

OCTOBER IS OPEN ENROLLMENT MONTH

CHICAGO TEACHERS' PENSION FUND

2013 HEALTH INSURANCE HANDBOOK AND OPEN ENROLLMENT GUIDE



*Inside: Important Health Insurance Plan
Changes for 2013*

PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE



Chicago Teachers' Pension Fund

**REGISTER TODAY FOR A 2013 HEALTH INSURANCE
OPEN ENROLLMENT SEMINAR**



Open Enrollment Seminars

The Open Enrollment Period for 2013 health insurance will be October 1-31, 2012. During open enrollment, retirees can enroll for the first time, add a dependent, or change a health insurance plan or carrier.

CTPF's Health Insurance Open Enrollment Seminars offer an overview of 2013 health plan choices and changes. These seminars are designed to make sure you have the information you need to make an informed decision about your 2013 health care.

2013 HEALTH INSURANCE OPEN ENROLLMENT SEMINARS

CTPF will offer four open-enrollment seminars in October: two for Medicare-eligible members and two for non-Medicare eligible members. If you will become eligible for Medicare in 2013 or if you have one family member who is Medicare eligible and one who is not, consider attending both sessions.

Monday, October 8

Renaissance Chicago O'Hare Suites Hotel
8500 West Bryn Mawr Avenue,
Chicago, IL 60601

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

Wednesday, October 10

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

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

VIEW THE SEMINAR PRESENTATION ONLINE

CTPF will offer an online version of the seminar presentation on the health insurance central page at www.ctpf.org. Members who prefer not to travel can download the same presentation that will be used during the seminars and access a Frequently Asked Questions document. The online version of the seminar will be available after October 1, 2012.

Registration

Advance registration is required for all seminars and space is limited.
Call 312.641.4464 to register.

**The Open Enrollment Period for CTPF health insurance
programs runs October 1 – October 31, 2012.**

Changes made during Open Enrollment take effect January 1, 2013.

**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 2013 Changes

January 1, 2013, through December 31, 2013

CTPF Health Insurance Premium Subsidy

The CTPF health insurance premium subsidy for 2013 remains 60% (certain limitations may apply). See page 11 for more information about the subsidy.

2013 CHANGES

Plan Changes for Medicare Eligible Members

HEALTH PLANS FOR 2013

All health plans offered in 2012 will be offered in 2013.

HEALTH INSURANCE RATES

2013 premium rates for Medicare eligible members have **decreased** an average of 2.5% from 2012. Refer to the premium chart on page 31 for 2013 health plan costs.

MEDCO MEDICARE PRESCRIPTION PLAN (PDP) NAME CHANGE

Express Scripts Medicare is the new plan name for the prescription plan formerly known as the Medco Medicare Prescription Plan (PDP). While the name of the plan is changing, your prescription benefits and the way you use them remain the same. The name change occurred because of a recent merger between Medco Health Solutions and Express Scripts.

All 2013 plan year communications will include the new Express Scripts Medicare Prescription Plan (PDP) name.

If you are currently enrolled in a Medco plan, continue to use your current Medco prescription drug card. You will not receive a new card. You can access the same pharmacies and mail service that were used under the Medco name.

October 1, Express Scripts will have a new website for CTPF members. Access additional information at

www.Express-Scripts.com/medd/ctpf.

MEDICARE ELIGIBLE MEMBERS: REVIEW THE EXPRESS SCRIPTS FORMULARY

Changes are made to the prescription drug formulary every year. Copays for drugs can be different from 2012 coverage if a drug's status changes on the formulary. Make sure to review the 2013 drug formulary to help determine if your prescription expenses will change in 2013.

For questions, please call the toll-free customer service number on the back of your Medco/Express Scripts ID card. Customer Service is available 24 hours a day, 7 days a week in English and other languages.

Plans Changes for Non-Medicare Eligible Members

HEALTH PLANS FOR 2013

All health plans offered in 2012 will be offered in 2013.

HEALTH INSURANCE RATES

2013 premium rates for non-eligible Medicare members increased an average of 3.5%. Refer to the premium chart on page 14 for 2013 health plan costs.

HSA CONTRIBUTION ALLOWANCE INCREASES

The IRS raised the allowable Health Savings Account (HSA) contribution amount for 2013. Members who participate in the UnitedHealthcare High Deductible Plan with HSA can make an annual contribution up to \$3,250 per individual or \$6,450 per family in 2013.

