CHICAGO TEACHERS' PENSION FUND

2010 Health Insurance Open Enrollment Handbook

Please keep this handbook for future reference.

SIGNIFICANT CHANGES HAVE BEEN MADE TO CTPF HEALTH INSURANCE PLANS FOR 2010.

Open Enrollment Seminars

Significant changes have been made to CTPF's 2010 health insurance program. Retirees who need additional information or assistance should attend a CTPF Open Enrollment Health Insurance seminar.

Seminars offer the opportunity to learn about 2010 plan options and plan design changes. Health plan representatives and CTPF staff will also provide individual counseling and offer assistance with enrollment. Seating is limited and reservations are **required;** call 312.641.4464 to register.

October 19, 2009
Crowne Plaza Hotel
733 West Madison Street
Chicago, Illinois 60661

9:30 a.m. Medicare Plans*
1:00 p.m. Non-Medicare Plans

October 27, 2009
Hilton Oak Lawn
9333 South Cicero Avenue
Oak Lawn, Illinois 60453

9:30 a.m. Medicare Plans*
1:00 p.m. Non-Medicare Plans

** Members turning 65 during 2010 may choose to attend both seminars*

In-House Open Enrollment Seminars

CTPF will offer condensed, Open Enrollment Seminars for members unable to attend the October events. During these abbreviated sessions, CTPF staff will explain 2010 plan offerings, answer questions, and assist with the completion of enrollment forms.

November seminars will be held in the CTPF office. Seating is limited and reservations are **required;** call 312.641.4464 to register.

November 5, 6, 9, 10
CTPF Office
203 North LaSalle Street, suite 2600
Chicago, Illinois 60601

9:30 a.m. Medicare Plans*
1:00 p.m. Non-Medicare Plans

** Members turning 65 during 2010 may choose to attend both seminars*

ADVANCE REGISTRATION IS REQUIRED FOR ALL SEMINARS. PLEASE CALL 312.641.4464 TO REGISTER.

The Open Enrollment Period for CTPF health insurance programs runs October 1 – November 12, 2009.

Changes made during Open Enrollment take effect January 1, 2010.

Bring this handbook with you to the Open Enrollment Seminar.
Keep this handbook for future reference. Additional copies are available at www.ctpf.org.

Plan Highlights for 2010

January 1, 2010, through December 31, 2010

UnitedHealthcare Offers New Health Plan Options

CTPF welcomes UnitedHealthcare (UHC) as a health plan administrator for 2010. UHC will offer five new plans, including:

NON-MEDICARE

- UHC Choice Plus PPO
- UHC Choice HMO
- UHC High Deductible Health Plan with Health Savings Account

MEDICARE

- AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx
- SecureHorizons (UHC) MedicareComplete

Most Humana Plans Will be Discontinued

Humana will only offer the Group Medicare HMO plan for 2010. Members enrolled in this plan who want to continue coverage do NOT need to take any action.

The following Humana plans will terminate on December 31, 2009:

- Humana Premier HMO (non-Medicare)
- Humana High Deductible Health Plan (non-Medicare)
- Humana Group Medicare Regional PPO
- Humana Group Medicare PFFS

If you are enrolled in a Humana plan terminating on December 31, 2009, you must take action and enroll in a new plan during the Open Enrollment Period, October 1 – November 12, 2009. If you do not, you will be enrolled in a "default" plan for 2010, which may have different coverage and costs.

If you are undergoing medical treatment and must switch plans, your new plan may offer continuity of care options. Contact your new health plan administrator for transition of care guidelines (see page 42 for contact information).

Blue Cross/Blue Shield Plan Changes

BC/BS Health Insurance Plan Changes

BC/BS PPO

- Emergency room copay is $150
- Out-of-network, out-of-pocket maximum (individual) increases to $4,400
- Out-of-network, out-of-pocket maximum (family) increases to $8,800

BC/BS MEDICARE

- Plan year deductible increases to $350

BC/BS Pharmacy Changes

BC/BS PPO, BC/BS HMO ILLINOIS, AND BC/BS MEDICARE PLANS

- Prescription copays for a 30-day retail prescription supply will be $5 generic, $30 formulary brand, and $45 non-formulary brand.
- Participating pharmacies now offer a 90-day prescription supply. Copays will be $10 generic, $60 formulary brand, and $90 non-formulary brand.
- Mail-order copays for a 90-day prescription supply will be $10 generic, $60 formulary brand, and $90 non-formulary brand.
- BC/BS Medicare enrollees will no longer need a separate Blue Rx card.

Expanded Coverage for Adult Children

- Illinois Public Act 95-0958 expanded dependent health insurance eligibility for some adult children. See eligibility section on page 10 for more information and documentation requirements.

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Introduction

Retiree Health Insurance

Choosing a health insurance plan for yourself 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 services at a reasonable cost.

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – November 12, 2009. During Open Enrollment, retirees may enroll in a CTPF health insurance plan, change their health insurance plan or carrier, or add a dependent to a health plan. Changes made during this period go into effect on January 1, 2010.

Retirees who want to continue coverage under their current health plan do **not** need to take any action, as long as their plan is being offered in 2010. See page 3 for a list of Humana plans that will not be offered in 2010.

This handbook provides information about CTPF's current health insurance options, rates, and changes to health insurance plans. Read this handbook carefully, familiarize yourself with your options, and review the expanded eligibility and enrollment sections of this material. **Please keep this document for future reference. Additional copies are available at www.ctpf.org.**

Your Responsibilities as a Health Plan Enrollee

You must contact CTPF immediately if any of the following events occur:

- change of address, including dependents
- death of a spouse or dependent
- marriage, divorce, legal separation, annulment
- dependent loss of eligibility
- change in Medicare status, including turning age 65
- your pension deduction does not match your stated premium

Reducing Your Cost

Health Insurance Rebate Program

CTPF's health insurance rebate program refunds a percentage of health insurance costs for eligible CTPF retirees. The CTPF Board of Trustees has authorized a 70% subsidy of health insurance costs. The rebate is subject to change at the discretion of the Board. See page 18 for details.

Important Information

Turning Age 65

If you or your spouse wants 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** your 65th birthday.

Acceptable proof includes:

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

If you are currently enrolled in a CTPF non-Medicare plan and fail to provide documentation for Part A and Part B coverage prior to turning 65, your insurance premium will increase significantly when you turn 65.

Enrollment Forms

Enrollment forms for all plans are available directly from health plan administrators. See page 42 for contact information.

Send completed forms to CTPF:

Chicago Teachers' Pension Fund
Health Benefits Department
203 North LaSalle Street, suite 2600
Chicago, Illinois 60601-1231

Fraud

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

ID Cards

Health plan enrollees receive health insurance ID cards by mail directly from their health plan administrator. ID cards are normally issued at the time of enrollment or when a health plan change is made. If you or your dependent need a replacement card, contact the health plan administrator directly. See page 42 for contact information.

Power of Attorney

If you want a family member or representative to assist you or act on your behalf, you must file a power of attorney with CTPF and the health plan administrator.

