



Chicago Teachers' Pension Fund

C H I C A G O T E A C H E R S ' P E N S I O N F U N D

# 2011 HEALTH INSURANCE HANDBOOK AND OPEN ENROLLMENT GUIDE



*Inside: Important Health Insurance  
Plan Changes for 2011*

*Please keep this handbook for future reference*



**REGISTER TODAY FOR AN OPEN ENROLLMENT  
HEALTH INSURANCE SEMINAR**

## Open Enrollment Seminars

Open Enrollment Health Insurance Seminars provide an opportunity to review 2011 health plan choices and changes, to meet with health insurance plan administrators and CTPF staff, and to fill out health insurance enrollment forms. Reservations are **required**. Call Member Services, **312.641.4464**, to register.

### **OCTOBER 7, 2010**

Marriott O'Hare  
8535 West Higgins Road  
Chicago, Illinois 60631

**9:00 a.m. Medicare plan options**

**1:00 p.m. Non-Medicare plan options**

**4:00 p.m. Medicare and non-Medicare plan options\***

### **OCTOBER 14, 2010**

Hilton Oak Lawn  
9333 South Cicero Avenue  
Oak Lawn, Illinois 60453

**9:00 a.m. Medicare plan options**

**1:00 p.m. Non-Medicare plan options**

**4:00 p.m. Medicare and non-Medicare plan options\***

*\* The 4:00 p.m. sessions are recommended for members turning age 65 during 2011 or for couples who have one Medicare eligible and one non-Medicare eligible individual.*

**ADVANCE REGISTRATION IS REQUIRED FOR ALL SEMINARS.**

**ADDITIONAL SEATING HAS BEEN MADE AVAILABLE AT ALL SESSIONS.**

**CALL 312.641.4464 TO REGISTER.**

**The Open Enrollment Period for CTPF health insurance programs runs October 1 – November 12, 2010.**

**Changes made during Open Enrollment take effect January 1, 2011.**

**Bring this handbook with you to the Open Enrollment Seminar.  
Keep this handbook for future reference. Additional copies are available at [www.ctpf.org](http://www.ctpf.org).**

# Important 2011 Changes

January 1, 2011, through December 31, 2011

## CTPF Health Insurance Premium Subsidy

Effective January 1, 2011, the CTPF health insurance premium subsidy will be reduced from the current 70% to 60%. See page 13 for more information on the subsidy.

The decision to discontinue premium subsidy eligibility for members enrolled in non-CTPF health insurance plans has been suspended.

## Federal Health Insurance Reform

CTPF and its health insurance plan administrators have eliminated lifetime limits on benefits and enhanced preventive benefits as outlined under the federal Patient Protection and Affordable Care Act, signed into law in 2010.

## Blue Cross and Blue Shield Plan Changes

### BCBS PPO

- Lifetime maximum removed
- PPO preventive services covered at 100% and no longer subject to \$500 limit
- Non-PPO preventive services are now covered at 100% of allowable amount and not subject to deductible

### BCBS HMO ILLINOIS (MEDICARE AND NON-MEDICARE)

- No copay for preventive services

### BCBS SUPPLEMENT TO MEDICARE

- Lifetime maximum removed
- Preventive services 100% of allowed charges after Medicare pays

## Humana Plan Changes

### HUMANA GROUP MEDICARE HMO

- PCP copayment increases to \$10 per visit
- Specialist copayment increases to \$25 per visit
- New copays for prescription drugs. See chart on page 31 for details.

## UnitedHealthcare Plan Changes

### UHC SECUREHORIZONS MEDICARE COMPLETE

SecureHorizons Medicare Complete will not be offered in 2011. If you are currently enrolled in this plan, you must take action during open enrollment and choose a new plan. If you do not, you will be enrolled in a default plan that may have different coverage and higher costs.

### \*\* AARP MEDICARE SUPPLEMENT PLAN F (UNITEDHEALTHCARE) WITH UHC MEDICARERx

Prescription copays have increased for preferred brand and specialty medications, see chart on page 30.

### UHC CHOICE PLUS PPO

- Lifetime maximum removed
- In-network coinsurance benefit increased to 90%
- Out-of-network coinsurance benefit increased to 70%
- PPO providers covered at 100% not subject to deductible or copay. Non-PPO providers covered at 70% after deductible
- Individual in-network (PPO) out-of-pocket maximum reduced to \$3,800
- Family in-network (PPO) out-of-pocket maximum reduced to \$7,600
- Emergency Room copay reduced to \$150
- Inpatient in-network (PPO) benefits covered at 100% after \$200 copay
- Inpatient out-of-network (Non-PPO) benefits covered at 70% after applicable out-of-network deductible and coinsurance
- Prescription copays have been reduced, see chart on page 22 for more information.

### UHC HIGH DEDUCTIBLE HEALTH PLAN

- Lifetime maximum removed

### UHC CHOICE HMO

- No copay for preventive services

# Table of Contents

---

<b>INTRODUCTION</b>	<b>6</b>
Retiree Health Insurance .....	6
Current Enrollees .....	6
2011 Open Enrollment .....	6
Your Responsibilities as a Health Plan Enrollee .....	6
Reducing Your Cost .....	6
Disclaimer .....	6

---

<b>IMPORTANT INFORMATION</b>	<b>7</b>
Turning Age 65 .....	7
Enrollment Forms .....	7
Fraud .....	7
ID Cards .....	7
Authorized Representative .....	7
Power of Attorney .....	7
Health Insurance Subsidy .....	7
Survivors .....	7
Dental Plans .....	7

---

<b>OVERVIEW OF PLANS AND TERMS</b>	<b>8</b>
CPS/Charter School Continuation Coverage .....	8
Preferred Provider Organization (PPO) .....	8
High Deductible Health Plan (HDHP) with Health Savings Account (HSA) .....	8
Health Maintenance Organization (HMO) .....	9
Plans that Supplement Medicare .....	9
Medicare Advantage Plan .....	9

