

**OPEN
ENROLLMENT
PERIOD**

**OCTOBER 1, 2022
THROUGH
OCTOBER 31, 2022**



Chicago Teachers' Pension Fund

HEALTH INSURANCE HANDBOOK

2023



PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE.

2023 Summary of Health Insurance Plan Changes

CTPF Annuitant Health Insurance

Choosing a health insurance plan for you and your eligible dependents is one of your most important decisions. CTPF sponsors comprehensive plans designed to promote wellness and provide high-quality coverage at a reasonable cost. CTPF offers this coverage if the retiree's final teaching service was with the Chicago Public, Charter or Contract Schools. This Handbook is your resource for current information about the Chicago Teachers' Pension Fund (CTPF) health insurance options, premiums, and changes to plans.

Qualified annuitants may enroll in a plan for:

- Non-Medicare eligible members (3 plans offered)
- Medicare-eligible members who maintain enrollment in Medicare Parts A & B (3 plans offered)

Health Insurance Plan Changes

The 2023 Open Enrollment Period will run from October 1-31, 2022. During this time, annuitants can enroll, add or drop a dependent, or change a health insurance plan or carrier. Changes become effective January 1, 2023. All plans offered in 2022 will be offered in 2023. You do not need to take any action to stay enrolled. Plan designs have not changed for 2023. Details about Open Enrollment Education Week can be found *on page 3*.

Health Insurance Premium Subsidy

The Health Insurance Premium Subsidy is set annually by the Board of Trustees. The subsidy will remain at 60% in 2023. The subsidy is only available to eligible CTPF members. Dependent coverage is not eligible for the subsidy.

2023 Plan Cost*

| Medicare Plans | 2023 Rate (member rate) |
|---|--|
| UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare (PDP) | \$124.96 (was \$131.50) |
| AARP Medicare Supplement Plan F** (UnitedHealthcare) with Express Scripts Medicare (PDP), Average by age: | Up to 68 \$144.32 (was \$145.19) Ages 69-71 \$157.08 (was \$158.80) Ages 72-74 \$167.74 (was \$169.51) Ages 75+ \$185.93 (was \$186.69) |
| Humana Group Medicare HMO with Part D Pharmacy | \$74.86 (was \$75.80) |

**This plan is available to Medicare recipients who turned 65 prior to 2020.

| Non-Medicare Plans | 2023 Rate (member rate) |
|---|-------------------------|
| Blue Cross and Blue Shield PPO | \$840.71 (was \$816.22) |
| UnitedHealthcare Choice Plus PPO | \$538.68 (was \$533.35) |
| Blue Cross and Blue Shield HMO Illinois | \$407.12 (was \$395.26) |

*Prices above are for the annuitant cost for single coverage and include the 60% premium subsidy.

Open Enrollment Assistance

The 2023 Open Enrollment Period for health insurance will run from October 1-31, 2022. During this period, annuitants can enroll, add or drop a dependent, or change a health insurance plan or carrier.

CTPF will offer expanded educational programs by webinar and phone conference this fall. Telephone and video counseling appointments with counselors from CTPF's Member Services department are also available.

Open Enrollment Education Week

Register Today!



CTPF will host a week of webinars and audio presentations October 3-7. Morning presentations will be webinars with a full audio-video presentation that can be viewed from any internet-connected device. Two presentations will be audio-only for individuals who do not have access to the internet.

All presentation materials will be posted at ctpf.org/open-enrollment. Register for a webinar by clicking on the date at ctpf.org/calendar. Audio-only presentations will be dial-in and do not require advance registration.

Webinars will be posted for on-demand viewing at ctpf.org/open-enrollment after the presentations. **Please use this handbook for the Open Enrollment Webinar and future reference.**

| MEDICARE PRESENTATIONS | |
|-------------------------------|---|
| Monday, October 3, 2022 | Open Enrollment Webinar Medicare Plans 10:00 a.m. |
| Wednesday, October 5, 2022 | Open Enrollment Webinar Medicare Plans 10:00 a.m. |
| | Open Enrollment Call (Dial-in only, no video) Medicare Plans 1:00 p.m. Call: 1.312.626.6799 when prompted enter Meeting ID: 823 8688 6759 |
| Friday, October 7, 2022 | Open Enrollment Webinar Medicare Plans 10:00 a.m. |



Register for CTPF Medicare and Non-Medicare webinars at ctpf.org/calendar.

| NON-MEDICARE PRESENTATIONS | |
|------------------------------|---|
| Tuesday, October 4, 2022 | Open Enrollment Webinar Non-Medicare Plans 10:00 a.m. |
| Thursday, October 6, 2022 | Open Enrollment Webinar Non-Medicare Plans 10:00 a.m. |
| | Open Enrollment Call (Dial-in only, no video) Non-Medicare Plans 1:00 p.m. Call: 1.312.626.6799 when prompted enter Meeting ID: 813 0288 7967 |



Have you been overwhelmed with Medicare solicitations and want to learn the facts?

