is not responsible for final adjudication of insurance claims, which are solely the responsibility of the carrier. These instructions contain information regarding benefits voluntarily provided by the CTPF. Plan provisions are subject to change without prior notice to participants.



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Coverage After You Retire

WHO MAY BE COVERED?

As a CTPF retiree, you may provide health insurance coverage for yourself, your spouse or domestic partner, and dependent children.

Your medical coverage options are:

COBRA

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985.) You may continue your current health insurance coverage if you elect COBRA coverage for yourself and your dependents (or domestic partner.)

COBRA coverage usually ends after 18 months. Generally, your health insurance costs in the CTPF plan are higher than costs under COBRA. It is advantageous for you for you to remain on COBRA for the entire 18-month period, unless you become eligible for Medicare.

WHEN COBRA COVERAGE ENDS

You must contact the Pension Fund Office no later than 90 days before your COBRA coverage ends, or you become eligible for Medicare.

CTPF-SPONSORED PLANS

Non-Medicare eligible retiree plan coverage After COBRA ends, you can apply for coverage under a non-Medicare retiree plan until you or your dependent (or domestic partner) becomes eligible for Medicare. See the health plan comparison grid on page 12.

Medicare eligible retiree plan coverage In order to remain in a CTPF-sponsored plan, upon reaching age 65 you or your spouse **MUST** have Medicare Parts A & B. Once you or your dependent becomes eligible for Medicare Parts A & B, you may then elect coverage under a Medicare retiree plan.

Medicare Part D prescription coverage is included as a part of your CTPF-sponsored plan at no additional cost to you.



Eligibility Rules

Generally, you may only enroll in a CTPF-sponsored health insurance plan once in your lifetime during an Open Enrollment period.

You may immediately enroll in a CTPF-sponsored plan, outside of an open enrollment period, only if one of the following exceptions apply:

EXCEPTION 1

If you do not qualify for COBRA coverage at the time of retirement

EXCEPTION 2

When COBRA coverage ends

EXCEPTION 3

When you become eligible for Medicare

EXCEPTION 4

If you lose health insurance coverage from an organization outside of a CTPF-sponsored plan through no fault of your own.



Steps To Enroll

Read this Enrollment Handbook carefully. It provides important information about the health plans offered for 2008.

Step 1: Review the Health Plan Comparison Grid. This grid compares your health plan options, based on your location, for Medicare and non-Medicare-eligible retirees. Make your decision about the health plan that best meets your and your family's needs.

Step 2: If you do not want to change insurance carriers or add dependents, do nothing.

Step 3: If you want to change insurance carriers or add a dependent, or domestic partner; you must request an insurance application from the health plan of your choice by calling the health plan (see page 10) or at the Health Fair (see the enclosed invitation).

Applications must be submitted by November 30, 2007.

Remember, you do not need to enroll unless:

- You want to change health plans; or
- You are entering a CTPF-sponsored plan for the first time; or
- You want to add a dependent or domestic partner; or
- Your COBRA coverage is ending within 90 days.

For specific instructions on what you need to do, see the next page.



You Must Enroll By November 30, 2007!

What You Need To Do



For 2008 open enrollment, here's what you need to do.

If You Want To...	What You Need To Do...
Remain in your current health plan and do <i>not</i> need to add a dependent or add or retain a domestic partner to your coverage	<ul style="list-style-type: none">• You do not need to do anything. Your current coverage will continue automatically.
Change your current health plan to a new health plan	<ul style="list-style-type: none">• Request an application packet from the health plan of your choice by calling the health plan or attending the Health Fair; and• If you or your spouse has Medicare Parts A and B coverage, you must submit a copy of the Medicare card.• If you have coverage for yourself and dependents and one of you is Medicare-eligible and the other person(s) is not eligible for Medicare and you are enrolling in:<ul style="list-style-type: none">– Humana, you need to complete two separate applications: one for HMO Premier Plan or Humana Choice Care National PPO(non-Medicare) and one for Humana Group Medicare HMO or Regional PPO (Medicare).– Blue Cross/Blue Shield, you need to complete two separate applications (Medicare and non-Medicare).– HMO-Illinois, you need to complete two applications (Medicare and non-Medicare.)• Mail the completed application(s) to the Pension Fund Office using the self-addressed return envelope.

If You Want To...

Add a dependent to your coverage

What You Need To Do...

- Request an application form from your health plan; and
- Complete the health plan's application and mail it in the enclosed self-addressed return envelope. You must submit a copy of a marriage certificate to add a spouse or a birth certificate or adoption papers to add children.
- If you have coverage for yourself and dependents and one of you is Medicare-eligible and the other person(s) is not eligible for Medicare and you are enrolling in:
 - Humana, you need to complete two separate applications: one for Humana Premier Plan or Humana Choice Care National PPO (non-Medicare) and one for Humana Group Medicare HMO or Regional PPO (Medicare)
 - Blue Cross/Blue Shield, you need to complete two separate applications (Medicare and non-Medicare).
 - HMO-Illinois, you need to complete two applications (Medicare and non-Medicare.)

For more information on dependent coverage, see page 30.

If You Want To...

Add a domestic partner (see page 31 for more information)

What You Need To Do...

- Request a Domestic Partner Affidavit from the Pension Fund Office;
- Request an application packet from the health plan of your choice;
- Complete the health plan application and Domestic Partner Affidavit certifying that your domestic partner meets all of the plan's criteria of a Domestic Partner. The Affidavit must be completed and signed before you will be allowed to complete your enrollment.
- If you have coverage for yourself and dependents and one of you is Medicare-eligible and the other person(s) is not eligible for Medicare and you are enrolling in:
 - Humana, you need to complete two separate applications: one for Humana Premier Plan or Humana Choice Care National PPO (non-Medicare) and one for Humana Group Medicare HMO or Regional PPO Medicare)
 - Blue Cross Blue Shield, you need to complete two separate applications (Medicare and non-Medicare).
 - HMO-Illinois, you need to complete two applications (Medicare and non-Medicare.)
- Return your Affidavit, application, a copy of your domestic partner's birth certificate and either a driver's license or a state identification card to the Pension Fund Office. You may also be asked to submit other supporting documentation.

For more information on enrolling a domestic partner, see page 32.

Delete a domestic partner from your coverage

Complete and return a Domestic Partner Medical Coverage Termination Statement within 31 days of your domestic partner's loss of eligibility (for example, the termination of your relationship). You are responsible for notifying your former domestic partner, in writing, of the date that his or her coverage under the plan will end.