---

<b>ELIGIBILITY REQUIREMENTS</b>	<b>10</b>
Retirees and Dependents .....	10
Survivors .....	10
Dependents Defined .....	10

---

<b>DOCUMENTATION REQUIREMENTS</b>	<b>11</b>
-----------------------------------	-----------

---

<b>ENROLLMENT: WHEN CAN I JOIN?</b>	<b>12</b>
Initial Enrollment Period .....	12
Special Enrollment Period with a Qualifying Event .....	12
Turning Age 65 .....	12
2011 Open Enrollment .....	12

---

<b>CTPF'S HEALTH INSURANCE PREMIUM SUBSIDY</b>	<b>13</b>
Subsidy for CTPF Plans .....	13
Subsidy for CPS or Charter School COBRA .....	13
Subsidy for Medicare Part A Premiums .....	13
Subsidy for Non-CTPF Health Insurance .....	13

<b>BEFORE YOU JOIN A CTPF PLAN</b>	<b>14</b>
Disenrolling from a non-CTPF Plan .....	14
Assistance .....	14
<b>NON-MEDICARE PLAN COST COMPARISON</b>	<b>15</b>
<b>NOTICE OF CREDITABLE COVERAGE</b>	<b>24</b>
<b>MEDICARE PLAN COST COMPARISON</b>	<b>25</b>
<b>IMPORTANT MEDICARE INFORMATION</b>	<b>32</b>
Medicare Defined .....	32
The Parts of Medicare .....	32
Medicare Cost .....	33
Applying for Medicare .....	33
Paying for Medicare Part A .....	33
CTPF Medicare Plan Enrollment Requirements .....	34
Medicare Eligibility Due to Disability .....	34
Medicare Eligibility Due to ESRD or ALS .....	34
Important Notice Concerning Medicare Part D Coverage .....	35
<b>NON-MEDICARE AND MEDICARE COUPLES</b>	<b>36</b>
<b>CTPF COBRA: CONTINUATION OF COVERAGE RIGHTS</b>	<b>37</b>
Overview .....	37
CTPF COBRA Eligibility .....	37
Duration of CTPF COBRA Coverage .....	37
Notification of CTPF COBRA Eligibility .....	38
CTPF COBRA Enrollment .....	38
Continuation Period When Second Qualifying Event Occurs .....	38
Disability Extension of 18-Month Period of Continuation Coverage .....	38
Premium Payment under CTPF COBRA .....	39
Adding New Dependents to CTPF COBRA Coverage .....	39
Termination of Coverage under CTPF COBRA .....	39
Conversion Privilege .....	39
<b>ENDING INSURANCE COVERAGE</b>	<b>40</b>
Voluntarily Ending Coverage .....	40
Involuntarily Ending Coverage .....	40
Refund of Premium .....	40
Survivors .....	40
<b>IMPORTANT TERMS</b>	<b>41</b>
<b>CONTACT INFORMATION</b>	<b>42</b>
<b>HEALTH INSURANCE PRIVACY POLICY</b>	<b>43</b>



# Introduction

## Retiree Health Insurance

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

This handbook provides information about CTPF's current health insurance options, rates, and changes to health insurance plans. Read this handbook carefully, and familiarize yourself with your options. **Please keep this document for future reference. Additional copies are available at [www.ctpf.org](http://www.ctpf.org).**

## Current Enrollees

If you are currently enrolled and want to continue coverage in 2011, you do not need to take any action. Your coverage will continue as long as your plan is being offered. UnitedHealthcare's SecureHorizons Medicare Complete is the only plan that will not be offered in 2011.

## 2011 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – November 12, 2010. During Open Enrollment, you may enroll in a CTPF health insurance plan, change a health insurance plan or carrier, or add a dependent to a health plan. Changes made during this period go into effect on January 1, 2011.

## 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 or becoming Medicare eligible for another reason
- change in Medicare payment status (such as qualifying for state premium assistance program)
- your pension deduction does not match your stated premium
- you lose Medicare coverage due to nonpayment of premium

## Reducing Your Cost

### CTPF Health Insurance Premium Subsidy

Members enrolled in a CTPF plan receive their health insurance premium subsidy automatically, through their pension benefit. The subsidy, set annually, pays a percentage of health insurance costs for eligible CTPF retirees. The CTPF Board of Trustees has approved a 60% subsidy, effective January 1, 2011. The subsidy is subject to change at the discretion of the Board. See page 13 for details.

## Disclaimer

If this summary description differs from the plan text or any plan term or condition, the official contract document governs. This handbook contains information regarding benefits voluntarily provided by CTPF. Plan provisions may change without prior notice.

# Important Information

## Turning Age 65

If you (or your spouse) plan to enroll in a CTPF Medicare plan, apply for Medicare three months before the month you turn age 65 to ensure timely enrollment. See Medicare information on page 32.

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

An enrollment form for most CTPF plans is included in this handbook. To enroll in the AARP Medicare Supplement Plan F with UHC MedicareRx or the Humana Group Medicare HMO, call CTPF Member Services at 312.641.4464, and request enrollment information. Return all forms and documentation to CTPF, 203 North LaSalle Street, suite 2600, Chicago, IL 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 need a replacement card, contact the health plan administrator directly. See page 42.

## Authorized Representative

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

## Power of Attorney

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

## Health Insurance Subsidy

When you are enrolled in a CTPF plan, you receive any available health insurance subsidy directly in your monthly pension benefit. Members enrolled in non-CTPF plans must file an application at the end of each fiscal year.

## Survivors

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

CTPF health insurance plans do not include dental coverage. 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.