Survivors

In the event of a member's death, a surviving spouse and/or dependent children who receive a survivor's pension may qualify for CTPF health insurance coverage.

Survivors who want CTPF health insurance coverage should contact CTPF as soon as possible to obtain the necessary forms so that coverage is not interrupted.

Dental Plans

Dental insurance is not included in any CTPF health insurance plans. CTPF retirees may qualify for dental insurance through other agencies including the American Federation of Teachers, the Chicago Teachers Union, or the Retired Teachers Association of Chicago. See page 42 for contact information.

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 are subject to change without prior notice to participants.

Overview of Plans and Terms

The following pages offer general descriptions of the types of plans offered to CTPF retirees. Specific plan information can be found in the charts beginning on pages 19 and 31.

Continuation Coverage Under Your Employer

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows individuals to pay for the same health insurance coverage that they received when they were employed, usually for 18 months.

Health insurance costs are generally lower under continuation coverage (COBRA) than they would be under a CTPF plan. Individuals who choose to continue coverage under COBRA usually maintain this option 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 terminated.

Contact your employer for additional information.

Preferred Provider Organization (PPO)

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.

CTPF offers:

- Blue Cross/Blue Shield PPO (non-Medicare)
- UnitedHealthcare Choice Plus PPO (non-Medicare)

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

A High Deductible Health Plan (HDHP) is a PPO which provides a lower premium option compared to traditional PPO plans. The HDHP includes a Health Savings Account (HSA), a tax-advantaged method of accumulating savings to offset the higher deductible.

Preventive services are not subject to the deductible and are reimbursed at 100% in-network.

For 2010 the IRS allows individuals to contribute up to $3,050 and families up to $6,150 to a Health Savings Account. Individuals age 55 or older may also make a $1,000 “catch-up contribution” for 2010 and all years going forward.

The HSA funds are portable and accumulate interest. Interest earned and withdrawals for qualified expenses are not subject to federal income taxes.

CTPF offers:

- UnitedHealthcare High Deductible Plan with HSA (non-Medicare)

Health Maintenance Organization (HMO)

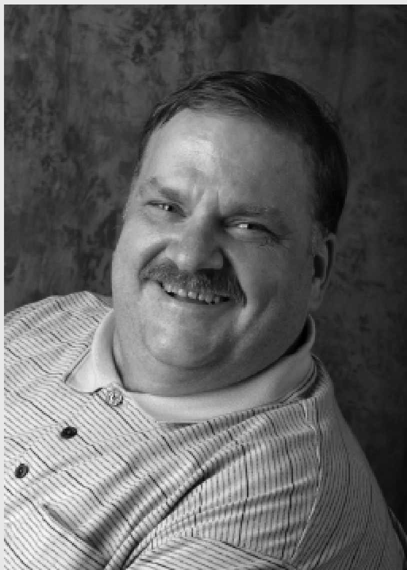
A Health Maintenance Organization (HMO) generally provides broader benefits than other types of plans. HMOs do not have deductibles, coinsurance, or claim forms to file. In traditional HMOs, all health care must be provided (except in emergencies) by doctors, hospitals, and pharmacies that belong to the HMO network.

An HMO may require 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). For a directory of participating providers, call the HMO directly or attend an Open Enrollment Health Insurance Seminar.

Some HMOs have limited service areas, so consider this option carefully if you travel frequently, have two homes, or have dependents living away from home.

CTPF offers:

- BC/BS HMO Illinois (non-Medicare and Medicare)
- UnitedHealthcare Choice HMO (non-Medicare)



Medicare Supplemental Plans

A Medicare supplemental health insurance plan is insurance designed to fill the “gaps” in original Medicare coverage. These policies help pay some of the health care costs that Medicare does not cover.

In order to enroll in one of these plans you must show proof of Medicare Part A and Part B coverage. CTPF Medicare supplemental plans also include prescription drug coverage.

CTPF offers:

- Blue Cross/Blue Shield Medicare Supplement
- AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx

Medicare Advantage Plans

Medicare Advantage plans completely replace standard Medicare benefits. In an Advantage plan, the plan administrator assumes all of the financial cost of the services provided to you, less the applicable copayments. In order to enroll in one of these plans you must show proof of Medicare Part A and Part B coverage. CTPF Medicare Advantage plans also include prescription drug coverage.

CTPF offers:

- Humana Group Medicare HMO
- SecureHorizons (UnitedHealthcare) MedicareComplete

Eligibility Requirements

Who Can Enroll in a CTPF Plan?

Retirees

CTPF retirees and their eligible dependents may qualify to enroll in a CTPF health insurance plan. You and your dependents must be covered by the same insurance carrier. You may only add an eligible dependent during Open Enrollment unless he or she meets an exception noted on page 11.

Survivors

In the event of a member's death, a surviving spouse and/or dependent children who receive a survivor's pension may qualify for CTPF health insurance coverage.

Survivors who want CTPF health insurance coverage should contact CTPF as soon as possible to obtain the necessary forms so that coverage is not interrupted.

Dependents

Eligible dependents include:

- a legal spouse as defined by your state of residence
- a domestic partner. The definition of a domestic partner is applied solely to gay and lesbian relationships. You must complete a Domestic Partner Affidavit certifying that you and your partner meet all of the required criteria. Contact CTPF for an affidavit.
- unmarried children[1] under the age of 26 who are dependent on you for more than one-half of their support for the calendar year
- 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 noted on page 13.

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

[1] 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

Enrollment: When Can I Join?

In general, you may only enroll in the CTPF health insurance program once in your lifetime.

Initial Enrollment Period

Retirees 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 terminates,* unless coverage is terminated due to non-payment of premium
- within 30 days of the effective date of pension benefits
- when coverage is terminated by a former group plan through no fault of your own
- when becoming eligible for Medicare

**If your COBRA continuation coverage ends December 31, 2009, you may enroll in a CTPF health insurance plan during the Open Enrollment Period, October 1 – November 12, 2009. Coverage will become effective January 1, 2010.*

Annual Open Enrollment Period

During the annual Open Enrollment Period, retirees and/or survivors may enroll in a CTPF health plan, change their health insurance plan or carrier, or add a dependent to a health plan. Changes made during Open Enrollment become effective January 1, 2010.

Special Enrollment Period with a Qualifying Event

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

- change in permanent address that affects the availability of an HMO or Medicare Advantage plan
- marriage
- adoption
- legal guardianship
- birth
- termination of a Primary Care Physician (PCP) when a member is enrolled in an HMO or POS plan

Turning Age 65

If you will turn age 65 in 2010, see the Medicare information and CTPF Medicare plan enrollment requirements beginning on page 28.

How to Enroll

You can get started with enrollment by following the steps below:

STEP 1: Review the non-Medicare or Medicare plan comparison grids (see pages 19 and 31).

STEP 2: If you want to continue coverage under your current health plan, you do not need to take any action, as long as the plan is being offered in 2010.

STEP 3: If you want to enroll in a new plan, change plans, or add dependent coverage, contact the health plan administrator directly to obtain plan information and enrollment forms. See contact information on page 42.

