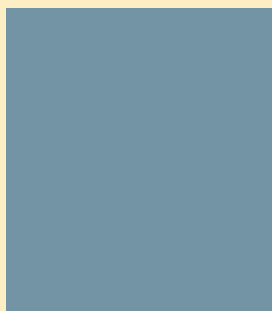


OCTOBER IS OPEN ENROLLMENT MONTH  
JOIN US FOR AN OPEN ENROLLMENT SEMINAR, SEE PAGE 6

## CHICAGO TEACHERS' PENSION FUND

# 2014 HEALTH INSURANCE HANDBOOK AND OPEN ENROLLMENT GUIDE



*Inside: Important Health Insurance Plan  
Changes for 2014*

PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE



Chicago Teachers' Pension Fund

# 2014 Plan Changes and Updates...

January 1, 2014, through December 31, 2014

## Important Information for All Members

### 2014 HEALTH INSURANCE PREMIUM SUBSIDY WILL REMAIN 60%

CTPF trustees voted to maintain the 2014 health insurance premium subsidy at 60% (certain limitations may apply) effective January 1, 2014. The subsidy is set annually and is subject to change. See page 15 for more information.



### CTPF PLAN RATES FOR 2014 LOWER THAN NATIONAL TREND

Prudent fiscal management has allowed CTPF to continue to hold down health insurance rates. Overall rates for CTPF plans increased an average of 1% compared to a nationwide average increase of 9-10%. CTPF's Medicare health plan costs will **increase** an average of 3.4% and Non-Medicare plans will **decrease** an average of 1.5% in 2014. Refer to the premium charts on pages 18 (Non-Medicare) and 35 (Medicare) for specific plan information.

### PRESCRIPTION DRUG FORMULARIES

Each health insurance plan utilizes a formulary (a list of preferred prescription drugs) which can help you and your doctor find affordable medication options. Formularies may change annually, so make sure you review your plan's 2014 formulary to determine if your prescription expenses will change.



### SOMETIMES BIGGER IS BETTER

To enhance readability we've increased the size of the text on our health insurance application and health insurance plan charts.

### ADDITIONAL INFORMATION ONLINE

Find an online version of this Handbook, links to provider websites and drug formularies, and a helpful FAQ with additional information on a variety of topics on our Health Insurance Open Enrollment Central page at [www.ctpf.org](http://www.ctpf.org).

### HEALTH INSURANCE "CHECKUP"

We've included a new graphic for a Health Insurance "CHECKUP." These graphics call out important information for your review. Please take a look as you read through the handbook and make note of these items.



## 2014 Changes for Medicare-Eligible Members

### HEALTH PLANS FOR 2014

CTPF will offer three health insurance plans for members over age 65:

- AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP)
- Blue Cross and Blue Shield (BCBS) Supplement to Medicare with Express Scripts Medicare (PDP)
- Humana Group Medicare HMO with Part D Pharmacy

Members currently enrolled in these plans do not need to take any action to stay enrolled.



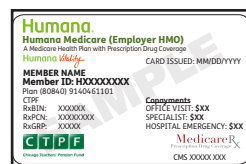
### BCBS HMO ILLINOIS FOR MEDICARE-ELIGIBLE MEMBERS WILL NOT BE OFFERED IN 2014

The BCBS HMO Illinois Plan for **Medicare-eligible** members will not be offered in 2014. After extensive review and evaluation, the plan was eliminated due to its high premium cost to value ratio. If you are enrolled in this plan, you will be transferred to the BCBS Supplement to Medicare plan effective January 1, 2014. You can continue to use your current physician under this plan. You have the option of selecting a different plan during Open Enrollment. Your dependents will be transferred automatically into the BCBS PPO or BCBS Medicare.



### HUMANA HMO MEMBERS WILL RECEIVE NEW INSURANCE CARDS

Humana Medicare enrollees will receive new health insurance cards by the end of the year. The cards feature a new program, Humana Vitality. Humana will send additional information about this program after January 1. Contact Humana if you do not receive a card by January 1.



## 2014 Changes for Non-Medicare Eligible Members

### HEALTH PLANS FOR 2014

All health plans offered in 2013 will be offered to Non-Medicare eligible members in 2014. CTPF will offer five health insurance plans for members under age 65:

- Blue Cross and Blue Shield PPO
- Blue Cross and Blue Shield HMO Illinois
- UnitedHealthcare Choice Plus PPO
- UnitedHealthcare Choice HMO
- UnitedHealthcare High Deductible Plan with HSA

Members currently enrolled in these plans do not need to take any action to stay enrolled.

### HSA CONTRIBUTION ALLOWANCE INCREASES

Members who participate in the UnitedHealthcare High Deductible Plan with HSA can make an annual contribution up to \$3,300 per individual or \$6,550 per family in 2014.



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**REGISTER TODAY FOR A 2014 HEALTH INSURANCE  
OPEN ENROLLMENT SEMINAR**



## Open Enrollment Seminars

The Open Enrollment Period for 2014 health insurance will be October 1-31, 2013. 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 2014 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 2014 health care.

### 2014 HEALTH INSURANCE OPEN ENROLLMENT SEMINARS

CTPF will offer four seminars in October: two for Medicare-eligible members and two for non-Medicare eligible members. If you will become eligible for Medicare in 2014, or if you have one family member who is Medicare eligible and one who is not, consider attending both sessions.

#### **Tuesday, October 8**

Chicago Cultural Center,  
4th Floor, Sidney R. Yates Gallery  
78 East Washington Street  
Chicago, Illinois 60602

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

#### **Thursday, October 10**

Hilton Oak Lawn  
Ballroom  
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 Open Enrollment Central page at [www.ctpf.org](http://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 8, 2013.