Overview Of Health Plan Options And Terms

The Pension Fund sponsors different health plan options, based on your location, for Medicare and non-Medicare retirees. It's up to you to decide which health plan best meets your and your family's needs. Benefits may change each year, so it is important to review the "Health Care Plan Comparison Grid" beginning on page 12, for current benefit and cost information.

PREFERRED PROVIDER ORGANIZATION (PPO) – Blue Cross/Blue Shield (over and under 65)

and

Humana Choice Care National (under 65) or Humana Group Medicare Regional PPO (over 65)

The Pension Fund sponsors a physician and hospital Preferred Provider Organization (PPO) through Blue Cross/Blue Shield or Humana. A PPO is a network of physicians and hospitals that have agreed to charge negotiated rates. When you use a PPO provider, you save money for yourself and the health plan because the PPO provider has agreed to charge a negotiated dollar amount.

It's your decision whether or not to use a PPO network provider. You always have the final say about the physicians and hospitals you and your family use. To encourage you to use PPO

providers whenever possible, the health plan pays a higher percentage of covered charges when you use a PPO provider. If you have questions about or need a listing of physicians and hospitals that participate in the PPO network, contact Blue Cross/Blue Shield or Humana.

HIGH DEDUCTIBLE HEALTH PLAN

A High Deductible Health Plan (HDHP) provides a lower premium option compared to traditional PPO plans. Preventive services are not subject to the deductible and are reimbursed at 100% in-network. Offered alongside the HDHP is a Health Savings Account (HSA), a separate bank account that helps you budget and pay for healthcare expenses. You can spend the monies you accumulate, save them and/or invest them. Amounts set into the HSA and any interest credited is tax-free.



HEALTH MAINTENANCE ORGANIZATION (HMO)

Health Maintenance Organizations (HMOs) generally provide broader benefits than other types of plans. Plus, there are generally no deductibles, coinsurance or claim forms to file. You pay for some services; however, most services are covered at no cost to you.

If you elect an HMO, all of your health care must be provided (except in emergencies) by doctors, hospitals and pharmacies that belong to the HMO network. This may not be the best option if you travel frequently or have students away from home that you need to cover.

When you elect HMO coverage, you choose a primary care physician (PCP). You can receive a provider directory by calling the HMO directly or by attending the Health Fair. Your PCP can be an internist, general practitioner or family practitioner. Your PCP will coordinate all of your

medical care including specialist referrals and hospital stays and ensure your treatment makes sense for your situation. There is no coverage for non-emergency services sought without the assistance of your PCP. You have the option to change your PCP at any time.

The following HMOs are available for 2008:

- HMO Illinois (for under 65 and over 65)
- Humana Premier HMO (under 65)
- Humana Group Medicare HMO (replacing Humana Gold Plus – over 65)



ANNUAL DEDUCTIBLE

The annual deductible is the amount of covered medical expenses that you pay each calendar year before the health plan begins to pay benefits for services. There is no deductible when you use HMO providers. The deductible applies to each covered person each calendar year.

COINSURANCE

Once you or your family has met the annual deductible (if applicable), the plan pays a percentage of charges called "coinsurance." The amount the plan pays depends on the plan and type of charge.

COPAYMENT

A copayment (copay) is the flat dollar amount you pay for certain services and supplies. Copays do not count toward your deductible (if applicable).

OUT-OF-POCKET MAXIMUM

For the PPO, the out-of-pocket maximum limits the amount you pay out-of-pocket in a calendar year for covered medical expenses. If your coinsurance payments toward covered expenses reach the out-of-pocket maximum, the health plan pays 100% for most additional covered expenses for the rest of the calendar year. There are separate out-of-pocket maximums for PPO and non-PPO charges. Out-of-pocket expenses for covered medical services are limited (your deductible or copays are not included in your out-of-pocket costs.) Most HMOs do not have an out-of-pocket maximum.

Formulary

ANNUAL MAXIMUM

You and each covered dependent can receive certain medical benefits up to an annual maximum specified in the "Health Plan Comparison Grid" beginning on page 13. If you reach the annual maximum for certain medical benefits, you are responsible for the full cost of these services for the rest of the calendar year.

LIFETIME MAXIMUM

You and each covered dependent can receive medical benefits up to the lifetime maximum specified in the "Health Plan Comparison Grid" beginning on page 13. Certain services or treatments may have a separate lifetime maximum. HMOs often do not have a lifetime maximum.



Health Plan Contact Information

Health Plan	Group Number	Contact Information
Non-Medicare Retiree Plans		
Blue Cross/Blue Shield of Illinois Plan	#PO6675	1-800-331-8032 For Mental Health 1-800-851-7498 Medicare Services Advisory 1-800-247-9204
HMO Illinois	#H64047	1-800-892-2803 For Mental Health 1-800-851-7498
Humana HMO Premier Plan	#60282	Pre-Enrollment 1-800-HUMANA-1 (1-800-486-2621) Post-Enrollment 1-800-4HUMANA (1-800-448-6262)* Mental Health 1-866-376-2921
Humana High Deductible Health Plan		Pre-Enrollment 1-800-HUMANA 1 (1-800-486-2621) Post-Enrollment 1-800-448-6262* Mental Health 1-866-861-4478
Humana Spending Account Administration		1-800-604-6228
Medicare Retiree Plans		
Blue Cross/Blue Shield Medicare Plan	#64376	1-800-331-8032
Humana Group Medicare HMO	#76234	1-866-396-8810
HMO Illinois	#H64047	1-800-892-2803
Humana Medicare Regional PPO		1-866-396-8810

*Use the pre-enrollment telephone number during the open enrollment period. Use the post-enrollment telephone number after enrolling in the plan.

How To Use The Health Plan Comparison Grids

Pages 12-27 provide a detailed comparison of your health plan options to help you select the health plan that is best for you and your family. The health plan options available to you are based on your and your dependent's or domestic partner's Medicare eligibility. Please note that some plans are available only in certain areas. See page 30, Medicare Eligibility and Dependent Coverage, if you have family members who are eligible for Medicare and family members who are not eligible for Medicare. Here's how to use the grids:

If You Are...	See This Health Plan Comparison Grid ...	On Page ...
<i>Under age 65</i>	Health Care Plan Comparison For Non-Medicare Retirees*	12
<i>Over age 65</i>	Health Care Plan Comparison For Medicare Retirees	20

Health Care Plan Comparison For Non-Medicare Retirees

Health Care Plan Comparison For Non-Medicare Retirees



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, the Pension Fund cannot be responsible for final adjudication of insurance claims, which are solely the responsibility of the health plan.