Join CTPF's Medicare Open Enrollment: What Not To Do webinar. There will be a Q&A session offered at the end of the webinar. Dates and registration information are posted at ctpf.org/calendar.

Open Enrollment Vendor Week

Our vendor partners will offer webinars and dial-in information sessions the week of October 10th. Registration information can be found at ctpf.org/calendar.

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REFER to this handbook if you are attending an Open Enrollment Webinar
and PLEASE KEEP this handbook for future reference.
This handbook is also available at www.ctpf.org.

Enrollment

Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 - October 31, 2022. During Open Enrollment, you may enroll in a CTPF health insurance plan for the first time, change a health insurance plan or carrier, exercise your one-time Opt-In option, or add a dependent to a health plan.

Changes made during this period become effective on January 1, 2023.

Chicago Public, Charter and Contract Schools COBRA Enrollees

If you currently have insurance through your former employer's Consolidated Omnibus Budget Reconciliation Act (COBRA) plan 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 9)

Enrollment from a COBRA plan 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) to enroll in all Non-Medicare plans.

Medicare plans

Complete CTPF Form 350 (included in the center of this handbook or download at www.ctpf.org). See the instructions in "How to Enroll" on the plan charts. The AARP Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Medicare Supplement plan and the Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan require additional forms.

Return all completed enrollment forms and required documentation to CTPF. Forms returned to an insurance carrier will not be processed.

Email or Fax Preferred

CTPF encourages members to submit forms by fax or email if possible. Send forms and documents by fax to 1-312-641-7185 or email an attachment (.pdf or .jpg format) to imaging@ctpf.org.

U.S. Mail

If you cannot send in forms by fax or email, use the envelope included in the center of this Handbook, and return information to:

Health Benefits Department
Chicago Teachers' Pension Fund
425 S. Financial Place, Suite 1400
Chicago, IL 60605-1000



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.

ID Cards

Health plan enrollees receive health insurance ID cards by mail directly from their health insurance plan provider. 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 provider directly. Find contact information on *page 38*.

Turning Age 65

If you (*or your dependent*) plan to enroll in a CTPF Medicare plan, you will need to apply for Medicare **three months before** the month you turn age 65 to ensure timely enrollment. See *Turning Age 65* on *page 24*.

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:

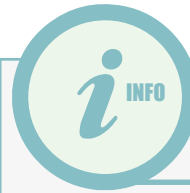
- a copy of the Medicare card, or
- an award letter with Medicare number from the Social Security Administration verifying enrollment, with effective dates

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 24* for information.

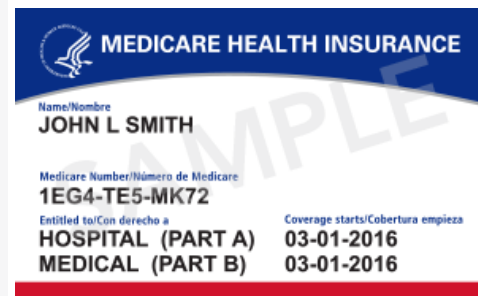
Medicare Birthday Parties

CTPF offers bi-monthly enrollment webinars to help members evaluate their Medicare health insurance options. Medicare “Birthday Parties” are held via webinars and eligible members and their dependents are sent invitations in the months prior to their 65th birthday. Please watch your mail for more details.



Medicare Proof of Enrollment

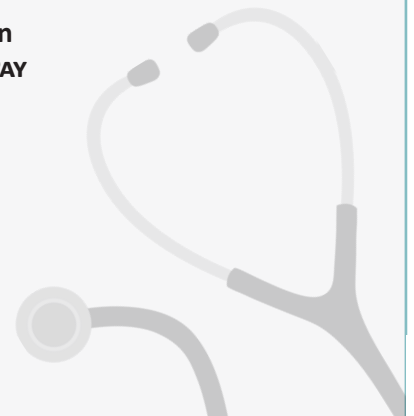
If you are enrolling in a CTPF Medicare plan, make sure you send a copy of your Medicare card to CTPF **before the month of your 65th birthday**.