## Registration

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, 2013.**

**Changes made during Open Enrollment take effect January 1, 2014.**

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

# 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](http://www.ctpf.org).**

## Current CTPF Enrollees

The Blue Cross Blue Shield (BCBS) HMO Illinois Plan for **Medicare-eligible members** will not be offered in 2014. If you are enrolled in this plan, you will be transferred to the BCBS Supplement to Medicare plan effective January 1, 2014. You can continue to use your current physician under this plan. You have the option of selecting a different plan during Open Enrollment. Your dependents will be transferred automatically into the BCBS PPO or BCBS Medicare.

All other members currently enrolled in a CTPF health insurance plan who want to continue coverage in 2014 **do not need to take any action to stay enrolled**. Your coverage will continue. See pages 2-3 for plan changes which may affect your coverage.

## Your Responsibilities as a CTPF Health Plan Enrollee

It's important to keep CTPF informed if you have any of the following changes which may affect your enrollment status:

- 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

# Important Information

## 2014 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – October 31, 2013. 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, 2014.

## CPS or Charter School 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.

## 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 36-37.

Return **all** completed enrollment forms and required documentation to:

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

Forms returned to an insurance company 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 48 and 49.

## HEALTH INSURANCE CHECKUP



### Humana Will Issue New ID Cards in 2014

Members enrolled in the Humana Medicare HMO will receive new ID cards for 2014. Watch your mail for your new card. If you do not receive your card by January 1, 2014, contact Humana at 1.866.396.8810.

**Humana**  
**Humana Medicare (Employer HMO)**  
A Medicare Health Plan with Prescription Drug Coverage  
*Humana Vitality* CARD ISSUED: MM/DD/YYYY

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**  
Plan (80840) 9140461101

CTPF  
RxBIN: XXXXXX  
RxPCN: XXXXXXXX  
RxGRP: XXXXX

**Copayments**  
OFFICE VISIT: **\$XX**  
SPECIALIST: **\$XX**  
HOSPITAL EMERGENCY: **\$XX**

**CTPF**  
Chicago Teachers' Pension Fund

**Medicare**  
Prescription Drug Coverage  
CMS XXXXX XXX



## 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 Turning Age 65 on page 28.

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 coverage will terminate at the end of the month in which you turn 65. See page 28 for information.

### MORE INFORMATION ABOUT TURNING AGE 65

CTPF offers bimonthly Medicare “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 51 for information.

## 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, 2014. The subsidy is subject to change at the discretion of the Board. See page 15 for information.

## HEALTH INSURANCE CHECKUP



### Medicare Proof of Enrollment

Make sure you send a copy of your Medicare card to CTPF, **before the month of your 65th Birthday.**

MEDICARE HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY	JOHN D. DOE
MEDICARE CLAIM NUMBER	999-99-9999 <b>M</b>
SEX	MALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL INSURANCE (PART A)	1/1/95
MEDICAL INSURANCE (PART B)	1/1/95
SIGN HERE	<i>John D. Doe</i>

### Special Situations...

If your Medicare number ends with an “M” you’ll need to send additional documentation to CTPF along with a copy of your card. Send:

- Proof of first Medicare premium payment to CMS (copy of check)
- Completed copy of CTPF FORM 301 (call Member Services or download at [www.ctpf.org](http://www.ctpf.org))
- Find more information about Medicare enrollment on page 28.

# Important Information

## HIPAA 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](http://www.ctpf.org) or from Member Services. Your Authorized Representative may discuss your health insurance options, but cannot make care or treatment decisions.

## Power of Attorney

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

## 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.

## HEALTH INSURANCE CHECKUP



### Dental Plans

CTPF health insurance plans do not include dental coverage. CTPF retirees may enroll in dental insurance offered through other agencies including the Chicago Teachers Union and the Retired Teachers Association of Chicago. See page 49 for contact information.



# 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. See qualifying events on page 13.

### Survivors

Upon the death of a member, survivors should notify Member Services as soon as possible. Once reported, CTPF will send a health insurance packet outlining survivors' options.

#### CONTINUED COVERAGE FOR DEPENDENTS

CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. Qualified survivors become eligible for a health insurance premium subsidy. A survivor who does not want to continue coverage may voluntarily disenroll.

#### JOINING A CTPF HEALTH INSURANCE PLAN

Qualified survivors may enroll in a CTPF health insurance plan within 30 days of a member's death, and become eligible for a premium subsidy. CTPF sends enrollment information upon notification.

## HEALTH INSURANCE CHECKUP



### Dependents

Your spouse (including a party to a civil union), and children can be covered under a CTPF health insurance plan. Dependents can enroll once in a lifetime unless you experience a qualified event. See page 13 for information about when you can join a CTPF plan.



### 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 12.

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

# Dependent 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"> <li>■ Proof of Illinois residency</li> <li>■ Veterans' Affairs Release Form (DD-214) with release date from service</li> <li>■ Certified copy of birth certificate</li> </ul>

*\*CTPF may require periodic updates to disabled child documentation. See page 11 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/survivor 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, 2013, you may enroll in a CTPF plan during the Open Enrollment Period, October 1–October 31, 2013. Coverage will become effective January 1, 2014.*

## 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

## HEALTH INSURANCE CHECKUP



### Turning Age 65

Turning age 65 is an important milestone because you become eligible for Medicare, and you must select a new health insurance plan. If you will turn age 65 in 2014, review the Medicare information beginning on page 28 and the CTPF Medicare Birthday Party information on page 51.





# 2014 Health Insurance 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, 2013. Changes made during Open Enrollment become effective January 1, 2014. You can get started with enrollment by following these steps:

1. Make sure you understand any plan changes (see pages 2-3).
2. If your plan is being offered in 2014, and you want to continue coverage in the same plan, **you do not need to take any action.** Coverage will continue.
3. The BCBS HMO Illinois plan **for Medicare-eligible members** will not be offered in 2014. If you are enrolled in this plan, you will be transferred to the BCBS Supplement to Medicare plan effective January 1, 2014. You can continue to use your current physician under this plan. You have the option of selecting a different plan during Open Enrollment. Your dependents will be transferred automatically into the BCBS PPO or BCBS Medicare.
4. 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. See the "How to Enroll" section of the comparison charts for plans not included on the enrollment form.
5. Return **all** completed enrollment forms and required documentation to:  
Chicago Teachers' Pension Fund  
203 North LaSalle Street, suite 2600  
Chicago, IL 60601-1231  
Forms returned to an insurance company will not be processed.