The following benefits pertain to non-Medicare retirees under age 65. Retirees over age 65 without Medicare Parts A and B do not qualify for these health plans. Please note that some plans are available only in certain areas.

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Please read information carefully	Non-Medicare Plan Group #PO6675 1-800-331-8032	Group #60282 1-800-HUMANA-1 (pre-enrollment) 1-800-486-2621 (post-enrollment)	Group #H64047 1-800-892-2803	TDB 1-800-HUMANA-1 (pre-enrollment) 1-800-448-6262 (post-enrollment) 1-800-604-6228 (HSA)
Service Area	Coverage at more than 92% of physician locations and at approximately 99% of hospitals throughout the United States. To locate information on the nearest BlueCard PPO physicians and hospitals, call 1-800-810-BLUE (2583) or visit the Web site at www.bluecares.com/bluecard .	All the City of Chicago, Cook, DuPage, Kane, McHenry, Will, Kankakee and Lake (Illinois). In Indiana: LaPorte, Lake and Porter.	For current information, call 1-800-892-2803.	Coverage throughout the U.S. To find a Participating Physician or Hospital, call or visit www.humana.com
Physician Selection	You may select your own physician. Higher benefit level when you use a PPO hospital or physician.	Provided under the direction or with the approval of a plan physician.	Provided under the direction or with the approval of a plan physician.	You may select your own physicians. Higher benefit level when you use a Plan PPO physician or hospital.
ONE TIME PLAN YEAR DEDUCTIBLE (JANUARY 1 – DECEMBER 31, 2008)				
	\$400	None	None	Services from Plan providers \$5,000/individual; \$10,000/family; Services from non-Plan providers \$10,000 individual/\$20,000 family
LIFETIME MAXIMUM				
	\$2,000,000	See mental health.	No lifetime maximum.	\$5,000,000

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
CO-INSURANCE (WHERE APPLICABLE)				
	Member pays 10% of covered expenses, subject to \$1,500 PPO out-of-pocket maximum per person \$2,500 per family (plus deductible); OR 30% of covered expenses, subject to \$3,500 non-PPO out-of-pocket maximum per person, \$6,500 per family (plus deductible).	Does not apply.	Does not apply.	For services rendered by a Plan physician or facility, member pays nothing after deductible; for non-Plan services member pays 30% of covered expenses, after deductible.
PRE-ADMISSION CERTIFICATION				
	Before being admitted to a hospital, you MUST call Medical Services Advisory (MSA) at 1-800-247-9204, which will review and certify the admission	Does not apply.	Does not apply.	Prior to hospitalization member should call 1-800-523-0023.
INPATIENT HOSPITAL CARE				
Hospital Room & Board (Semi-Private)	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Service Advisory (MSA) for approval at 1-800-247-9204	No charge; unlimited days.	No charge for unlimited days.	Member pays deductible then applicable Plan or non-Plan coinsurance. Refer to page 9 for definition of "coinsurance."
Private Room (When Medically Necessary)	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Service Advisory (MSA) for approval at 1-800-247-9204	No charge if medically necessary; otherwise semi-private rate allowed.	No charge if medically necessary; otherwise, not covered.	Member pays deductible then applicable Plan or non-Plan coinsurance. Semi-private rate allowed.
Intensive Care Unit	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Service Advisory (MSA) for approval at 1-800-247-9204	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Physician's Visits, including Specialists	After one time \$400 deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
X-Ray & Lab Test				Member pays deductible then applicable Plan or non-Plan coinsurance.
SURGERY				
Surgeon's Fees	After one time \$400 deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Anesthesiologist	Same as above.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
MATERNITY				
Hospital Coverage (Mother and Newborn)	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider. Subscriber must call Medical Service Advisory (MSA) for approval at 1-800-247-9204	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Physician Care (Inpatient)	Same as above.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
EMERGENCY CARE				
Accidents	100% covered; treatment within 72 hours of accident.	Emergency Room visits have a \$75 copay. Members are expected to call their Primary Care Physician first, except in a life-threatening situation. Paid in full after \$10 copay in physician's office. Emergencies are covered out-of-area, out-of-state and out-of-country.	We recommend you call your doctor for treatment advice in any medical emergency. Making this call may help you avoid a trip to the hospital emergency room. Emergency visits have a \$90 copay.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Emergency Medical Care	100% covered; initial treatment of a sudden and unexpected medical condition (including related diagnostic test).			
Ambulance	80% of charges after one time \$400 deductible, PPO allowances.	Paid in full for emergency or transfer.	Paid in full for emergency or transfer.	Member pays deductible then applicable Plan or non-Plan coinsurance.
MENTAL HEALTH				
Outpatient	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider. Outpatient hospital days visits can be limited to 35 days per calendar year.	\$10 copay per visit. Up to 20 visits per member per year in full for crisis intervention and short-term therapy.	\$20 copay per visit for up to 20 visits per member per calendar year. Substance abuse benefits are the same as mental health.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 20 visits per calendar year.

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Inpatient	After one time \$400 deductible, 90% at PPO hospital; 70% when using non-PPO hospital. Inpatient hospital days for mental illness can be limited to 45 days per calendar year.	Up to 30 days in full per member per calendar year.	Up to 20 days in full per member per calendar year. Substance abuse benefits are the same as mental health.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 30 days per calendar year.
CARE IN THE HEALTH CENTER/DOCTOR'S OFFICE				
Physician's Office Visits	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider.	\$10 copay.	\$20 copay.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Routine Physical Check-ups for Adults and Children	Refer to Wellness Benefit insert.	\$10 copay.	No charge.	Member pays nothing if Plan Physician; if non-Plan, member pays 30% of covered expense. Deductible does not apply for routine pap smears, routine mammogram, routine lab test and x-ray and routine exams.
Outpatient Surgery	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider.	\$10 copay for outpatient.	\$20.00 copay.	Member pays deductible then applicable Plan or non-Plan coinsurance.
X-ray and Lab Tests	Same as above.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Immunizations, Shots	No coverage.	No charge.	No charge.	Member pays nothing, if Plan Physician; if non Plan, member pays 30% of covered expense.
Allergy Shots	After one time \$400 deductible, 80% when using a PPO provider.	No charge. <i>\$10.00 co-pay</i>	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Chemotherapy, Radiation Therapy	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Speech, Physical and Occupational Therapy	Same as above.	No charge for short-term therapy.	Provided at no charge for restoration of physical function.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 80 visits per plan year.
Vision Screening and Exams	Limited coverage offered through Davis Vision. (A vision discount program.)	100% covered after \$10 copay at an affiliated provider for routine annual eye exam plus eyeglasses or contact lenses following cataract surgery.	Vision care exams are covered 1 time every 12 months.	Not covered.

