

OCTOBER IS OPEN ENROLLMENT MONTH

CHICAGO TEACHERS' PENSION FUND

2012 HEALTH INSURANCE HANDBOOK AND OPEN ENROLLMENT GUIDE



*Inside: Important Health Insurance
Plan Changes for 2012*

PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE



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

Open Enrollment Seminars and NEW Webinar

Open Enrollment Health Insurance Seminars and Webinars provide an opportunity to review 2012 health plan choices and changes. Members may also direct questions to health insurance plan administrators and CTPF staff, and receive assistance filling out forms. See below for registration information.

New WEBINARS

Avoid the hassles of travel and find all the information you need without leaving home. Join a live WEBINAR with interactive question and answer session.

Monday, October 3, 2011

- 9:30 a.m. Medicare plans
- 1:30 p.m. Non-Medicare plans

Register in advance and receive login instructions at www.ctpf.org.

TRADITIONAL OPEN ENROLLMENT SEMINARS

Wednesday, October 5, 2011

James R. Thompson Center,
Assembly Hall J (lower level)
100 W. Randolph Street
Chicago, IL 60601

- 9:00 a.m. Medicare plans
- 1:00 p.m. Non-Medicare plans

Tuesday, October 11, 2011

Hilton Oak Lawn
9333 South Cicero Ave.
Oak Lawn, Illinois 60453

- 9:00 a.m. Medicare plans
- 1:00 p.m. Non-Medicare

Registration

Webinar: Logon to www.ctpf.org for login/registration instructions.

Traditional Seminars: Advance registration is required and space is limited, call 312.641.4464 to register.

**The Open Enrollment Period for CTPF health insurance
programs runs October 1 – October 31, 2011.**

Changes made during Open Enrollment take effect January 1, 2012.

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

Important 2012 Changes

January 1, 2012, through December 31, 2012

CTPF Health Insurance Premium Subsidy

The CTPF health insurance premium subsidy for 2012 is 60%. See page 11 for more information.

Changes in Plans for Medicare Eligible Members

NEW PHARMACY PROVIDER

Effective January 1, 2012, Medco will provide pharmacy benefits for the following plans:

- BCBS Supplement to Medicare
- BCBS HMO Illinois (Medicare)
- AARP Medicare Supplement Plan F (UnitedHealthcare)

Humana Group Medicare HMO with Part D Pharmacy plan enrollees will not have Medco coverage for prescriptions. Prescription coverage will continue under the Humana Plan.

COPAYS

Under the Medco plan, prescription copays up to a 31-day retail supply are \$5 generic, \$30 preferred brand, and \$45 non-preferred brand; 90-day supply copays at retail or mail order are \$10 generic, \$60 preferred brand, and \$90 non-preferred brand.

ENROLLMENT

You do not need to take any action to enroll in Medco pharmacy services. Enrollment is automatic for current enrollees. All CTPF Medicare enrollees (except for Humana HMO) will receive a new prescription drug card, effective January 1, 2012, directly from Medco. BCBS enrollees will also receive new ID cards for medical coverage.

CTPF plan administrators will attempt to transfer remaining mail order refills to Medco. Contact Medco Customer Service after January 1, 2012, to make sure your prescription refills have been transferred.

NOTIFY YOUR PHARMACY

Medicare enrollees should provide their new Medco ID cards to their pharmacy to make sure prescription benefits are not interrupted.

PRIOR AUTHORIZATION

Enrollees taking prescription drugs that require prior authorization will need to obtain new prior authorization approval from their physicians.

ADDITIONAL INFORMATION

Watch your mail for additional plan information including prescription drug card, formulary, and mail service order form, which will be sent directly from Medco.

QUESTIONS? (HELP AVAILABLE BEGINNING 10/01/2011)

If you have coverage questions or need assistance, call Medco at 1-800-864-1416 or 1-800-716-3231 TTY/TDD (24 hours a day, 7 days a week), or visit the dedicated website www.medco.com/medd/ctpf.

OTHER 2012 CHANGES

Rates Reduced for Medicare Eligible Members

2012 Rates for all plans for Medicare eligible members have been reduced between 9% and 20% for 2012. See the chart on page 31 for actual cost.

Blue Cross and Blue Shield Supplement to Medicare

Maximum out-of-pocket expense is now \$1,500.

Humana Group Medicare HMO with Part D Pharmacy

Some copays have changed. Chiropractic visits were reduced to \$20 from \$25. Outpatient behavioral health visits were reduced to \$40 from \$50 at an outpatient facility.

Domestic Partners and Civil Unions

Effective January 1, 2012, domestic partners will no longer be eligible for CTPF health insurance coverage. Dependents who lose coverage may apply for continuation coverage under CTPF COBRA, see page 39. Contact CTPF Member Services for more information.

Health insurance coverage is available for parties to a civil union. Parties to a civil union may be same- or opposite-sex couples. See page 9 for documentation requirements.