## HEALTH INSURANCE CHECKUP



### Open Enrollment Assistance

CTPF offers Open Enrollment seminars which explain the plans we offer, and provide assistance with the enrollment process:



#### Tuesday, October 8

Chicago Cultural Center,  
4th Floor, Sidney R. Yates Gallery  
78 East Washington Street  
Chicago, IL 60602 Chicago

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

#### Thursday, October 10

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

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

### Online Resources

CTPF will post an online version of the seminar, links to health insurance companies, and a Frequently Asked Questions document on the Open Enrollment Central page at **[www.ctpf.org](http://www.ctpf.org)**.

### Registration

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

# 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/child receiving a survivor's pension may also qualify for a 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 2014 is 60% of the total premium cost (certain limitations may apply). The subsidy is subject to change at the discretion of the Board.

Premium cost for dependent coverage is not eligible for the subsidy.

## Subsidy for CPS or Charter School COBRA

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

## Subsidy for CTPF Non-Medicare Eligible Plans

If you are enrolled in a CTPF Non-Medicare health insurance plan, your share of the monthly plan cost is deducted from your pension benefit.

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

## Subsidy for Medicare

CTPF provides a subsidy for Medicare premiums. CTPF does not subsidize Medicare penalties or adjustments, see page 31 for more information.

### MEDICARE PART A SUBSIDY

Retirees enrolled in a CTPF Medicare health insurance plan who must also pay for Medicare

Part A must enroll in CTPF's **MEDPAY** Program to receive a subsidy. Under this program, CTPF makes Medicare Part A, Part B, and IRMAA Part B premium payments on your behalf, and deducts your share (after applying the premium subsidy) from your pension benefit. You can enroll in **MEDPAY** if your Medicare number ends with the letter "M." See page 32 for information.

### MEDICARE PART B SUBSIDY

Medicare will bill you for your Part B premium, unless you receive a Social Security benefit or qualify for and enroll in CTPF's **MEDPAY** program. CTPF subsidizes Medicare Part B by adding 60% of the premium cost to your pension benefit.

*Example: if your Medicare Part B Premium cost is \$110 and the approved subsidy percentage is 60%, CTPF adds \$66 your pension benefit. You must make your Part B payment directly to Medicare*

## Subsidy for CTPF Medicare Plans

If you are enrolled in a CTPF Medicare health insurance plan, your share of the monthly plan cost is deducted from your pension benefit.

*Example: if your monthly premium is \$300, and the approved subsidy percentage is 60%, CTPF deducts \$120 from your monthly pension for the premium cost, and pays the remaining \$180 on your behalf.*

## Subsidy for Non-CTPF Plans

Members enrolled in non-CTPF health insurance plans may be eligible for a subsidy, subject to maximum reimbursement amounts published annually.

An application is mailed in the spring to members who are not enrolled in a CTPF health insurance plan. The subsidy is paid out retroactively in an annual payment. Premium payment documentation is required and is explained on 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 20.

## 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 2014 the IRS allows individuals to contribute up to \$3,300 and families up to \$6,550 to a Health Savings Account. Individuals age 55 or older may also make a \$1,000 “catch-up contribution” for 2014 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.

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 – 2014 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
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy* ▼</b>				
\$487.73	\$462.50	\$379.29	\$588.48	\$389.02
<b>CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy* ▼</b>				
\$1,707.06	\$1,618.76	\$1,327.51	\$2,059.69	\$1,361.58
<b>CTPF retiree/survivor + 2 or more dependents monthly premium cost with CTPF premium subsidy* ▼</b>				
\$2,926.39	\$2,775.02	\$2,275.73	\$3,530.90	\$2,334.14
<b>CTPF dependent cost for single coverage^ (dependents do not receive the CTPF premium subsidy) ▼</b>				
\$1,219.33	\$1,156.26	\$948.22	\$1,471.21	\$972.56

\* 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 15 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 42 for additional information about this situation.



# Non-Medicare Eligible Members – Plan Contact Information

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



# Plan Comparison — Non-Medicare Eligible Members

BENEFITS	Blue Cross and Blue Shield PPO	UnitedHealthcare Choice Plus PPO
<b>Plan Features</b>	Traditional PPO. You may use any physician. Plan typically pays 90% PPO and 70% Non-PPO of allowed charges after the plan year deductible has been met.	Traditional PPO. You may use any physician. Plan typically pays 90% PPO and 70% Non-PPO of allowed charges after the plan year deductible has been met. Some services are available for a copayment.
<b>Contact Information</b>	Group number P06675 1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy	Group number 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health
<b>How to Enroll</b>	Complete CTPF Form 350 (available in the center of this book or online). Return with required documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return with required documentation to CTPF.
<b>Service Area</b>	Nationwide Foreign travel emergency benefits available. Other foreign medical coverage may be available, contact BCBS.	Nationwide Foreign travel emergency benefits available.
<b>Physician Selection</b>	Enhanced benefit level when you use a PPO hospital or physician	Enhanced benefit level when you use a PPO hospital or physician
<b>LIFETIME MAXIMUM</b>		
	No lifetime maximum	No lifetime maximum
<b>OUT-OF-POCKET MAXIMUMS</b>		
	Individual: \$1,500 PPO \$4,400 Non-PPO Family: \$2,500 PPO \$8,800 Non-PPO Prescription copays do not apply towards plan deductible	Individual: \$3,800 PPO \$11,000 Non-PPO Family: \$7,600 PPO \$22,000 Non-PPO Prescription copays do not apply towards plan deductible