STEP 4: Fill out the necessary enrollment forms and enclose copies of the required documentation such as marriage certificate(s), birth certificate(s), or Medicare Card(s), and return to CTPF by November 12, 2009.

DO NOT SEND APPLICATION(S) OR REQUIRED DOCUMENTATION TO THE HEALTH PLAN ADMINISTRATORS. SEND ALL FORMS TO CTPF.

Assistance

If you need additional assistance, plan to attend an Open Enrollment Seminar (see page 2 for information). These seminars provide an opportunity to meet with representatives from individual health insurance plans and to get answers to specific questions regarding health insurance.

Documentation Required to Add a Dependent to a 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
Domestic partner	Domestic Partner Affidavit (available from CTPF)
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.
Unmarried natural child under the age of 26	Certified copy of birth certificate
Unmarried adopted child under age 26	Adoption decree/order with judge's signature and circuit clerk's stamp or seal, and proof of birth date
Unmarried stepchild under age 26	Certified copy of birth certificate indicating spouse is child's natural parent
Unmarried 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	☐ Proof of Illinois residency ☐ Veterans' Affairs Release Form (DD-214) with release date from service ☐ Certified copy of birth certificate

Termination of Health Insurance Coverage

Voluntary termination of health insurance coverage can be made at any time. Notice must be made in writing, 30 days prior to the first day of the month when you want to end coverage.

Retiree Coverage

A retiree's health insurance coverage terminates:

- the last day of the month when a written request to terminate coverage is received by CTPF
- the last day of the month when eligibility requirements are no longer met
- on the date of death

Dependent Coverage

A dependent's health insurance coverage terminates:

- simultaneously with the termination of the retiree's coverage
- the last day of the month when a written request to terminate dependent coverage is received by CTPF
- the last day of the month when eligibility requirements are no longer met

Refund of Premium

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

Survivors

In the event of a member's death, a surviving spouse and/or dependent children who receive a survivor's pension may qualify for CTPF health insurance coverage.

Survivors who want CTPF health insurance coverage should contact CTPF as soon as possible to obtain the necessary forms so that coverage is not interrupted.

CTPF COBRA: Continuation of Coverage Rights

Overview

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federal law that gives health plan enrollees including retirees, their spouses, and dependent children, the right to temporarily continue health insurance at group rates, if coverage is lost due to specific qualifying events. 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. 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
Retiree	
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
Dependent	
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's 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 your 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
203 North LaSalle Street, suite 2600
Chicago, IL 60601-1231

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.

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.

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 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 Premium Payment

Disabled individuals and their enrolled dependents pay an increased premium, up to 150 percent 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.

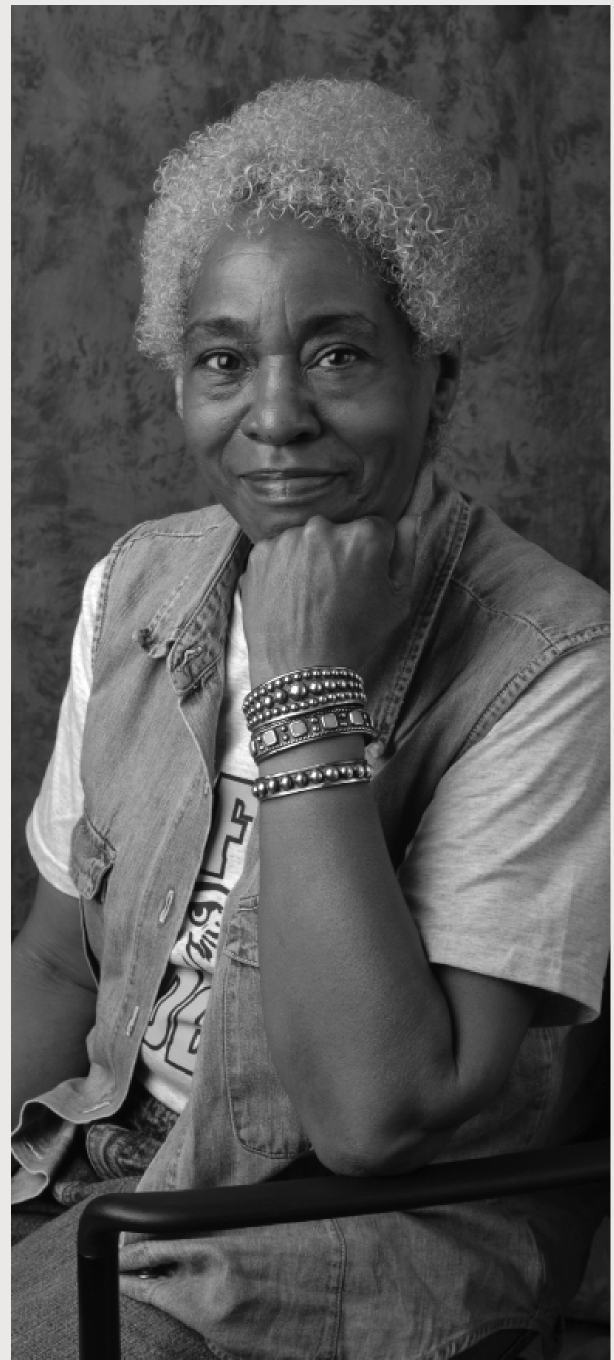
Termination of Coverage under CTPF COBRA

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.



Reducing Your Cost

CTPF's Health Insurance Rebate Program

If you are a CTPF retiree whose final teaching service was with the Chicago Public or Charter Schools, you may qualify for a partial subsidy of your health insurance premium cost. Surviving spouses and dependents who receive survivor's pensions also qualify.

Each year, the CTPF Board of Trustees authorizes a premium subsidy, called a rebate. The rebate is subject to change at the discretion of the Board. CTPF will make every reasonable attempt to notify members in advance of any rebate percentage change.

The rebate applies only to the member's portion of the health insurance premium. The premium cost for dependent coverage is not eligible for the rebate.

Rebate for CTPF Health Insurance Plans

If you are enrolled in a CTPF health insurance plan, CTPF automatically applies the rebate to your monthly pension benefit. For example, if your monthly premium is $1,000 and the approved rebate percentage is 70%, CTPF deducts $300 from your monthly pension for premium costs and pays the remaining $700 on your behalf.

Rebate for Medicare Premiums

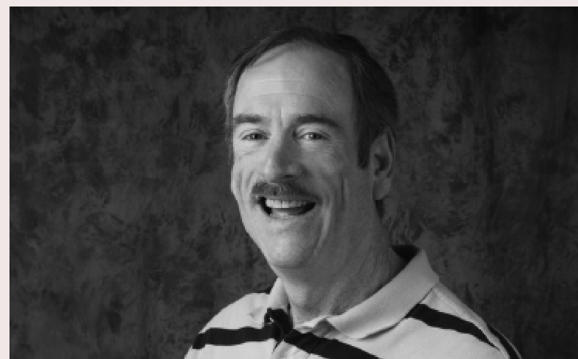
Medicare premium costs for Part A and Part B also qualify for the CTPF rebate. If you make Medicare premium payments directly to the Center for Medicare and Medicaid Services (CMS) you may enroll in a program where CTPF provides Medicare premium payments to CMS on your behalf. If you elect this option, your Medicare premium will be deducted from your monthly pension benefit after the rebate has been applied. See enrollment instructions on page 29.