Contents

| | | | |
|---|-----------|--|-----------|
| INTRODUCTION | 5 | OVERVIEW OF PLANS FOR MEDICARE ELIGIBLE MEMBERS | 24 |
| Retiree Health Insurance | 5 | Turning Age 65 | 24 |
| Current Enrollees | 5 | Health Maintenance Organization (HMO) | 24 |
| COBRA Enrollees | 5 | Plans that Supplement Medicare | 25 |
| 2012 Open Enrollment | 5 | Medicare Advantage Plan | 25 |
| Reducing Your Cost | 5 | Medco Prescription Drug Coverage | 25 |
| Fraud | 5 | | |
| Disclaimer | 5 | | |
| IMPORTANT INFORMATION | 6 | IMPORTANT MEDICARE INFORMATION | 26 |
| Your Responsibilities | 6 | Medicare Defined | 26 |
| Turning Age 65 | 6 | The Parts of Medicare | 26 |
| Enrollment Forms | 6 | Medicare Cost | 26 |
| ID Cards | 7 | Applying for Medicare | 27 |
| Authorized Representative | 7 | Paying for Medicare Part A | 27 |
| Power of Attorney | 7 | Turning 65 | 28 |
| Health Insurance Subsidy | 7 | CTPF Plan Enrollment Requirements | 28 |
| Survivors | 7 | Maintaining Medicare Coverage | 28 |
| Dental Plans | 7 | Before You Enroll in a CTPF Plan | 28 |
| | | Medicare Eligibility Due to Disability | 28 |
| | | Medicare Eligibility Due to ESRD or ALS | 28 |
| | | Medicare Part D Notice | 29 |
| ELIGIBILITY REQUIREMENTS | 8 | | |
| Retirees and Dependents | 8 | NOTICE OF CREDITABLE COVERAGE | 30 |
| Survivors | 8 | | |
| Dependents Defined | 8 | | |
| | | PLAN COST COMPARISON MEDICARE ELIGIBLE MEMBERS | 31 |
| DOCUMENTATION REQUIREMENTS | 9 | | |
| | | PLAN COST COMPARISON CHARTS – MEDICARE ELIGIBLE MEMBERS | 32 |
| ENROLLMENT | 10 | | |
| Initial Enrollment Period | 10 | COUPLE COVERAGE | 38 |
| Special Enrollment Period | 10 | | |
| Turning Age 65 | 10 | CTPF COBRA | 39 |
| 2012 Open Enrollment | 10 | Overview | 39 |
| | | CTPF COBRA Eligibility | 39 |
| CTPF’S HEALTH INSURANCE PREMIUM SUBSIDY | 11 | Duration of CTPF COBRA Coverage | 39 |
| Subsidy for CTPF Plans | 11 | Notification of CTPF COBRA Eligibility | 40 |
| Subsidy for CPS or Charter School COBRA | 11 | CTPF COBRA Enrollment | 40 |
| Subsidy for Medicare | 11 | Continuation Period | 40 |
| Subsidy for Non-CTPF Health Insurance | 11 | Disability Extension | 40 |
| | | Premium Payment under CTPF COBRA | 41 |
| | | Adding New Dependents | 41 |
| | | Termination of Coverage under CTPF COBRA | 41 |
| | | Conversion Privilege | 41 |
| OVERVIEW OF HEALTH INSURANCE OPTIONS FOR NON-MEDICARE ELIGIBLE MEMBERS | 12 | | |
| CPS/Charter School Continuation Coverage | 12 | ENDING INSURANCE COVERAGE | 42 |
| Preferred Provider Organization (PPO) | 12 | Voluntarily Ending Coverage | 42 |
| High Deductible Health Plan (HDHP) with HSA | 13 | Survivors | 42 |
| Health Maintenance Organization (HMO) | 13 | Involuntarily Ending Coverage | 42 |
| | | Refund of Premium | 42 |
| NON-MEDICARE ELIGIBLE MEMBERS – PLAN COST COMPARISON | 14 | | |
| | | IMPORTANT TERMS | 43 |
| NON-MEDICARE PLAN CONTACT INFO. | 15 | | |
| | | CONTACT INFORMATION | 44 |
| PLAN COMPARISON CHARTS NON-MEDICARE ELIGIBLE MEMBERS | 16 | | |
| | | HEALTH INSURANCE PRIVACY POLICY | 46 |

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.

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

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

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

Current CTPF Enrollees

If you are currently enrolled in a CTPF plan and want to continue coverage in 2012, **you do not need to take any action to stay enrolled.*** Your coverage will continue. See page 3 for important plan changes.

COBRA Enrollees

If you currently have insurance through your former employer's COBRA program and wish to join a CTPF plan in January, you may enroll during Open Enrollment. Enrollment from a COBRA to a CTPF plan is not automatic. Contact CTPF **before your coverage ends** for enrollment information.

2012 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – October 31, 2011. During Open Enrollment, you may enroll in a CTPF health insurance plan for the first time, 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, 2012.

Reducing Your Cost

CTPF Health Insurance Premium Subsidy

CTPF members whose final teaching service was with CTPF may receive a health insurance premium subsidy. The subsidy, set annually, pays a percentage of health insurance costs for eligible CTPF retirees and their survivors. The CTPF Board of Trustees has approved a 60% subsidy, effective January 1, 2012. The subsidy is subject to change at the discretion of the Board. See page 11 for information.