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account (HSA)</b>
Traditional HMO. You must select 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 with documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return with documentation to CTPF.	Complete CTPF Form 350 (available in the center of this book or online). Return with documentation to CTPF.
Chicago vicinity only Foreign travel emergency benefits available.	Greater Chicagoland area including Northwest Ind. 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 Prescription copays, 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
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>		
	\$400	Individual: \$800 PPO \$3,000 Non-PPO Family: \$1,600 PPO \$6,000 Non-PPO
<b>ADDITIONAL DEDUCTIBLES</b>		
	\$200 Deductible each PPO hospital admission (not to exceed 2 copays per year) \$400 Deductible each non-PPO hospital admission (not to exceed 2 copays per year) \$150 Deductible each emergency room visit, unless admitted	None
<b>HOSPITAL SERVICES</b>		
<b>Inpatient</b>	90% PPO hospital plus \$200 hospital admission deductible 70% Non-PPO hospital plus \$400 hospital admission deductible	100% PPO after \$200 per admission copay 70% Non-PPO after deductible
<b>Skilled Nursing Facility (non-custodial)</b>	90% PPO facility plus \$200 hospital admission deductible 70% Non-PPO facility plus \$400 hospital admission deductible Services must be rendered in a BCBS-approved skilled nursing facility	90% PPO after deductible 70% Non-PPO after deductible Limited to 60 days per year
<b>OUTPATIENT SERVICES</b>		
<b>Surgery</b>	90% PPO provider 70% Non-PPO provider	90% PPO after deductible 70% Non-PPO after deductible
<b>Emergency Room</b>	100% After \$150 emergency room deductible, unless admitted If deemed non-emergency, 80% after \$150 emergency room deductible	\$150 Copay PPO and non-PPO providers
<b>Lab/X-ray</b>	90% PPO provider 70% Non-PPO provider	No copay PPO provider, deductible does not apply 70% Non-PPO provider, after deductible
<b>Chemotherapy, Radiation Therapy</b>	90% PPO provider 70% Non-PPO provider	90% PPO after deductible 70% Non-PPO after deductible

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

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account (HSA)</b>
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
\$20 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. Copay 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
<b>Prosthetic Devices and Medical Equipment</b>	80% up to purchase price	90% PPO after deductible 70% Non-PPO after deductible \$2,500 per year, limited to single purchase of each type of device every 3 years
<b>Dental</b>	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth	90% PPO/Non-PPO after deductible Accident only; \$3,000 max per year; \$900 max per tooth
<b>BEHAVIORAL HEALTH SERVICES</b>		
<b>Inpatient</b>	90% PPO hospital plus \$200 hospital admission deductible 70% Non-PPO hospital plus \$400 hospital admission deductible	100% PPO after \$200 copay 70% Non-PPO after deductible
<b>Outpatient</b>	90% PPO provider 70% Non-PPO provider	\$30 Copay PPO provider, deductible does not apply \$50 Copay PPO specialist provider, deductible does not apply 70% Non-PPO provider after deductible
<b>PRESCRIPTION DRUG BENEFITS*</b>		
<b>Retail 30-Day Supply</b>	\$5 Generic copay \$30 Formulary brand copay \$45 Non-formulary brand copay	\$7 Tier 1 copay \$30 Tier 2 copay \$50 Tier 3 copay
<b>Retail 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	Not offered
<b>Mail Order 90-Day Supply</b>	\$10 Generic copay \$60 Formulary brand copay \$90 Non-formulary brand copay	\$17.50 Tier 1 copay \$75.00 Tier 2 copay \$125.00 Tier 3 copay
	* <i>Specialty medications limited to a 30-day supply</i>	* <i>Specialty medications limited to a 31-day supply</i>

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>	<b>UnitedHealthcare Choice HMO</b>	<b>UnitedHealthcare High Deductible Plan with Health Savings Account (HSA)</b>
No copay	No copay \$2,500 per year, 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, 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/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 Health Insurance Options 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 36.

## 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 30.

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 bimonthly Medicare “Birthday Parties” designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 51 for 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 \$350 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 page 29 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. UnitedHealthcare informs you of these 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 is the prescription drug benefits administrator for the BCBS Supplement to Medicare and AARP Medicare Supplement Plan F (UnitedHealthcare). Enrollment is automatic for these plans. Express Scripts will send all new enrollees welcome kits with a **separate** prescription drug ID card. You will need to present this card at your pharmacy to receive prescription benefits.

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](http://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 the “Important Pharmacy Notes” on pages 40-41).

Copays may change annually based on a drug’s formulary status.

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

## HEALTH INSURANCE CHECKUP



### BCBS HMO Illinois for Medicare

The BCBS HMO Illinois plan **for Medicare-eligible members** will not be offered in 2014. After extensive review and evaluation, the plan was eliminated because of its high premium cost to value ratio. If you are enrolled in this plan, you will be transferred to the BCBS Supplement to Medicare plan effective January 1, 2014. You can continue to use your current physician under this plan. You have the option of selecting a different plan during Open Enrollment. Your dependents will be transferred automatically into the BCBS PPO or BCBS Medicare.



# 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 Social Security 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.

## HEALTH INSURANCE CHECKUP



### Applying for Medicare

Contact your local Social Security Administration (SSA) office or call 1-800-772-1213 to enroll in Medicare Part A and Part B, three months prior to your 65th birthday. You can also apply online at [www.medicare.gov](http://www.medicare.gov). If you are already collecting Social Security retirement benefits, your enrollment in Medicare at age 65 is usually automatic. CTPF offers bimonthly Medicare "Birthday Parties" designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 51.

## The Cost of Medicare

### Medicare Part A Premium

You may qualify for premium-free Part A coverage if you paid Medicare taxes while working. Members hired on or after April 1, 1986, paid Medicare taxes through payroll deductions.

#### PREMIUM FREE MEDICARE PART A

You must earn 40 Medicare “quarters” or “credits” to qualify for premium-free Medicare Part A; or 30+ quarters to qualify for a reduced premium.

You receive Medicare at no cost if you receive a Social Security or RRB benefit.

You can apply for Medicare through a spouse if you have been married at least one year, or through an ex-spouse (living or deceased), if you were married for at least 10 years.