If you retired prior to July 1, 2016, and pay for Medicare Part A, CTPF requires that you enroll in the CTPF **MEDPAY** program. This is the only way you can receive a monthly subsidy for that premium in your pension check. Send the following additional documentation to CTPF along with a copy of your Medicare card:

- 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 online at www.ctpf.org*)

Find more information about the CTPF MEDPAY program on *page 28*.



Reducing Your Cost

CTPF Health Insurance Premium Subsidy

CTPF members whose final teaching service was with Chicago Public, Charter and Contract Schools may receive a health insurance premium subsidy. The subsidy, set annually, pays a percentage of health insurance costs for eligible CTPF annuitants. The CTPF Board of Trustees approved a 60% subsidy, effective January 1, 2023. The subsidy is subject to change at the discretion of the Board.

See page 12 for more information about the health insurance premium subsidy program.

Medicare Part A Premium Subsidy

Members who retired 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 annuitants with pension benefit effective dates prior to July 1, 2016. See *page 27* 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 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 would like a family member or other representative to act on your behalf, you must submit a completed power of attorney form to CTPF and to each of your health insurance carriers. Power of Attorney ends upon the death of the member.

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. All plans are subject to and must comply with any applicable state or federal law. To the extent this summary description differs from current or future applicable state or federal law, the applicable state or federal law governs.



HEALTH INSURANCE CHECKUP

Dental Plans

CTPF health insurance plans do not include dental coverage. CTPF annuitants may enroll in dental insurance offered through private insurers or a group plan through the Retired Teachers Association of Chicago.

See page 38 for contact information.

Who Can Enroll In A CTPF Plan?

Annuitants & Dependents

CTPF annuitants 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. An annuitant 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 9*)

Survivors

Upon the death of a member, survivors should notify the Social Security Administration and CTPF's 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.

Couple Coverage

When only one Family Member is Medicare Eligible

If you and a dependent are in a situation where one family member is covered by Medicare and the other is not and you both want CTPF health insurance coverage, you must enroll in corresponding Non-Medicare and Medicare health insurance plans offered by UnitedHealthcare.

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 15 and 31 of this handbook. When you both reach age 65, you may enroll in the same health insurance plan and pay the Member +1 rate. For more information on Couple Coverage and an example, please visit www.ctpf.org under Health Insurance/Enrollment Process.

Dependents Defined*

Eligible dependents include:

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

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, step, disabled, and legally adopted children as well as children for whom you have permanent legal guardianship.

Dependent enrollment is contingent upon meeting documentation requirements, available at www.ctpf.org.



CTPF Health
Insurance Plan

When Can I Join?



An eligible annuitant 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 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, 2022, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 - 31, 2022. Coverage becomes effective January 1, 2023.

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 current coverage
- marriage/civil union or divorce/dissolution
- birth, adoption, or legal guardianship
- termination of a Primary Care Physician for HMO plan enrollees
- becoming eligible for Medicare

Please indicate the qualifying event on CTPF Form 350 and include any supporting documents detailing your reason for loss of coverage.

One Time Opt-In

Eligible members may re-enroll in a CTPF health insurance plan **one time** without a qualified change in status (*marriage, birth, death, etc.*). Members who want to rejoin a CTPF plan must do so during a CTPF Open Enrollment Period. A member applying to re-enroll must have proof of insurance coverage (*medical and prescription drug*) as of the **beginning** of the open enrollment period (October 1), and **maintain** coverage through December 31 of that year. CTPF insurance coverage becomes effective the following January 1.



2023 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, 2022. Changes made during Open Enrollment become effective January 1, 2023.

Get started by following these steps:

1. Make sure you understand any plan changes.
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.
4. Return all completed enrollment forms and required documentation to CTPF. Forms returned to an insurance carrier will **not** be processed.

CTPF encourages members to submit forms by fax or email when possible. See page 39 for email, fax, and mailing information.

What Changes Impact My Enrollment?

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

Don't Make A Costly Mistake

There are three frequent mistakes members make which can result in a loss in coverage: failing to make timely Part B payments or Part D IRMAA payments or enrolling in an additional outside plan.

Part B Payments: You are responsible for making Part B payments directly to Medicare, and will receive a monthly or quarterly bill unless you receive a Social Security benefit, participate in CTPF's MedPay program, or sign up for Medicare's Easy Pay program.

If you fail to pay your Medicare Part B and/or Medicare Part D IRMAA bills promptly, you will be disenrolled by Medicare and also lose your CTPF health insurance coverage. CTPF highly encourages our members to sign up for Medicare's Easy Pay program (details available at www.medicare.gov).

Part D IRMAA Payments: If applicable, you are responsible for making Part D IRMAA payments directly to Medicare, even if you are enrolled in CTPF's MedPay program. If you are disenrolled due to non-payment, CTPF cannot assist with reinstatement, the directive must come from CMS.