Fraud

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

Disclaimer

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

**If you currently provide health insurance to a dependent who is a domestic partner, coverage for your partner will end in 2012. See page 3 for benefits available for parties to civil unions.*

Important Information

Your Responsibilities as a CTPF Health Plan Enrollee

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

- change of address for you or your dependents
- death of a spouse or dependent
- marriage, civil union, divorce, legal separation, annulment
- dependent loss of eligibility
- change in Medicare status, including turning age 65 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 coverage or required premium
- you lose Medicare coverage due to nonpayment of premium



Turning Age 65

If you (or your dependent) plan to enroll in a CTPF Medicare plan, apply for Medicare three months before the month you turn age 65 to ensure timely enrollment. See Medicare information on page 26.

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

- a copy of the Medicare card, or
- an entitlement letter with Medicare number 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 proof of Medicare enrollment, your 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 or the Humana Group Medicare HMO with Part D Pharmacy, call CTPF Member Services at 312.641.4464, and request enrollment information.

Return all enrollment forms and associated documentation to:

Chicago Teachers' Pension Fund
203 North LaSalle Street, suite 2600
Chicago, IL 60601-1231

Do not send enrollment forms to the health insurance plan administrator or your enrollment will not be processed.

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.

New prescription cards will be issued to members enrolled in the Medco Medicare Prescription Plan (PDP) for CTPF. Members enrolled in the BCBS Supplement to Medicare and BCBS HMO Illinois will also receive new ID cards for medical coverage.

If you need a replacement card, contact the health plan administrator directly. Find contact information on pages 44 and 45.

Authorized Representative

If you want a family member to assist you with health insurance issues, you can submit a HIPAA Authorized Representative Designation form, available at www.ctpf.org 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 care provider.

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 are also eligible for a subsidy of their health insurance premium cost. Applications are mailed on a yearly basis, typically in early Spring. See page 11.

Survivors

A surviving spouse and/or dependent child of a deceased member whose final system was CTPF may join a CTPF health insurance plan and receive a health insurance premium subsidy.

A surviving spouse and/or dependent child of a deceased member whose final system was **not** CTPF may not join a CTPF health insurance plan or receive a health insurance premium subsidy.

Survivors who had coverage as a dependent may be eligible to continue coverage under CTPF COBRA. 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 45.



Eligibility Requirements

Who Can Enroll in a CTPF Plan?

Retirees and Dependents

CTPF retirees/survivors and their eligible dependents may qualify to enroll in a CTPF health insurance plan. To qualify, CTPF must be the retiree's final retirement system. A retiree/survivor and or dependent may initially enroll in a CTPF plan once in a lifetime unless he or she experiences a qualifying event noted on page 10.

Survivors

Upon the death of a member, dependents who were covered under the member's CTPF-sponsored health plan should contact Member Services as soon as possible to determine continued eligibility for insurance coverage or for CTPF continuation coverage (COBRA).

If the member's final system was CTPF, his or her surviving dependents may be eligible for health insurance benefits, and the health insurance premium subsidy. If the member's final system was not CTPF, his/her dependents are not eligible for coverage.



Dependents Defined*

Eligible dependents include:

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

Dependent enrollment is contingent upon meeting the documentation requirements listed on page 9.

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

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

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

Documentation Requirements

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

| Type of Dependent | Supporting Documentation Required |
|--|--|
| Legal spouse as defined by your state of residence | Marriage certificate or tax return indicating spouse's name |
| Party to a civil union* | Civil union certificate |
| Disabled child** | Certified copy of birth certificate and an original letter from physician certifying disability on physician letterhead with date disability occurred. Disability must have occurred prior to age 23. |
| Natural child under 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"> ■ Proof of Illinois residency ■ Veterans' Affairs Release Form (DD-214) with release date from service ■ Certified copy of birth certificate |

* effective January 1, 2012, domestic partners will not be eligible for coverage under CTPF plans.

**CTPF may require periodic updates to disabled child documentation. See page 8 for dependent eligibility requirements.

Enrollment: When Can I Join?

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

Initial Enrollment Period

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

- within 30 days after COBRA continuation coverage under the Board of Education or Charter School active employee group health program ends,* unless coverage is cancelled due to non-payment of premium
 - within 30 days of the effective date of pension benefits
 - during the Annual Open Enrollment Period (once in a lifetime)
 - within 30 days of first becoming eligible for Medicare
 - when coverage is cancelled by a former group plan through no fault of your own
- *If your COBRA continuation coverage ends December 31, 2011, you may enroll in a CTPF plan during the Open Enrollment Period, October 1– October 31, 2011. Coverage will become effective January 1, 2012.*

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 or civil union
- birth, adoption, or legal guardianship
- termination of a Primary Care Physician for HMO plan enrollees
- within 30 days of first becoming eligible for Medicare

Turning Age 65

If you will turn age 65 in 2012, see the Medicare information and CTPF plan enrollment requirements beginning on page 26.

2012 Open Enrollment

The annual Open Enrollment Period is the time when you or a dependent can enroll in a CTPF plan for the first time or change plans. Open enrollment begins October 1 and ends October 31, 2011. Changes made during Open Enrollment become effective January 1, 2012.

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

STEP 1: Make sure you understand any plan changes (see page 3 for a summary). Review the non-Medicare or Medicare plan comparison grids (pages 16 and 32).

STEP 2: If you want to continue coverage in the same plan, **you do not need to take any action.** Coverage will continue.*

STEP 3: If you or a dependent want to enroll for the first time or change plans, 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) or the Humana 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 October 31, 2011.