# Overview of Plans and Terms

The following pages offer general descriptions of the types of plans offered to CTPF retirees. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts beginning on pages 15 and 25.

## CPS/Charter School Continuation Coverage

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

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

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

Contact your employer for additional information.

## 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. These plans include both medical and prescription drug coverage. CTPF offers:

- Blue Cross and 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%.

For 2011 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 2011 and all years going forward.

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

This plan includes both medical and prescription drug coverage. CTPF offers:

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



## Health Maintenance Organization (HMO)

A Health Maintenance Organization (HMO) generally provides broader coverage 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 a CTPF 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.

In order to enroll in a Medicare HMO plan, you must show proof of Medicare Part A and Part B coverage, and maintain active enrollment in Medicare Part A and Part B.

These plans include both medical and prescription drug coverage. CTPF offers:

- BCBS HMO Illinois  
(Non-Medicare and Medicare)
- UnitedHealthcare Choice HMO  
(Non-Medicare)

## Plans that Supplement Medicare

Plans that supplement Medicare health insurance fill the “gaps” in original Medicare coverage. These plans 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, and maintain active enrollment in Medicare Part A and Part B.

These plans include both medical and prescription drug coverage. CTPF offers:

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

## Medicare Advantage Plan

A Medicare Advantage plan completely replaces standard Medicare coverage. 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 this plan, you must show proof of Medicare Part A and Part B coverage, and maintain active enrollment in Medicare Part A and Part B.

This plan includes both medical and prescription drug coverage. CTPF offers:

- Humana Group Medicare HMO

# Eligibility Requirements

## Who Can Enroll in a CTPF Plan?

### Retirees and Dependents

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 12.

### Survivors

In the event of a member's death, the 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 Defined<sup>1</sup>

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.
- children under the age of 26
- unmarried veteran adult children under the age of 30
- children who are mentally or physically disabled from a cause originating prior to age 23, and who are financially dependent on you for more than one-half of their support and maintenance.

Dependent enrollment is contingent upon meeting the documentation requirements listed on page 11.

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

<sup>1</sup> 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

# Documentation Requirements

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

Type of Dependent	Supporting Documentation Required
Legal spouse as defined by your state of residence	Marriage certificate or tax return indicating spouse's name
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.
Natural child under the age of 26	Certified copy of birth certificate
Adopted child under age 26	Adoption decree/order with judge's signature and circuit clerk's stamp or seal, and proof of birth date
Stepchild under age 26	Certified copy of birth certificate indicating spouse is child's natural parent
Child under legal guardianship, under age 26	Certified guardianship appointment with circuit clerk stamp or seal, and proof of birth date
Unmarried veteran adult child under age 30	<ul style="list-style-type: none"> <li>■ Proof of Illinois residency</li> <li>■ Veterans' Affairs Release Form (DD-214) with release date from service</li> <li>■ Certified copy of birth certificate</li> </ul>

\*CTPF may require periodic updates to disabled child documentation. See page 10 for dependent eligibility requirements.



# Enrollment: When Can I Join?

In general, retirees and survivors may only enroll in the CTPF health insurance program at retirement or following the end of COBRA continuation coverage, unless a qualifying event occurs.

## Initial Enrollment Period

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

- within 30 days after COBRA continuation coverage under the Board of Education or Charter School active employee group health program ends,\* unless coverage is cancelled due to non-payment of premium
- within 30 days of the effective date of pension benefits
- within 30 days of first becoming eligible for Medicare
- when coverage is cancelled by a former group plan through no fault of your own

*\*If your COBRA continuation coverage ends December 31, 2010, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 – November 12, 2010. Coverage will become effective January 1, 2011.*

## 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 plans or add an eligible dependent. Qualifying events may include:

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

## Turning Age 65

If you will turn age 65 in 2011, see the Medicare information and CTPF Medicare plan enrollment requirements beginning on page 32.

## 2011 Open Enrollment

The annual Open Enrollment Period is the time when you can enroll in a CTPF health plan, change plans, or add a dependent. Open enrollment begins October 1 and ends November 12, 2010. Changes made during Open Enrollment become effective January 1, 2011.

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

**STEP 1:** Review the non-Medicare or Medicare plan comparison grids (see pages 15 and 25).

**STEP 2:** If your plan is being offered and you want to continue coverage, you do not need to take any action. Coverage will continue.

**STEP 3:** If you want to enroll for the first time, change plans, or add a dependent, you must complete an enrollment form. An enrollment form for most plans is included in the center of this handbook.

To enroll in the AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx or the Humana Group Medicare HMO, call CTPF Member Services at 312.641.4464, and request enrollment information.

Send completed forms, along with any required documentation, to CTPF. All materials must be postmarked by November 12, 2010.

**SEND ALL ENROLLMENT APPLICATIONS AND REQUIRED DOCUMENTATION TO CTPF.**

# CTPF's Health Insurance Premium Subsidy 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. Surviving spouses and dependents who receive survivor's pensions also qualify.

Each year, the CTPF Board of Trustees determines a premium subsidy. Effective January 1, 2011, the CTPF health insurance premium subsidy will be 60%. The subsidy is subject to change at the discretion of the Board. CTPF will make every reasonable attempt to notify members in advance of any change.

The subsidy only applies to the retiree or survivor portion of the health insurance premium. Premium cost for dependent coverage is not eligible for the subsidy.

## Subsidy for CTPF Plans

If you are enrolled in a CTPF health insurance plan, the subsidy is automatically applied to your monthly pension benefit.

For example, if your monthly premium is \$1,000 and the approved subsidy percentage is 60%, CTPF deducts \$400 from your monthly pension for premium costs, and pays the remaining \$600 on your behalf.