#### PAYING FOR MEDICARE PART A

If you do not qualify for premium-free Part A coverage, you must purchase this coverage. CTPF takes over this responsibility and pays Medicare on your behalf when you enroll in CTPF’s **MEDPAY** program, see page 32.

### Medicare Part B Premium

Almost everyone must pay for Part B coverage. You are responsible for making payments directly to Medicare, and will receive a monthly or quarterly bill unless you:

- receive a Social Security benefit. Medicare deducts the Part B premium cost directly from monthly SSA benefits.
- participate in CTPF’s **MEDPAY** program. CTPF pays Medicare on your behalf, see page 32.

Pay Medicare Part B bills promptly to avoid losing all your health insurance coverage. CTPF recommends enrolling in the Medicare Easy Pay Program to help avoid payment lapses. Easy Pay allows Medicare to deduct your monthly premium payment directly from your checking or savings account. Medicare administers Easy Pay; obtain an application at [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE.

#### PART B ASSISTANCE

Some individuals may qualify for a state-sponsored Part B premium assistance program. If you qualify for Part B assistance, notify CTPF immediately.

### Medicare Part D Premium

All CTPF plans include Medicare Part D prescription drug coverage. The cost of Part D coverage is included in your premium.

#### PART D PENALTIES

If you do not enroll in a Medicare Part D drug plan when you first become eligible for Medicare, you may have to pay a late enrollment penalty, 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 with higher incomes 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 by Medicare. The Social Security Administration uses federal tax returns to determine high income status.

#### PAYING FOR IRMAA

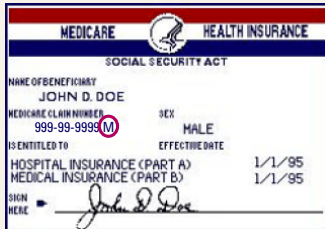
All IRMAA expenses are the total responsibility of the member. CTPF does not subsidize IRMAA. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

**PART B:** CTPF will make Medicare Part B IRMAA payments on your behalf if you are enrolled in CTPF’s **MEDPAY** Program (see page 32).

**PART D:** Government regulations prevent CTPF from making Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense.

## CTPF's **MEDPAY** Program

If you must pay for Medicare Part A, CTPF takes over this responsibility when you enroll in CTPF's **MEDPAY** Program. Through this program, CTPF makes Medicare Part A, Medicare Part B, and IRMAA Part B\* premium payments on your behalf, and deducts your share (after applying the premium subsidy) from your pension benefit.



*CTPF's **MEDPAY** program is available to members whose Medicare number ends with a letter "M."*

### ENROLLING IN CTPF'S **MEDPAY** PROGRAM

Make your first Medicare premium payment to CMS, then immediately send CTPF:

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
3. CTPF Form 301 (available from Member Services or download at [www.ctpf.org](http://www.ctpf.org))

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.*

## 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 28 for information.

### MORE INFORMATION ABOUT TURNING AGE 65

CTPF offers bimonthly Medicare "Birthday Parties" designed to help members turning age 65 evaluate their health insurance options and enroll in Medicare. See page 51 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, you must purchase this coverage through CTPF's **MEDPAY** program.

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

## HEALTH INSURANCE CHECKUP



### Stay Up-to-Date with Address Changes

If you move, notify the Social Security Administration (SSA) of your new address. Even if you don't receive a Social Security benefit, the agency needs to know if your address changes, otherwise you may not receive a Medicare Part B bill. If you fail to pay for Medicare Part B – you can lose ALL your Medicare coverage and you will be disenrolled from CTPF health insurance programs.

## 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.

## HEALTH INSURANCE CHECKUP



### Other Medicare D Plans

All CTPF's Medicare plans include comprehensive prescription drug coverage. If you are currently enrolled or plan to enroll in a CTPF Medicare plan, do **not** enroll in any additional Medicare Part D coverage.

Members may receive solicitations from insurance carriers offering other Medicare D plans. If you are enrolled in a CTPF Medicare plan, and you enroll in an additional Medicare part D plan, you will lose **ALL** Medicare coverage.

# 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 2014, 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.

### **KEEP THIS NOTICE**

If you are enrolled in a CTPF health plan for the 2014 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, 2014 - DECEMBER 31, 2014



**Chicago Teachers' Pension Fund**

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

# Medicare-Eligible Members – 2014 Plan Cost Comparison

The following health insurance plans are available to Medicare-eligible 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) <sup>§</sup>		Blue Cross and Blue Shield (BCBS) Supplement to Medicare with Express Scripts Medicare (PDP)	Humana Group Medicare HMO with Part D Pharmacy
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy* ▼</b>			
Avg. for Age 65-67	\$ 112.71	\$114.14	\$87.25
Age 68-70	128.16		
Age 71+	149.83		
<b>CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy* ▼</b>			
Avg. for Age 65-67	\$ 394.49	\$399.49	\$305.37
Age 68-70	448.57		
Age 71+	524.41		
<b>CTPF dependent cost for single coverage<sup>^</sup> (dependents do not receive the CTPF premium subsidy) ▼</b>			
Avg. for Age 65-67	\$ 281.78	\$285.35	\$218.12
Age 68-70	320.41		
Age 71+	374.58		

*§ 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 2014 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 15 for more information.

<sup>^</sup> This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See page 42 for additional information about this situation.



