

**OPEN  
ENROLLMENT  
PERIOD**

**OCTOBER 1, 2016  
THROUGH  
OCTOBER 31, 2016**



**Chicago Teachers' Pension Fund**

# HEALTH INSURANCE HANDBOOK

**2017**



**PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE.**

# 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/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.

## CTPF Health Insurance Plan

## 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)
- you have been awarded benefits under Medicaid (it is important that you contact CTPF once you are informed that you have been approved to receive any type of Medicaid benefits; a copy of your Medicaid award letter should also be sent to CTPF)
- your health plan or prescription ID card does not reflect your current enrollment
- your pension deduction does not match your coverage or required premium

**BRING** this handbook with you if you are attending an Open Enrollment Seminar and **PLEASE KEEP** this handbook for future reference.

Additional copies are available at [www.ctpf.org](http://www.ctpf.org).



# Open Enrollment Assistance

**REGISTER TODAY!**

## 2017 Health Insurance: Seminars & Webinars

The Open Enrollment Period for 2017 health insurance runs October 1-31, 2016. During this period, retirees can enroll for the first time, add a dependent, or change a health insurance plan or carrier.

CTPF's Open Enrollment seminars and webinars offer an overview of 2017 health plan choices and changes. Seminars and webinars include the same content, and are designed to provide the information you need to make an informed decision about your 2017 health care.

The Open Enrollment Period for CTPF's 2017 health insurance programs runs  
October 1 – October 31, 2016.

*Changes made during Open Enrollment take effect January 1, 2017.*

## Open Enrollment Seminars

CTPF will offer two seminars for Medicare-eligible members and two seminars for non-Medicare eligible members. If you will become eligible for Medicare in 2017, or if only one family member is Medicare eligible, consider attending both sessions.

Seminar registration opens **Wednesday, September 28, 2016**, you can register online at: [tinyurl.com/ctpf2016](http://tinyurl.com/ctpf2016) or by calling CTPF Member Services at 312-641-4464.

### Tuesday, October 11th

#### Harold Washington Library \*

Cindy Pritzker Auditorium, Lower Level  
400 South State Street | Chicago, Illinois

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

\* Parking discounts offered at Interpark South Loop Garage, 318 S. Federal Street, Chicago 60604

^ 9 a.m. session enter through the Plymouth Court entrance

### Thursday, October 13th

#### Hilton Oak Lawn - Ballroom \*

9333 South Cicero Ave. | Oak Lawn, Illinois

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

\* Free parking available

**OR**

## Open Enrollment Webinars

CTPF will offer Webinars that include the same information as the seminars. Members who prefer not to travel can watch a webinar from their home computer. **Webinar registration opens Wednesday, September 28, 2016**, you can register online at the link below or by calling CTPF Member Services at 312-641-4464.

### Medicare Eligible Members Webinar

Tuesday, October 4, 2016 | 1:00 p.m.  
Register at: [tinyurl.com/ctpfweb2](http://tinyurl.com/ctpfweb2)

### Non-Medicare Eligible Members Webinar

Thursday, October 6, 2016 | 10:00 a.m.  
Register at: [tinyurl.com/ctpfweb1](http://tinyurl.com/ctpfweb1)

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*\*New information added on pages  
19, 27, 29, 30, 33, 35, 39, 40, 41 & 45*

# 2017 Plan Changes & Updates

Effective January 1, 2017, through December 31, 2017

## Important Information for All Members

**2017 Health Insurance Premium Remains at 50%** CTPF trustees voted to subsidize the 2017 CTPF health insurance premiums at 50% (*certain limitations may apply*), effective January 1, 2017. The subsidy is set annually and is subject to change. **See page 13 for more information.**

**CTPF Plan Rates for 2017**  
Overall rates for CTPF plans increased an average of 3.3% for 2017. **Refer to the premium charts on page 19 (Non-Medicare) and page 35 (Medicare) for specific plan costs.**

**Prescription Drug PLAN Changes**  
Each health insurance plan utilizes a formulary (a list of preferred prescription drugs). Formularies may change annually, so make sure you review your plan's 2017 formulary to determine if your prescription expenses will change.

### BCBS Non-Medicare PPO Pharmacy Network Change

Effective January 1, 2017, CVS-owned pharmacies, including CVS pharmacies in Target® stores, **will no longer be a part of the Blue Cross and Blue Shield of Illinois pharmacy network.** After January 1, 2017, enrollees will pay the full price for medications at a CVS pharmacy® and must submit a reimbursement form to CVS to receive the out-of-network benefit. There are more than 55,000 in-network pharmacies nationwide. To find an in-network pharmacy near you, log in to [www.myprime.com](http://www.myprime.com), click on "Pharmacies" and enter your city or zip code. Or, call the Pharmacy Program number on the back of your member ID card. **Members and dependents enrolled in this plan as of January 1, 2017 will receive a letter from Prime Therapeutics.**

### 2017 MEDICARE PLANS

Effective January 1, 2017

**All health plans for Medicare eligible members offered in 2016 will be offered in 2017.** Members currently enrolled in these plans do not need to take any action to stay enrolled:

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

### 2017 NON-MEDICARE PLANS

Effective January 1, 2017

**All health plans for Non-Medicare eligible members offered in 2016 will be offered in 2017.** Members currently enrolled in the plans listed below do not need to take any action to stay enrolled:

- Blue Cross and Blue Shield PPO
- Blue Cross and Blue Shield HMO Illinois
- UnitedHealthcare Choice Plus PPO

### MEDICARE ADVANTAGE ENHANCEMENTS

Effective January 1, 2017

#### Medicare Advantage plan benefit enhancements for 2017

Details on all of these enhancements will be mailed by BCBS to current and new participants in this health plan. Here are some highlights:

- Over-the counter (OTC) Drug Debit card - A \$20/month purchase allowance to buy eligible OTC medicines and other health-related items via a pre-paid debit card at participating retailers
- Annual routine hearing exam
- Hearing aid allowance (\$1,000)
- Wellness Incentives (Up to \$100/year)
- Vision discount program and benefits (eye exam-\$0 copay, eyeglasses/contact lenses-\$0 copay/2 years, frame allowance-\$300/2 years)

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

# Enrollment

## 2017 Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 – October 31, 2016. 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, 2017.**

## Chicago Public/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 or within 30 days of COBRA coverage ending. *(See page 18)*

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

### Non-Medicare plans

Use CTPF Form 350 *(included in the center of this handbook or download at [www.ctpf.org](http://www.ctpf.org))*, to enroll in all non-Medicare plans.

### Medicare plans

All Medicare plans require two forms. Complete CTPF Form 350 *(included in the center of this handbook or download at [www.ctpf.org](http://www.ctpf.org))*, and see the instructions in "How to Enroll" on pages 36-37.

### **RETURN ALL FORMS TO CTPF**

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 *page 44*.