## Subsidy for CPS or Charter School COBRA

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

## Subsidy for Medicare Part A Premiums

Retirees enrolled in a CTPF health insurance plan who must pay for Medicare Part A must enroll in the CTPF Third Party Payer program. CTPF will pay your Medicare Part A and Part B premium directly to Medicare and deduct your share of the premium payment (after CTPF premium subsidy) from your pension benefit. Contact CTPF for an enrollment form.

If you are not enrolled in a CTPF plan and must pay for Medicare Part A, you can apply for an annual premium subsidy. See below.

## Subsidy for Non-CTPF Health Insurance

Members enrolled in non-CTPF individual or group health insurance plans are eligible for a subsidy 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 subsidy application is mailed each year to members enrolled in non-CTPF health insurance. The subsidy is paid out retroactively in an annual payment. Premium payment documentation is required and is explained in the application.

# Before You Join a CTPF Plan

## Disenrolling from a Non-CTPF Plan

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 current health plan administrator(s) to determine disenrollment procedures.

## Assistance

Making a decision about health insurance coverage is an important decision for you and your family. Make sure you have all the information you need before selecting or changing plans. CTPF offers a variety of educational resources to help you stay informed.

## Open Enrollment Seminars

Each fall, Open Enrollment Seminars provide an opportunity to review health plan choices and changes, to meet with health insurance plan administrators and CTPF staff, and to fill out health insurance enrollment forms. Dates and locations are posted at [www.ctpf.org](http://www.ctpf.org).

See page 2 for more information on seminars for 2011. Reservations are required. Call Member Services, 312.641.4464, to reserve.

## CTPF Website

The CTPF website, [www.ctpf.org](http://www.ctpf.org), has links to health insurance plan administrators and plan information. Each administrator has information about individual plans, provider directories, and specific coverage information.

You may also register for e-mail updates at [www.ctpf.org](http://www.ctpf.org). E-mail updates offer timely information on topics including health insurance and benefits.

## CTPF Member Services

Member Services counselors are available to answer questions from 8:00 a.m. to 5:00 p.m., Monday through Friday or e-mail [memberservices@ctpf.org](mailto:memberservices@ctpf.org).





# Non-Medicare Plan Cost Comparison

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 or more	
	2011	2010	2011	2010	2011	2010
<b>Blue Cross and Blue Shield PPO</b>						
Monthly premium cost	\$1,096	\$1,024	\$2,191	\$2,049	\$3,287	\$3,073
<b>Your monthly cost*</b>	<b>\$438</b>	\$307	<b>\$1,534</b>	\$1,332	<b>\$2,630</b>	\$2,356
<b>UnitedHealthcare Choice Plus PPO</b>						
Monthly premium cost	\$949	\$825	\$1,898	\$1,650	\$2,846	\$2,475
<b>Your monthly cost*</b>	<b>\$380</b>	\$248	<b>\$1,328</b>	\$1,073	<b>\$2,277</b>	\$1,898
<b>BCBS HMO Illinois</b>						
Monthly premium cost	\$883	\$ 869	\$ 1,766	\$ 1,738	\$ 2,649	\$ 2,607
<b>Your monthly cost*</b>	<b>\$353</b>	\$ 261	<b>\$ 1,236</b>	\$ 1,130	<b>\$ 2,119</b>	\$ 1,998
<b>UnitedHealthcare Choice HMO</b>						
Monthly premium cost	\$1,207	\$1,050	\$2,415	\$2,100	\$3,622	\$3,149
<b>Your monthly cost*</b>	<b>\$483</b>	\$315	<b>\$1,690</b>	\$1,365	<b>\$2,897</b>	\$2,414
<b>UnitedHealthcare High Deductible Plan with HSA</b>						
Monthly premium cost	\$781	\$679	\$1,563	\$1,359	\$2,344	\$2,038
<b>Your monthly cost*</b>	<b>\$313</b>	\$204	<b>\$1,094</b>	\$883	<b>\$1,875</b>	\$1,563

\* Reflects the health insurance premium subsidy for retirees and survivors. The current subsidy is 60% of premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 13 for more information. Costs are rounded to the nearest dollar for comparison purposes.

# Plan Comparison – Non-Medicare Plans

BENEFITS	Blue Cross and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	
<b>Plan Features</b>	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.	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. Some services are available for a copayment.	
<b>Contact Information</b>	Group number P06675 1-800-331-8032 Customer Service 1-800-635-1928 Inpatient Precertification 1-800-851-7498 Mental Health 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	
<b>Service Area</b>	Nationwide	Nationwide	
<b>Physician Selection</b>	Enhanced benefit level when you use a PPO hospital or physician	Enhanced benefit level when you use a PPO hospital or physician	
<b>LIFETIME MAXIMUM</b>			
	No lifetime maximum	No lifetime maximum	
<b>OUT-OF-POCKET MAXIMUMS</b>			
	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: \$3,800 PPO \$11,000 Non-PPO Family: \$7,600 PPO \$22,000 Non-PPO	
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>			
	\$400	Individual: \$800 PPO \$3,000 Non-PPO Family: \$1,600 PPO \$6,000 Non-PPO	