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Eyeglasses and Contacts	Not covered.	An allowance toward the purchase of one pair of glasses or contacts every 24 months at any EyeMed Center.	20% discount on purchase of eyeglasses or contact lenses through EyeMed Vision Care network. Additional \$75 of total purchase every 24 months. Call 1-866-273-0817.	Not covered.
Prescription Drugs				
Retail Prescription Drug Program	<p>\$10 generic copay/\$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (30-day supply).</p> <p>Unlimited annual maximum.</p> <p>*Does not apply toward deductible.</p> <p>Rx: 1-800-423-1973.</p>	<p>4 Level Plan (30-day supply)</p> <p>\$10 copay (Level 1)—Low cost generic and low cost brand name.</p> <p>\$25 copay (Level 2)—High cost generic and brand name.</p> <p>\$45 copay (Level 3)—Higher cost brand name (usually with a therapeutic equivalent on Level 1 or Level 2).</p> <p>25% coinsurance with a \$2,500 out-of-pocket maximum, annually (Level 4)—High technology drugs (less than 1% of all prescriptions written).</p> <p>If there is a generic equivalent, member pays the difference between brand and generic plus generic copay.</p> <p>Standard Rx4 limitations and exclusions apply. Mail Order and 90-Day Retail are available at 3x retail copay.</p>	<p>\$10 copay generic/\$20 copay brand formulary/\$35 copay brand non-formulary/\$50 copay self-administered injectables* (30-day supply).</p> <p>HMO network physicians have a formulary list for prescription drugs.</p> <p>Rx: 1-800-892-2803.</p> <p>*Insulin syringes and infertility drugs are not subject to \$50 copay and are available at the generic, formulary brand-name and non-formulary brand-name copays.</p>	<p>Member pays deductible then 100%.</p> <p>Rx services are integrated with medical deductible and out-of-pocket.</p> <p>Standard HDHP "drug list" will be used.</p> <p>If deductible has not been met, member will be charged full amount of network rate.</p>

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Mail Order Prescription Drug Program	\$10 generic copay/\$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (90-day supply). Unlimited annual maximum. *Does not apply toward deductible. Rx: 1-800-423-1973.	Maintenance drugs also available in 90-day supply through mail order. Level 4—25% coinsurance with a \$2,500 out-of-pocket maximum, annually. Call the Hotline at 1-800-486-2621 for more information. Note: Right Source new mail order vendor.	\$10 copay generic/\$20 copay brand formulary/\$35 copay brand non-formulary/\$50 copay self-administered injectables*(90-day supply). HMO network physicians have a formulary list for prescription drugs. Rx: 1-800-892-2803. *Insulin syringes and infertility drugs are not subject to \$50 copay and are available at the generic, formulary brand-name and non-formulary brand-name copays.	Member pays deductible then 100%. Rx services are integrated with medical deductible and out-of-pocket. Standard HDHP "drug list" will be used.
Other Services				
Prosthetic Devices and Medical Equipment	80% up to purchase price after one time \$400 deductible.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Care in Skilled Nursing Facility (non-custodial)	After one time \$400 deductible, 90% if services rendered in a Blue Cross Plan approved Skilled Nursing Facility. Skilled Nursing Care must meet medically necessary criteria.	No charge up to 120 days per calendar year.	No charge for unlimited days.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 60 Day limit per plan year.
Blood	80% coverage provided after 3-pint deductible.	No charge.	No charge.	Member pays deductible then applicable Plan or non-Plan coinsurance.
Dental	No coverage.	\$18 copay for up to 2 dental exams and routine cleanings per year; other dental services discounted.	Accidental Care Only; Coverage provided for repair of accidental injury to sound natural teeth.	Member pays deductible then applicable Plan or non-Plan coinsurance. Dental Injuries Only (Includes extractions/treatment of natural teeth only; must begin w/in 90 days of injury & completed within 12 months)
Chiropractic	After one time \$400 deductible, 90% when using PPO provider; 70% when using non-PPO provider.	Covered only when medically necessary and approved by the plan.	100% coverage.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 20 visit limit per plan year

Benefits	Blue Cross/Blue Shield PPO (Available In All Areas)	Humana HMO Premier Plan (Chicago Vicinity Only)	HMO Illinois (Chicago Vicinity Only)	Humana eHDHP with Health Spending Account (Available In All Areas)
Benefit Changes/ Highlights		<p>HumanaFirst 24-hour nurse hotline 1-800-622-9529.</p> <p>Humana offers a telephonic coaching program at no cost for smoking cessation, weight management, nutrition, stress management and back care.</p> <p>To access, members can register at Myhumana.com.</p> <p>New: members may obtain 30 or 90 day supply at any participating pharmacy; mail order through Right Source.</p>	<p>HMO Illinois members from the same family may select their own medical group.</p> <p>HMO Illinois provides away from home care.</p> <p>HMO Illinois offers a new discount program called BlueExtras. Members can receive discounts on complementary health care products and services, eyewear and laser vision correction surgery through participating providers. To learn more about this program, call 1-800-892-2803. For Vision discounts, call 1-866-273-0817.</p>	<p>Humana offers a tax-free way to save and budget for health care expenses through a Health Savings Account (HSA).</p> <p>Contributions go in tax free and can be used for IRS-approved expenses.</p> <p>Call the Hotline at 1-800-486-2621 for more information.</p>

Monthly Premiums and Deductions (The deduction shown represents the monthly deduction after the Pension Fund subsidy. Please note that the Pension Fund subsidizes only the teacher pensioner's portion of the health insurance benefit.)

If you have Couple or Family coverage, and one is eligible for Medicare, and one is not eligible for Medicare, please refer to Page 30 for clarification on what amount will be deducted from your pension check.