## Plan Comparison – Medicare-Eligible Members

<b>BENEFITS</b>	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF</b> Medicare supplement plan
<b>Plan Features</b>	Pays 100% after Medicare for Medicare covered services. Premium varies by age and geographic area. Enhanced Medicare Part D prescription coverage.
<b>Contact Information</b>	UnitedHealthcare Group number: 1089 1-800-392-7537 Customer Service Express Scripts Group number: CTPFRX 1-800-864-1416 Customer Service
<b>How to Enroll</b>	Call UHC AARP at 1-800-392-7537 and request an enrollment kit for CTPF Plan #1089. Complete the kit, CTPF Form 350 (available in the center of this book or online), and return all materials to CTPF.
<b>Service Area</b>	Nationwide (residents in Mass., Minn., and Wis., must call UHC AARP for enrollment options) Foreign travel emergency benefits available
<b>Physician Selection</b>	Choose any provider who accepts Medicare
<b>LIFETIME MAXIMUM</b>	
	No lifetime maximum
<b>OUT-OF-POCKET MAXIMUM</b>	
	N/A
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>	
	None
<b>SPECIAL DEDUCTIBLES</b>	
	None
<b>HOSPITAL SERVICES</b>	
<b>Inpatient</b>	100% after Medicare pays (including Medicare Part A deductible)
<b>Skilled Nursing Facility (non-custodial)</b>	100% after Medicare pays up to day 100. No benefit after day 100 (in benefit period)
<b>OUTPATIENT SERVICES</b>	
<b>Surgery</b>	100% after Medicare pays

<b>Blue Cross and Blue Shield (BCBS) Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF</b> Medicare supplement plan	<b>Humana Group Medicare HMO with Part D Pharmacy</b> Medicare Advantage plan
Traditional comprehensive major medical (CMM) plan. Use any physician. Plan typically pays 80% of 20% of allowed charges after Medicare pays. Enhanced Medicare Part D prescription coverage.	Traditional HMO with network, referrals required. Includes Humana Group Medicare prescription coverage.
BCBS Group number: 64376 1-800-331-8032 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.
Nationwide Foreign travel emergency benefits available. Other foreign medical coverage may be available, contact BCBS.	Chicago (Cook, DuPage, Kane, Kendall, & Will counties), Denver, FL (Daytona, Jacksonville, Orlando, S. Fla., Tampa) Kansas City, LA (call for cities), AZ (Phoenix, Tucson), Puerto Rico, Salt Lake City, TX (Dallas, Corpus Christi, San Antonio), Albuquerque, Las Vegas. Foreign travel emergency benefits available.
You may select your own physician	Select a PCP from the listing at <a href="http://www.humana.com">www.humana.com</a>
No lifetime maximum	No lifetime maximum except inpatient mental health, (see behavioral health services)
\$1,500	\$2,500 per individual, per calendar year. Excludes Part D pharmacy, extra services, & the plan premium
\$350	None
None	None
80% of 20% of allowed charges after Medicare pays	\$150 Copay, per day, for first five days of each admission, authorized services only
80% of 20% of allowed charges after Medicare pays	No copay days 1-20, no 3-day hospital stay required; \$25 Copay per day, days 21-100, per benefit period
80% of 20% of allowed charges after Medicare pays	\$100 Copay per visit in hospital \$75 Copay per visit in ambulatory surgical facility

## Plan Comparison – Medicare-Eligible Members

BENEFITS	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF</b> Medicare supplement plan	
<b>Emergency Room</b>	100% after Medicare pays	
<b>Lab/X-Ray</b>	100% after Medicare pays	
<b>Chemotherapy, Radiation Therapy</b>	100% after Medicare pays	
<b>Speech, Physical and Occupational Therapy; Outpatient Rehab.</b>	100% after Medicare pays	
PROFESSIONAL AND OTHER SERVICES		
<b>Physician Office Visits</b>	100% after Medicare pays	
<b>Preventive Care (routine physicals, diagnostics, immunizations)</b>	100% after Medicare pays	
<b>Chiropractic Visits</b>	100% after Medicare pays	
<b>Home Health Services</b>	100% after Medicare pays	
<b>Allergy Shots</b>	100% after Medicare pays	
<b>Vision Screening and Exams</b>	100% after Medicare pays; Medicare covered services only	
<b>Podiatry</b>	100% after Medicare pays	
<b>Renal Dialysis</b>	100% after Medicare pays	
<b>Transplants</b>	100% after Medicare pays	
<b>Hearing</b>	100% after Medicare pays; Medicare covered services only	
<b>Ambulance</b>	100% after Medicare pays	
<b>Prosthetic Devices and Medical Equipment</b>	100% after Medicare pays	
<b>Dental</b>	100% after Medicare pays; Medicare covered services only	

<b>Blue Cross and Blue Shield (BCBS) Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan</b>	<b>Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan</b>
100% of 20% of allowed charges after Medicare pays	\$25 Copay immediate care center \$50 Copay emergency room; Waived if admitted within 24 hours; applies for care outside US
80% of 20% of allowed charges after Medicare pays	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital
80% of 20% of allowed charges after Medicare pays	\$50 Copay outpatient hospital
80% of 20% of allowed charges after Medicare pays	\$10 Copay PCP \$25 Copay specialist \$50 Copay outpatient hospital
80% of 20% of allowed charges after Medicare pays	\$10 Copay PCP \$25 Copay specialist
100% of allowed charges after Medicare pays	No copay PCP \$25 Copay specialist
80% of 20% of allowed charges after Medicare pays	\$20 Copay; Medicare guidelines apply
80% of 20% of allowed charges after Medicare pays	No copay
80% of 20% of allowed charges after Medicare pays	\$10 Copay PCP \$25 Copay specialist
Not covered. Discount vision program offered through Davis Vision at 877-393-8844.	\$25 Copay Medicare covered services only
80% of 20% of allowed charges after Medicare pays	\$25 Copay specialist Medicare covered services only
80% of 20% of allowed charges after Medicare pays	No copay in dialysis center; 20% at hospital
80% of 20% of allowed charges after Medicare pays	As any other disease at Medicare-approved Humana National Transplant Network only
Not covered	\$25 Copay; Medicare covered services only
80% of 20% of allowed charges after Medicare pays	\$50 Copay per date of service
80% of 20% of allowed charges after Medicare pays	10% in all places of treatment
No coverage	\$25 Copay; Medicare covered services only