Additional plans: If you have CTPF insurance and enroll in an additional outside plan, (including \$0 [zero dollar] health insurance plans) you will be disenrolled by Medicare and you will lose your CTPF health insurance coverage.

Reinstatement is difficult and may result in additional penalties. Members who are disenrolled from a CTPF health insurance plan due to failure to pay Part B, Part D IRMAA, or enrollment in an outside plan will also lose their eligibility for the CTPF subsidy. See [page 27](#) for additional information and contact Members Services at 1-312-641-4464 or email memberservices@ctpf.org for additional help.



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** of your Medicare coverage. You will also be disenrolled from your CTPF health insurance plan, and reinstatement is a difficult process.

How Do I End Insurance Coverage?

Voluntarily Ending Coverage

You can voluntarily end health insurance coverage at any time. Complete CTPF Form 350 by indicating your desired disenrollment date **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 coverage may be effective in the following month.

Please contact CTPF Member Services at 1-312-641-4464 with any questions.

Involuntarily Ending Coverage

Annuitant

An annuitant'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,
- on the date of death, or
- on the date of enrollment in an outside plan

Dependents*

A dependent's health insurance coverage ends

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

* CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. See *page 8* for information.

Refund of Premium

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

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 on www.ctpf.org/COBRA.



Subsidy Program

Health Insurance Premium

CTPF retirees whose final teaching service was with the Chicago Public, Charter and Contract Schools may qualify for a partial subsidy of their insurance premiums. A member receiving a survivor's pension may also qualify for a subsidy.

The amount CTPF can spend on annuitant health insurance is limited by state law. Each year, the CTPF Board of Trustees sets a premium subsidy amount. The subsidy for plan year 2023 is 60% of the total premium cost (*certain limitations may apply*). The subsidy is subject to change at the discretion of the Board.

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

Subsidy for CTPF Non-Medicare Eligible Plans

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

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

Subsidy for Medicare

CTPF provides a 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 recoup any overpaid premium subsidy from your pension check.

Paying for Medicare Part A

Annuitants 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 Income-Related Monthly Adjustment Amount (IRMAA) Part B premium payments on your behalf, and deducts your share (*after the applicable premium subsidy*) from your pension benefit. See *page 27* for information.

Subsidy for Chicago Public, Charter and Contract Schools 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. Notify CTPF immediately if you terminate COBRA coverage to ensure CTPF ceases the premium subsidy. Any premium subsidy paid after termination of COBRA will need to be repaid to CTPF.



All teachers hired by the Chicago Public, Charter and Contract 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. Members who chose this option met their contribution requirements (40 quarters) in 2016.

CTPF does not subsidize Part A premiums for members with benefit effective dates of July 1, 2016, or later.

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 60% of the premium cost to your pension benefit.

Example: If your Medicare Part B Premium cost (after deducting non-reimbursable fees) is \$100 and the approved subsidy percentage is 60%, CTPF adds \$60 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 60%, CTPF deducts \$120 from your monthly pension for the premium cost, and pays the remaining \$180 on your behalf.

Outside Rebate Subsidy for Non-CTPF Health Insurance 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 health insurance plan option.

An application is mailed in the spring to eligible members who are not enrolled in a CTPF health insurance plan. The subsidy is paid out retroactively for the year prior in an annual payment. Premium payment documentation is required and is explained on the application. Be sure to look for the webinar notifications to assist in completing the necessary application and supporting documentation.

The application and supporting documentation are due back by August 31st each year.



HEALTH INSURANCE CHECKUP

Authorized Representative

An authorized representative (AR) is a trusted friend or family member that you designate to assist with your CTPF health care services.

Why Designate an AR?

Assigning an AR now ensures that the people you trust can ask questions, discuss claims, and advocate for you in the event that you need assistance with these matters. An AR does not have power of attorney and cannot make care or treatment decisions.

How to Designate an AR with CTPF

Download CTPF Form 345 at www.ctpf.org/health-insurance-forms-publications, or call Member Services, 1-312-641-4464, to request one. Complete the form and return to CTPF.

Designate an AR with your Health Insurance Provider

Each insurance provider has its own process and designation form. Call the customer service number found on your insurance card for more information.

Non-Medicare

Health Insurance Options for Non-Medicare Eligible Members

Overview

The following pages offer general descriptions of the types of health insurance options for CTPF annuitants 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 on *pages 16-23*.

Chicago Public/Charter/Contract School Continuation Coverage

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

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 includes 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 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.