Premium	Premium	Premium	Premium
\$1,025.39 (single)	\$ 694.61 (single)	\$ 855.31 (single)	\$ 525.65 (single)
\$2,050.78 (couple)	\$1,389.22 (couple)	\$1,710.62 (couple)	\$1,051.30 (couple)
\$3,076.17 (family)	\$2,083.83 (family)	\$2,565.93 (family)	\$1,576.95 (family)
Pension Deduction	Pension Deduction	Pension Deduction	Pension Deduction
\$ 307.62 (single)	\$ 208.38 (single)	\$ 256.59 (single)	\$ 157.70 (single)
\$1,333.01 (couple)	\$ 902.99 (couple)	\$1,111.90 (couple)	\$ 683.35 (couple)
\$2,358.40 (family)	\$1,597.60 (family)	\$1,967.21 (family)	\$1,209.00 (family)

Health Care Plan Comparison For Medicare Retirees

Health Care Plan Comparison For Medicare Retirees



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, the Pension Fund cannot be responsible for final adjudication of insurance claims, which are solely the responsibility of the health plan. Please note that some plans are available only in certain areas.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPPO (Available As Shown Below)	Humana Group Medicare HMO (Available As Shown Below)	HMO Illinois (Chicago Vicinity Only)
Please read information carefully	Supplement PlanGroup #64376 1-800-331-8032	1-866-396-8810	1-866-396-8810	Group #H64047 1-800-892-2803
Service Area	Any provider that accepts Medicare.	AL, AR, AZ, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, OH, OK, PA, SC, TN, TX, VA, WI, WV	Chicago, Corpus Christi, Kansas City, Phoenix, Puerto Rico, San Antonio, Florida (Daytona, Jacksonville, Orlando, South Florida, Tampa), Louisiana (Baton Rouge, New Orleans, Shreveport)	For current information, call 1-800-892-2803.
Physician Selection	You may select your own physician.	You may select your own physician from our provider directory.	You may select your own physician from our provider directory.	Provided under the direction or with the approval of a plan physician.
ONE TIME PLAN YEAR DEDUCTIBLE (JANUARY 1 – DECEMBER 31, 2008)				
	\$250	Does not apply.	Does not apply.	Does not apply.
LIFETIME MAXIMUM				
	\$2,000,000	No lifetime maximum except inpatient mental health. (Refer to mental health benefits.)	No lifetime maximum except inpatient mental health. (Refer to mental health benefits.)	No lifetime maximum.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
CO-INSURANCE (WHERE APPLICABLE)				
	Member pays 4% of the covered expenses.	Does not apply.	Does not apply.	Does not apply.
INPATIENT HOSPITAL CARE				
Hospital Room & Board (Semi-Private)	Medicare deductible—1st thru 60th day; Coinsurance days 61st thru 90th day; 91–150 days lifetime reserve days. Dollar amounts change yearly.	Network—\$165 copay per day (Days 1-5) per admission; Out-of-pocket maximum \$3,000 (including copays) per individual per calendar year.	Network—\$150 copay per day (Days 1-5). Authorized services only. \$2,500 out-of-pocket coinsurance/copay maximum per individual per calendar year.	No charge for unlimited days.
Private Room (When Medically Necessary)	Same as above. Semi-private rate allowed.	No charge when medically necessary.	No charge when medically necessary.	No charge when medically necessary.
Intensive Care Unit	Same as above.	Covered under inpatient hospital room & board—Refer to hospital room & board above.	Covered under inpatient hospital room & board—Refer to hospital room & board above.	No charge.
Physician's Visits, including Specialists	80% of 20% of approved charges after \$250 deductible.	Included in hospital copay.	Included in hospital copay.	No charge.
X-Ray and Lab Test	Same as above.	100% covered.	100% covered.	No charge.
SURGERY				
Surgeon's Fees	80% of 20% of approved charges after one time \$250 deductible. Included in hospital stay.	Included in hospital stay.	100% covered inpatient and out-patient surgery. (Note there are copays for inpatient and outpatient facilities.)	No charge.
Anesthesiologist	Same as above.	Included in hospital stay.	Same as above.	No charge.
MATERNITY				
Hospital Coverage (Mother and Newborn)	80% of 20% of approved charges after one time \$250 deductible.	Newborn not covered. Same as any other illness, subject to any applicable copay and limitations.	Newborn not covered. Same as any other illness, subject to any applicable copay and limitations.	No charge.
Physician Care	Same as above.	Covered same as any other illness, subject to any applicable copays and limitations.	Covered same as any other illness, subject to any applicable copays and limitations.	No charge.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
EMERGENCY CARE				
Accidents	100% of 20% of approved charges after one time \$250 deductible. Treatment within 72 hours of accident.	Covered same as any other illness, subject to any applicable copays and limitations.	Covered same as any other illness, subject to any applicable copays and limitations.	We recommend you call your doctor for treatment advice in any medical emergency. Making this call may help you avoid a trip to the hospital emergency room.
Emergency Medical Care	100% of 20% of approved charges after one time \$250 deductible.	Immediate Care Center—\$35 copay. Emergency Room—\$50 copay, waived if admitted within 24 hours Urgent Care—\$35 copay.	Immediate Care Center—\$20 copay. Emergency Room—\$50 copay, waived if admitted within 24 hours; applies for care outside of the United States.	Emergency visits have a \$90 copay.
Ambulance	80% of 20% of approved charges after one time \$250 deductible.	\$100 copay.	\$50 copay.	In full for emergency or transfer.
MENTAL HEALTH				
Outpatient	50% after one time \$250 deductible.	Plan pays 100% after \$10 to \$75 copay per visit, based on where services are received.	\$5 to \$50 depending on place of service. ¹	\$20 copay per visit for up to 20 visits per member per calendar year. Substance abuse benefits are the same as mental health.
Inpatient	Refer to Inpatient Hospital Care.	All authorized admissions. \$165 copayment per day (days 1 to 5) per admission. 190 day lifetime limit.	Authorized Service Only Inpatient psychiatric care: \$150 copay per day (Days 1-5). 190-day lifetime limit. Alcohol and drug abuse: \$150 per day (Days 1-5).	Up to 20 days in full per member per calendar year. Substance abuse benefits are the same as mental health.
CARE IN THE HEALTH CENTER/DOCTOR'S OFFICE				
Physician's Office Visits	80% of 20% of approved charges after one time \$250 deductible.	Primary Care Doctor ¹ : \$10 copay. Specialist: \$35 copay.	PCP: \$5 copay. Specialist: \$20 copay.	\$20 copay.