SEND ALL ENROLLMENT FORMS AND REQUIRED DOCUMENTATION TO CTPF. DO NOT SEND FORMS TO PLAN ADMINISTRATORS.

**If you currently provide health insurance to a dependent who is a domestic partner, coverage for your partner will end in 2012. See page 3 for benefits available for parties to civil unions.*

CTPF's Health Insurance Premium Subsidy Program

CTPF retirees' whose final teaching service was with the Chicago Public or Charter Schools, may qualify for a partial subsidy of their insurance premiums. A surviving spouse and/or dependent children who receive a survivor's pension may also qualify for a premium subsidy.

Each year, the CTPF Board of Trustees determines a premium subsidy. The CTPF health insurance premium subsidy will be 60%, effective January 1, 2012. 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

CTPF provides health insurance premium subsidy for Medicare premiums, with some restrictions. CTPF does not subsidize any penalties for late enrollment into Medicare Parts A, B, and D, nor does it subsidize the income-

related monthly adjustment amount (IRMAA) assessed by Medicare for individuals with higher incomes. Penalties and adjustments are the total responsibility of the member. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

CTPF Enrollees

MEDICARE PART A SUBSIDY

Retirees enrolled in a CTPF health insurance plan who must also pay for Medicare Part A must enroll in the CTPF Third Party Payer Program to receive a subsidy. See page 27 for information.

MEDICARE PART B SUBSIDY

If you make your Part B payment directly to Medicare, CTPF will add your premium subsidy to your pension payment. If your Part B premium increases, provide CTPF with written proof (a CMS premium notification letter or a Medicare premium bill) so your subsidy can be adjusted.

Third Party Payer enrollees will have any available premium subsidy applied directly to their monthly pension benefit.

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 offsets 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.

Overview of Health Insurance Options for Non-Medicare Eligible Members

The following pages offer general descriptions of the types of health insurance options for CTPF retirees who are not eligible for Medicare. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts beginning on page 16.

POST-RETIREMENT HEALTH INSURANCE OPTIONS

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)

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

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

You decide whether or not to use a PPO network provider, but plans generally pay a higher percentage of covered charges for services within the PPO network. These plans include both medical and prescription drug coverage.



High Deductible Health Plan with Health Savings Account

CTPF offers the UnitedHealthcare High Deductible Plan with HSA. This plan includes both medical and prescription drug coverage.

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 2012 the IRS allows individuals to contribute up to \$3,100 and families up to \$6,250 to a Health Savings Account. Individuals age 55 or older may also make a \$1,000 “catch-up contribution” for 2012 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.

Health Maintenance Organization (HMO)

CTPF offers the BCBS HMO Illinois plan and the UnitedHealthcare Choice HMO plan. These plans include both medical and prescription drug coverage.

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, do not live in the same place for 12 months of the year, or have dependents living away from home.

Non-Medicare Eligible Members – 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 |
|---|---------------|-----------------|--------------------|
| Blue Cross and Blue Shield PPO Monthly premium cost | \$ 1,240.13 | \$2,480.26 | \$ 3,720.39 |
| Member's monthly cost* | 496.05 | 1,736.18 | 2,976.31 |
| UnitedHealthcare Choice Plus PPO Monthly premium cost | 1,071.21 | 2,142.42 | 3,213.63 |
| Member's monthly cost* | 428.48 | 1,499.69 | 2,570.90 |
| BCBS HMO Illinois Monthly premium cost | 894.98 | 1,789.96 | 2,684.94 |
| Member's monthly cost* | 357.99 | 1,252.97 | 2,147.95 |
| UnitedHealthcare Choice HMO Monthly premium cost | 1,362.99 | 2,725.98 | 4,088.97 |
| Member's monthly cost* | 545.20 | 1,908.19 | 3,271.18 |
| UnitedHealthcare High Deductible Plan with HSA Monthly premium cost | 882.16 | 1,764.32 | 2,646.48 |
| Member's monthly cost* | 352.86 | 1,235.02 | 2,117.18 |

* 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 11 for more information.

Non-Medicare Eligible Members – Plan Contact Information

| NON-MEDICARE HEALTH INSURANCE PLANS | | |
|--|--------------|--|
| | GROUP NUMBER | PHONE NUMBERS |
| Blue Cross and Blue Shield PPO www.bcbsil.com | PO6675 | 1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy |
| BCBS HMO Illinois www.bcbsil.com | H64047 | 1-800-892-2803 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy |
| UnitedHealthcare (UHC) Choice Plus PPO www.myuhc.com | 717511 | 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health |
| UnitedHealthcare Choice HMO www.myuhc.com | 717511 | 1-800-357-0974 Customer Service 1-800-711-7486 Mental Health |
| UnitedHealthcare High Deductible Plan w/HSA www.myuhc.com | 717511 | 1-866-314-0335 Customer Service 1-866-314-0335 Mental Health |