## HEALTH INSURANCE CHECKUP

### What's in a (legal) name?

It's important to **keep your legal name up-to-date** with both the Social Security Administration (SSA) and CTPF. Your legal name is the name on your birth certificate unless your name changed due to marriage, divorce, or by legal decree. Even if you do not receive SSA benefits, the SSA supplies Medicare with the name on your Medicare ID card. Make sure you use your legal name when you complete CTPF health insurance forms. Enrollment problems can occur if the name on your Medicare card does not match the name on file with CTPF.

## 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 award 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 on the last day of the month prior to your Medicare eligibility month. See page 28 for information.

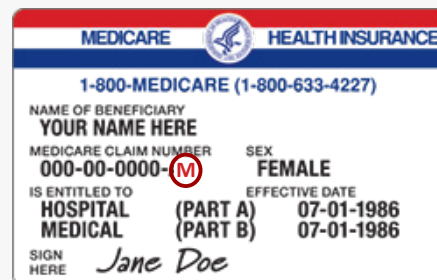
### Medicare Birthday Parties

CTPF offers bimonthly enrollment events to help members evaluate their health insurance options and enroll in Medicare. These Medicare “Birthday Parties” are held in the CTPF offices, and eligible members and their dependents are sent invitations in the months prior to their 65th birthday. More details can be found on page 47.



## Medicare Proof of Enrollment

If you are enrolling in a CTPF Medicare plan, make sure you send a copy of your Medicare card to CTPF, **before the month of your 65th Birthday**.



If your Medicare number ends with an “M” CTPF requires that you enroll in the CTPF **MEDPAY** program. You’ll need to send additional documentation to CTPF along with a copy of your card. Send:

- A copy of your first Notice of Medicare Premium Payment Due, issued by CMS
- A copy of your check for your first payment
- Completed copy of CTPF FORM 301 (available from Member Services or download at [www.ctpf.org](http://www.ctpf.org))

Find more information about the CTPF MEDPAY program on page 32.

## 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 approved a 50% subsidy, effective January 1, 2017. The subsidy is subject to change at the discretion of the Board.

*See page 13 for more information about the health insurance premium subsidy program.*

### Medicare Part A Subsidy

Members who retire with a pension benefit effective date of July 1, 2016, or later, who must pay for Medicare Part A coverage, will not receive a CTPF premium subsidy for this cost. This does not impact CTPF subsidies for Medicare Part B, Part D, supplemental health plans, or retirees with pension benefit effective dates prior to July 1, 2016. See *page 13* for more 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 each of your health insurance carriers.

## 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 45 for contact information.*



# Who Can Enroll In A CTPF Plan?

## Retirees & Dependents

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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 Special Enrollment on page 11.*)

## Survivors

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

## Dependents Defined\*

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### 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 10.

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



CTPF Health  
Insurance Plan

# 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 9 for dependent eligibility requirements.

# When Can I Join?



An eligible 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 COBRA coverage ends December 31, 2016, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 – 31, 2016. Coverage becomes effective January 1, 2017.

## Special Enrollment Period

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

## 2017 Open Enrollment

The annual Open Enrollment Period is the time when you or a dependent can enroll in a CTPF plan or change plans. Open Enrollment runs October 1- 31, 2016. Changes made during Open Enrollment become effective January 1, 2017.

**Get started by following these steps:**

1. Make sure you understand any plan changes.  
(See page 5.)
2. **If you are currently enrolled in a CTPF plan and you want to continue coverage, you do not need to take any action. Your coverage will continue.**
3. If you or a dependent want to enroll or change plans, you must complete the appropriate enrollment forms. An enrollment form for most plans is included in 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.**

# How Do I End Insurance Coverage?

## Voluntarily Ending Coverage

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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

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### 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:** CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. See *page 9* for information.

### Refund of Premium

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



Ending  
Coverage

# Subsidy Program

## Health Insurance Premium

CTPF retirees whose final teaching service was with the Chicago Public/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 sets a premium subsidy amount. The subsidy for plan year 2017 is 50% 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 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 50%, CTPF deducts \$500 from your monthly pension for the premium cost, and pays the remaining \$500 on your behalf.

## Subsidy for Medicare

CTPF provides a premium subsidy for Medicare Part B and Part D coverage. Members with a pension benefit effective date prior to July 1, 2016, also receive a subsidy for Medicare Part A (*for members who must pay a premium*).

### Costs Not Subsidized

CTPF does not subsidize Medicare penalties or adjustments. If you are disenrolled from Medicare for any reason, CTPF may bill you to recover any overpaid premium subsidy. See *page 30* for more information.

### Paying for Medicare Part A

Retirees enrolled in a CTPF Medicare health insurance plan who must also pay a premium for Medicare Part A must enroll in CTPF's **MEDPAY** Program. Under this program, CTPF makes Medicare Part A, Part B, and IRMAA Part B premium payments on your behalf, and deducts your share (after the applicable 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.

## Subsidy for Chicago Public/Charter School COBRA

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



All teachers hired by the Chicago Public/Charter schools on or after April 1, 1986, contribute to Medicare and receive premium-free Medicare Part A benefits after 40 quarters of participation. Members employed prior to April 1, 1986, had the option of making Medicare contributions starting in 2006. Individuals who chose this option will meet contribution requirements (40 quarters) in 2016.

**CTPF will not subsidize Part A premiums for members with benefit effective dates of July 1, 2016, or later, who chose not to contribute to Medicare Part A during employment.**

## Paying for Medicare Part B

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. If you make Part B payments directly to Medicare, CTPF provides a subsidy by adding 50% of the premium cost to your pension benefit.

**Example:** If your Medicare Part B Premium cost is \$110 and the approved subsidy percentage is 50%, CTPF adds \$55 to 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 50%, CTPF deducts \$150 from your monthly pension for the premium cost, and pays the remaining \$150 on your behalf.

## Subsidy for Non-CTPF Plans

Members enrolled in non-CTPF health insurance plans and/or Medicare may be eligible for a subsidy, subject to maximum reimbursement amounts published annually. The maximum reimbursement amount will be based on CTPF's least expensive Medicare or non-Medicare plan option.

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.



## HEALTH INSURANCE CHECKUP

What does [tinyurl.com/ctpf2016](http://tinyurl.com/ctpf2016) mean?

The easiest way to register for **CTPF Seminars and Webinars** is to use our online registration forms. Type the full registration link into your internet browser, and a registration form will appear. Complete the form and CTPF will send a confirmation e-mail.



# 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

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## Notification of CTPF COBRA Eligibility

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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.

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## CTPF COBRA Enrollment

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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.

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## Continuation Period When Second Qualifying Event Occurs

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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.

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## Premium Payment Under CTPF COBRA

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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.

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

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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.

### 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.



## 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 are Medicare-eligible and fail to pay your Medicare Part B premium - you can lose ALL your Medicare coverage and you will be disenrolled from your CTPF health insurance plan.

# Non-Medicare

## Health Insurance Options for Non-Medicare Eligible Members

### Overview

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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 *pages 20-27*.