Blue Cross and Blue Shield 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. Must use network provider.	Open access HMO, no referral required. Must use network provider.	High Deductible Health Plan with Health Savings Account (HSA). Plan typically pays 100% PPO and 70% Non-PPO of allowed charges after the plan year deductible has been met.
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. Must use network provider.	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	No lifetime maximum
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 and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	
<b>ADDITIONAL DEDUCTIBLES</b>			
	\$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	
<b>HOSPITAL SERVICES</b>			
<b>Inpatient</b>	90% PPO hospital plus \$200 hospital admission deductible 70% Non-PPO hospital plus \$400 hospital admission deductible	100% PPO after \$200 per admission copay 70% Non-PPO after deductible	
<b>Skilled Nursing Facility (non-custodial)</b>	90% PPO facility plus \$200 hospital admission deductible 70% Non-PPO facility plus \$400 hospital admission deductible Services must be rendered in a BCBS-approved skilled nursing facility.	90% PPO after deductible 70% Non-PPO after deductible Limited to 60 days per year	
<b>OUTPATIENT SERVICES</b>			
<b>Surgery</b>	90% PPO provider 70% Non-PPO provider	90% PPO after deductible 70% Non-PPO after deductible	
<b>Emergency Room</b>	100% After \$150 emergency room deductible, unless admitted If deemed non-emergency, 80% after \$150 emergency room deductible.	\$150 Copay PPO and Non-PPO providers	
<b>Lab/X-ray</b>	90% PPO provider 70% Non-PPO provider	No copay PPO provider, deductible does not apply 70% Non-PPO provider, after deductible	
<b>Chemotherapy, Radiation Therapy</b>	90% PPO provider 70% Non-PPO provider	90% PPO after deductible 70% Non-PPO after deductible	
<b>Speech, Physical and Occupational Therapy</b>	90% PPO provider 70% Non-PPO provider	\$30 PPO provider, deductible does not apply 70% Non-PPO provider, after deductible Number of visits is limited	

	<b>Blue Cross and Blue Shield HMO Illinois</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account</b>
	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 and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	
<b>PROFESSIONAL AND OTHER SERVICES</b>			
<b>Physician Office Visits</b>	90% PPO provider 70% Non-PPO provider	\$30 Copay PPO provider, deductible does not apply \$50 Copay PPO specialist provider, deductible does not apply 70% Non-PPO provider after deductible	
<b>Preventive Care Services (routine physical exam, routine diagnostic tests, immunizations)</b>	100% of allowed charges PPO and non-PPO providers. Includes routine physical examinations, diagnostic tests, and immunizations.	100% PPO for routine lab, x-rays, mammograms, preventive tests PPO preventive care not subject to deductible 70% Non-PPO after deductible	
<b>Chiropractic Visits</b>	90% PPO provider 70% Non-PPO provider	\$30 Copay PPO, deductible does not apply 70% Copay non-PPO after deductible Number of visits is limited	
<b>Allergy Shots</b>	80% PPO provider	No charge Physician visit copay applies	
<b>Vision Screening and Exams</b>	Not covered. Discount vision program offered through Davis Vision, 877-393-8844.	\$30 Copay PPO only One exam every two years	
<b>Eyeglasses and Contacts</b>	Not covered. Discount vision program offered through Davis Vision, 877-393-8844.	Discounts on frames, lenses, and lens options	
<b>Maternity</b>	90% PPO provider 70% Non-PPO provider	See applicable service for benefit level. Copay only applies to initial office visit for physician office services	
<b>Ambulance</b>	80%	90% PPO and non-PPO after deductible Notification required for non-emergency	
<b>Prosthetic Devices and Medical Equipment</b>	80% up to purchase price	90% 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	

	<b>Blue Cross and Blue Shield HMO Illinois</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account</b>
	\$20 Copay	\$20 Copay	100% PPO after deductible 70% Non-PPO after deductible
	No copay	100% covered No copay for routine lab, x-rays, mammograms, preventive tests	100% PPO for routine lab, x-rays, mammograms, preventive tests PPO preventive care not subject to deductible 70% non-PPO after deductible
	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 and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	
<b>PROFESSIONAL AND OTHER SERVICES continued</b>			
<b>Dental</b>	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.	90% PPO After deductible 90% Non-PPO after deductible Accident only \$3,000 max per year, \$900 max per tooth	
<b>BEHAVIORAL HEALTH SERVICES</b>			
<b>Inpatient</b>	90% PPO hospital plus \$200 hospital admission deductible 70% Non-PPO hospital plus \$400 hospital admission deductible	100% PPO after \$200 copay 70% Non-PPO after deductible	
<b>Outpatient</b>	90% PPO provider 70% Non-PPO provider	\$30 Copay PPO provider, deductible does not apply \$50 Copay PPO specialist provider, deductible does not apply 70% Non-PPO provider after deductible	
<b>PRESCRIPTION DRUG BENEFITS*</b>			
<b>Retail 30-Day Supply</b>	\$5 Generic copay \$30 Formulary brand copay \$45 Non-formulary brand copay	\$7 Tier 1 copay \$30 Tier 2 copay \$50 Tier 3 copay	
<b>Retail 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	Not offered	
<b>Mail Order 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$17.50 Tier 1 copay \$75.00 Tier 2 copay \$125.00 Tier 3 copay	
	* Specialty medications limited to a 30-day supply	* Specialty medications limited to a 31-day supply	





	<b>Blue Cross and Blue Shield HMO Illinois</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account</b>
	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
	<i>* Specialty medications limited to a 30-day supply</i>	<i>* Specialty medications limited to a 31-day supply</i>	<i>* Specialty medications limited to a 31-day supply</i>



# 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 2011, 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 a 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](http://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 2011 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, 2011 - December 31, 2011**

# 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 a dependent who lives away from home.

PLAN	MEMBER		MEMBER + 1	
	2011	2010	2011	2010
<b>Blue Cross and Blue Shield Supplement to Medicare</b> Monthly premium cost	\$353	\$348	\$706	\$696
<b>Your monthly cost*</b>	<b>\$141</b>	\$104	<b>\$495</b>	\$453
<b>** AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx</b> Monthly estimated premium cost (range)	\$335 – \$441	\$336 – \$439	\$670 – \$882	\$638 – \$878
<b>Your estimated monthly cost (range)*</b>	<b>\$134 – \$177</b>	\$101 – \$132	<b>\$469 – \$618</b>	\$436 – \$571
<b>Blue Cross and Blue Shield HMO Illinois</b> Monthly premium cost	\$487	\$431	\$975	\$862
<b>Your monthly cost*</b>	<b>\$195</b>	\$129	<b>\$682</b>	\$560
<b>Humana Group Medicare HMO</b> Monthly premium cost	\$229	\$195	\$458	\$390
<b>Your monthly cost*</b>	<b>\$92</b>	\$59	<b>\$321</b>	\$254

\* Reflects the health insurance premium subsidy for retirees and survivors. The current subsidy is 60% of premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 13 for more information. Costs are rounded to the nearest dollar for comparison purposes.