## Plan Comparison – Medicare-Eligible Members

<b>BENEFITS</b>	<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare (PDP) for CTPF</b> Medicare supplement plan
<b>BEHAVIORAL HEALTH SERVICES</b>	
<b>Inpatient</b>	100% after Medicare pays
<b>Outpatient</b>	100% after Medicare pays
<b>PRESCRIPTION DRUG BENEFITS</b>	
<b>Retail Pharmacy</b> (up to 30 or 31 day supply)	Up to 31 day supply \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay
<b>Retail 90-Day Supply</b>	\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay
<b>Mail Order 90-Day Supply</b>	\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay
<b>Important Pharmacy Notes</b>	<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 \$4,550 your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$2.55 for generics/multi source drugs, \$6.30 for brand name drugs, but never more than the normal copay for the drug based on days supply.</p>

<b>Blue Cross and Blue Shield (BCBS) Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF Medicare supplement plan</b>	<b>Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan</b>
80% of 20% of allowed charges after Medicare pays	\$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
80% of 20% of allowed charges after Medicare pays	\$10 Copay PCP \$25 Copay specialist \$40 Copay outpatient facility
Up to 31 day supply \$5 Generic copay \$30 Preferred brand copay \$45 Non-preferred brand copay	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.
\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay	\$15 Preferred generic copay \$90 Non-preferred generic or preferred brand copay \$135 Non-preferred brand copay
\$10 Generic copay \$60 Preferred brand copay \$90 Non-preferred brand copay	\$0 Preferred generic copay \$60 Non-preferred generic or preferred brand copay \$90 Non-preferred brand copay
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 \$4,550, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$2.55 for generics/multi source drugs, \$6.30 for brand name drugs, but never more than the normal copay for the drug based on days supply.	NOTE: Once your true out-of-pocket cost reaches \$4,550, the greater of \$2.55 for generic/multi-source drugs (\$6.30 for all others) or 5% coinsurance applies.  * <i>Specialty medications limited to a 30-day supply</i>



# 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 18 and 35 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	N/A
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 18 (non-Medicare) and 35 (Medicare).

**John's monthly member premium cost**  
 Non-Medicare BCBS PPO (after 60% subsidy) **\$487.73**

**Spouse's monthly non-member premium cost**  
 BCBS Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF **285.35**

**Total monthly cost for John and Spouse** **\$773.08**

#### 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 **\$399.49**

*\*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 30 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
<b>Retiree</b>	
Suspension of annuity benefits for any reason, including termination of disability benefits, except for gross misconduct	18 months
Loss of eligibility	18 months
Disability determination by the Social Security Administration (SSA) of a disability that existed at the time of the qualifying event	29 months
<b>Dependent</b>	
Suspension of retiree's annuity benefits as stated above	18 months
Failure to satisfy the plan's eligibility requirements for dependent status	36 months
Retiree's death, divorce, or legal separation: spouse or ex-spouse	36 months
Retiree becomes Medicare entitled (for Part A, Part B, or both) and elects to terminate group health benefit	36 months

## Notification of CTPF COBRA Eligibility

As the retiree, you are responsible for notifying CTPF of your or your dependent(s) loss of eligibility of coverage within 60 days of the date of the qualified event, or the date on which coverage would end, whichever is earlier. Failure to notify CTPF at the following address within 60 days will result in termination of CTPF COBRA continuation rights:

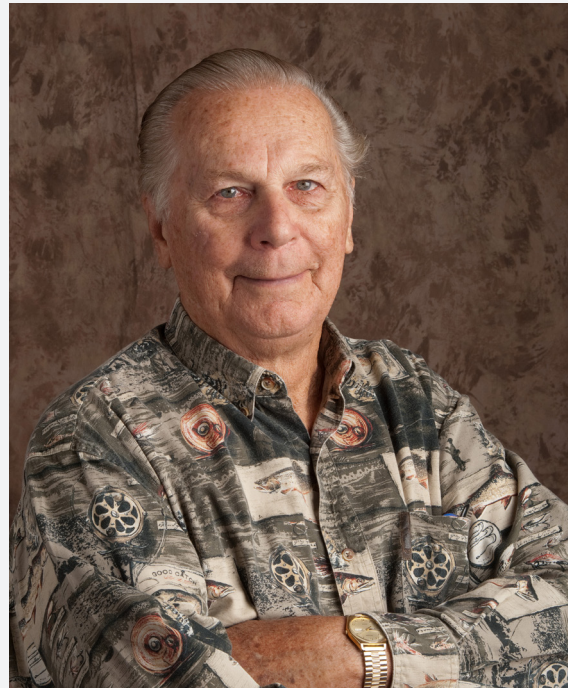
Health Benefits Department  
Chicago Teachers' Pension Fund  
203 North LaSalle Street, suite 2600  
Chicago, IL 60601-1231

CTPF sends a letter with CTPF COBRA continuation rights within 14 days of receiving notification of the health insurance termination with a qualified event. The letter includes an enrollment form, premium payment information, and important deadline information.

If you and/or your dependent(s) do not receive a CTPF COBRA continuation letter within 30 days, and you notified CTPF within the required 60-day period, contact CTPF immediately.

## CTPF COBRA Enrollment

You and/or your dependents have 60 days from the date of the COBRA eligibility letter to elect enrollment in COBRA and 45 days from the date of election to pay required premiums. Failure to complete and return the enrollment form, or to submit payment by the due dates, will terminate COBRA rights. If the enrollment form and all required payments are received by the due dates, coverage will be reinstated retroactive to the date of the qualifying event.



## Continuation Period When Second Qualifying Event Occurs

If, while on an 18-month COBRA continuation period a second qualifying event occurs, you and your dependents may extend coverage an additional 18 months, for a maximum of 36 months. However, this 18-month extension does not apply in the case of a new dependent added to existing COBRA coverage.

## Disability Extension of 18-Month Period of Continuation Coverage

If, while covered under COBRA, you are determined to be disabled by the Social Security Administration (SSA), you may be eligible to extend coverage from 18 months to 29 months. Enrolled dependents are also eligible for the extension. To extend benefits, you must have become disabled during the first 60 days of COBRA continuation coverage. You must submit a copy of the SSA determination letter to CTPF within 60 days of the date of the letter and before the end of the original 18-month COBRA coverage period.