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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 2013, **you do not need to take any action to stay enrolled.** Your coverage will continue. See page 3 for important plan changes which may affect your coverage.

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

2013 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – October 31, 2012. 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 become effective on January 1, 2013.

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, 2013. 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.

Important Information

Your Responsibilities as a CTPF Health Plan Enrollee

You are responsible for contacting 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, becoming Medicare eligible before age 65, or loss of Medicare coverage for any reason
- change in Medicare premium (such as decrease or elimination of Medicare Part A premium, or qualifying for a state premium assistance program)
- your health plan or prescription ID card does not reflect your current enrollment
- your pension deduction does not match your coverage or required 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 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

CURRENT CTPF NON-MEDICARE HEALTH PLAN ENROLLEES

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

MORE INFORMATION ABOUT TURNING AGE 65

CTPF offers quarterly “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 47 for information.

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 for information.

Enrollment Forms

An enrollment form and return envelope for most CTPF plans are included in this handbook.

To enroll in the AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF or the Humana Group Medicare HMO with Part D Pharmacy, see the instructions in “How to Enroll” on pages 32-33.

Return completed enrollment forms and all required documentation to:

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

Make sure you return all enrollment forms to CTPF. If you return your forms to an insurance company they will not be processed.

ID Cards

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

If you need a replacement card, contact your health insurance plan 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.

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

*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, 2012, you may enroll in a CTPF plan during the Open Enrollment Period, October 1– October 31, 2012. Coverage will become effective January 1, 2013.*

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/civil union or divorce/dissolution
- 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 2013, see the Medicare information and CTPF plan enrollment requirements beginning on page 24, and the CTPF Birthday Party information on page 47.

2013 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, 2012. Changes made during Open Enrollment become effective January 1, 2013.

You can get started with enrollment by following these steps:

1. Make sure you understand any plan changes (see page 3). Review the non-Medicare or Medicare plan comparison grids (see pages 16 and 32).
2. If you want to continue coverage in the same plan, **you do not need to take any action.** Coverage will continue.
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) with Express Scripts Medicare (PDP) for CTPF or the Humana Group Medicare HMO with Part D Pharmacy, see the “How to Enroll” section on pages 32-33.

4. Return completed enrollment forms and all required documentation to:

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

Make sure you return all enrollment forms to CTPF. If you return your forms to an insurance company they will not be processed.

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.

The amount CTPF can spend on retiree health insurance is limited by state law. Each year, the CTPF Board of Trustees set a premium subsidy amount. The subsidy for plan year 2013 will be 60% of the total premium cost (certain limitations may apply). 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.

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 28 for information.

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

MEDICARE PART B SUBSIDY

If you make your Part B payment directly to Medicare, CTPF will add your premium subsidy to your pension payment.

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 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.





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 2013 the IRS allows individuals to contribute up to \$3,250 and families up to \$6,450 to a Health Savings Account. Individuals age 55 or older may also make a \$1,000 “catch-up contribution” for 2013 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 Blue Cross Blue Shield HMO Illinois plan and the UnitedHealthcare Choice HMO plan. These plans include both medical and prescription drug coverage.

A Health Maintenance Organization (HMO) may provide 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.

The 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 – 2013 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.

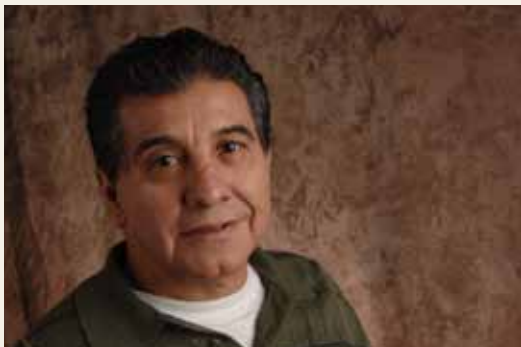
Blue Cross and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	Blue Cross and Blue Shield HMO Illinois	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with HSA
CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy* ▼				
\$495.06	\$449.91	\$390.21	\$572.46	\$370.51
CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy* ▼				
\$1,732.71	\$1,574.68	\$1,365.73	\$2,003.60	\$1,296.78
CTPF retiree/survivor + 2 or more dependents monthly premium cost with CTPF premium subsidy* ▼				
\$2,970.36	\$2,699.45	\$2,341.25	\$3,434.74	\$2,223.04
CTPF dependent cost for single coverage[^] (dependents do not receive the CTPF premium subsidy) ▼				
\$1,237.65	\$1,124.77	\$975.53	\$1,431.14	\$926.27

* The retiree/survivor cost is the amount paid for monthly coverage **after** CTPF applies the health insurance premium subsidy. The current subsidy is 60% of total premium cost. See page 11 for more information.