### Chicago Public/Charter School Continuation Coverage

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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.**

### Health Maintenance Organization (HMO)

---

CTPF offers the Blue Cross Blue Shield HMO Illinois plan. This plan include both medical and prescription drug coverage.

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

The HMO requires 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). You must seek a referral for specialty care and use network providers except in an emergency. A directory of providers is available online or directly from the HMO.

The HMO service area is limited, 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.

### 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.



# \*2017 Plan Cost Comparison

The following health insurance plans are available to non-Medicare eligible participants. If you have Medicare Part A and Part B due to end stage renal disease, these plans are available to you within the 30-month coordination period.

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 the final adjudication of insurance claims, which are solely the responsibility of the health plan. (See page 5 for CTPF Plan rate information.)

	Blue Cross & Blue Shield PPO	UnitedHealthcare Choice Plus PPO	Blue Cross & Blue Shield HMO Illinois
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy*</b>			
	\$783.39	\$701.09	\$500.71
<b>CTPF retiree/survivor + 1 dependent monthly premium cost with CTPF premium subsidy*</b>			
	\$2,350.17	\$2,103.26	\$1,502.12
<b>CTPF retiree/survivor + 2 or more dependents monthly premium cost with CTPF premium subsidy*</b>			
	\$3,916.95	\$3,505.43	\$2,503.53
<b>CTPF dependent cost for single coverage<sup>^</sup> (dependents do not receive the CTPF premium subsidy)</b>			
	\$1,566.78	\$1,402.17	\$1,001.41

\* The retiree/survivor cost is the amount paid for monthly coverage after CTPF applies the health insurance premium subsidy. The current subsidy is 50% of total premium cost. See page 13 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: Non-Medicare Eligible Members



## Blue Cross and Blue Shield PPO

### NETWORK NAME

Participating Provider Organization (PPO)

### PLAN FEATURES

Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 50% Non-PPO of allowed charges after the plan year deductible has been met.

### CONTACT INFORMATION

**Group number:** P06675  
 1-800-331-8032 Customer Service  
 1-800-851-7498 Mental Health  
 1-800-423-1973 Pharmacy  
 1-800-299-0274 Nurse Line  
[www.bcbsil.com](http://www.bcbsil.com)

### HOW TO ENROLL

Complete CTPF Form 350 (*available in the center of this book or online*). Return with required documentation to CTPF.

### SERVICE AREA

Nationwide

### FOREIGN TRAVEL

Foreign travel emergency benefits available. Other foreign medical coverage may be available, contact BCBS at 1-800-810-2583 for more information.

### PHYSICIAN SELECTION

Enhanced benefit level when you use a PPO hospital or physician.

### LIFETIME MAXIMUM

No lifetime maximum

### OUT-OF-POCKET MAXIMUMS

Individual:   \$2,400 PPO  
                   \$4,800 Non-PPO  
 Family:       \$4,000 PPO  
                   \$9,600 Non-PPO

Prescription copays do not apply towards plan deductible.

<b>UnitedHealthcare Choice Plus PPO</b>	
<b>NETWORK NAME</b>	
United Healthcare Choice Plus	
<b>PLAN FEATURES</b>	
Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 60% Non-PPO of allowed charges after the plan year deductible has been met. Some services are available for a copayment.	
<b>CONTACT INFORMATION</b>	
<b>Group number:</b> 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health 1-888-887-4114 Nurse Line <a href="http://www.myuhc.com">www.myuhc.com</a>	
<b>HOW TO ENROLL</b>	
Complete CTPF Form 350 ( <i>available in the center of this book or online</i> ). Return with required documentation to CTPF.	
<b>SERVICE AREA</b>	
Nationwide	
<b>FOREIGN TRAVEL</b>	
Foreign travel emergency benefits available.	
<b>PHYSICIAN SELECTION</b>	
Enhanced benefit level when you use a PPO hospital or physician.	
<b>LIFETIME MAXIMUM</b>	
No lifetime maximum	
<b>OUT-OF-POCKET MAXIMUMS</b>	
Individual:   \$4,500 PPO \$11,000 Non-PPO Family:       \$9,000 PPO \$22,000 Non-PPO Prescription copays apply towards out-of-pocket maximums.	

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>	
<b>NETWORK NAME</b>	
HMO Illinois (HMO)	
<b>PLAN FEATURES</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.	
<b>CONTACT INFORMATION</b>	
<b>Group number:</b> H64047 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy 1-800-299-0274 Nurse Line <a href="http://www.bcbsil.com">www.bcbsil.com</a>	
<b>HOW TO ENROLL</b>	
Complete CTPF Form 350 ( <i>available in the center of this book or online</i> ). Return with required documentation to CTPF.	
<b>SERVICE AREA</b>	
Chicago vicinity only	
<b>FOREIGN TRAVEL</b>	
Foreign travel emergency benefits available.	
<b>PHYSICIAN SELECTION</b>	
PCP directed, referrals required. Must use network provider.	
<b>LIFETIME MAXIMUM</b>	
No lifetime maximum	
<b>OUT-OF-POCKET MAXIMUMS</b>	
Individual:   \$1,500 Family:       \$3,000 Prescription copays, vision, durable medical equipment, and prosthetics do not apply to out-of-pocket maximums.	

# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross and Blue Shield PPO

### ANNUAL PLAN YEAR DEDUCTIBLE

\$500 PPO  
\$1,000 Non-PPO

### ADDITIONAL DEDUCTIBLES

\$200 Deductible each PPO hospital admission (*not to exceed 2 copays per year*)  
\$400 Deductible each non-PPO hospital admission (*not to exceed 2 copays per year*)  
\$150 Deductible each emergency room visit, unless admitted

### HOSPITAL SERVICES

#### Inpatient

80% PPO hospital plus \$200 hospital admission deductible  
50% Non-PPO hospital plus \$400 hospital admission deductible

#### Skilled Nursing Facility (*non-custodial*)

80% PPO facility plus \$200 hospital admission deductible  
50% Non-PPO facility plus \$400 hospital admission deductible

Services must be rendered in a BCBS-approved skilled nursing facility.