2023 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.

| Blue Cross Blue Shield PPO | UnitedHealthcare Choice Plus PPO | Blue Cross Blue Shield HMO Illinois |
|--|----------------------------------|-------------------------------------|
| CTPF annuitant cost for single coverage monthly premium cost with CTPF premium subsidy* | | |
| \$840.71 | \$538.68 | \$407.12 |
| CTPF annuitant + 1 dependent monthly premium cost with CTPF premium subsidy* | | |
| \$2,942.45 | \$1,885.37 | \$1,424.93 |
| CTPF annuitant + 2 or more dependents monthly premium cost with CTPF premium subsidy* | | |
| \$5,044.21 | \$3,232.09 | \$2,442.73 |
| CTPF dependent cost for single coverage^ (dependents do not receive the CTPF premium subsidy) | | |
| \$2,101.77 | \$1,346.70 | \$1,017.80 |

* The annuitant cost is the amount paid for monthly coverage after CTPF applies the health insurance premium subsidy. The current subsidy is 60% of total premium cost. See *page 12* 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 www.ctpf.org for additional information about couple coverage.

Plan Comparison: Non-Medicare Eligible Members



| |
|--|
| Blue Cross 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 |
| HOW TO ENROLL |
| Complete CTPF Form 350 (<i>available in the center of this book or online at www.ctpf.org</i>). 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 toward plan deductible. |

| UnitedHealthcare Choice Plus PPO | |
|---|--|
| NETWORK NAME | UnitedHealthcare Choice Plus |
| 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. Some services are available for a copayment. |
| CONTACT INFORMATION | <p>Group number: 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health www.myuhc.com</p> |
| HOW TO ENROLL | Complete CTPF Form 350 (<i>available in the center of this book or online at www.ctpf.org</i>). Return with required documentation to CTPF. |
| SERVICE AREA | Nationwide |
| FOREIGN TRAVEL | Foreign travel emergency benefits available. |
| PHYSICIAN SELECTION | Enhanced benefit level when you use a PPO hospital or physician. No referral required. |
| LIFETIME MAXIMUM | No lifetime maximum |
| OUT-OF-POCKET MAXIMUMS | Individual: \$6,500 PPO \$10,000 Non-PPO Family: \$13,000 PPO \$20,000 Non-PPO Prescription copays apply toward out-of-pocket maximums. |

| Blue Cross Blue Shield HMO Illinois (HMOI) | |
|---|---|
| NETWORK NAME | HMO Illinois (HMO) |
| PLAN FEATURES | 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. |
| CONTACT INFORMATION | <p>Group number: H64047 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy 1-800-299-0274 Nurse Line www.bcbsil.com</p> |
| HOW TO ENROLL | Complete CTPF Form 350 (<i>available in the center of this book or online at www.ctpf.org</i>). Return with required documentation to CTPF. |
| SERVICE AREA | Chicago vicinity only |
| FOREIGN TRAVEL | Foreign travel emergency benefits available. |
| PHYSICIAN SELECTION | PCP directed, referrals required. Must use network provider. |
| LIFETIME MAXIMUM | No lifetime maximum |
| OUT-OF-POCKET MAXIMUMS | 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 Blue Shield PPO

ANNUAL MEDICAL 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



| UnitedHealthcare Choice Plus PPO |
|---|
| ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE |
| Individual: \$2,000 PPO \$5,000 Non-PPO |
| Family: \$4,000 PPO \$10,000 Non-PPO |
| Deductible does not apply to all services. |
| ADDITIONAL DEDUCTIBLES |
| Emergency Room \$250 per occurrence deductible |
| HOSPITAL SERVICES |
| Inpatient 80% PPO after deductible 50% Non-PPO after deductible, prior authorization required |
| Skilled Nursing Facility (non-custodial) 80% PPO after deductible 50% Non-PPO after deductible Limited to 60 days per year |
| OUTPATIENT SERVICES |
| Chemotherapy, Radiation Therapy 80% PPO after deductible 50% Non-PPO after deductible |
| Emergency Room 80% after a \$250 per occurrence deductible per visit and the medical plan deductible has been met (PPO and non-PPO) |
| Lab/X-ray 80% PPO provider, after deductible 50% Non-PPO provider, after deductible |
| Speech, Physical and Occupational Therapy 80% PPO provider, after deductible 50% Non-PPO provider, after deductible No limit to speech or occupational therapy. Limited to 60 visits per year per calendar year for physical therapy for Multiple Sclerosis |
| Surgery 80% PPO after deductible 50% Non-PPO after deductible |
| Urgent Care \$50 Copay PPO, deductible does not apply 50% Non-PPO, after deductible |

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

Plan Comparison: Non-Medicare Eligible Members



Blue Cross 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 1-800-331-8032 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

100% of allowed charges PPO and
50% non-PPO providers

Includes routine physical examinations, routine tests, colorectal cancer screening, and immunizations

Prosthetic Devices and Medical Equipment

80% PPO provider up to purchase price

50% Non-PPO provider up to purchase price

Vision Screening and Exams

Not covered

Contact BCBS customer service at 1-800-331-8032 for details on the vision discount program.