¹\$5 in primary care doctor's office; \$20 in specialist's office; \$50 in outpatient facility.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
Routine Physical Check-ups for Adults and Children	Refer to Wellness Benefit insert.	PCP: \$10 copay; Specialist: \$35 copay.	PCP: \$5 copay. Specialist: \$20 copay.	No charge.
Outpatient Surgery	80% of 20% of approved charges after one time \$250 deductible.	Outpatient—\$100-\$125 copay, depending on where services are received. Inpatient—\$165 copay (days 1-5).	Covered same as any other illness, subject to any applicable copays and limitations. \$100 copay for outpatient hospital surgery.	\$20.00 copay.
X-ray and Lab Tests	Same as above.	\$10 to \$35 depending on place of service.	\$5 – \$50 depending on place of service. ²	No charge.
Immunizations, Shots	No coverage.	\$10 to \$35 depending on place of service.	PCP: \$5 copay. Specialist: \$20 copay.	No charge.
Allergy Shots	80% of 20% of approved charges after one time \$250 deductible.	PCP: \$10 copay; Specialist: \$35 copay.	PCP: \$5 copay. Specialist: \$20 copay.	No charge.
Chemotherapy, Radiation Therapy	Same as above.	\$10 copay office visit; \$35 copay Specialist; \$75 copay outpatient hospital.	\$10 copay office visit; \$20 copay specialist; \$50 copay outpatient hospital.	No charge.
Speech, Physical and Occupational Therapy	Same as above except speech therapy services must be determined to be restorative and patient condition is improving.	\$10 to \$75 depending on place of service.	\$5 to \$50 depending on place of service. ¹	Provided at no charge for restoration of physical function.
Hearing and Vision Screening	No coverage for hearing screening. Limited coverage is offered through Davis Vision. (A vision discount program.)	\$35 copay; Medicare-covered services only, routine services not covered.	Medicare covered services only at applicable copay.	No coverage for hearing exams. Vision exams are offered once every 12 months.
Eyeglasses and Contacts	No coverage.	No coverage.	Medicare covered services only at applicable copay.	20% discount on purchase of eyeglasses and contact lenses through EyeMed Vision Care network. Additional \$75 off total purchase every 24 months. 1-866-273-0817.

¹\$5 in primary care doctor's office; \$20 in specialist's office; \$50 in outpatient facility.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
Prescription Drugs				
Retail Prescription Drug Program Medicare Part D Provision	<p>\$10 generic copay/\$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (30-day supply). Unlimited annual maximum.</p> <p>*Does not apply toward deductible.</p> <p>Rx: 1-800-423-1973 for more information.</p>	<p>4 Level Plan: (30-day supply) \$5 Generic; \$30 Preferred Brand Name; \$60 Non-Preferred Brand Name; 25% Specialty *</p> <p>Once the total yearly drug cost reaches \$2,510.01 you pay the following:</p> <ul style="list-style-type: none"> • \$5 copayment for all preferred generic drugs • 100% coinsurance for all preferred brand, non-preferred brand, and speciality drugs <p>Once your true out-of-pocket cost (TrOOP) reaches \$4,050, you pay the greater of \$2.25 for generic (including brand drugs treated as generic) and \$5.60 for all other drugs, or 5% coinsurance.</p> <p>Rx coverage is unlimited.</p>	<p>4 Level Plan (30-day supply) \$10 Generic; \$20 Preferred Brand Name; \$40 Non-Preferred Brand Name; 25% Specialty *</p> <p>no coverage gap</p>	<p>\$10 copay generic; \$20 copay brand formulary; \$35 copay brand non-formulary (30 day supply). The network physicians know the prescription drugs on the formulary list.</p> <p>Rx: 1-800-892-2803.</p>
Mail Order Prescription Drug Program Medicare Part D Provision	<p>\$10 generic copay/\$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (90-day supply). Unlimited annual maximum.</p> <p>*Does not apply toward deductible.</p> <p>Rx: 1-800-423-1973.</p>	<p>2x copay for 90-day supply via Mail Order: (\$0 generic copay)</p>	<p>2x copay for 90-day supply via Mail Order: (\$0 generic copay)</p>	<p>\$10 generic \$20 copay brand formulary \$35 copay brand non-formulary (90-day supply).</p> <p>Rx: 1-800-892-2803.</p>

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
Other Services				
Prosthetic Devices/ Medical Equipment	80% of 20% of approved charges after one time \$250 deductible.	20% coinsurance.	100% covered after 10% coinsurance.	No charge.
Care in Skilled Nursing Facility (non-custodial)	No benefits—1st to 20th day. Medicare deductible per day—21st to 100th day (dollar amount changes yearly). Care must be provided at BC/BS Plan facility.	Plan pays 100% per day (days 1-11). No three day hospital stay required, pays 100% after \$100 copay per day (days 11-100). No coverage after 100 days.	No charge up to 20 days and \$25 per day for days 21-100 each benefit period.	No charge for unlimited days.
Blood	80% after 3-pint deductible.	\$10 to \$35 copay based on where services are received.	\$5 to \$50 depending on place of service. ⁴	No charge.
Dental	No coverage.	\$20 copay for Medicare-Covered services 25% coinsurance for preventive and diagnostic services 50% coinsurance for emergency (includes non-surgical extraction) 75% coinsurance for cosmetic Limitations: Preventive—2 per calendar year; Diagnostic X-ray—1 per calendar year; Emergency—Unlimited, Cosmetic—1 per mouth every 3 calendar years, External bleaching—Humana-Dental pays up to a Lifetime max of \$200.	Medicare covered services only at applicable copay.	Accidental Care Only: Coverage provided for repair of accidental injury to sound natural teeth.
Chiropractic	80% of 20% of approved charges after one time \$250 deductible.	\$35 copay. (Medicare covered services only)	(Medicare Guidelines apply) \$20 copay.	100% coverage.

²\$5 in primary care doctor's office; \$20 specialist's office; \$20 Free Standing Facility; \$50 outpatient hospital.

⁴\$5 in primary care doctor's office; \$20 specialist's office; \$20 Comprehensive Outpatient Rehab Facility; \$50 outpatient hospital.