[^] This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See page 38 for additional information about this situation.

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	P06675	1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy
Blue Cross Blue Shield 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	
How to Enroll	Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.	
Service Area	Nationwide Foreign travel emergency benefits available. Other foreign medical coverage may be available, contact BCBS.	Nationwide Foreign travel emergency benefits available	
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	

Blue Cross and Blue Shield HMO Illinois (HMOI)	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
Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.
Chicago vicinity only Foreign travel emergency benefits available	Greater Chicagoland area including Northwest Indiana Extended coverage may be available nationwide. Call UHC Customer Service for details. Foreign travel emergency benefits available	Nationwide Foreign travel emergency benefits available
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

Plan Comparison – Non-Medicare Eligible Members

BENEFITS		Blue Cross and Blue Shield PPO	UnitedHealthcare Choice Plus PPO
ANNUAL PLAN YEAR DEDUCTIBLE			
	\$400	Individual: \$800 PPO \$3,000 Non-PPO Family: \$1,600 PPO \$6,000 Non-PPO	
ADDITIONAL DEDUCTIBLES			
	\$200 Deductible each PPO hospital admission (not to exceed 2 copays per year) \$400 Deductible each non-PPO hospital admission (not to exceed 2 copays per year) \$150 Deductible each emergency room visit, unless admitted	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	

	Blue Cross and Blue Shield HMO Illinois (HMOI)	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	None	None	Individual: \$5,000 PPO \$7,500 Non-PPO Family: \$10,000 PPO \$15,000 Non-PPO
	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

Plan Comparison – Non-Medicare Eligible Members

BENEFITS	Blue Cross and Blue Shield PPO	UnitedHealthcare Choice Plus PPO	
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	
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 (HMOI)	UnitedHealthcare Choice HMO	UnitedHealthcare High Deductible Plan with Health Savings Account
	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
	\$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 (HMOI)	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. See Medicare 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

CURRENT CTPF NON-MEDICARE HEALTH PLAN ENROLLEES

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

MORE INFORMATION ABOUT TURNING AGE 65

CTPF offers quarterly “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 47 for information.

Health Maintenance Organization (HMO) Plan

CTPF offers the Blue Cross Blue Shield 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 Express Scripts (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 (BCBS) 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.

Prescription drug benefits are provided by an enhanced Medicare Part D plan administered by Express Scripts (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 age, vary by geographic area, and are quoted directly by UnitedHealthcare AARP. Call CTPF to determine total premium cost including prescription coverage. Premiums may change slightly during the plan year depending on your enrollment date. CTPF will send a letter if your premium changes.

New enrollees must submit completed enrollment applications to CTPF.

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

Note: 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.

Express Scripts* Prescription Drug Coverage

Express Scripts (formerly MEDCO) is the prescription drug benefits administrator for the BCBS Supplement to Medicare, BCBS HMO Illinois (Medicare), and AARP Medicare Supplement Plan F (UnitedHealthcare). Enrollment is automatic. Express Scripts will send welcome kits with prescription drug ID cards and important plan information.

The Express Scripts Medicare (PDP) for CTPF is an enhanced Part D prescription drug plan approved by Medicare. The plan is based on a drug formulary list which includes Medicare Part D drugs and some non-Medicare Part D drugs. View the drug formulary at the Express Scripts website: www.Express-Scripts.com/medd/ctpf.

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

Copays may be different from 2012 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.

* **Note:** MEDCO merged with Express Scripts in 2012 and is now called Express Scripts.

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 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.



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. CTPF offers quarterly "Birthday Parties" designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 47.

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.

IRMAA Higher Income Adjustments for Medicare Part B and Part D

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.