Rebate for Non-CTPF Health Insurance

Members enrolled in non-CTPF individual or group health insurance plans are eligible for a rebate of their health insurance premium cost, subject to maximum reimbursement amounts that CTPF publishes each fiscal year. In calculating the allowable premium subsidy, CTPF takes credit for any amount of a member's premium cost that has already been subsidized by another entity (for example, a spouse plan). A rebate application is mailed each year to members enrolled in non-CTPF health insurance. Rebates are paid out retroactively in an annual payment. Premium payment documentation is required and is explained in the rebate application.

Rebate for CPS or Charter School COBRA

If you are enrolled in CPS or Charter School COBRA, CTPF automatically applies the rebate to your monthly pension benefit. The necessary authorization forms must be on file with CTPF.



Plan Cost Comparison Non-Medicare Plans

The following health insurance plans are available to non-Medicare eligible participants. If you are age 65 or over, you do not qualify for these plans.

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 final adjudication of insurance claims, which are solely the responsibility of the health plan.

Some plans have geographic restrictions and may not be a good choice if you travel frequently or have dependents who live away from home.

PLAN	MEMBER		MEMBER +1		MEMBER 2+	
	2010	2009	2010	2009	2010	2009
Blue Cross/Blue Shield PPO						
Monthly premium cost	$1,024.46	$1,043.91	$2,048.92	$2,087.82	$3,073.38	$3,131.73
Member's monthly cost*	**$ 307.34**	$ 313.17	**$1,331.80**	$1,357.08	**$2,356.26**	$2,400.99
UnitedHealthcare Choice Plus PPO						
Monthly premium cost	$ 825.05		$1,650.10		$2,475.15	
Member's monthly cost*	**$ 247.51**	N/A	**$1,072.56**	N/A	**$1,897.61**	N/A
BC/BS HMO Illinois						
Monthly premium cost	$ 868.89	$ 797.15	$1,737.78	$1,594.30	$2,606.67	$2,391.45
Member's monthly cost*	**$ 260.67**	$ 239.15	**$1,129.56**	$1,036.30	**$1,998.45**	$1,833.45
UnitedHealthcare Choice HMO						
Monthly premium cost	$1,049.78		$2,099.56		$3,149.34	
Member's monthly cost*	**$ 314.93**	N/A	**$1,364.71**	N/A	**$2,414.49**	N/A
UnitedHealthcare High Deductible Plan with Health Savings Account (HSA)						
Monthly premium cost	$ 679.44		$1,358.88		$2,038.22	
Member's monthly cost*	**$ 203.83**	N/A	**$ 883.27**	N/A	**$1,562.71**	N/A

**Reflects the health insurance rebate provided by CTPF for retirees. The current reimbursement is 70% of a retiree's premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 18 for more information.*

Plan Comparison – Non-Medicare Plans

BENEFITS	Blue Cross/Blue Shield PPO	UnitedHealthcare Choice Plus PPO
Plan Features	Traditional PPO. You may use any physician. Plan typically pays 90% PPO and 70% Non-PPO of allowed charges after the plan year deductible has been met.	Plan deductible does not apply to routine PPO preventive care services.
Contact Information	Group number P06675 1-800-331-8032 Customer Service 1-800-635-1928 Inpatient Precertification 1-800-851-7498 Mental Health (inpatient) 1-800-232-7108 Medical Services Advisory 1-800-423-1973 Pharmacy	Group number 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health
Service Area	Nationwide	Nationwide
Physician Selection	Enhanced benefit level when you use a PPO hospital or physician	Enhanced benefit level when you use a PPO hospital or physician
LIFETIME MAXIMUM		
	$2,000,000	Combined network and non-network maximum of $5,000,000 per enrollee
OUT-OF-POCKET MAXIMUMS		
	Individual: $1,500 PPO $4,400 Non-PPO Family: $2,500 PPO $8,800 Non-PPO Copayments do not apply to out-of-pocket maximums. Prescription copays do not apply towards plan deductible.	Individual: $5,000 PPO $11,000 Non-PPO Family: $10,000 PPO $22,000 Non-PPO
ANNUAL PLAN YEAR DEDUCTIBLE		
	$400	Individual: $800 PPO $3,000 Non-PPO Family: $1,600 PPO $6,000 Non-PPO

	BC/BS HMO Illinois	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	Traditional HMO. You must elect an HMOI primary care physician (PCP). Referral required for specialty care. Plan typically pays 100% after copayment.	Open access HMO, no referral required. No benefits for out-of-network care.	High Deductible Health Plan with Health Savings Account (HSA). Deductible does not apply to preventive care services.
	Group number H64047 1-800-892-2803 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy	Group number 717511 1-800-357-0974 Customer Service 1-800-711-7486 Mental Health	Group number 717511 1-866-314-0335 Customer Service 1-866-314-0335 Mental Health
	Chicago vicinity only	Greater Chicagoland area including Northwest Indiana Extended coverage may be available nationwide. Call UHC Customer Service for details.	Nationwide
	PCP directed, referrals required	Open access HMO, no referral required. Must use network provider	Enhanced benefit level when you use a PPO hospital or physician.
	No lifetime maximum	No lifetime maximum	Combined network and non-network maximum of $5,000,000 per enrollee
	Individual: $1,500 Family: $3,000 Drugs, vision, durable medical equipment, and prosthetics do not apply to out-of-pocket maximums.	None	Individual: $5,000 PPO $15,000 Non-PPO Family: $10,000 PPO $30,000 Non-PPO
	None	None	Individual: $5,000 PPO $7,500 Non-PPO Family: $10,000 PPO $15,000 Non-PPO

Plan Comparison – Non-Medicare Plans

BENEFITS	Blue Cross/Blue Shield PPO	UnitedHealthcare Choice Plus 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	None
HOSPITAL SERVICES		
Inpatient	90% PPO hospital plus $200 hospital admission deductible 70% Non-PPO hospital plus $400 hospital admission deductible	80% PPO after deductible 50% Non-PPO after deductible
Skilled Nursing Facility (non-custodial)	90% PPO facility plus $200 hospital admission deductible 70% Non-PPO facility plus $400 hospital admission deductible Services must be rendered in a BC/BS-approved skilled nursing facility.	80% PPO after deductible 50% Non-PPO after deductible Limited to 60 days per year
OUTPATIENT SERVICES		
Surgery	90% PPO provider 70% Non-PPO provider	80% PPO after deductible 50% Non-PPO after deductible
Emergency Room	100% After $150 emergency room deductible, unless admitted If deemed non-emergency, 80% after $150 emergency room deductible.	$250 Copay PPO and Non-PPO providers
Lab/X-ray	90% PPO provider 70% Non-PPO provider	No copay PPO provider, deductible does not apply 50% Non-PPO provider, after deductible
Chemotherapy, Radiation Therapy	90% PPO provider 70% Non-PPO provider	80% PPO after deductible 50% Non-PPO after deductible
Speech, Physical and Occupational Therapy	90% PPO provider 70% Non-PPO provider	$30 PPO provider, deductible does not apply 50% Non-PPO provider, after deductible Number of visits is limited