Benefits	Blue Cross/Blue Shield Medicare (Available In All Areas)	Humana Group Medicare RPPO (Available As Shown)	Humana Group Medicare HMO (Available As Shown)	HMO Illinois (Chicago Vicinity Only)
Benefit Changes/ Highlights	Medicare pays 80% on all Medicare approved claims, Blue Cross/Blue Shield pays 80% of the remaining 20% of the Medicare approved claim (16%), and the pensioner pays 20% of the remaining 20% of the Medicare approved claims (4%).	<ul style="list-style-type: none"> World-Wide Coverage; (non-network coverage) \$100 deductible then member pays 20% coinsurance. \$25,000 maximum annual benefit. New Member Specialist assistance first 30 days of coverage. HumanaFirst available for medical advice 24 hours a day; 365 days a year. SilverSneakers Fitness Program available in all markets except AZ and PA. EyeMed Vision and RX Discount Programs also included. 	<ul style="list-style-type: none"> SilverSneakers Fitness Program available in all markets except AZ and PA. EyeMed Vision and RX Discount Programs also included. New Member Specialist assistance first 30 days of coverage. HumanaFirst available for medical advice 24 hours a day; 365 days a year. 	<p>HMO Illinois members from the same family may select their own medical group.</p> <p>HMO Illinois provides away from home care.</p> <p>HMO Illinois offers a new discount program called BlueExtras. Members can receive discounts on complementary health care products and services, eyewear and laser vision correction surgery through participating providers. To learn more about the complementary program, call 1-800-892-2803. For vision discounts, call 1-866-273-0817.</p>

Monthly Premiums and Deductions (The deduction shown represents the monthly deduction after the Pension Fund subsidy. Please note that the Pension Fund subsidizes only the teacher pensioner's portion of the health insurance benefit.)

If you have Couple or Family coverage, and one is eligible for Medicare, and one is not eligible for Medicare, please refer to Page 30 for clarification on what amount will be deducted from your pension check.

Premium	Premium	Deductions	Premium
\$304.98 (single)	\$186.00 (single)	\$195.00 (single)	\$381.72 (single)
\$609.96 (couple)	\$372.00 (couple)	\$390.00 (couple)	\$763.44 (couple)
Deduction	add \$186 per eligible person	add \$195 per eligible person	Deduction
\$ 91.49 (single)	Pension Deduction	Pension Deduction	\$114.52 (single)
\$396.47 (couple)	\$ 55.80 (single)	\$ 58.50 (single)	\$496.24 (couple)
	\$241.80 (couple)	\$253.50 (couple)	
	add \$186 per eligible person	add \$195 per eligible person	

Additional Information

COBRA COVERAGE

WHEN YOU RETIRE— COBRA CONTINUATION COVERAGE

If you and your dependents (or domestic partner) are covered under the Chicago Public Schools or charter schools when you retire, you have the option to continue active coverage for yourself and your dependents (or domestic partner) under COBRA for at least 18 months. Your self-payments are subsidized if you retire under the Chicago Public Schools or charter schools. If you or your dependent is eligible for Medicare, you are not eligible for COBRA coverage.

If you elect COBRA coverage, your active health care benefits will be continued until COBRA coverage ends. COBRA coverage will end if:

- You do not make the self-payment for COBRA;
- The COBRA coverage time period expires (usually 18 months);

- You become covered under another group health plan; or
- You or your dependents become eligible for Medicare.

MEDICARE

Upon reaching age 65, you must have Medicare Part A and Part B to remain in our sponsored health insurance plans.

Upon receipt of Medicare Part A and Part B eligibility, you must contact the Pension Fund office as soon as you receive proof of Medicare eligibility, so that we can transition you into one of our Medicare supplement plans. Please note that the Pension Fund subsidizes the cost of your Medicare premiums. See page 29 for information about applying for Medicare.

For information about health plan options available to Medicare-eligible individuals, contact the Pension Fund Office or see the “Health Plan Comparison Grid” beginning on page 20. If you have couple or family coverage and one of you is eligible for Medicare and the other person

is not eligible for Medicare, refer to page 30, “Medicare Eligibility and Dependent Coverage.”



QUALIFYING FOR MEDICARE

In order to receive Part A (Hospital) coverage for free, you must:

- Have earned 40 quarters through Social Security (if you have earned 30 quarters through Social Security your Medicare Part A premium will be reduced.)
- Be married at least one year to apply through your spouse, including a deceased spouse.
- Have been married for at least 10 years to an ex-spouse, including a deceased spouse, to apply through your ex-spouse.
- Be receiving a disability pension through Social Security for at least two years.

Everyone has to pay for Part B premiums. If you receive a Social Security check, the premium will be automatically deducted. If you do not receive a Social Security check, CMS (Center for Medicare/Medicaid Services) will bill you. If you want CTPF to make this payment for you

from your pension check, contact Member Services at 312-641-4464 for instructions.

APPLYING FOR MEDICARE

If you or your spouse is eligible for Medicare coverage, you must apply for Medicare Parts A and B in order to continue coverage with the Pension Fund sponsored health care plans.

To apply for Medicare:

- You can apply by -visiting your local Social -Security office or by calling 1-800-772-1213. You can also find information about applying for Medicare at www.ssa.gov.
- You should apply three months before the month you turn 65 so that the start of your Medicare coverage is not delayed.
- You should apply for Parts A and B. The Pension Fund subsidizes your premiums for Parts A and B. **DO NOT SIGN UP FOR MEDICARE PART D PRESCRIPTION COVERAGE, AS IT IS INCLUDED AS A PART OF YOUR CTPF-SPONSORED**

MEDICARE SUPPLEMENT PLAN AT NO ADDITIONAL COST TO YOU.

- When you first receive your Medicare card, contact the Pension Fund office immediately. We will transition you into a Medicare supplemental plan through the Pension Fund office.



To be considered a dependent child, the child must be a natural child, an adopted child or a child placed for adoption with you or your spouse (or domestic partner). Foster children and grandchildren are not covered under the plan.

DEPENDENT AND DOMESTIC PARTNER COVERAGE

The plan provides coverage for eligible dependents and domestic partners.

DEPENDENT COVERAGE

DEPENDENT ELIGIBILITY

Under the plan, eligible dependents include your:

- Legal spouse as defined by your state of residence;
- Unmarried children
- For Blue Cross/Blue Shield and HMO Illinois under age 19 or under age 23 if a full-time student;
- For Humana under age 19 or under age 25 if a full-time student; and
- Children who are mentally or physically disabled, dependent on you for support and maintenance and were covered under the plan before they reached the age when they would

have lost coverage except for disability.

If you need more information about dependent eligibility, contact the Pension Fund office or see your Summary Plan Description.

If you have coverage for yourself and a dependent and one of you is Medicare-eligible and the other person is not eligible for Medicare, special rules apply. See “Medicare Eligibility and Dependent Coverage” on the next page.

You may add an eligible dependent during Open Enrollment only; unless they meet an exception on page 2. If you need to add a dependent to your coverage, contact your health plan for an enrollment application (see page 10 for contact information).