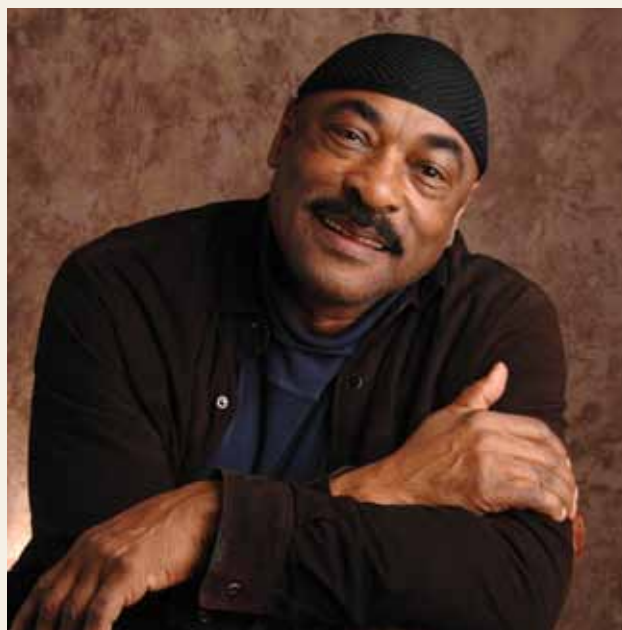
This Income-Related Monthly Adjustment Amount (IRMAA) is deducted from a beneficiary's social security benefit or direct-billed to a beneficiary by Medicare. The Social Security Administration uses federal tax returns to determine high income status.

PAYING FOR IRMAA

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

PART B: CTPF will make Medicare Part B IRMAA payments on your behalf if you are enrolled in the Medicare Part A Third Party Payer Program (see page 28).

PART D: Government regulations prevent CTPF from making Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense. If you do not make timely payments to CMS, your prescription coverage will be cancelled.



Paying for Medicare Part A: Third Party Payer Program

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

Note: CTPF cannot make Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense. See page 27 for more information.



Current CTPF Non-Medicare Enrollees Turning Age 65

If you are currently enrolled in a CTPF non-Medicare plan and want to continue coverage with CTPF when you turn 65, you must enroll in Medicare Part A and Part B, and provide CTPF with proof of enrollment **before** the month of your 65th birthday. If you fail to provide proof of Medicare enrollment, your CTPF health insurance coverage will terminate at the end of the month in which you turn 65. See page 24 for information.

MORE INFORMATION ABOUT TURNING AGE 65

CTPF offers quarterly “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 47 for information.

CTPF Plan Enrollment Requirements

Qualified individuals who want to enroll in a CTPF plan for Medicare eligible members must be enrolled in Medicare Part A and Part B. If you do not qualify for premium-free Part A coverage, 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 those 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 (CTPF) has determined that its prescription drug coverage is, on average, at least as good if not better than the standard Medicare prescription drug coverage and is considered Creditable Coverage.

If you are currently enrolled, or plan to enroll, in a CTPF Medicare insurance plan for 2013, 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 2013 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, 2013 - DECEMBER 31, 2013



Chicago Teachers' Pension Fund

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

Medicare Eligible Members – 2013 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.

AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP)[§]	Blue Cross and Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP)	Blue Cross and Blue Shield HMO Illinois with Express Scripts Medicare (PDP)	Humana Group Medicare HMO with Part D Pharmacy	
CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy* ▼				
Avg. for Age 65-67	\$ 112.00	\$110.08	\$153.24	\$83.20
Age 68-70	127.00			
Age 71+	148.00			
CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy* ▼				
Avg. for Age 65-67	\$ 392.00	\$385.28	\$536.35	\$291.20
Age 68-70	444.50			
Age 71+	518.00			
CTPF dependent cost for single coverage[^] (dependents do not receive the CTPF premium subsidy) ▼				
Avg. for Age 65-67	\$ 280.00	\$275.20	\$383.11	208.00
Age 68-70	317.50			
Age 71+	370.00			

§ Rates for the AARP Medicare Supplement Plan F (UHC) are based on age, vary by geographic area, and are quoted directly by UnitedHealthcare AARP. The amounts listed above are average costs for Illinois residents. If you live outside of Illinois, your rates may be different. If you are considering this plan, contact UHC AARP directly for a quote. If you are a current enrollee, UHC AARP will send you a letter with your 2013 Plan F premium cost. When you receive your letter, contact CTPF to determine your actual monthly cost, which includes your premium for prescription drug coverage and the health insurance premium subsidy.

* The retiree/survivor cost is the amount paid for monthly coverage **after** CTPF applies the health insurance premium subsidy. The current subsidy is 60% of total premium cost. See page 11 for more information.

[^] This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See page 38 for additional information about this situation.