Plan Comparison – Non-Medicare Eligible Members

| BENEFITS | Blue Cross and 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. | 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. | |
| Contact Information | Group number P06675 1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 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 | | | |
| | No lifetime maximum | No lifetime maximum | |
| 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: \$3,800 PPO \$11,000 Non-PPO Family: \$7,600 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 | |

| 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 Eligible Members

| BENEFITS | Blue Cross and 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 | 100% PPO after \$200 per admission copay 70% 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 BCBS-approved skilled nursing facility. | 90% PPO after deductible 70% Non-PPO after deductible Limited to 60 days per year | |
| OUTPATIENT SERVICES | | | |
| Surgery | 90% PPO provider 70% Non-PPO provider | 90% PPO after deductible 70% Non-PPO after deductible | |
| Emergency Room | 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 | |
| Lab/X-ray | 90% PPO provider 70% Non-PPO provider | No copay PPO provider, deductible does not apply 70% Non-PPO provider, after deductible | |
| Chemotherapy, Radiation Therapy | 90% PPO provider 70% Non-PPO provider | 90% PPO after deductible 70% Non-PPO after deductible | |
| Speech, Physical and Occupational Therapy | 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 | |

| | Blue Cross and Blue Shield 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 Eligible Members

| BENEFITS | Blue Cross and 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 70% Non-PPO provider after deductible | |
| Preventive Care Services (routine physical exam, routine diagnostic tests, immunizations) | 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 | |
| Chiropractic Visits | 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 | |
| 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% | 90% PPO and non-PPO after deductible Notification required for non-emergency | |

| | Blue Cross and Blue Shield 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 |
| | 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 |

Plan Comparison – Non-Medicare Eligible Members

| BENEFITS | Blue Cross and Blue Shield PPO | UnitedHealthcare Choice Plus PPO | |
|--|--|--|--|
| PROFESSIONAL AND OTHER SERVICES continued | | | |
| Prosthetic Devices and Medical Equipment | 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 | |
| Dental | 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 | |
| BEHAVIORAL HEALTH SERVICES | | | |
| Inpatient | 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 | |
| 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 70% Non-PPO provider after deductible | |
| PRESCRIPTION DRUG BENEFITS* | | | |
| Retail 30-Day Supply | \$5 Generic copay \$30 Formulary brand copay \$45 Non-formulary brand copay | \$7 Tier 1 copay \$30 Tier 2 copay \$50 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 | \$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 | |

| | Blue Cross and Blue Shield HMO Illinois | UnitedHealthcare Choice HMO | UnitedHealthcare High Deductible Plan with Health Savings Account |
|--|---|--|---|
| | 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 |
| | 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> |

Overview of Plans for Medicare Eligible Members

The following pages offer general descriptions of the types of plans offered to CTPF retirees who are eligible for and maintain active enrollment in Medicare Part A and Part B. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts beginning on page 32.

Turning Age 65

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

Provide CTPF with proof of Medicare Part A and Part B enrollment before the month of your 65th birthday. Acceptable proof includes:

- a copy of the Medicare card, or
- an entitlement letter with Medicare number 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 the month of your 65th birthday, you will automatically be enrolled in coverage that is significantly more expensive until you either provide proof of Part A and Part B enrollment, or you disenroll from CTPF coverage.



Health Maintenance Organization (HMO) Plan

CTPF offers the BCBS HMO Illinois plan which includes both medical and prescription drug coverage.

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

You must 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). Provider directories may be obtained from HMO Illinois or at a CTPF Open Enrollment Health Insurance Seminar.

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

Prescription drug benefits are provided by an enhanced Medicare Part D plan administered by Medco (see page 25 for more information).

Plans that Supplement Medicare

CTPF offers two different plans that supplement Original Medicare (Part A and Part B) and include enhanced Medicare Part D prescription drug coverage.

Blue Cross and Blue Shield Supplement to Medicare

This plan is a group health plan that helps fill in the “gaps” in original Medicare coverage. After a plan deductible, this plan covers 80% of most Medicare eligible expenses not paid by Medicare. Foreign travel medical benefits are available.

Prescription drug benefits are provided by an enhanced Medicare Part D plan administered by Medco (see right for more information).

AARP Medicare Supplement Plan F

This plan is an individual Medigap plan administered by UnitedHealthcare and endorsed by AARP. It is an individual plan that is 100% portable with guaranteed renewal. You can obtain medical care from any physician or hospital that accepts Medicare. Plan F covers 100% of most Medicare eligible expenses not paid by Medicare. Plan F premiums are based on your age and state of residence and are quoted directly by UnitedHealthcare. Call CTPF with any questions to determine total premium cost including prescription coverage. Premiums may change slightly during the plan year depending on your enrollment date. CTPF will send you a letter if your premium changes.

Prescription drug benefits are provided by an enhanced Medicare Part D plan administered by Medco (see right for more information).

Note: *the Medicare Supplement Plan F is not available to those with ESRD under age 65.*

Medicare Advantage Plan

CTPF offers the Humana Group Medicare HMO with Part D Pharmacy plan, which includes both medical and prescription drug coverage. 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. Prescription drug coverage is provided by Humana.

Medco Prescription Drug Coverage

Effective January 1, 2012, Medco will administer prescription drug benefits for the BCBS Supplement to Medicare, BCBS HMO Illinois (Medicare), and AARP Medicare Supplement Plan F (UnitedHealthcare). All enrollees in these plans will receive Medco prescription drug ID cards and welcome kits with important plan information.

The Medco Medicare Prescription Plan (PDP) for CTPF is an enhanced Part D drug plan approved by Medicare.

The Medco plan is based on a drug formulary list which includes Medicare Part D drugs. This enhanced plan also provides benefits for most of the drugs covered under current CTPF plans, including non-Medicare Part D drugs.