## Premium Payment under CTPF COBRA

You have 60 days from the date of the COBRA eligibility letter to elect CTPF COBRA and 45 days from the date of election to pay all premiums. Premium is 102% of the group rate for each COBRA-enrolled individual and is not subsidized by CTPF. Failure to pay premium by the due date will result in termination of coverage retroactive to the last date of the month in which premiums were paid.

### Disability Extension Premium Payment

Disabled individuals and their enrolled dependents pay an increased premium, up to 150 percent of the cost of coverage, for all months covered beyond the initial 18 months.

## Adding New Dependents to CTPF COBRA Coverage

Qualified dependents may be added to existing COBRA coverage. Contact CTPF for more information and documentation requirements.

## Termination of Coverage under CTPF COBRA

Termination of COBRA coverage occurs when the earliest of the following occurs:

- maximum continuation period ends
- COBRA enrollee fails to make timely payment of premium
- COBRA enrollee becomes entitled to Medicare
- the plan terminates

## Conversion Privilege

When COBRA coverage terminates, enrollees may have the right to convert to an individual health plan without providing evidence of insurability. Contact your health plan administrator to see if you qualify for this option.





# Ending Insurance Coverage

## Voluntarily Ending Coverage

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

### Disenrollment Procedure

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



## Involuntarily Ending Coverage

### Retirees

A retiree's health insurance coverage ends:

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

### Dependents\*

A dependent's health insurance coverage ends

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

*\* Please note that CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. See page 11 for information.*

## 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.

## MEDPAY

CTPF's program that pays Medicare Parts A, B, & IRMAA Part B for enrolled members whose Medicare number ends in "M."

## 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 Medicare, an insurance company, or health care plan to maintain 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
<b>Blue Cross and Blue Shield PPO</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	PO6675	1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy
<b>Blue Cross Blue Shield HMO Illinois</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy
<b>UnitedHealthcare (UHC) Choice Plus PPO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-633-2446 Customer Service 1-866-633-2446 Mental Health
<b>UnitedHealthcare Choice HMO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-800-357-0974 Customer Service 1-800-711-7486 Mental Health
<b>UnitedHealthcare High Deductible Plan w/HSA</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-314-0335 Customer Service 1-866-314-0335 Mental Health



## MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>Blue Cross Blue Shield Supplement to Medicare with Express Scripts Medicare (PDP) for CTPF</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>  <a href="http://www.Express-Scripts.com/medd/ctpf">www.Express-Scripts.com/medd/ctpf</a>	<b>BCBS</b> 64376  <b>Express Scripts</b> CTPFRX	1-800-331-8032 Customer Service  1-800-864-1416 1-800-716-3231 TTY/TDD
<b>AARP Medicare Supplement Plan F (UHC) with Express Scripts Medicare (PDP) for CTPF</b> <a href="http://www.aarphealthcare.com">www.aarphealthcare.com</a>  <a href="http://www.Express-Scripts.com/medd/ctpf">www.Express-Scripts.com/medd/ctpf</a>	<b>UHC AARP</b> 1089  <b>Express Scripts</b> CTPFRX	1-800-392-7537 Customer Service  1-800-864-1416 1-800-716-3231 TTY/TDD
<b>Humana Group Medicare HMO with Part D Pharmacy</b> <a href="http://www.humana.com">www.humana.com</a>	<b>Humana</b> 076234	1-866-396-8810 Customer Service

## DENTAL INSURANCE PLAN PROVIDERS

<b>Chicago Teachers Union • <a href="http://www.ctunet.com">www.ctunet.com</a></b>	1-312-329-9100
<b>Retired Teachers Association of Chicago • <a href="http://www.rtac.org">www.rtac.org</a></b>	1-312-750-1522

## OTHER IMPORTANT NUMBERS

<b>Chicago Teachers' Pension Fund Member Services</b> <a href="http://www.ctpf.org">www.ctpf.org</a>	1-312-641-4464 phone  1-312-641-7185 fax
<b>Center for Medicare and Medicaid Services (CMS)</b> <a href="http://www.medicare.gov">www.medicare.gov</a>	1-800-MEDICARE (1-800-633-4227)
<b>Illinois Senior Health Insurance Program (SHIP)</b> <a href="http://www.state.il.us/AGING/SHIP">www.state.il.us/AGING/SHIP</a>	1-800-548-9034
<b>Social Security Administration</b> <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	1-800-772-1213

# Health Information Privacy Policy

CTPF may use protected health information known as (PHI) as provided in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PHI is health information that can be associated with a member using personal identifiers such as name or Social Security number.

In the course of providing health insurance benefits to our members and administering CTPF's health insurance plans, CTPF may receive and create PHI. Disclosure of PHI is generally limited to activities associated with administration of health care benefits including plan enrollment, premium payments, and facilitation of plan coverage.

CTPF makes every effort to disclose only minimum PHI when necessary, in compliance with federal and state law and CTPF's privacy policy.

A copy of CTPF's Privacy Notice is available upon request by contacting the Health Insurance Department.

## Authorized Representative

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

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

## Office/Mailing Address

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

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







Turning 65 means it's time to enroll in Medicare and choose a new CTPF health insurance plan. CTPF offers bimonthly Medicare "Birthday Parties" designed to help members evaluate their health insurance options and enroll in Medicare. If you're turning 65 this year, watch your mail for a personalized invitation.

Party attendees will receive important health insurance information and will have the opportunity to:

- ★ Enroll in Medicare on-site, if you have not already done so (see page 30 for more information on enrolling in Medicare).
- ★ Learn about CTPF Medicare plan options
- ★ Speak directly with representatives from CTPF health insurance companies
- ★ Receive assistance completing health insurance enrollment forms

**When:**

Medicare birthday parties are held bimonthly. 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

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**IMPORTANT HEALTH INSURANCE INFORMATION INSIDE**  
**The Open Enrollment Period for CTPF health insurance programs**  
**runs October 1 — October 31, 2013**

Changes made during the Open Enrollment Period become effective January 1, 2014.



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