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

| Blue Cross Blue Shield HMO Illinois (HMOI) | |
|--|--|
| PROFESSIONAL AND OTHER SERVICES | |
| Allergy Shots | \$30 Office Visit Copay |
| Ambulance | No copay |
| Chiropractic Visits | \$30 Copay Limited to 40 visits per year |
| Dental | Accidental care only: coverage provided for repair of accidental injury to sound natural teeth |
| Eyeglasses and Contacts | Covered up to \$75 allowance every 24 months Contact EyeMed at 1-844-684-2254 for details on the vision discount program. |
| Maternity | 100% after \$30 copay |
| Physician Office Visits | \$30 Copay |
| Preventive Care Services (physicals, diagnostic tests, immunizations) | No copay |
| Prosthetic Devices and Medical Equipment | No copay |
| Vision Screening and Exams | \$30 Copay Limited to one screening/exam every 12 months |

Plan Comparison: Non-Medicare Eligible Members

Blue Cross 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*

Retail up to 30-Day Supply

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

Retail up to 90-Day Supply

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

Mail Order up to 90-Day Supply

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

* Specialty medications limited to an up to 30-day supply



| UnitedHealthcare Choice Plus PPO | |
|---|--|
| BEHAVIORAL HEALTH SERVICES | |
| Inpatient | |
| 80% | PPO after deductible |
| 50% | Non-PPO after deductible |
| Prior authorization required | |
| Outpatient | |
| 100% | PPO, deductible does not apply |
| 50% | Non-PPO provider after deductible |
| ANNUAL PRESCRIPTION DRUG DEDUCTIBLE | |
| Tiers 1 & 2 | No deductible |
| Tiers 3 & 4 | Annual Retail & Mail Order Combined Deductible of \$250 per individual not to exceed \$500 for the entire family. |
| PRESCRIPTION DRUG BENEFITS* | |
| Retail up to 30-Day Supply | |
| \$0 | Tier 1 copay |
| \$50 | Tier 2 copay |
| \$100 | Tier 3 copay |
| \$250 | Tier 4 copay |
| Retail up to 90-Day Supply Not offered | |
| Mail Order up to 90-Day Supply | |
| \$0 | Tier 1 copay |
| \$125 | Tier 2 copay |
| \$250 | Tier 3 copay |
| \$625 | Tier 4 copay |

* Specialty medications limited to an up to 30-day supply

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

* Specialty medications limited to an up 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 2023 formulary to determine if your prescription expenses will change.

Medicare

Health Insurance Options for Medicare Eligible Members

Overview

The following pages offer general descriptions of the types of plans offered to CTPF annuitants 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 31-37*.

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, and consider attending 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 26*.

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.

Medicare Advantage Plans

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:

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF

You can obtain medical care from any physician, hospital, or provider that accepts Medicare. The plan includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF (*see right for more information*). This plan covers most medical services at 100% once the deductible is satisfied.

Plan premiums are listed on *page 31* 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. 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.

If you have any questions, please call CTPF Member Services at 1-312-641-4464.

Medicare Star Ratings

The Centers for Medicare and Medicaid Services (CMS) uses a Star Rating system to measure how well Medicare Advantage plans and standalone Part D plans perform in categories such as customer service, member complaints, pricing and the array of services each offers. The ratings range from one to five stars, with five being the best and one the worst.



To find your plan’s Star Rating, go to www.medicare.gov/find-a-plan/



Once there, enter your plan ID (*shown below*) and your home zip code. Please note that your plan is part of a larger health insurance contract with Medicare and will not match the name of your group plan:

| | | |
|---|--|---|
| UHC Medicare Advantage Plan H2001 | Humana Medicare Advantage Plan H1468 | Express Scripts Part D Plan S5660 |
|---|--|---|

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 31* and include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

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.

AARP Medicare Supplement Plan F (UnitedHealthcare)

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.

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, gender, vary by geographic area, and are quoted directly by UnitedHealthcare. UHC may raise rates annually and will send a letter to enrollees each spring with the health insurance premium increase information. Quotes and estimates from UHC do not include credits for the CTPF premium subsidy or the cost of prescription drug coverage.