Plan Comparison – Medicare Eligible Members

BENEFITS	AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan	Blue Cross and Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan
Plan Features	Pays 100% after Medicare for Medicare covered services. Premium varies by age and geographic area. Enhanced Medicare Part D prescription drug coverage.	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.
Contact Information	UnitedHealthcare Group number: 1089 1-800-392-7537 Customer Service Express Scripts Group number: CTPFRX 1-800-864-1416 Customer Service	BCBS Group number: 64376 1-800-331-8032 Customer Service Express Scripts Group number: CTPFRX 1-800-864-1416 Customer Service
How to Enroll	Call UHC AARP at 1-800-392-7537 and request an enrollment kit for CTPF Plan #1089. Return the completed kit and documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.
Service Area	Nationwide (residents in Mass., Minn., and Wis., must call UHC AARP for enrollment options) Foreign travel emergency benefits available	Nationwide Foreign travel emergency benefits available. Other foreign medical coverage may be available, contact BCBS.
Physician Selection	Choose any provider who accepts Medicare	You may select your own physician
LIFETIME MAXIMUM		
	No lifetime maximum	No lifetime maximum
OUT-OF-POCKET MAXIMUM		
	N/A	\$1,500
ANNUAL PLAN YEAR DEDUCTIBLE		
	None	\$350
SPECIAL DEDUCTIBLES		
	None	None
HOSPITAL SERVICES		
Inpatient	100% after Medicare pays (including Medicare Part A deductible)	80% of 20% of allowed charges remaining after Medicare pays
Skilled Nursing Facility (non-custodial)	100% after Medicare pays up to day 100. No benefit after day 100 (in benefit period)	80% of 20% of allowed charges remaining after Medicare pays
OUTPATIENT SERVICES		
Surgery	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays

Blue Cross Blue Shield HMO Illinois with Express Scripts Medicare (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 Express Scripts 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
Complete CTPF Form 350 (available in the center of this book or online). Return the form and required documentation to CTPF.	Contact CTPF Member Services at 312-641-4464 and request an enrollment packet. Return the completed packet and required documentation to CTPF.
Chicago area only/Cook County Foreign travel emergency benefits available	Chicago (Cook, DuPage, Kane, Kendall, & Will counties), Denver, Fla. (Daytona, Jacksonville, Orlando, S. Fla., Tampa) Kansas City, Louisiana (call for cities), Ariz. (Phoenix, Tucson), Puerto Rico, Salt Lake City, Texas (Dallas, Corpus Christi, San Antonio), Albuquerque, Las Vegas Foreign travel emergency benefits available
PCP directed, referrals required. Must use network provider	Select a PCP from the listing at www.humana.com
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	AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan	Blue Cross and Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan
Emergency Room	100% after Medicare pays	100% of 20% of allowed charges remaining after Medicare pays
Lab/X-Ray	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Chemotherapy, Radiation Therapy	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Speech, Physical and Occupational Therapy; Outpatient Rehab.	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
PROFESSIONAL AND OTHER SERVICES		
Physician Office Visits	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Preventive Care (routine physicals, diagnostics, immunizations)	100% after Medicare pays	100% of allowed charges after Medicare has paid
Chiropractic Visits	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Home Health Services	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Allergy Shots	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Vision Screening and Exams	100% after Medicare pays; Medicare covered services only	Not covered. Discount vision program offered through Davis Vision at 877-393-8844.
Podiatry	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Renal Dialysis	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Transplants	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Hearing	100% after Medicare pays; Medicare covered services only	Not covered
Ambulance	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Prosthetic Devices and Medical Equip.	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays

Blue Cross Blue Shield HMO Illinois with Express Scripts Medicare (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	AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan	Blue Cross and Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan
Dental	100% after Medicare pays; Medicare covered services only	No coverage
BEHAVIORAL HEALTH SERVICES		
Inpatient	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
Outpatient	100% after Medicare pays	80% of 20% of allowed charges remaining after Medicare pays
PRESCRIPTION DRUG BENEFITS		
Retail Pharmacy (up to 30 or 31 day supply)	Up to 31 day supply \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay	Up to 31 day supply \$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	<p>Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.</p> <p>Non-Medicare Part D Drugs are covered as well as Medicare Part D drugs.</p> <p>NOTE: once your true out-of-pocket cost reaches \$4,750, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$2.65 for generics/multi source drugs, \$6.60 for brand name drugs, but never more than the normal copay for the drug based on days supply.</p>	<p>Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.</p> <p>Non-Medicare Part D Drugs are covered as well as Medicare Part D drugs.</p> <p>NOTE: once your true out-of-pocket cost reaches \$4,750, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$2.65 for generics/multi source drugs, \$6.60 for brand name drugs, but never more than the normal copay for the drug based on days supply.</p>