	BC/BS HMO Illinois	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	None	None	None
	No copay	No copay	100% PPO after deductible 70% Non-PPO after deductible
	No copay	No copay Limited to 60 days per year	100% PPO after deductible 70% Non-PPO after deductible Limited to 60 days per year
	$20 Copay	100%	100% PPO after deductible 70% Non-PPO after deductible
	$90 Copay PCP notification recommended except in life threatening situation	$90 Copay	100% PPO after deductible 100% Non-PPO after deductible
	No copay	No copay	100% PPO after deductible 70% Non-PPO after deductible
	No copay	No copay	100% PPO after deductible 70% Non-PPO after deductible
	No copay if for the restoration of physical function	$20 Copay per visit Limited to 60 visits per year for any combination of outpatient rehabilitation services	100% PPO after deductible 70% Non-PPO after deductible Number of visits is limited

Plan Comparison – Non-Medicare Plans

BENEFITS	Blue Cross/Blue Shield PPO	UnitedHealthcare Choice Plus PPO
PROFESSIONAL AND OTHER SERVICES		
Physician Office Visits	90% PPO provider 70% Non-PPO provider	$30 Copay PPO provider, deductible does not apply $50 Copay PPO specialist provider, deductible does not apply 50% non-PPO provider after deductible
Preventive Care Services (routine physical exam, routine diagnostic tests, immunizations)	100% PPO provider limited to $500 of allowed charges per person, per year. $15 copay applies for office visits. Includes routine physical examinations, diagnostic tests, and immunizations for covered persons 16 or older, Non-PPO provider covered at 80% of allowed charges	Office visit copay may apply 100% PPO routine lab, x-rays, mammograms, preventive tests 50% non-PPO provider after deductible
Chiropractic Visits	90% PPO provider 70% Non-PPO provider	$30 Copay PPO, deductible does not apply 50% Copay non-PPO after deductible Number of visits is limited
Allergy Shots	80% PPO provider	No charge Physician visit copay applies
Vision Screening and Exams	Not covered. Discount vision program offered through Davis Vision, 877-393-8844.	$30 Copay PPO only One exam every two years
Eyeglasses and Contacts	Not covered. Discount vision program offered through Davis Vision, 877-393-8844.	Discounts on frames, lenses, and lens options
Maternity	90% PPO provider 70% Non-PPO provider	See applicable service for benefit level. Copay only applies to initial office visit for physician office services
Ambulance	80%	80% PPO and non-PPO after deductible Notification required for non-emergency
Prosthetic Devices and Medical Equipment	80% up to purchase price	80% PPO after deductible 50% Non-PPO after deductible $2,500 per year and limited to single purchase of each type of device every 3 years

	BC/BS HMO Illinois	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	$20 Copay	$20 Copay	100% PPO after deductible 70% Non-PPO after deductible
	$20 Copay No copay for immunizations	$20 Copay physician visit No copay for routine lab, x-rays, mammograms, preventive tests	100% PPO, deductible does not apply 70% Non-PPO, after deductible Includes routine lab, x-rays, mammograms, preventive tests
	No copay	$20 Copay limited to 60 visits per year for any combination of outpatient rehabilitation services	100% PPO after deductible 70% Non-PPO after deductible Number of visits is limited
	No copay	No copay Physician visit copay applies	100% PPO after deductible 70% Non-PPO after deductible
	$20 Copay Limited to one screening/exam every 12 months.	$20 Copay One exam every two years	100% PPO after deductible One exam every two years
	Covered up to $75 allowance every 24 months. Discount vision program offered through Davis Vision, 877-393-8844.	Discounts on frames, lenses, and lens options	Discounts on frames, lenses, and lens options
	No copay	See applicable service for benefit level. Copayment only applies to initial office visit for physician office services.	See applicable service for benefit level.
	No copay	No copay Notification required for non-emergency	100% PPO and non-PPO after deductible Notification required for non-emergency
	No copay	No copay $2,500 per year and limited to single purchase of each type of device every 3 years	100% PPO after deductible 70% Non-PPO after deductible $2,500 per year and limited to single purchase of each type of device every 3 years

Plan Comparison – Non-Medicare Plans

BENEFITS	Blue Cross/Blue Shield PPO	UnitedHealthcare Choice Plus PPO
PROFESSIONAL AND OTHER SERVICES continued		
Dental	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.	80% PPO After deductible 80% Non-PPO after deductible Accident only $3,000 max per year, $900 max per tooth
BEHAVIORAL HEALTH SERVICES		
Inpatient	90% PPO hospital plus $200 hospital admission deductible 70% Non-PPO hospital plus $400 hospital admission deductible	80% PPO after deductible 50% Non-PPO after deductible
Outpatient	90% PPO provider 70% Non-PPO provider	$30 Copay PPO provider, deductible does not apply $50 Copay PPO specialist provider, deductible does not apply 50% non-PPO provider after deductible
PRESCRIPTION DRUG BENEFITS		
Retail 30-Day Supply	$5 Generic copay $30 Formulary brand copay $45 Non-formulary brand copay	$10 Tier 1 copay $35 Tier 2 copay $70 Tier 3 copay
Retail 90-Day Supply	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	Not offered
Mail Order 90-Day Supply	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$25.00 Tier 1 copay $87.50 Tier 2 copay $175.00 Tier 3 copay

	BC/BS HMO Illinois	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.	Accident only $3,000 max per year, $900 max per tooth	100% PPO and non-PPO after deductible, accident only $3,000 max per year, $900 max per tooth
	No copay	No copay	100% PPO after deductible 70% Non-PPO after deductible
	$20 Copay	$20 Copay	100% PPO after deductible 70% Non-PPO after deductible
	$5 Generic copay $30 Formulary brand copay $45 Non-formulary brand copay	$10 Tier 1 copay $25 Tier 2 copay $40 Tier 3 copay	100% after deductible
	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	Not offered	Not offered
	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$25.00 Tier 1 copay $62.50 Tier 2 copay $100.00 Tier 3 copay	100% after deductible

Important Medicare Information

Important: If you are currently enrolled in a CTPF non-Medicare plan and want to continue coverage in a CTPF plan when you turn 65, you must enroll in Medicare Part A and Part B and provide CTPF with proof of enrollment before your 65th birthday. If you fail to provide proof of Medicare enrollment, your premium will increase significantly when you turn 65 (see page 29).

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 disability benefits for over 24 months, or
- have End-Stage Renal Disease (ESRD), or
- receive disability benefits for Amyotrophic Lateral Sclerosis (ALS)

The Parts of Medicare

Medicare helps cover specific services if you meet certain conditions.