After you receive a quote or premium increase letter from UHC, contact CTPF to determine your final annual cost which will include the subsidy and prescription drug coverage.

New enrollees must submit completed enrollment applications to CTPF.

Note: If you have Medicare coverage for a reason other than age or if you turn 65 after January 1, 2020, you cannot enroll in this plan.

Express Scripts® Prescription Drug Coverage

Express Scripts® is the prescription drug benefits administrator for the UnitedHealthcare Group Medicare Advantage PPO and AARP Medicare Supplement Plan F (UnitedHealthcare) plans. 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. (Copays apply, see the "Important Pharmacy Notes" on pages 36-37)

Copays may change annually based on a drug's formulary status. This Part D drug plan utilizes a Preferred Value network that offers lower copays than the standard network. Not all drugs are available at an up to-90-day supply, and not all retail pharmacies offer an up to-90-day supply. Contact Express Scripts at 1-800-864-1416 for details.

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.

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

* Conversation Starter



Before you reach age 65, arrange to speak with your doctor's office about your transition to Medicare. Confirm that your provider accepts Medicare, and where applicable, Medicare Advantage plans. You may also take the opportunity to discuss the types of health insurance coverage CTPF offers to members on Medicare.

They may ask you to provide 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 is in the back of the book.

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 Point of Service (POS) plans run by private companies approved by Medicare. These plans may offer other coverage including prescription drugs.

Medicare Part D

Prescription Drug Coverage

Part D insurance 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

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 Railroad Retirement Board (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 28)

Medicare Part B Premium

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

- receive a Social Security benefit. Medicare deducts the Part B premium cost directly from monthly SSA benefits.
- participate in CTPF’s **MEDPAY** program. CTPF pays Medicare on your behalf. (see page 28)

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 or call 1-800-MEDICARE.

Part B Assistance

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

Medicare Part D Premium

All CTPF plans include Medicare Part D prescription drug coverage. The cost of Part D coverage is included in your premium. For help in understanding how Part D drug plans work, please visit the Medicare website under Costs for Medicare drug coverage: www.medicare.gov/part-d/

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

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 28)

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

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.

**CTPF cannot make Medicare Part D IRMAA payments on your behalf. CMS will bill you monthly for this expense.*

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*)

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.



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 24* 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. Please watch your mail for more details.

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

If you enroll in a CTPF health plan and must pay for Medicare Part A, CTPF requires that you enroll in the CTPF **MEDPAY** program. This is the only way you can receive a monthly subsidy for that premium in your pension check.

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 End-Stage Renal Disease (ESRD), you can apply for Medicare benefits by contacting a local SSA office.

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. Please visit www.medicare.gov for additional information.

Medicare & You

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

- Go online to www.medicare.gov and download a pdf
- Call 800-Medicare (1-800-633-4227) and request a copy; TTY users should call 1-877-486-2048
- 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 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

425 S. Financial Place | Suite 1400
Chicago, IL 60605-1000

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 2023, 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

If you are enrolled in a CTPF health plan for the 2023 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, 2023 - DECEMBER 31, 2023

2023 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. 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.

| AARP® Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) ▲ | | UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) | Humana Group Medicare HMO with Part D Pharmacy |
|--|------------|---|---|
| CTPF annuitants cost for single coverage monthly premium cost with CTPF premium subsidy* | | | |
| Up to 68 | \$144.32 | \$124.96 | \$74.86 |
| Age 69-71 | \$157.08 | | |
| Age 72-74 | \$167.74 | | |
| Age 75+ | \$185.93 | | |
| CTPF annuitants + 1 dependent monthly premium cost with CTPF premium subsidy* | | | |
| Up to 68 | \$505.12 | \$437.34 | \$261.99 |
| Age 69-71 | \$549.78 | | |
| Age 72-74 | \$587.07 | | |
| Age 75+ | \$650.75 | | |
| CTPF annuitants + 2 dependents monthly premium cost with CTPF premium subsidy* | | | |
| Up to 68 | \$865.92 | \$749.72 | \$449.12 |
| Age 69-71 | \$942.48 | | |
| Age 72-74 | \$1,006.40 | | |
| Age 75+ | \$1,115.57 | | |
| CTPF dependent cost for single coverage^ (dependents do not receive the CTPF premium subsidy) | | | |
| Up to 68 | \$360.80 | \$312.38 | \$187.13 |
| Age 69-71 | \$392.70 | | |
| Age 72-74 | \$419.33 | | |
| Age 75+ | \$464.82 | | |

▲ This plan is available to Medicare recipients who turned 65 prior to 2020. Premiums based on age, gender, geographic area, and are quoted directly by UnitedHealthcare. The amounts listed above are average costs. Contact UnitedHealthcare directly for an estimate of your cost, which will not include the cost of prescription drug coverage and or the CTPF premium subsidy. When you receive an estimate, contact CTPF to determine your final annual cost. See *page 25* for more information.