### OUTPATIENT SERVICES

#### Chemotherapy, Radiation Therapy

80% PPO provider  
50% Non-PPO provider

#### Emergency Room

100% After \$150 emergency room deductible, unless admitted

#### Lab/X-ray

80% PPO provider  
50% Non-PPO provider

#### Speech, Physical and Occupational Therapy

80% PPO provider  
50% Non-PPO provider

#### Surgery

80% PPO provider  
50% Non-PPO provider

#### Urgent Care

80% PPO provider  
50% Non-PPO provider

<b>UnitedHealthcare Choice Plus PPO</b>	
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>	
Individual:	\$1,000 PPO \$3,000 Non-PPO
Family:	\$2,000 PPO \$6,000 Non-PPO
Deductible does not apply to all services.	
<b>ADDITIONAL DEDUCTIBLES</b>	
None	
<b>HOSPITAL SERVICES</b>	
<b>Inpatient</b>	
100%	PPO after \$200 per admission copay
60%	Non-PPO after deductible, prior authorization required
<b>Skilled Nursing Facility (non-custodial)</b>	
80%	PPO after deductible
60%	Non-PPO after deductible
Limited to 60 days per year	
<b>OUTPATIENT SERVICES</b>	
<b>Chemotherapy, Radiation Therapy</b>	
80%	PPO after deductible
60%	Non-PPO after deductible
<b>Emergency Room</b>	
\$150	Copay PPO and non-PPO providers
<b>Lab/X-ray</b>	
No copay PPO provider, deductible does not apply	
60%	Non-PPO provider, after deductible
<b>Speech, Physical and Occupational Therapy</b>	
\$30	Copay PPO provider, deductible does not apply
60%	Non-PPO provider, after deductible
Limited to 20 visits per year per therapy.	
<b>Surgery</b>	
80%	PPO after deductible
60%	Non-PPO after deductible
<b>Urgent Care</b>	
\$75	Copay PPO, deductible does not apply
60%	Non-PPO, after deductible

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>	
<b>ANNUAL PLAN YEAR DEDUCTIBLE</b>	
None	
<b>ADDITIONAL DEDUCTIBLES</b>	
None	
<b>HOSPITAL SERVICES</b>	
<b>Inpatient</b>	
\$200	Copay per admission, (not to exceed 2 copays per year)
<b>Skilled Nursing Facility (non-custodial)</b>	
No copay	
<b>OUTPATIENT SERVICES</b>	
<b>Chemotherapy, Radiation Therapy</b>	
\$30	Copay
<b>Emergency Room</b>	
\$125	Copay: PCP notification recommended except in life threatening situation
<b>Lab/X-ray</b>	
\$30	Copay
<b>Speech, Physical and Occupational Therapy</b>	
No copay	
Limited to 60 visits per year per therapy	
<b>Surgery</b>	
\$175	Copay
<b>Urgent Care</b>	
\$30	Copay

# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross and Blue Shield PPO

### PROFESSIONAL AND OTHER SERVICES

#### Allergy Shots

80% PPO provider  
50% Non-PPO provider

#### Ambulance

80%

#### Chiropractic Visits

80% PPO provider  
50% Non-PPO provider  
Limited to 40 visits per year.

#### Dental

Accidental care only: coverage provided for repair of accidental injury to sound natural teeth

#### Eyeglasses and Contacts

Not covered  
Contact BCBS customer service at 800-331-8032 for details on the vision discount program.

#### Maternity

80% PPO provider  
50% Non-PPO provider

#### Physician Office Visits

80% PPO provider  
50% Non-PPO provider

#### Preventive Care Services (*physicals, diagnostic tests, immunizations*)

100% of allowed charges PPO and  
50% non-PPO providers  
Includes routine physical examinations, diagnostic tests, and immunizations

#### Prosthetic Devices and Medical Equipment

80% up to purchase price

#### Vision Screening and Exams

Not covered  
Contact BCBS customer service at 800-331-8032 for details on the vision discount program.



<b>UnitedHealthcare Choice Plus PPO</b>
<b>PROFESSIONAL AND OTHER SERVICES</b>
<p><b>Allergy Shots</b> No charge Physician visit copay applies</p>
<p><b>Ambulance</b> 80% PPO/Non-PPO after deductible Prior authorization required for non-emergency</p>
<p><b>Chiropractic Visits</b> \$30 Copay PPO, deductible does not apply 60% Non-PPO after deductible Limited to 20 visits per year.</p>
<p><b>Dental</b> 80% PPO/Non-PPO after deductible Accident only; Prior authorization required</p>
<p><b>Eyeglasses and Contacts</b> Discounts on frames, lenses, and lens options</p>
<p><b>Maternity</b> See applicable service for benefit level. Copay only applies to initial office visit for physician office services</p>
<p><b>Physician Office Visits</b> \$30 Copay PPO provider, deductible does not apply \$50 Copay PPO specialist provider, deductible does not apply 60% Non-PPO provider after deductible</p>
<p><b>Preventive Care Services (physicals, diagnostic tests, immunizations)</b> 100% PPO for routine lab, x-rays, mammograms, preventive tests PPO preventive care not subject to deductible 60% Non-PPO after deductible</p>
<p><b>Prosthetic Devices and Medical Equipment</b> 80% PPO after deductible 60% Non-PPO after deductible Limited to single purchase of each type of device every 3 years.</p>
<p><b>Vision Screening and Exams</b> Not covered</p>

<b>Blue Cross and Blue Shield HMO Illinois (HMOI)</b>
<b>PROFESSIONAL AND OTHER SERVICES</b>
<p><b>Allergy Shots</b> \$30 Copay</p>
<p><b>Ambulance</b> No copay</p>
<p><b>Chiropractic Visits</b> \$30 Copay Limited to 40 visits per year.</p>
<p><b>Dental</b> Accidental care only: coverage provided for repair of accidental injury to sound natural teeth</p>
<p><b>Eyeglasses and Contacts</b> Covered up to \$75 allowance every 24 months Contact BCBS customer service at 800-331-8032 for details on the vision discount program.</p>
<p><b>Maternity</b> 100% after \$30 copay</p>
<p><b>Physician Office Visits</b> \$30 Copay</p>
<p><b>Preventive Care Services (physicals, diagnostic tests, immunizations)</b> No copay</p>
<p><b>Prosthetic Devices and Medical Equipment</b> No copay</p>
<p><b>Vision Screening and Exams</b> \$30 Copay Limited to one screening/exam every 12 months</p>

# Plan Comparison: Non-Medicare Eligible Members

## Blue Cross and Blue Shield PPO

### BEHAVIORAL HEALTH SERVICES

#### Inpatient

- 80% PPO hospital plus \$200 hospital admission deductible
- 50% Non-PPO hospital plus \$400 hospital admission deductible

#### Outpatient

- 80% PPO provider
- 50% Non-PPO provider

### PRESCRIPTION DRUG BENEFITS\*

#### Mail Order 90-Day Supply

- \$20 Generic copay
- \$60 Formulary brand copay
- \$100 Non-formulary brand copay

#### Retail 30-Day Supply

- \$10 Generic copay
- \$30 Formulary brand copay
- \$50 Non-formulary brand copay

#### Retail 90-Day Supply

- \$25 Generic copay
- \$75 Formulary brand copay
- \$125 Non-formulary brand copay

\* Specialty medications limited to a 30-day supply



UnitedHealthcare Choice Plus PPO	
<b>BEHAVIORAL HEALTH SERVICES</b>	
<b>Inpatient</b>	
100%	PPO after \$200 copay
60%	Non-PPO after deductible
<b>Outpatient</b>	
100%	PPO, deductible does not apply
60%	Non-PPO provider after deductible
<b>PRESCRIPTION DRUG BENEFITS*</b>	
<b>Mail Order 90-Day Supply</b>	
\$17.50	Tier 1 copay
\$75.00	Tier 2 copay
\$125.00	Tier 3 copay
<b>Retail 30-Day Supply</b>	
\$7.00	Tier 1 copay
\$30.00	Tier 2 copay
\$50.00	Tier 3 copay
<b>Retail 90-Day Supply</b>	
Not offered	