\*\* If you are currently enrolled in the AARP Medicare Supplement Plan F, UnitedHealthcare will inform you, in writing, of the total 2011 Plan F premium cost. This plan is an individual Medigap plan, and rates require annual state approval. Once you receive your 2011 premium letter, contact CTPF to determine your actual monthly cost. Your actual member cost will include your premium for prescription drug coverage and your health insurance premium subsidy.

## Plan Comparison – Medicare Plans

<b>BENEFITS</b>	<b>Blue Cross and Blue Shield Supplement to Medicare</b> Medicare supplement plan	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx</b> Medicare supplement plan	
<b>Plan Features</b>	Traditional comprehensive major medical (CMM) plan. You may use any physician. Plan typically pays 80% of 20% of allowed charges remaining after Medicare pays.	Pays 100% after Medicare for Medicare covered services. Premium varies by age and state of residence.	
<b>Contact Information</b>	Group number: 64376 1-800-331-8032 Customer Service 1-800-423-1973 Pharmacy	Group number: 1089 1-800-392-7537 Customer Service 1-888-556-6648 Rx only	
<b>Service Area</b>	Nationwide	Nationwide except Mass., Minn., and Wisc.	
<b>Physician Selection</b>	You may select your own physician.	Choose any provider who accepts Medicare	
<b>LIFETIME MAXIMUM</b>			
	No lifetime maximum	No lifetime maximum	
<b>OUT-OF-POCKET MAXIMUM</b>			
	N/A	N/A	
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>			
	\$350	None	
<b>SPECIAL DEDUCTIBLES</b>			
	None	None	
<b>HOSPITAL SERVICES</b>			
<b>Inpatient</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays (including Medicare Part A deductible).	
<b>Skilled Nursing Facility (non-custodial)</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays up to day 100. No benefit after day 100 (in benefit period)	
<b>OUTPATIENT SERVICES</b>			
<b>Surgery</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays	
<b>Emergency Room</b>	100% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays	

<b>BCBS HMO Illinois</b> HMO plan	<b>Humana Group Medicare HMO</b> Medicare Advantage plan
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 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
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, Tucson, Puerto Rico, Salt Lake City, Texas (Dallas, Corpus Christi, San Antonio), Albuquerque, Las Vegas
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 except inpatient mental health, (see mental health).
N/A	\$2,500 per individual, per calendar year. Excludes Part D pharmacy, extra services, and the plan premium.
None	None
None	None
No copay	\$150 Copay, per day, for first five days of each admission, authorized services only.
No copay	No copay days 1-20, no 3-day hospital stay required; \$25 Copay per day, days 21-100, per benefit period
\$20 Copay	\$100 Copay per visit in hospital \$75 Copay per visit in ambulatory surgical facility
\$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



## Plan Comparison – Medicare Plans

<b>BENEFITS</b>	<b>Blue Cross and Blue Shield Supplement to Medicare</b> Medicare supplement plan	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx</b> Medicare supplement plan
<b>Lab/X-Ray</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Chemotherapy, Radiation Therapy</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Speech, Physical and Occupational Therapy; Outpatient Rehab.</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>PROFESSIONAL AND OTHER SERVICES</b>		
<b>Physician Office Visits</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Preventive Care (routine physical exam, routine diagnostic tests, immunizations)</b>	100% of allowed charges after Medicare has paid	100% after Medicare pays
<b>Chiropractic Visits</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Home Health Services</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Allergy Shots</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Vision Screening and Exams</b>	Not covered. Discount vision program offered through Davis Vision at 877-393-8844.	100% after Medicare pays; Medicare covered services only
<b>Podiatry</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Renal Dialysis</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Transplants</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Hearing</b>	Not covered	100% after Medicare pays; Medicare covered services only
<b>Ambulance</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Prosthetic Devices and Medical Equipment</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays
<b>Dental</b>	No coverage	100% after Medicare pays; Medicare covered services only

	<b>BCBS HMO Illinois</b> HMO plan	<b>Humana Group Medicare HMO</b> Medicare Advantage plan
	No copay	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital
	No copay	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital
	No copay when services are for restoration of physical function. Up to 60 treatments per year	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital
	\$20 Copay	\$10 Copay PCP \$25 Copay specialist
	No copay	No copay PCP \$25 Copay specialist
	\$20 Copay	\$25 Copay Medicare guidelines apply
	100% when medically necessary	No copay
	No copay	\$10 Copay PCP \$25 Copay specialist
	\$20 Copay Limited to one screening/exam every 12 months	\$25 Copay Medicare covered services only
	\$20 Copay Routine foot care not covered unless diabetic	\$25 Copay specialist Medicare covered services only
	No copay	No copay in dialysis center \$50 Copay per visit to hospital
	See applicable service for benefit level.	As any other disease at Medicare-approved Humana National Transplant Network only
	\$20 Copay hearing exam Hearing aids not covered	\$25 Copay Medicare covered services only
	No copay	\$50 Copay per date of service
	No copay	10% in all places of treatment
	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	<b>Blue Cross and Blue Shield Supplement to Medicare</b> Medicare supplement plan	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx</b> Medicare supplement plan	
<b>BEHAVIORAL HEALTH SERVICES</b>			
<b>Inpatient</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays	
<b>Outpatient</b>	80% of 20% of allowed charges remaining after Medicare pays	100% after Medicare pays	
<b>PRESCRIPTION DRUG BENEFITS</b>			
<b>Retail 30-Day Supply</b>	\$5 Generic copay \$30 Formulary brand copay \$45 Non-formulary brand copay	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3 \$75 Tier 4	
<b>Retail 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$30 Tier 1 \$90 Tier 2 \$150 Tier 3 \$225 Tier 4	
<b>Mail Order 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$20 Tier 1 \$60 Tier 2 \$100 Tier 3 \$150 Tier 4	
* Specialty medications limited to a 30-day supply			