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 POS plans run by private companies approved by Medicare. These plans may offer other coverage including prescription drugs.

Medicare Part D (Prescription Drug Coverage)

Medicare Part D helps cover the cost of prescription drugs.

Medicare Cost

You may qualify for Part A at no cost or at a reduced cost. Everyone must pay for Part B coverage. You are eligible for premium-free Medicare at age 65 if you:

- are eligible to receive Social Security or railroad retirement benefits, or
- have been married at least 1 year to apply through your spouse, including a deceased spouse, or
- have been married for at least 10 years to apply through an ex-spouse (living or deceased)

You may be eligible for premium-free Medicare before age 65 if you:

- receive a disability pension through Social Security for at least 24 months, or
- receive a Railroad Retirement Board (RRB) disability pension, or
- have End-Stage Renal Disease (ESRD), or
- receive disability benefits for Amyotrophic Lateral Sclerosis (ALS)

Applying for Medicare

Contact your local Social Security Administration (SSA) office or call 1-800-772-1213 to enroll in or initiate the purchase of Medicare Part A and Part B three months prior to your 65th birthday.

Paying for Medicare

If you receive a Social Security benefit, your Medicare premium will automatically be deducted from your monthly benefit.

If you do not receive Social Security and must pay for Medicare, CMS will bill you. You may request that CTPF make this payment from your pension benefit. To do so, follow these steps.

1. After you make your first payment to CMS, send or fax a copy of the bill to CTPF. Include your check number, the date paid, and your birth date.

2. CTPF will process your request and begin making your Medicare payments. This process can take up to 30 days. If you receive another bill, contact CTPF before paying.

3. Once CTPF begins making payments to CMS, the CTPF health insurance rebate will automatically be applied to the Medicare deduction from your monthly pension. See page 18 for rebate information.

CTPF Medicare Plan Enrollment Requirements

Qualified individuals who want to enroll in a CTPF Medicare plan must be enrolled in Medicare Part A and Part B. If you do not qualify for premium-free Part A coverage, CTPF requires you to purchase this coverage. CTPF can help subsidize your Part A premium (see page 18). Acceptable proof of Medicare enrollment includes:

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

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 your 65th birthday. If you fail to provide proof of Medicare enrollment, your premium will increase significantly when you turn 65.

Before You Enroll

Retirees with Medicare and a supplemental or Medicare Part D plan from another source must **disenroll** from these plans, effective December 31, before receiving CTPF coverage. CTPF plan coverage begins January 1. Contact your health plan administrator(s) to determine disenrollment procedures.

Medicare Eligibility Due to Disability

Members under the age of 65 who are eligible for SSA or RRB disability benefits are automatically enrolled in Medicare Part A and Part B after 24 months. It is the retiree's responsibility to notify CTPF in writing when they, or a dependent covered under their health plan, becomes eligible for Medicare due to disability. Members eligible for Medicare due to disability are eligible for CTPF Medicare plans if they are enrolled in both Medicare Part A and Part B.

Medicare Eligibility Due to ESRD or ALS

Members under the age of 65 with ESRD can apply for Medicare benefits by contacting their local SSA office. Once the 30-month ESRD coordination period expires, a member may enroll in a CTPF Medicare plan if he or she is also enrolled in Medicare Part B.

Members who receive disability benefits due to ALS automatically receive Medicare Part A the month benefits begin. A member may enroll in a CTPF Medicare plan if he or she is also enrolled in Medicare Part B.

Notice of Creditable Coverage

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 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 2010, you **should not** enroll in an additional Medicare Part D prescription drug plan or you will lose **all** health insurance coverage.

With this Notice of Creditable Coverage, you will not be penalized if you later decide to enroll in a non-CTPF Medicare 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 Medicare Part D prescription drug plan.

EXCEPTIONS

Some individuals with limited income and resources may benefit from the purchase of Medicare D prescription drug coverage. Contact the Social Security Administration (SSA) at www.socialsecurity.gov or call 1-800-772-1213 for information.

KEEP THIS NOTICE

If you are enrolled in a CTPF health plan for the 2010 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, 2010 - December 31, 2010

Medicare Plan Cost Comparison

The following health insurance plans are available to eligible Medicare plan participants enrolled in both Medicare Part A and Part B. 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 final adjudication of insurance claims, which are solely the responsibility of the health plan. Some plans have geographic restrictions and may not be a good choice if you travel frequently or have dependents who live away from home.

PLAN	MEMBER		MEMBER +1	
	2010	2009	2010	2009
Blue Cross/Blue Shield Medicare Supplement				
Monthly premium cost	$348.12	$330.63	$696.24	$661.26
Member's monthly cost*	**$104.44**	$ 99.19	**$452.56**	$429.82
SecureHorizons (UnitedHealthcare) MedicareComplete				
Monthly premium cost	$333.00		$666.00	
Member's monthly cost*	**$ 99.90**	N/A	**$432.90**	N/A
AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx	*Prices given for this plan are estimates. Actual cost is based on age and state of residence. Call UHC for premium information, 1-800-545-1797.*			
Monthly premium cost (range)	$336-$439		$638-$878	
Member's monthly cost* (range)	**$101-$132**	N/A	**$436-$571**	N/A
BC/BS HMO Illinois				
Monthly premium cost	$430.78	$420.27	$861.56	$840.54
Member's monthly cost*	**$129.23**	$126.08	**$560.01**	$546.35
Humana Group Medicare HMO				
Monthly premium cost	$195.00	$195.00	$390.00	$390.00
Member's monthly cost*	**$ 58.50**	$ 58.50	**$253.50**	$253.50

**Reflects the health insurance rebate provided by CTPF for retirees. The current reimbursement is 70% of a retiree's premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 18 for information on health insurance rebates.*

Plan Comparison – Medicare Plans

BENEFITS	Blue Cross/Blue Shield Medicare Supplement Medicare supplemental plan	SecureHorizons (UnitedHealthcare) MedicareComplete Medicare Advantage plan
Plan Features	Traditional comprehensive major medical (CMM) plan. You may use any physician. Plan typically pays 80% of 20% of allowed charges remaining after Medicare pays.	Point of service plan (POS) with in and out-of-network benefits. Enhanced benefit levels with in-network services. No referral required.
Contact Information	Group number: 64376 1-800-331-8032 Customer Service 1-800-423-1973 Pharmacy	Group number: 18089 1-800-610-2660 Pre-Enrollment Customer Service; customer service number will be printed on insurance ID card
Service Area	Nationwide	Chicago area only: Cook, Kane, and Will Counties
Physician Selection	You may select your own physician.	You may select your own physician. Enhanced benefit levels with in-network services. No referrals necessary.
LIFETIME MAXIMUM		
	$2,000,000	No lifetime maximum
OUT-OF-POCKET MAXIMUM		
	N/A	$5,000 In-network $10,000 Out-of-network Applies to most medical benefits except office visit copays
ANNUAL PLAN YEAR DEDUCTIBLE		
	$350	None
SPECIAL DEDUCTIBLES		
	None	None

	AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx Medicare supplemental plan	BC/BS HMO Illinois HMO plan	Humana Group Medicare HMO Medicare Advantage plan
	Pays 100% after Medicare for Medicare covered services. Premium varies by age and state of residence.	Traditional HMO. You must elect an HMOI primary care physician (PCP). Referral required for specialty care. Plan typically pays 100% after copayment.	Traditional HMO with network, referrals required.
	Group number: 1089 1-800-545-1797 Customer Service 1-888-556-6648 Rx only	Group number H64047 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy	Group number 076234 for Illinois plans For other service areas, group number is listed on insurance card 1-866-396-8810 Customer Service
	Nationwide	Chicago area only	Chicago metro (Cook, Kane, Kendall, Will counties), Denver, Florida (Daytona, Jacksonville, Orlando, South Florida, Tampa), Kansas City, Louisiana (Alexandria, Baton Rouge, New Orleans, Shreveport), Phoenix, Puerto Rico, Salt Lake City, Texas (Dallas, Corpus Christi, San Antonio)
	Choose any provider who accepts Medicare	Provided under the direction or with the approval of a plan physician	You must select a primary care physician (PCP) from the provider directory.
	No lifetime maximum	No lifetime maximum	No lifetime maximum except inpatient mental health, (see mental health).
	N/A	N/A	$2,500 per individual, per calendar year. Excludes pharmacy, all inpatient and outpatient mental health services and substance abuse services, extra services, and the plan premium.
	None	None	None
	None	None	None

Plan Comparison – Medicare Plans

BENEFITS	Blue Cross/Blue Shield Medicare Supplement Medicare supplemental plan	SecureHorizons (UnitedHealthcare) MedicareComplete Medicare Advantage plan
HOSPITAL SERVICES		
Inpatient	80% of 20% of allowed charges remaining after Medicare pays	$250 Copay, per day, for first five days of each admission, in-network or out-of-network.
Skilled Nursing Facility (non-custodial)	80% of 20% of allowed charges remaining after Medicare pays	In-network: No copay days 1-20 $25 Copay days 21-100 No benefit after day 100 Out-of-Network: $10 Copay days 1-20 $50 Copay days 21-100 No benefit after day 100
OUTPATIENT SERVICES		
Surgery	80% of 20% of allowed charges remaining after Medicare pays	$50 Copay, in-network $100 Copay, out-of-network
Emergency Room	100% of 20% of allowed charges remaining after Medicare pays	$50 Copay, In-or out-of-network $20 Copay, urgent care (in-network) $40 Copay, urgent care (out-of-network)
Lab/X-Ray	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network
Chemotherapy, Radiation Therapy	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network
Speech, Physical and Occupational Therapy; Outpatient Rehab.	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network
PROFESSIONAL AND OTHER SERVICES		
Physician Office Visits	80% of 20% of allowed charges remaining after Medicare pays	Primary Care Provider: $5 Copay, in-network $10 Copay, out-of-network Specialist: $20 Copay, in-network $40 Copay, out-of-network

	AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx Medicare supplemental plan	BC/BS HMO Illinois HMO plan	Humana Group Medicare HMO Medicare Advantage plan
	100% after Medicare pays (including Medicare Part A deductible).	No copay	$150 Copay, per day, for first five days of each admission, authorized services only.
	100% after Medicare pays up to day 100. No benefit after day 100 (in benefit period)	No copay	No copay days 1-20 $25 Copay per day, days 21-100
	100% after Medicare pays	$20 Copay	$100 Copay per visit in hospital $75 Copay per visit in ambulatory surgical facility
	100% after Medicare pays	$90 Copay PCP notification recommended except in life threatening situation	$20 Copay immediate care center $50 Copay emergency room Waived if admitted within 24 hours; applies for care outside of the United States
	100% after Medicare pays	No copay	$5 Copay PCP $20 Copay specialist $50 Copay outpatient hospital
	100% after Medicare pays	No copay	$5 Copay PCP $20 Copay specialist $50 Copay outpatient hospital
	100% after Medicare pays	No copay when services are for restoration of physical function. Up to 60 treatments per year	$5 Copay PCP $20 Copay specialist $50 Copay outpatient hospital
	100% after Medicare pays	$20 Copay	$5 Copay PCP $20 Copay specialist

Plan Comparison – Medicare Plans

BENEFITS	Blue Cross/Blue Shield Medicare Supplement Medicare supplemental plan	SecureHorizons (UnitedHealthcare) MedicareComplete Medicare Advantage plan
PROFESSIONAL AND OTHER SERVICES continued		
Preventive Care (routine physical exam, routine diagnostic tests, immunizations)	80% of 20% of allowed charges remaining after Medicare pays	See applicable service
Chiropractic Visits	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network Medicare covered services only
Home Health Services	80% of 20% of allowed charges remaining after Medicare pays	No copay
Allergy Shots	80% of 20% of allowed charges remaining after Medicare pays	10% Copay in-network 20% Copay out-of-network Office visit copay may apply
Vision Screening and Exams	Not covered. Discount vision program offered through Davis Vision at 877-393-8844.	$20 Copay, in-network $40 Copay, out-of-network Covered annually
Podiatry	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network 6 routine visits per year
Renal Dialysis	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network or out-of-network
Transplants	80% of 20% of allowed charges remaining after Medicare pays	No copay in-network or out-of-network
Hearing	Not covered	$500 every 36 months
Ambulance	80% of 20% of allowed charges remaining after Medicare pays	$50 Copay, in-network $100 Copay, out-of-Network
Prosthetic Devices and Medical Equipment	80% of 20% of allowed charges remaining after Medicare pays	10% In-network 20% Out-of-network
Dental	No coverage	$20 Copay in-network $40 Copay out-of-network Medicare covered services only

AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx Medicare supplemental plan	BC/BS HMO Illinois HMO plan	Humana Group Medicare HMO Medicare Advantage plan
100% after Medicare pays	$20 Copay	No copay
100% after Medicare pays	$20 Copay	$20 Copay Medicare guidelines apply
100% after Medicare pays	100% when medically necessary	No copay
100% after Medicare pays	No copay	$5 Copay PCP $20 Copay specialist
100% after Medicare pays	$20 Copay Limited to one screening/exam every 12 months	$20 Copay Medicare covered services only
100% after Medicare pays	$20 Copay Routine foot care not covered unless diabetic	$20 Copay specialist
100% after Medicare pays	No copay	No copay in dialysis center $50 Copay per visit to hospital
100% after Medicare pays	See applicable service for benefit level.	As any other disease at Medicare-approved Humana National Transplant Network only
100% after Medicare pays	$20 Copay hearing exam Hearing aids not covered	$20 Copay Medicare covered services only
100% after Medicare pays	No copay	$50 Copay per date of service
100% after Medicare pays	No copay	10% in all places of treatment
100% after Medicare pays	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth	$20 Copay Medicare covered services only