\* Specialty medications limited to a 31-day supply

Blue Cross and Blue Shield HMO Illinois (HMOI)	
<b>BEHAVIORAL HEALTH SERVICES</b>	
<b>Inpatient</b>	
\$200	deductible each hospital admission ( <i>not to exceed 2 copays per year</i> )
<b>Outpatient</b>	
\$30	Copay
All care coordinated through your PCP	
<b>PRESCRIPTION DRUG BENEFITS*</b>	
<b>Mail Order 90-Day Supply</b>	
\$20	Generic copay
\$60	Formulary brand copay
\$100	Non-formulary brand copay
<b>Retail 30-Day Supply</b>	
\$10	Generic copay
\$30	Formulary brand copay
\$50	Non-formulary brand copay
<b>Retail 90-Day Supply</b>	
\$25	Generic copay
\$75	Formulary Brand copay
\$125	Non-formulary brand copay

\* Specialty medications limited to a 30-day supply



**\* Prescription Drug Plan Changes**

Each health insurance plan utilizes a formulary (a list of preferred prescription drugs). Formularies may change annually, so make sure you review your plan's 2017 formulary to determine if your prescription expenses will change.

**\* BCBS Non-Med PPO Pharmacy Network Change**

Effective January 1, 2017, CVS-owned pharmacies, including CVS pharmacies in Target® stores, will no longer be a part of the Blue Cross and Blue Shield of Illinois pharmacy network.

### Overview

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 on *pages 36-41*.

### 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, or attend a CTPF Medicare Birthday Party when invited.

**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 award letter with Medicare number from the Social Security Administration verifying enrollment, with effective dates

See general Medicare information on *page 30*, and find Medicare Birthday Party information on *page 47*.

### 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 on the last day of the month prior to your Medicare eligibility month.

### 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 47* for information.

### Medigap Plan

A Medigap policy is health insurance sold by private companies that helps pay the costs that Original Medicare (Parts A and B) doesn’t cover, such as Part A and Part 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. Medigap premiums are regulated by each state. You must be enrolled in Medicare Part A and Part B to join a Medigap plan.

CTPF offers the AARP Medicare Supplement Plan F with Express Scripts Medicare® (PDP).

### AARP Medicare Supplement Plan F

The AARP Medicare Supplement Plan F is an individual Medigap plan administered by UnitedHealthcare and endorsed by AARP. This plan supplements Original Medicare (Part A and Part B) and includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF. (*See page 29 for more information.*)

This 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.

**Note:** If you have Medicare coverage for a reason other than age, you cannot enroll in this plan.

## Medicare Advantage Plans

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A Medicare Advantage plan completely replaces original Medicare Part A and Part B coverage. In an Advantage plan, the plan administrator assumes all of the financial cost of the services provided to you, less the applicable copayments. You must be enrolled in Medicare Part A and Part B to join an Advantage plan. CTPF offers two Medicare Advantage plans:

### Blue Cross and Blue Shield Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF

You can obtain medical care from any physician, hospital, or provider that accepts Medicare under this plan. The plan includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF (see right for more information). You typically pay 4% coinsurance after the plan deductible is satisfied.

Plan premiums are listed on page 35 and include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

**\* Medicare Advantage Note:** This CTPF health plan is a custom plan that does not require the use of a network provider for coverage. Your benefit levels are the same whether or not you use a network provider. You may seek care from any provider nationwide that accepts Medicare. Although the Blue Cross enrollment materials state that your benefits will be different if you do not use a Blue Cross network provider or that the plan has a limited service area, you are not required to utilize a BCBS network provider to receive coverage under this plan. All Medicare Advantage plans are regulated by CMS (Centers for Medicare and Medicaid Services). CMS requires that certain language be included in all Medicare Advantage documents. Unfortunately, some of this language can be confusing, misleading and in some cases contradictory to your actual plan benefits. **If you have any questions, please call CTPF Member Services at 312-641-4464.**

### Humana Group HMO with Part D Pharmacy

This plan is a traditional HMO where you select a Primary Care Provider to direct your care. You must use network physicians to receive benefits. The plan includes enhanced Medicare Part D prescription drug coverage provided through Humana. You typically pay a copay for services.

Plan premiums are listed on page 35 and include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

## Express Scripts® Prescription Drug Coverage

---

Express Scripts® is the prescription drug benefits administrator for the BCBS Medicare Advantage PPO and AARP Medicare Supplement Plan F (UnitedHealthcare). Enrollment in prescription drug coverage 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. View the drug formulary at the 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.

## 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)

## Applying for Medicare

To apply 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 47)

### \*Conversation Starter



Before you reach age 65 arrange to speak with your primary physician about your transition to Medicare. This is an opportunity to discuss the types of health insurance coverage CTPF offers to members on Medicare.

Your physician may ask his/her staff to take your plan information in advance. Your CTPF Health Insurance Handbook can provide some of the information they might need and the health plan’s contact information in the back of the book. Follow-up with the staff to confirm that continuing as a patient and accepting your health insurance plan will not be an issue.

## 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 Medicare Part D Plans**

Enhanced Medicare Part D Plans have a higher actuarial value than a basic Part D plan. Out-of-pocket expenses are generally lower, and continued coverage through the coverage gap may be offered.

# Enrollment & Premium Payment

## Medicare Part A Premium

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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 Part A 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

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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. If you are not eligible for the CTPF **MEDPAY** program, 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

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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 2006.*

## IRMAA Higher Income Adjustments for Medicare Part B and Part D

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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

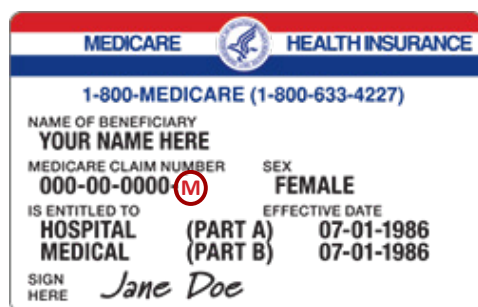
All IRMAA expenses are the total responsibility of the member. CTPF does not subsidize IRMAA. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

**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 payment responsibility when you enroll in CTPF's **MEDPAY** Program. Through 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 applicable premium subsidy) from your pension benefit.



Members whose Medicare number ends with a letter “M” (meaning you pay for Part A), must enroll in CTPF’s **MEDPAY** as a condition of enrollment in CTPF’s insurance program.

## 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, if applicable) 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 will terminate on the last day of the month prior to your Medicare eligibility month. 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 47* for information.

## CTPF Plan Enrollment Requirements

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



## 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. Some CTPF plans have an age requirement; see the comparison charts for additional information.

## 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.

Regardless of your age, it is your responsibility to notify CTPF if you are enrolled in Medicare Part A and Part B due to ESRD or ALS.