If your dependent no longer qualifies as an eligible dependent under the plan, you must notify the Pension Fund office in writing and/or complete a disenrollment application, if applicable.

MEDICARE ELIGIBILITY AND DEPENDENT COVERAGE

If you have coverage for yourself and a dependent and one of you is Medicare-eligible and the other person is not eligible for Medicare:

- You must both be covered under the same health plan;
- The Medicare-eligible person must be covered under that health plan’s Medicare plan; and
- Your cost of coverage is based on the member’s pension deduction and the dependents’ premium under each plan.

For example, suppose you are age 63 and not eligible for Medicare and your spouse is age 65 and Medicare-eligible. If you elect the Blue Cross/Blue Shield PPO Non-Medicare Plan, your spouse must elect the Blue Cross/Blue Shield Medicare Supplement Plan.

Because you and your dependent are covered under two separate plans (the Medicare-eligible and non-Medicare eligible plan), your

cost for coverage is the single deduction for you plus the single premium for your dependent

SURVIVOR COVERAGE

Your surviving spouse and dependent children are entitled to enroll and to continue coverage as long as they continue to meet the definition of a dependent.

DOMESTIC PARTNER COVERAGE

CTPF offers medical benefits to eligible domestic partners and their dependents. **The medical coverage is the same medical coverage available to spouses and dependents.**

DOMESTIC PARTNER ELIGIBILITY

Please note: For the purposes of this document, the definition of a domestic partner is applied solely to gay and lesbian relationships.

For your domestic partner to be eligible under the Plan, you and your domestic partner must:

- Have resided together in the same residence for at least 12 consecutive months (not less than 365 days);
- Not be married to, or be the domestic partner of, anyone else;
- Be jointly responsible for the common welfare and financial obligations of the household;
- Not be related by blood closer than would bar marriage under applicable law in effect in the state in which you live;
- Both be at least 18 years of age and mentally competent to contract;
- Both be the same gender; and
- To elect medical coverage for your qualified domestic partner you must not have had another domestic partner enrolled in the Fund in the past 12 consecutive months.

Your domestic partner's children are eligible if they meet the Plan's definition of dependent children (see page 30). Your or your domestic partner's eligible dependent children become

eligible on the same date you or your domestic partner become eligible.

If you or your domestic partner is Medicare-eligible and the other person is not eligible for Medicare, special rules apply. See "Completing the Enrollment Application" on page 32.

DOMESTIC PARTNER COVERAGE COST

The cost of coverage for your domestic partner and eligible dependent children is the same as the cost of couple or family medical coverage provided to married participants. (See the "Health Plan Comparison Grids" beginning on page 12 for costs.)



DOMESTIC PARTNER ENROLLMENT

To enroll your domestic partner for coverage, you must also **complete and return a Domestic Partner Affidavit (available at the Fund Office) certifying that you meet all of the criteria stated under “Domestic Partner Eligibility” on page 31.** For enrollment instructions, see page 6.

COMPLETING THE ENROLLMENT APPLICATION

When completing the enrollment application for domestic partner coverage, you'll need to provide the following additional information:

- In the spaces asking for spouse information, put your domestic partner's information, including information relating to your domestic partner's medical coverage. Be sure to note that the information relates to your domestic partner.
- When asked of your marital status, indicate that you are married, but be sure to add “Domestic Partner.”
- All dependent children information should be entered in the existing area for dependents. Be sure to indicate for each dependent child if they are your eligible dependent or your domestic partner's eligible dependent.

If you elect domestic partner coverage, you must elect to cover your domestic partner and any eligible dependents under the same medical option you elect for yourself. If you have coverage for yourself and a domestic partner and one of you is Medicare-eligible and the other person is not eligible for Medicare:

- You must both be covered under the same health plan; and
- The Medicare-eligible person must be covered under that health plan's Medicare plan.
- Your cost for coverage is based on the member's pension deduction and the dependents' premium under each plan.

For example, suppose you are age 63 and not eligible for Medicare, have two children and your domestic partner is age 65 and Medicare-eligible. If you elect the Blue Cross/Blue Shield PPO Non-Medicare Plan for yourself and your children, your domestic partner must elect the Blue Cross/Blue Shield Medicare



Supplement Plan. Your cost for coverage is the family deduction for the non-Medicare plan plus the single premium for the Medicare Supplement Plan.

If you have coverage for yourself and dependents and one of you is Medicare-eligible and the other person(s) is not eligible for Medicare and you are enrolling in:

- Humana, you need to complete separate applications: one for HMO Premier Plan or Choice-Care (non-Medicare) and one for Humana Group Medicare HMO or Regional PPO (Medicare)
- Blue Cross/Blue Shield, you need to complete two separate applications (Medicare and non-Medicare).
- HMO-Illinois, you need to complete two separate applications or you and your dependents.

If you have any questions about enrolling your domestic partner for medical coverage, please call the Pension Fund office at 312-641-4464.

DOMESTIC PARTNER COVERAGE TERMINATION

If your domestic partner no longer meets all of the plan's criteria of domestic partner (for example, the termination of your relationship), you must file a Domestic Partner Medical Coverage Termination Statement with the Fund Office within 31 days. **You are responsible for notifying your former domestic partner, in writing, of the date that his or her coverage under the plan will end.**



HEALTH COVERAGE SUBSIDY

The Fund provides a monthly subsidy to defray a portion of the cost of medical coverage (including Medicare). The monthly subsidy is provided to cover the cost of your primary medical coverage premium plus Medicare Parts A and B, if applicable. The subsidy is not provided for dependent coverage or any other coverage such as any additional health plans, dental, vision or long-term care.

You are eligible for the subsidy if:

- You are a CTPF pensioner; and
- Your final teaching service was with the Chicago Public School or charter school systems.

If your final teaching service was with another public pension system, you must apply for benefits with that system.

If you are enrolled in a Pension Fund health plan, you will receive the full subsidy allowed each month. If you are enrolled in COBRA or in another health plan outside the Pension Fund, you are also eligible for the subsidy.

A surviving spouse and dependent children (up to age 18) are also eligible for the subsidy.

This subsidy is approved by our Board of Trustees each year and governed by Illinois statutes and the by-laws and rules of the Pension Fund.

APPLYING FOR THE HEALTH COVERAGE SUBSIDY

Subsidy applications are automatically mailed in mid-July to the eligible retirees who are enrolled through COBRA or obtain coverage from an outside source. Otherwise, you will receive the subsidy automatically in the monthly pension deductions listed in the Comparison Grids beginning on page 12.