Although standard Medicare Part D plans may include a coverage gap (doughnut hole), the Medco enhanced plan offers continued coverage through the coverage gap (copays apply, see pages 36-37).

Copays may be different from 2011 coverage based on a drug’s formulary status.

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

Important Medicare Information

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 outpatient prescription drugs. The federal government sets

a minimum standard of benefits that must be covered by Part D plans. Standard Part D plans may include a coverage gap (doughnut hole).

Enhanced Part D Plans

Enhanced Part D Plans may cover non-Medicare Part D drugs and/or offer continued coverage through the coverage gap with a copay or coinsurance.

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.

Part D Penalties

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

Note: all CTPF-sponsored Medicare plans have included creditable prescription coverage since the program began in 2006.

Higher Income Adjustments

Beginning in 2011, Medicare began requiring beneficiaries with higher incomes to pay an income-related monthly adjustment amount (IRMAA). Medicare beneficiaries who have a modified adjusted gross income more than \$85,000 individually or \$170,000 for married couples filing jointly pay more for Part B and Part D insurance.

This additional amount is deducted from a beneficiary's social security benefit or direct-billed to a beneficiary by Medicare. The Social Security Administration uses federal tax returns to determine high income status.

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

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

Paying for Medicare Part A: Third Party Payer Program

Under the Third Party Payer Program, CTPF pays Medicare Part A and Part B premiums on your behalf, and deducts your share of the premium payment (after CTPF premium subsidy) from your pension benefit.

CTPF ENROLLEES

Retirees enrolled in a CTPF health insurance plan who must also pay for Medicare Part A must enroll in the CTPF Third Party Payer Program.

INITIATING ENROLLMENT

Contact CTPF for an enrollment form. Initiate enrollment in the Third Party Payer Program by making your first Medicare premium payment to CMS. Immediately send CTPF the following:

1. A copy of your first Notice of Medicare Premium Payment Due, issued by CMS
2. A copy of your check for your first payment to CMS
3. A completed CTPF Form 301

CTPF will process your request and make all subsequent Medicare Part A and Part B premium payments directly to CMS on your behalf. CTPF deducts the difference between your Medicare premium amount and CTPF's subsidy of your Medicare premiums directly from your monthly pension check.

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

CTPF Plan Enrollment Requirements

Qualified individuals who want to enroll in a CTPF plan for Medicare eligible members must be enrolled in Medicare Part A and Part B. If you do not qualify for premium-free Part A coverage, 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 with Medicare number from the Social Security Administration verifying enrollment, with effective dates

Maintaining Medicare Coverage

All members and their dependents enrolled in a CTPF Medicare plan are required to maintain active coverage in Medicare Part A and Part B. If you or your dependent lose Medicare coverage you will also lose your CTPF coverage.

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 CTPF's Medicare plans include comprehensive 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.

Members may receive solicitations from insurance carriers offering other 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.



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 2012, 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 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 or call 1.800.772.1213 for information.

KEEP THIS NOTICE

If you are enrolled in a CTPF health plan for the 2012 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, 2012 - DECEMBER 31, 2012

Medicare Eligible Members – 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 2012 | MEMBER + 1 2012 |
|---|----------------|--------------------|
| Blue Cross and Blue Shield Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF Monthly premium cost | \$ 281.05 | \$ 562.10 |
| Member's monthly cost* | 112.42 | 393.47 |
| Blue Cross and Blue Shield HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF Monthly premium cost | 410.38 | 820.76 |
| Member's monthly cost* | 164.15 | 574.53 |
| Humana Group Medicare HMO with Part D Pharmacy Monthly premium cost | 208.00 | 416.00 |
| Member's monthly cost* | 83.20 | 291.20 |

AARP Medicare Supplement Plan F (UnitedHealthcare) with Medco Medicare Prescription Plan (PDP) for CTPF Monthly estimated premium cost with Rx[^]

| Average Plan F premium by age including Rx | Age 65-67 | Age 68-70 | Age 71+ |
|--|-------------------|-------------------|-------------------|
| Estimated member monthly cost range | \$109.12 – 129.36 | \$117.44 – 145.64 | \$121.37 – 159.04 |
| Average member monthly cost | \$114.90 | \$125.22 | \$147.22 |

[^] If you are currently enrolled in the AARP Medicare Supplement Plan F, UnitedHealthcare will inform you, in writing, of the total 2012 Plan F premium cost. Rates for this plan require annual state approval. Once you receive your 2012 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.

* 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 11 for more information.

Plan Comparison – Medicare Eligible Members

| BENEFITS | Blue Cross and Blue Shield Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement plan | AARP Medicare Supplement Plan F (UnitedHealthcare) with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement 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. Enhanced Medicare Part D prescription drug coverage. | Pays 100% after Medicare for Medicare covered services. Premium varies by age and state of residence. Enhanced Medicare Part D prescription drug coverage. |
| Contact Information | BCBS Group number: 64376 1-800-331-8032 Customer Service MEDCO Rx Group number: CTPFRX 1-800-864-1416 Customer Service | UnitedHealthcare Group number: 1089 1-800-392-7537 Customer Service MEDCO Rx Group number: CTPFRX 1-800-864-1416 Customer Service |
| Service Area | Nationwide | Nationwide (residents in Mass., Minn., and Wis., must call AARP for enrollment options) |
| Physician Selection | You may select your own physician. | Choose any provider who accepts Medicare |
| LIFETIME MAXIMUM | | |
| | No lifetime maximum | No lifetime maximum |
| OUT-OF-POCKET MAXIMUM | | |
| | \$1,500 | N/A |
| ANNUAL PLAN YEAR DEDUCTIBLE | | |
| | \$350 | None |
| SPECIAL DEDUCTIBLES | | |
| | None | None |
| HOSPITAL SERVICES | | |
| Inpatient | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays (including Medicare Part A deductible). |
| Skilled Nursing Facility (non-custodial) | 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) |
| OUTPATIENT SERVICES | | |
| Surgery | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays |

| BCBS HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF HMO plan | Humana Group Medicare HMO with Part D Pharmacy 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. Enhanced Medicare Part D prescription drug coverage. | Traditional HMO with network, referrals required. Includes Humana Group Medicare prescription drug coverage. |
| BCBS Group number H64047 1-800-892-2803 Customer Service MEDCO Rx Group number: CTPFRX 1-800-864-1416 Customer Service | 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/Cook County | Chicago metro (Cook, Dupage, 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 behavioral health services). |
| | |
| 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 |

Plan Comparison – Medicare Eligible Members

| BENEFITS | Blue Cross and Blue Shield Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement plan | AARP Medicare Supplement Plan F (UnitedHealthcare) with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement plan | |
|---|---|--|--|
| OUTPATIENT SERVICES continued | | | |
| Emergency Room | 100% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Lab/X-Ray | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Chemotherapy, Radiation Therapy | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Speech, Physical and Occupational Therapy; Outpatient Rehab. | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| PROFESSIONAL AND OTHER SERVICES | | | |
| Physician Office Visits | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Preventive Care (routine physicals, diagnostics, immunizations) | 100% of allowed charges after Medicare has paid | 100% after Medicare pays | |
| Chiropractic Visits | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Home Health Services | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Allergy Shots | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Vision Screening and Exams | Not covered. Discount vision program offered through Davis Vision at 877-393-8844. | 100% after Medicare pays; Medicare covered services only | |
| Podiatry | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Renal Dialysis | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Transplants | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Hearing | Not covered | 100% after Medicare pays; Medicare covered services only | |
| Ambulance | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Prosthetic Devices and Medical Equipment | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |

| BCBS HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF HMO plan | Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan |
|--|--|
| \$90 Copay PCP notification recommended except in life threatening situation | \$25 Copay immediate care center \$50 Copay emergency room Waived if admitted within 24 hours; applies for care outside US |
| No copay | \$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital |
| No copay | \$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 | \$20 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 20% at 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 |

Plan Comparison – Medicare Eligible Members

| BENEFITS | Blue Cross and Blue Shield Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement plan | AARP Medicare Supplement Plan F (UnitedHealthcare) with Medco Medicare Prescription Plan (PDP) for CTPF Medicare supplement plan | |
|---|--|--|--|
| PROFESSIONAL AND OTHER SERVICES continued | | | |
| Dental | No coverage | 100% after Medicare pays; Medicare covered services only | |
| BEHAVIORAL HEALTH SERVICES | | | |
| Inpatient | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| Outpatient | 80% of 20% of allowed charges remaining after Medicare pays | 100% after Medicare pays | |
| PRESCRIPTION DRUG BENEFITS | | | |
| Retail Benefit Medco Plan up to 31- Day Supply Humana Plan up to 30-Day Supply | \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay | \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay | |
| Retail 90-Day Supply | \$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay | \$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay | |
| Mail Order 90-Day Supply | \$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay | \$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay | |
| Important Pharmacy Notes | Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above. Non-Medicare Part D Drugs are covered as well as Medicare Part D drugs. NOTE: once your true out-of-pocket cost reaches \$4,700 the greater of \$2.60 for generics/multi-source drugs (\$6.50 for all others) applies. | Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above. Non-Medicare Part D Drugs are covered as well as Medicare Part D drugs. NOTE: once your true out-of-pocket cost reaches \$4,700 the greater of \$2.60 for generics/multi-source drugs (\$6.50 for all others) applies. | |

| <p>BCBS HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF HMO plan</p> | <p>Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan</p> |
|---|---|
| <p>Accidental care only: coverage provided for repair of accidental injury to sound natural teeth</p> | <p>\$25 Copay Medicare covered services only</p> |
| <p>No copay</p> | <p>\$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</p> |
| <p>\$20 Copay</p> | <p>\$10 Copay PCP \$25 Copay specialist \$40 Copay outpatient facility</p> |
| <p>\$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay</p> | <p>\$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)</p> |
| <p>\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay</p> | <p>\$15 Preferred generic copay \$90 Non-preferred generic or preferred brand copay \$135 Non-preferred brand copay</p> |
| <p>\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay</p> | <p>\$0 Preferred generic copay \$60 Non-preferred generic or preferred brand copay \$90 Non-preferred brand copay Mail Order 30-Day Supply \$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)</p> |
| <p>Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above. Non-Medicare Part D Drugs are covered as well as Medicare Part D drugs. NOTE: once your true out-of-pocket cost reaches \$4,700 the greater of \$2.60 for generics/multi-source drugs (\$6.50 for all others) applies.</p> | <p>NOTE: Once your true out-of-pocket cost reaches \$4,700, the greater of \$2.60 for generic/multi-source drugs (\$6.50 for all others) or 5% coinsurance applies. * Specialty medications limited to a 30-day supply</p> |