## \*Medicare & You

“Medicare & You” is the official U.S. government Medicare handbook. If you would like a paper copy of this book you can:

- Go online to [www.medicare.gov](http://www.medicare.gov) and download a pdf
- Call 800-Medicare (1-800-633-4227) and request a copy; TTY users should call 877-486-2048
- Visit a local SSA office, but call first to make sure they have copies on hand

There are also advantages to saving the paper and going online at [www.medicare.gov](http://www.medicare.gov) to reference the “Medicare & You” handbook. Any changes to Medicare are updated regularly online. An electronic version can be downloaded to your Kindle, iPad, Nook or other eReader. In addition, audio versions of the handbook are also available.



### Other Medicare Part D Plans

## HEALTH INSURANCE CHECKUP

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 for 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 CTPF coverage.**

# Notice of Creditable Coverage



Chicago Teachers' Pension Fund

203 North LaSalle Street | Suite 2600  
Chicago, Illinois 60601-1231

## 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 2017, you should not enroll in an additional Medicare Part D prescription drug plan, or you will lose all CTPF 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**

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If you are enrolled in a CTPF health plan for the 2017 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, 2017 - DECEMBER 31, 2017**

# \*2017 Plan Cost Comparison

The following health insurance plans are available to Medicare-eligible plan participants enrolled in both Medicare Part A and Part B, unless you have Medicare due to ESRD and are within the 30-month coordination period.

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 the final adjudication of insurance claims, which are solely the responsibility of the health plan. (See page 5 for CTPF Plan rate information.)

<b>AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP)<sup>▲</sup></b>			<b>Blue Cross and Blue Shield Medicare Advantage PPO (BCBS) with Express Scripts Medicare® (PDP)</b>			<b>Humana Group Medicare HMO with Part D Pharmacy</b>		
<b>CTPF retiree/survivor cost for single coverage monthly premium cost with CTPF premium subsidy*</b>								
<b>Avg. for</b>	<b>Age 65-67</b>	<b>\$167.72</b>	<b>\$169.91</b>			<b>\$108.45</b>		
	<b>Age 68-70</b>	<b>\$177.98</b>						
	<b>Age 71+</b>	<b>\$213.32</b>						
<b>CTPF retiree/survivor +1 dependent monthly premium cost with CTPF premium subsidy*</b>								
<b>Avg. for</b>	<b>Age 65-67</b>	<b>\$503.15</b>	<b>\$509.72</b>			<b>\$325.35</b>		
	<b>Age 68-70</b>	<b>\$533.94</b>						
	<b>Age 71+</b>	<b>\$639.97</b>						
<b>CTPF retiree/survivor + 2 dependents monthly premium cost with CTPF premium subsidy*</b>								
<b>Avg. for</b>	<b>Age 65-67</b>	<b>\$838.58</b>	<b>\$849.53</b>			<b>\$542.25</b>		
	<b>Age 68-70</b>	<b>\$889.89</b>						
	<b>Age 71+</b>	<b>\$1,066.62</b>						
<b>CTPF dependent cost for single coverage<sup>▲</sup> (dependents do not receive the CTPF premium subsidy)</b>								
<b>Avg. for</b>	<b>Age 65-67</b>	<b>\$335.43</b>	<b>\$339.81</b>			<b>\$216.90</b>		
	<b>Age 68-70</b>	<b>\$355.96</b>						
	<b>Age 71+</b>	<b>\$426.65</b>						

▲ This plan is not available to members under age 65 with Medicare due to a disability. 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 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 2017 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 50% of total premium cost. See page 13 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.

# Plan Comparison: Medicare - Eligible Members

## AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan

### PLAN FEATURES

Pays 100% after Medicare for Medicare covered services. Premium varies by age and geographic area. Enhanced Medicare Part D prescription coverage.

### CONTACT INFORMATION

**UnitedHealthcare Group number: 1089**  
1-800-392-7537 Customer Service  
1-888-543-5630 Nurse Line | [www.aarphealthcare.com](http://www.aarphealthcare.com)  
**Express Scripts® Group number: CTPFRX**  
1-800-864-1416 Customer Service  
[www.Express-Scripts.com/medd/ctpf](http://www.Express-Scripts.com/medd/ctpf)

### HOW TO ENROLL

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.

### SERVICE AREA

Nationwide (*residents in Mass., Minn., and Wis., must call UHC AARP for enrollment options*)

### FOREIGN TRAVEL

Foreign travel emergency benefits available.

### PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

### LIFETIME MAXIMUM

No lifetime maximum except foreign travel lifetime max of \$50,000.

### OUT-OF-POCKET MAXIMUM

N/A

### ANNUAL PLAN YEAR DEDUCTIBLE

None

### SPECIAL DEDUCTIBLES

None

### HOSPITAL SERVICES

#### Inpatient

100% after Medicare pays (*including Medicare Part A deductible*)

#### Skilled Nursing Facility (*non-custodial*)

Medicare pays all approved amounts for the first 20 days. Days 21-100, plan pays 100% after Medicare pays. No benefit after day 100 (in benefit period).

**Blue Cross and Blue Shield Medicare Advantage PPO (BCBS) with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**PLAN FEATURES**

Use any physician who accepts Medicare. Enhanced Medicare Part D prescription coverage. You typically pay 4% coinsurance.

**CONTACT INFORMATION**

**BCBS Group number: 80840**  
**Blue Access for Members Group Number: CTPF00**  
 1-877-299-1008 Customer Service  
 1-800-299-0274 Nurse Line | [www.bcbsil.com](http://www.bcbsil.com)  
**Express Scripts® Group number: CTPFRX**  
 1-800-864-1416 Customer Service  
[www.Express-Scripts.com/medd/ctpf](http://www.Express-Scripts.com/medd/ctpf)

**HOW TO ENROLL**

Contact CTPF Member Services at 312-641-4464 and request the BCBS Enrollment form. Return the completed form and CTPF Form 350 (*available in the center of this book or online*), to CTPF.

**SERVICE AREA**

Nationwide

**FOREIGN TRAVEL**

Foreign travel emergency benefits available.

**PHYSICIAN SELECTION**

Choose any provider who accepts Medicare

**LIFETIME MAXIMUM**

No lifetime maximum

**OUT-OF-POCKET MAXIMUM**

\$1,500 (Includes \$350 deductible)

**ANNUAL PLAN YEAR DEDUCTIBLE**

\$350

**SPECIAL DEDUCTIBLES**

None

**HOSPITAL SERVICES**

**Inpatient**  
 4% coinsurance

**Skilled Nursing Facility (non-custodial)**  
 4% coinsurance

**Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan**

**PLAN FEATURES**

Traditional HMO with network, referrals and prior authorization required. Includes Humana Group Medicare prescription coverage.