<b>BCBS HMO Illinois</b> HMO plan	<b>Humana Group Medicare HMO</b> Medicare Advantage plan
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
\$20 Copay	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient facility
\$5 Generic copay \$30 Formulary brand copay \$45 Non-formulary brand copay	\$5 Preferred generic copay \$30 Non-preferred generic or preferred brand copay \$45 Non-preferred brand copay 25% Coinsurance for specialty drugs (max. \$150 per prescription)
\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$15 Preferred generic copay \$90 Non-preferred generic or preferred brand copay \$135 Non-preferred brand copay
\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$0 Preferred generic copay \$60 Non-preferred generic or preferred brand copay \$90 Non-preferred brand copay  <b>Mail Order 30-Day Supply</b> \$0 Preferred generic copay \$30 Non-preferred generic or preferred brand copay \$45 Non-preferred brand copay 25% Coinsurance for specialty drugs (max. \$150 per prescription)  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.
<i>* Specialty medications limited to a 30-day supply</i>	<i>* Specialty medications limited to a 30-day supply</i>

# Important Medicare Information

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 34).

## 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. Almost everyone must pay for Part B coverage.

### Part A Cost

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)

### Part B Assistance

If you qualify for a Part B premium assistance program from your state based on limited income and/or resources, you must notify CTPF immediately.

## 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. You can also apply online at [www.medicare.gov](http://www.medicare.gov).

## Paying for Medicare Part A

Retirees enrolled in a CTPF health insurance plan who must pay for Medicare Part A must enroll in the CTPF Third Party Payer program. CTPF will pay your Medicare Part A and Part B premium directly to Medicare and deduct your share of the premium payment (after CTPF premium subsidy) from your pension benefit. Contact CTPF for an enrollment form.

If you are not enrolled in a CTPF plan and must pay for Medicare Part A, you can apply for an annual premium subsidy. CTPF sends application forms in July.



## 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.

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

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

### Turning 65

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

### Before You Enroll in a CTPF Plan

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.

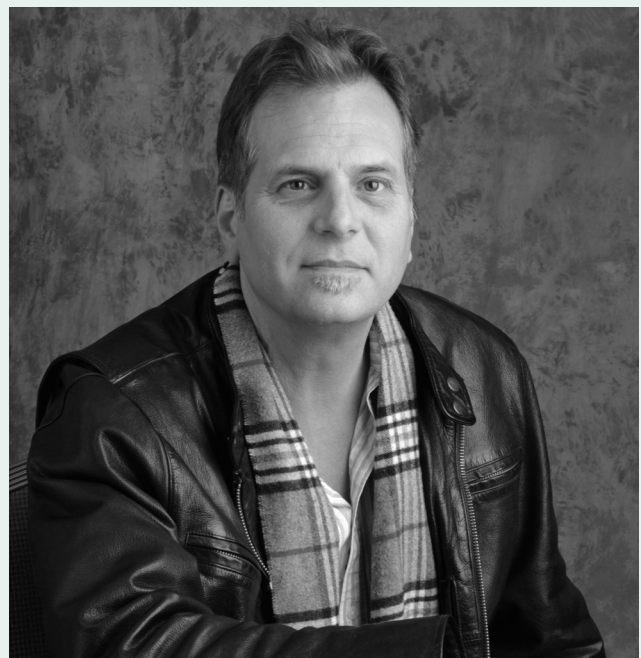
## Medicare Eligibility Due to Disability

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

## Medicare Eligibility Due to ESRD or ALS

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

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





## Important Notice Concerning Medicare Part D (Prescription Drug) Coverage

All of CTPF's Medicare plans include prescription drug coverage at no additional cost. If you plan to enroll in a CTPF Medicare plan **do not apply** for Medicare Part D prescription drug coverage from another source.

It is not uncommon for members to receive solicitations from insurance carriers offering Medicare D plans. If you are enrolled in a health insurance plan offered by CTPF, **do not** sign up for any additional Medicare D coverage or you will lose **all** coverage.

Retirees with Medicare and a supplemental health insurance plan from another source who wish to change plans and enroll in a plan offered by CTPF during open enrollment, must disenroll from their existing plans (supplemental and/or Medicare Part D), effective December 31, before receiving coverage under a plan offered by CTPF.

# Non-Medicare and Medicare Couples

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

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

Each family member must complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on page 15 and page 25 of this handbook. When you both reach age 65, you may enroll in the same health insurance plan and pay the Member +1 rate.

HEALTH INSURANCE PLAN (NON-MEDICARE PLANS)	CORRESPONDING PLAN (MEDICARE PLANS)
Blue Cross and Blue Shield PPO	BCBS Supplement to Medicare
Any UnitedHealthcare Plan	AARP Medicare Supplement Plan F (UnitedHealthcare) with UHC MedicareRx
BCBS HMO Illinois	BCBS 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 and Blue Shield PPO and his spouse enrolls in the Blue Cross and Blue Shield Supplement to Medicare. John and his spouse are covered under separate plans so each must pay the single premium.