<p>Blue Cross Blue Shield HMO Illinois with Express Scripts Medicare (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>Up to 31 day supply \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay</p>	<p>Up to 30 day supply \$5 Preferred generic copay \$30 Non-preferred generic or preferred brand copay \$45 Non-preferred brand copay 25% Coinsurance for specialty drugs* (max. \$150 per prescription) 30-day mail order supply also available with \$0 preferred generic copay. All other copays same as retail 30-day supply.</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</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 \$4,750, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$2.65 for generics/multi source drugs, \$6.60 for brand name drugs, but never more than the normal copay for the drug based on days supply.</p>	<p>NOTE: Once your true out-of-pocket cost reaches \$4,750, the greater of \$2.65 for generic/multi-source drugs (\$6.60 for all others) or 5% coinsurance applies. * Specialty medications limited to a 30-day supply</p>

Couple Coverage

Insurance options when only one family member is Medicare eligible

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

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

Each family member must complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on pages 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 Express Scripts Medicare (PDP) for CTPF
Any UnitedHealthcare Plan	AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF
Blue Cross Blue Shield HMO Illinois	Blue Cross Blue Shield HMO Illinois with Express Scripts Medicare (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

One family member is Medicare eligible

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. Find single premiums in the charts on pages 14 (non-Medicare) and 31 (Medicare).

John's monthly member premium cost

Non-Medicare BCBS PPO (after 60% subsidy) **\$495.06**

Spouse's monthly non-member premium cost

BCBS Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF **275.20**

Total monthly cost for John and Spouse \$770.26

When all become Medicare eligible

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

John's member + 1 dependent cost

BCBS Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF **\$385.28**

If you are currently enrolled in a CTPF non-Medicare plan and plan to continue coverage in a CTPF plan when you turn 65, you must enroll in Medicare Part A and Part B, and provide proof of enrollment **before the month of your 65th birthday (see page 28 for information).*

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 an insurance provider's terms and payments.

IRMAA

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

Lifetime Reserve Days

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

Medicare (Original)

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

Medicare Advantage

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

Medicare Part D

Medicare Part D is prescription 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
Blue Cross Blue Shield 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
Blue Cross Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF www.bcbsil.com www.Express-Scripts.com/medd/ctpf	BCBS 64376 Express Scripts CTPFRX	1-800-331-8032 Customer Service 1-800-864-1416 1-800-716-3231 TTY/TDD
Blue Cross Blue Shield HMO Illinois with Express Scripts Medicare (PDP) for CTPF www.bcbsil.com www.Express-Scripts.com/medd/ctpf	BCBS H64047 Express Scripts CTPFRX	1-800-331-8032 Customer Service 1-800-864-1416 1-800-716-3231 TTY/TDD
AARP Medicare Supplement Plan F (UHC) with Express Scripts Medicare (PDP) for CTPF www.aarphealthcare.com www.Express-Scripts.com/medd/ctpf	UHC AARP 1089 Express Scripts CTPFRX	1-800-392-7537 Customer Service 1-800-864-1416 1-800-716-3231 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



Turning 65? Celebrate with CTPF!

Turning 65 is an important milestone. CTPF offers quarterly "Birthday Parties" designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. If you're turning 65 this year, watch your mail for a personalized invitation to a CTPF Birthday Party. During these events you will receive important health insurance information and will have the opportunity to:

- ★ Speak directly with representatives from the Social Security Administration and enroll in Medicare on-site, if you have not already done so (see page 24 for more information on enrolling in Medicare).
- ★ Learn about CTPF Medicare plan options
- ★ Speak directly with representatives from CTPF health insurance providers
- ★ Receive assistance completing health insurance enrollment forms

When:

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

Where:

Seminars are held in the CTPF Office
203 North LaSalle Street, suite 2600
Chicago, IL 60601-1231
Discounted parking vouchers are available

Birthday treats and light refreshments provided.



Chicago Teachers' Pension Fund

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

IMPORTANT HEALTH INSURANCE INFORMATION INSIDE
The Open Enrollment Period for CTPF health insurance programs
runs October 1 — October 31, 2012

Changes made during the Open Enrollment Period become effective January 1, 2013.



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