**CONTACT INFORMATION**

**Group number 076234 for Illinois plans**  
 For other service areas, group number is listed on insurance card  
 1-866-396-8810 Customer Service  
 1-800-622-9529 Nurse Line | [www.humana.com](http://www.humana.com)

**HOW TO ENROLL**

Contact CTPF Member Services at 312-641-4464 and request an enrollment packet. Return the completed packet and CTPF Form 350 (*available in the center of this book or online*), to CTPF.

**SERVICE AREA**

Chicago (*Cook, DuPage, Kane, Kendall, & Will counties*) and some areas in AZ, AL, CA, CO, FL, KS, LA, NM, NV, PR, TN, UT, TX, call for more info.

**FOREIGN TRAVEL**

Foreign travel emergency benefits available.

**PHYSICIAN SELECTION**

Select a PCP from the listing at [www.humana.com](http://www.humana.com)

**LIFETIME MAXIMUM**

No lifetime maximum except inpatient mental health (*see behavioral health services*).

**OUT-OF-POCKET MAXIMUM**

\$2,500 per individual, per calendar year. Excludes Part D pharmacy, extra services, & the plan premium.

**ANNUAL PLAN YEAR DEDUCTIBLE**

None

**SPECIAL DEDUCTIBLES**

None

**HOSPITAL SERVICES**

**Inpatient** \$150 Copay, per day, for first five days of each admission, authorized services only

**Skilled Nursing Facility (non-custodial)** No copay days 1-20, no 3-day hospital stay required; \$25 Copay per day, days 21-100, per benefit period.

# Plan Comparison: Medicare - Eligible Members

## AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan

### OUTPATIENT SERVICES

#### Chemotherapy, Radiation

100% after Medicare pays

**Emergency Room** 100% after Medicare pays

**Lab/X-Ray** 100% after Medicare pays

#### Speech, Physical & Occupational Therapy, Outpatient Rehab

100% after Medicare pays

**Surgery** 100% after Medicare pays

**Urgent Care** 100% after Medicare pays

### PROFESSIONAL & OTHER SERVICES

**Ambulance** 100% after Medicare pays

**Allergy Shots** 100% after Medicare pays

**Chiropractic Visits** 100% after Medicare pays

**Dental** 100% after Medicare pays; Medicare covered services only

#### Diabetic Part B Covered Supplies

100% after Medicare pays

**Hearing** 100% after Medicare pays; Medicare covered services only

**Home Health Services** 100% after Medicare pays

**Physician Office Visits** 100% after Medicare pays

**Preventive Care (*physicals, diagnostics, immunizations*)** 100% after Medicare pays

#### Prosthetic Devices, Med. Equip

100% after Medicare pays

**Podiatry** 100% after Medicare pays

**Renal Dialysis** 100% after Medicare pays

**Transplants** 100% after Medicare pays

**Vision Services** 100% after Medicare pays; Medicare covered services only

**Extra Benefits (*wellness, discounts*)** Contact carrier for extra benefit details.

**Blue Cross and Blue Shield Medicare Advantage PPO (BCBS) with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**OUTPATIENT SERVICES**

**Chemotherapy, Radiation** 4% coinsurance

**Emergency Room** 100% covered

**Lab/X-Ray** 4% coinsurance

**Speech, Physical & Occupational Therapy, Outpatient Rehab** 4% coinsurance

**Surgery** 4% coinsurance

**Urgent Care** 100% covered

**PROFESSIONAL & OTHER SERVICES**

**Ambulance** 4% coinsurance

**Allergy Shots** 4% coinsurance

**Chiropractic Visits** 4% coinsurance  
(limited to 40 visits per year)

**Dental** 4% coinsurance; Medicare covered services only

**Diabetic Part B Covered Supplies** 4% coinsurance

**Hearing** 4% coinsurance for Medicare-covered exam; \$0 copay routine hearing exam  
Hearing Aids: \$1,000 max purchased in or out-of-network every three years

**Home Health Services** 4% coinsurance

**Physician Office Visits** 4% coinsurance

**Preventive Care (physicals, diagnostics, immunizations)** 100% covered (1 physical per plan year)

**Prosthetic Devices, Med. Equip** 4% coinsurance

**Podiatry** 4% coinsurance

**Renal Dialysis** 4% coinsurance

**Transplants** 4% coinsurance

**Vision Services** In-Network Eye exams: 4% coinsurance-Medicare covered; \$0 copay routine eye exam annually in-network. Eye Wear: 4% Medicare covered; \$0 standard eyeglass lenses; \$300 towards eye wear every two years in or out-of-network.  
Out-of-Network Eye Exams: 4% coinsurance – Medicare covered; \$40 allowance towards routine eye exam OON annually. Eye Wear: 4% Medicare covered

**Extra Benefits (wellness, discounts)** Over the counter debit card allowance-\$20 per month, Wellness Incentives \$25 4X per year, discounts. Contact carrier for extra benefit details

**Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan**

**OUTPATIENT SERVICES**

**Chemotherapy, Radiation**  
\$50 Copay outpatient hospital, \$25 Specialist

**Emergency Room**  
\$50 Copay emergency room; waived if admitted within 24 hours; applies for care outside US

**Lab/X-Ray**  
100% covered except urgent care, \$25 Copay urgent care

**Speech, Physical & Occupational Therapy, Outpatient Rehab**  
100% per visit after \$25-\$40 copay (based on where services are rendered)

**Surgery**  
\$100 Copay per visit in hospital  
\$75 Copay per visit in ambulatory surgical facility

**Urgent Care**  
\$25 Copay

**PROFESSIONAL & OTHER SERVICES**

**Ambulance** \$50 Copay per date of service

**Allergy Shots** No copay

**Chiropractic Visits** \$20 Copay;  
Medicare guidelines apply

**Dental** \$10 copay  
\$25 copay if referred to a Specialist -  
Medicare covered services only

**Diabetic Part B Covered Supplies** 100% covered

**Hearing** \$10 Copay  
\$25 copay if referred to a Specialist -  
Medicare covered services only

**Home Health Services** No copay  
(prior authorization required)

**Physician Office Visits**  
\$10 Copay PCP, \$25 Copay specialist

**Preventive Care (physicals, diagnostics, immunizations)** No copay

**Prosthetic Devices, Med. Equip** 10% at medical equipment provider or pharmacy

**Podiatry** \$25 Copay; Medicare covered services only

**Renal Dialysis** No copay in dialysis center; 20% at hospital

**Transplants** As any other disease at Medicare-approved Humana National Transplant Network only

**Vision Services** \$25 Copay; Medicare covered services only

**Extra Benefits (wellness, discounts)** Contact carrier for extra benefit details.

# Plan Comparison: Medicare - Eligible Members

## AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare supplement plan

### BEHAVIORAL HEALTH SERVICES

**Outpatient:** 100% after Medicare pays

**Inpatient:** 100% after Medicare pays

### PRESCRIPTION DRUG BENEFITS

#### Retail Pharmacy (up to 31 day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

#### Retail 90-Day Supply

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

#### Mail Order 90-Day Supply

\$20 Generic copay

\$60 Preferred brand copay

\$100 Non-preferred brand copay

\$100 Specialty drugs

#### Coverage

Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.