<b>John's monthly member premium cost for non-Medicare BCBS PPO (after 60% subsidy)</b>	<b>\$438</b>
<b>Spouse's monthly non-member premium cost for BCBS Supplement to Medicare</b>	<b>\$353</b>
<b>Total monthly cost for coverage</b>	<b>\$791</b>

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 BCBS plan as his spouse. Once John's coverage becomes effective, John and his spouse pay the Member + 1 rate.

<b>Total Member + 1 monthly cost for BCBS Supplement to Medicare</b>	<b>\$495</b>
--	--------------

\* 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.

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



## Notification of CTPF COBRA Eligibility

As the retiree, you are responsible for notifying CTPF of 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.



# Ending Insurance Coverage

## Voluntarily Ending Coverage

You can voluntarily end health insurance coverage at any time. Notify CTPF in writing, at least 30 days prior to the first day of the month when you want to end coverage. Your benefits will cease on the last day of the month requested. If your request is received less than 30 days in advance, your request will be processed in the following month.

### Disenrollment Procedure

Each health insurance plan has its own disenrollment procedures. If you are voluntarily disenrolling from a CTPF plan, contact Member Services for instructions.

## Involuntarily Ending Coverage

### Retirees

A retiree's health insurance coverage ends:

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

### Dependents

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

## Refund of Premium

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

## Survivors

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.

---

### EXAMPLES

---

#### Ending Coverage

On May 1, Bob sends a letter to CTPF requesting that his insurance be terminated in June.

CTPF receives Bob's request on May 2; 30 days prior to June 1. Bob meets the 30-day notification requirement, so his last health insurance payment will be June 1. His coverage will end on the last day of June.

#### Ending Coverage with Late Notification

On May 17, Mary sends a letter to CTPF requesting that her insurance be terminated in June.

CTPF receives Mary's request on May 19; less than 30 days prior to June 1. Coverage cannot be cancelled on June 1 because CTPF must have 30 days to process the request with the health insurance plan administrator.

CTPF will notify Mary's insurance plan and cancel coverage the following month, July. Insurance premiums will be deducted from her pension benefit for June and July. Mary's coverage will end on the last day of July.

# Important Terms

## **Annual Plan Deductible**

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

## **Annual Maximum**

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

## **Coinsurance**

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

## **Copayment/Copay**

The set amount a member pays for a medical service.

## **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 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 Access HMO**

Managed care plan with no referrals necessary. Must use HMO provider.

## **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 NUMBERS
<b>Blue Cross and Blue Shield PPO</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	P06675	1-800-331-8032 Customer Service 1-800-635-1928 Inpatient Precertification 1-800-851-7498 Mental Health 1-800-232-7108 Medical Svc. Advisory 1-800-423-1973 Pharmacy
<b>BCBS HMO Illinois</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy
<b>UnitedHealthcare (UHC) Choice Plus PPO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-633-2446 Customer Service 1-866-633-2446 Mental Health
<b>UnitedHealthcare Choice HMO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-800-357-0974 Customer Service 1-800-711-7486 Mental Health
<b>UnitedHealthcare High Deductible Plan w/HSA</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-314-0335 Customer Service 1-866-314-0335 Mental Health

## MEDICARE INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>BCBS Supplement to Medicare</b> • <a href="http://www.bcbsil.com">www.bcbsil.com</a>	64376	1-800-331-8032 Customer Service 1-800-423-1973 Pharmacy
<b>BCBS HMO Illinois</b> • <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy
<b>AARP Medicare Supplement Plan F (UHC) w/UHC MedicareRx</b> • <a href="http://www.unitedhealthrxforgroups.com">www.unitedhealthrxforgroups.com</a>	1089 3942	1-800-392-7537 Customer Service 1-888-556-6648 Rx program info. only
<b>Humana Group Medicare HMO</b> • <a href="http://www.humana.com">www.humana.com</a>	076234	1-866-396-8810 Customer Service

## DENTAL INSURANCE PLAN PROVIDERS

<b>American Federation of Teachers, AFL-CIO</b> • <a href="http://www.aft.org">www.aft.org</a>	1-202-879-4400
<b>Chicago Teachers Union</b> • <a href="http://www.ctu.org">www.ctu.org</a>	1-312-329-9100
<b>Retired Teachers Association of Chicago</b> • <a href="http://www.rtac.org">www.rtac.org</a>	1-312-939-3327

## OTHER IMPORTANT NUMBERS

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

## Authorized Representative

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

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

## Office/Mailing Address

Chicago Teachers' Pension Fund  
203 North LaSalle Street, suite 2600  
Chicago, Illinois 60601-1231  
312.641.4464 p.  
312.641.7185 f.  
[www.ctpf.org](http://www.ctpf.org)  
[memberservices@ctpf.org](mailto:memberservices@ctpf.org)

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





Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600  
Chicago, Illinois 60601-1231

PRE-SORTED  
FIRST-CLASS  
U.S. POSTAGE PAID  
PERMIT #259  
CAROL STREAM, IL

---

**IMPORTANT HEALTH INSURANCE INFORMATION INSIDE**  
**The Open Enrollment Period for CTPF health insurance programs**  
**runs October 1 — November 12, 2010.**

**Changes made during the Open Enrollment Period become effective January 1, 2011.**



**BOARD OF TRUSTEES**

John F. O'Brill, *president*  
Linda S. Goff, *vice president*  
Lois Nelson, *financial secretary*  
Maria J. Rodriguez, *recording secretary*  
Lois W. Ashford  
Alberto A. Carrero, Jr.  
Peggy A. Davis  
Chris N. Kotis  
Walter E. Pilditch  
Jay C. Rehak  
Mary Sharon Reilly  
James F. Ward

Kevin B. Huber, *executive director*