Couple Coverage

Insurance options when only one individual is Medicare eligible

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

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

Each family member must complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on pages 14 and 31 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 | Blue Cross and Blue Shield Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF |
| Any UnitedHealthcare Plan | AARP Medicare Supplement Plan F (UnitedHealthcare) with Medco Medicare Prescription Plan (PDP) for CTPF |
| BCBS HMO Illinois | BCBS HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF |
| N/A | Humana Group Medicare HMO with Part D Pharmacy (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.

| | |
|--|-----------------|
| John's monthly member premium cost for non-Medicare BCBS PPO (after 60% subsidy) | \$496.05 |
| Spouse's monthly non-member premium cost for BCBS Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF | \$281.05 |
| Total monthly cost for coverage | \$777.10 |

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.

| | |
|---|-----------------|
| Total Member + 1 monthly cost for BCBS Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF | \$393.47 |
|---|-----------------|

* 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 the month you turn 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 and their eligible dependents, the right to temporarily continue health insurance at group rates. Coverage must be lost due to specific qualifying events (see below). The type of qualifying event determines who is qualified for continued coverage and for how long.

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

CTPF COBRA Eligibility

COBRA continuation coverage is a continuation of CTPF health insurance coverage when coverage would otherwise end because of a qualifying event. A list of qualifying events with

the applicable continuation periods can be found in the chart below. You must notify CTPF in writing of address changes for dependents so that COBRA notification can be sent.

Duration of CTPF COBRA Coverage

| Qualifying Events | Continuation Period |
|---|---------------------|
| 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 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. 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.

Survivors

If CTPF was the retiree's last retirement system, 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.

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.



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.

Creditable Coverage

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

Deductible

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

Effective Date

The first day health insurance coverage begins.

Emergency Medical Care

Medical care provided in a hospital emergency room.

Formulary

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

In-Network

Physicians and hospitals that agree to accept 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.

Medicare (Original)

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

Medicare Advantage

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

Medicare Part D

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

Medigap

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

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 ELIGIBLE HEALTH INSURANCE PLANS | | |
|--|--------------|--|
| | GROUP NUMBER | PHONE NUMBERS |
| Blue Cross and Blue Shield PPO www.bcbsil.com | P06675 | 1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy |
| BCBS HMO Illinois www.bcbsil.com | H64047 | 1-800-892-2803 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy |
| UnitedHealthcare (UHC) Choice Plus PPO www.myuhc.com | 717511 | 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health |
| UnitedHealthcare Choice HMO www.myuhc.com | 717511 | 1-800-357-0974 Customer Service 1-800-711-7486 Mental Health |
| UnitedHealthcare High Deductible Plan w/HSA www.myuhc.com | 717511 | 1-866-314-0335 Customer Service 1-866-314-0335 Mental Health |



MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

| | GROUP NUMBER | PHONE NUMBERS |
|---|-------------------------|--|
| BCBS Supplement to Medicare with Medco Medicare Prescription Plan (PDP) for CTPF www.bcbsil.com www.medco.com/medd/ctpf | BCBS 64376 | 1-800-331-8032 Customer Service |
| | Medco CTPFRX | 1-800-864-1416 MEDCO 1-800-716-3231 MEDCO TTY/TDD |
| BCBS HMO Illinois with Medco Medicare Prescription Plan (PDP) for CTPF www.bcbsil.com www.medco.com/medd/ctpf | BCBS H64047 | 1-800-331-8032 Customer Service |
| | Medco CTPFRX | 1-800-864-1416 MEDCO 1-800-716-3231 MEDCO TTY/TDD |
| AARP Medicare Supplement Plan F (UHC) with Medco Medicare Prescription Plan (PDP) for CTPF www.aarphealthcare.com www.medco.com/medd/ctpf | UHC 1089 | 1-800-392-7537 Customer Service |
| | Medco CTPFRX | 1-800-864-1416 MEDCO 1-800-716-3231 MEDCO TTY/TDD |
| Humana Group Medicare HMO with Part D Pharmacy www.humana.com | Humana 076234 | 1-866-396-8810 Customer Service |

DENTAL INSURANCE PLAN PROVIDERS

| | |
|---|----------------|
| American Federation of Teachers, AFL-CIO • www.aft.org | 1-888-949-8184 |
| Chicago Teachers Union • www.ctu.org | 1-312-329-9100 |
| Retired Teachers Association of Chicago • www.rtac.org | 1-312-939-3327 |

OTHER IMPORTANT NUMBERS

| | |
|--|--|
| Chicago Teachers' Pension Fund Member Services www.ctpf.org | 1-312-641-4464 phone 1-312-641-7185 fax |
| Center for Medicare and Medicaid Services (CMS) www.medicare.gov | 1-800-MEDICARE (1-800-633-4227) |
| Illinois Senior Health Insurance Program (SHIP) | 1-800-548-9034 |
| Social Security Administration www.socialsecurity.gov | 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 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
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

PRESORTED
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 — October 31, 2011

Changes made during the Open Enrollment Period become effective January 1, 2012.



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