Non-Medicare Part D drugs are not covered (*for example, lifestyle drugs for ED*).

Medicare Part B drugs, including diabetic supplies, are processed by your medical plan.

#### \*Vaccinations

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact your Medicare drug plan for more information about vaccines.

#### \*Important Pharmacy Notes

**NOTE:** once your true out-of-pocket cost reaches \$4,950, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.30 for generics/multi source drugs, \$8.25 for brand name drugs, but never more than the normal copay for the drug based on days supply.



#### \*Prescription Drug Plan Changes

Each health insurance plan utilizes a formulary (a list of preferred prescription drugs). Formularies may change annually, so make sure you review your plan's 2017 formulary to determine if your prescription expenses will change.



**Blue Cross and Blue Shield Medicare Advantage PPO (BCBS) with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan**

**BEHAVIORAL HEALTH SERVICES**

**Outpatient:** 4% coinsurance

**Inpatient:** 4% coinsurance

**PRESCRIPTION DRUG BENEFITS**

**Retail Pharmacy (up to 31 day supply)**

- \$10 Generic copay
- \$30 Preferred brand copay
- \$50 Non-preferred brand copay
- \$50 Specialty drugs

**Retail 90-Day Supply**

- \$25 Generic copay
- \$75 Preferred brand copay
- \$125 Non-preferred brand copay
- \$125 Specialty drugs

**Mail Order 90-Day Supply**

- \$20 Generic copay
- \$60 Preferred brand copay
- \$100 Non-preferred brand copay
- \$100 Specialty drugs

**Coverage**

Prescription coverage is provided through the coverage gap and generally stays the same as the copays listed above.

Non-Medicare Part D drugs are not covered (*for example, lifestyle drugs for ED*).

Medicare Part B drugs: use BCBS Medicare Advantage ID card.

**\*Vaccinations**

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact BCBS Medicare Advantage customer service for more information on vaccines and other Part B services.

**\*Important Pharmacy Notes**

**NOTE:** once your true out-of-pocket cost reaches \$4,950, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.30 for generics/multi source drugs, \$8.25 for brand name drugs, but never more than the normal copay for the drug based on days supply.

**Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan**

**BEHAVIORAL HEALTH SERVICES**

**Outpatient:** \$10 Copay PCP, \$25 Copay specialist, \$40 Copay outpatient facility

**Inpatient:** \$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.

**PRESCRIPTION DRUG BENEFITS**

**Retail Pharmacy (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 (*limited to a 30 day supply, max. \$150 per prescription*)
- 30-day mail order supply also available with \$5 preferred generic copay. All other copays same as retail 30-day supply.

**Retail 90-Day Supply**

- \$15 Preferred generic copay
- \$90 Non-preferred generic or preferred brand copay
- \$135 Non-preferred brand copay

**Mail Order 90-Day Supply**

- \$0 Preferred generic copay
- \$60 Non-preferred generic or preferred brand copay
- \$90 Non-preferred brand copay

**\*Vaccinations**

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact your Medicare drug plan for more information about vaccines.

**\*Important Pharmacy Notes**

**NOTE:** once your true out-of-pocket cost reaches \$4,950, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$3.30 for generics/multi source drugs, \$8.25 for brand name drugs, but never more than the normal copay for the drug based on days supply.

# 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 19 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 Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF
UnitedHealthcare Choice Plus PPO	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)

## EXAMPLES

### 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 Medicare Advantage PPO. John and his spouse are covered under separate plans so each must pay the single premium. Find single premiums in the charts on pages 19 (non-Medicare) and 35 (Medicare).

#### John's monthly member premium cost

Non-Medicare BCBS PPO (after 50% subsidy) **\$783.39**

#### Spouse's monthly non-member premium cost

BCBS Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF **\$339.81**

**Total monthly cost for John and Spouse \$1,123.20**

### 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 Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF **\$509.72**

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

# Terminology

---

## **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 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>	P06675	1-800-331-8032 <b>Customer Service</b> 1-800-851-7498 <b>Mental Health</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>Nurse Line</b>
<b>UnitedHealthcare Choice Plus PPO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-633-2446 <b>Customer Service</b> 1-866-633-2446 <b>Mental Health</b> 1-888-887-4114 <b>Nurse Line</b>
<b>Blue Cross Blue Shield HMO Illinois</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 <b>Customer Service</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>Nurse Line</b>

## MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>Blue Cross and Blue Shield (BCBS) Medicare Advantage PPO 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> 80840  <b>Express Scripts CTPFRX</b>	1-877-299-1008 <b>Customer Service</b> 1-800-299-0274 <b>Nurse Line</b>  1-800-864-1416 1-800-716-3231 <b>TTY/TDD</b>
<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 CTPFRX</b>	1-800-392-7537 <b>Customer Service</b> 1-888-543-5630 <b>Nurse Line</b>  1-800-864-1416 1-800-716-3231 <b>TTY/TDD</b>
<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 <b>Customer Service</b> 1-800-622-9529 <b>Nurse Line</b>

## DENTAL INSURANCE PLAN PROVIDERS

<b>Chicago Teachers Union</b> <a href="http://www.ctunet.com">www.ctunet.com</a>	1-312-329-9100
<b>Retired Teachers Association of Chicago</b> <a href="http://www.rtac.org">www.rtac.org</a>	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  1-312-641-7185 <i>fax</i>
<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 INSURANCE CHECKUP

### Express Scripts<sup>®</sup> Mobile app

With the Express Scripts mobile app, you can skip the pharmacy trip. From up-to-the-minute order status to a handy "medicine cabinet" to keep track of prescriptions, the app is an on-the-go pharmacy that replaces the run-around...with right now!



**Download the App Today!**

[bit.ly/20uVeMC](http://bit.ly/20uVeMC)

*(case sensitive)*



## 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 | 312.641.7185 *fax*

[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

Appointments recommended.

Walk-ins only accepted until 3:00 p.m.

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# Medicare Birthday Parties



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 28* 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:

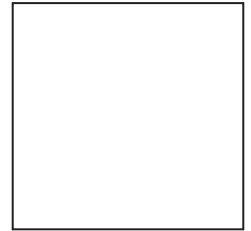
Seminars are held in the CTPF Office:  
203 North LaSalle Street | Suite 2600  
Chicago, IL 60601-1231  
Discounted parking vouchers are available.

Birthday treats and light refreshments provided.



Chicago Teachers' Pension Fund

203 North LaSalle Street | Suite 2600  
Chicago, Illinois 60601-1231



## HEALTH INSURANCE OPEN ENROLLMENT PERIOD | OCTOBER 1-31, 2016

Join us for an Open Enrollment Seminar or Webinar

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*CTPF Seminars (Medicare & Non Medicare Eligible Members)*  
 Tuesday, October 11th or Thursday, October 13th  
*CTPF Webinars*  
 Tuesday, October 4th - *Medicare Eligible Members*  
 Thursday, October 6th - *Non Medicare Eligible Members*

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