Plan Comparison — Medicare Plans

BENEFITS	Blue Cross/Blue Shield Medicare Supplement Medicare supplemental plan	SecureHorizons (UnitedHealthcare) MedicareComplete Medicare Advantage plan
BEHAVIORAL HEALTH SERVICES		
Inpatient	80% of 20% of allowed charges remaining after Medicare pays	$250 Copay, per day, for first five days of each admission, in-network or out-of-network.
Outpatient	80% of 20% of allowed charges remaining after Medicare pays	$20 Copay, in-network $40 Copay, out-of-network Partial Hospitalization: $50 Copay, in-network $100 Copay, out-of-network per day
PRESCRIPTION DRUG BENEFITS		
Retail 30-Day Supply	$5 Generic copay $30 Formulary brand copay $45 Non-formulary brand copay	$5 Tier 1 $30 Tier 2 $45 Tier 3 $45 Tier 4
Retail 90-Day Supply	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$15 Tier 1 $90 Tier 2 $135 Tier 3 $135 Tier 4
Mail Order 90-Day Supply	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$10 Tier 1 $60 Tier 2 $90 Tier 3 $90 Tier 4

	AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx Medicare supplemental plan	BC/BS HMO Illinois HMO plan	Humana Group Medicare HMO Medicare Advantage plan
	100% after Medicare pays	No copay	$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
	100% after Medicare pays	$20 Copay	$5 Copay PCP $20 Copay specialist $50 Copay outpatient facility
	$10 Tier 1 $25 Tier 2 $50 Tier 3 $50 Tier 4	$5 Generic copay $30 Formulary brand copay $45 Non-formulary brand copay	$10 Preferred generic copay $20 Non-preferred generic or preferred brand copay $40 Non-preferred brand copay 25% Coinsurance for specialty drugs
	$30 Tier 1 $75 Tier 2 $150 Tier 3 $150 Tier 4	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$30 Preferred generic copay $60 Non-preferred generic or preferred brand copay $120 Non-preferred brand copay 25% Coinsurance for specialty drugs
	$20 Tier 1 $50 Tier 2 $100 Tier 3 $100 Tier 4	$10 Generic copay $60 Formulary brand copay $90 Non-formulary brand copay	$0 Preferred generic copay $40 Non-preferred generic or preferred brand copay $80 Non-preferred brand copay 25% Coinsurance for specialty drugs NOTE: Once member's true out-of-pocket cost reaches $4,550, the greater of $2.50 for generic/multi-source drugs ($6.30 for all others) or 5% coinsurance applies.

Non-Medicare and Medicare Couples

Depending on the age of your spouse or domestic partner, you may be in a situation where one individual 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.

You must each complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on page 19 and page 31. When you both reach age 65 you enroll in the same health insurance plan and pay the member +1 rate.

HEALTH INSURANCE PLAN (NON-MEDICARE PLANS)	CORRESPONDING MEDICARE PLAN (MEDICARE PLANS)
Blue Cross/Blue Shield PPO	**Blue Cross/Blue Shield Medicare Supplement**
UnitedHealthcare Plans	**Any UnitedHealthcare Plan**
BC/BS HMO Illinois	**BC/BS HMO Illinois**
N/A	**Humana Group Medicare HMO** (Members who have a non-Medicare eligible dependent cannot enroll in this plan)

Example

John is a CTPF retiree, age 63, and his spouse is age 65. John enrolls in the non-Medicare Blue Cross/Blue Shield PPO and his spouse enrolls in the corresponding Blue Cross/Blue Shield Medicare supplement plan. John and his spouse are covered under separate plans so each must pay the single premium.

John's monthly member premium cost for Non-Medicare BC/BS PPO (after 70% subsidy)	**$307.34**
Spouse's monthly non-member premium cost for BC/BS Medicare supplement	**$348.12**
Total monthly cost for coverage	**$655.46**

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 BC/BS Medicare supplement plan as his spouse. Once John's coverage becomes effective, John and his spouse pay the Member +1 rate.

Total Member +1 monthly cost for BC/BS Medicare Supplement	**$452.56**

* If you are currently enrolled in a CTPF non-Medicare plan and fail to provide documentation for Part A and Part B coverage prior to turning 65, your insurance premium will increase significantly when you turn 65.

Important Terms

Annual Plan Deductible
The amount of covered medical expenses a member pays per calendar year before a health plan pays benefits.

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 after any plan deductibles.

Copayment/Copay
The set amount a member pays for a medical service.

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 drugs approved for use by a health insurance plan.

In-Network
Physicians and hospitals that agree to accept a health insurance provider's terms and payments.

Lifetime Maximum
The amount a health insurance provider will pay for covered services during an individual's lifetime.

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.

Open Enrollment
The period when retirees can 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 an insurance company or health care plan for 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 get 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 INSURANCE PLANS	GROUP NUMBER	PHONE NUMBER
Blue Cross/Blue Shield PPO	PO6675	1-800-331-8032 Customer Service 1-800-635-1928 Inpatient Precertification 1-800-851-7498 Mental Health (inpatient) 1-800-232-7108 Medical Services Advisory 1-800-423-1973 Pharmacy
BC/BS HMO Illinois	H64047	1-800-892-2803 Customer Service 1-800-851-7498 Mental Health (inpatient) 1-800-423-1973 Pharmacy
UnitedHealthcare Choice Plus PPO	717511	1-866-633-2446 Customer Service 1-866-633-2446 Mental Health
UnitedHealthcare Choice HMO	717511	1-800-357-0974 Customer Service 1-800-711-7486 Mental Health
UnitedHealthcare High Deductible Plan with HSA	717511	1-866-314-0335 Customer Service 1-866-314-0335 Mental Health

MEDICARE INSURANCE PLANS	GROUP NUMBER	PHONE NUMBER
Blue Cross/Blue Shield Medicare Supplement	64376	1-800-331-8032 Customer Service 1-800-423-1973 Pharmacy
BC/BS HMO Illinois	H64047	1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy
SecureHorizons (UnitedHealthcare) MedicareComplete	18089	1-800-610-2660 (pre-enrollment)
AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx	1089 3942	1-800-545-1797 Customer Service 1-888-556-6648 Rx only
Humana Group Medicare HMO	076234	1-866-396-8810 Customer Service

DENTAL INSURANCE PLAN PROVIDERS	
American Federation of Teachers, AFL-CIO	1-202-879-4400
Chicago Teachers Union	1-312-329-9100
Retired Teachers Association of Chicago	1-312-939-3327

OTHER IMPORTANT NUMBERS	
Chicago Teachers' Pension Fund Member Services	1-312-641-4464 phone 1-312-641-7185 fax
Center for Medicare and Medicaid Services (CMS)	1-800-MEDICARE (1-800-633-4227)
Social Security Administration	1-800-772-1213

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 Insurance Department.

Office/Mailing Address

Chicago Teachers' Pension Fund
203 North LaSalle Street, suite 2600
Chicago, Illinois 60601-1231
312.641.4464 p.
312.641.7185 f.
www.ctpf.org
memberservices@ctpf.org

Office hours: 8:00 a.m. – 5:00 p.m. M-F

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Important health insurance information inside

The Open Enrollment Period for CTPF health insurance programs runs October 1 – November 12, 2009.

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