* The annuitant cost is the amount paid for monthly coverage **after** CTPF applies the health insurance premium subsidy. The current subsidy is 60% of total premium cost. See *page 12* for more information.

^ This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible.

Plan Comparison: Medicare - Eligible Members



AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare)

Federal regulations limit this plan to Medicare recipients who turned 65 prior to 2020.

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

Available to Medicare recipients who turned 65 prior to 2020.

PLAN FEATURES

Pays 100% after Medicare for Medicare covered services. Premium may vary by age, gender, discount availability, and geographic area. Includes enhanced Medicare Part D prescription coverage.

CONTACT INFORMATION

UnitedHealthcare Group Number: 1089

1-800-392-7537 Customer Service

1-888-543-5630 NurseLine

www.medicare.uhc.com

Express Scripts® Group number: CTPFRX

1-800-864-1416 Customer Service

www.Express-Scripts.com/medd/ctpf

HOW TO ENROLL

Call UnitedHealthcare 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 at www.ctpf.org*), and return all materials to CTPF.

SERVICE AREA

Nationwide (*residents in Mass., Minn., and Wis., must call UnitedHealthcare 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 (*Medicare covered services only*)

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).

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan

PLAN FEATURES

Use any physician who accepts Medicare. Enhanced Medicare Part D prescription coverage. Pays 100% after plan deductible is met, with the exception of Emergency Room visits. Includes several benefits and programs not covered by Medicare.

CONTACT INFORMATION

UnitedHealthcare Group Number: 12830
 Toll free 1-866-572-9396, TTY 711
 8 a.m. – 8 p.m., local time | 7 days a week
 1-877-365-7949 NurseLine
Retiree.UHC.com/ctpf | uhcvirtualretiree.com/ctpf
Express Scripts® Group number: CTPFRX
 1-800-864-1416 Customer Service
www.Express-Scripts.com/medd/ctpf

HOW TO ENROLL

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

SERVICE AREA

Nationwide; All 50 states, the District of Columbia and the 5 US Territories.

FOREIGN TRAVEL

Urgent and emergency benefits available.

PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

LIFETIME MAXIMUM

No lifetime maximum

OUT-OF-POCKET MAXIMUM

\$1,500 (*Includes \$175 deductible*)
 Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network.

ANNUAL PLAN YEAR DEDUCTIBLE

\$175

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

Inpatient
 100% after deductible

Skilled Nursing Facility (non-custodial)
 100% after deductible
 0% coinsurance per day, days 1-20;
 100% days 21-100 after deductible

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 303611 for Chicago plans
 For other service areas, group number is listed on insurance card
 1-866-396-8810 Customer Service
www.humana.com

HOW TO ENROLL

Contact CTPF Member Services at 1-312-641-4464 and request an enrollment packet. Return the completed packet and CTPF Form 350 (*available in the center of this book or online at www.ctpf.org*), to CTPF.

SERVICE AREA

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

FOREIGN TRAVEL

Foreign travel emergency benefits available. Limited to emergency Medicare-covered services.

PHYSICIAN SELECTION

Select a PCP from the listing at 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 Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF

Available to Medicare recipients who turned 65 prior to 2020.

OUTPATIENT SERVICES

(Medicare covered services only)

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

(Medicare covered services only)

Ambulance 100% after Medicare pays

Allergy Shots 100% after Medicare pays

Chiropractic Visits 100% after Medicare pays

Dental 100% after Medicare pays

Diabetic Part B Covered Supplies

100% after Medicare pays

Hearing 100% after Medicare pays

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

Extra Benefits (wellness, vision, hearing and dental discounts)

Renew Active fitness is available in 36 states including Illinois and Renew Active fitness is available in 7 states. Both programs provide a free gym membership. Contact carrier for more details on wellness and discount programs.

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan

OUTPATIENT SERVICES

Chemotherapy, Radiation 100% after deductible

Emergency Room \$50

Lab/X-Ray 100% after deductible

Speech, Physical & Occupational Therapy, Outpatient Rehab 100% after deductible

Surgery 100% after deductible

Urgent Care 100% after deductible

PROFESSIONAL & OTHER SERVICES

Ambulance 100% after deductible

Allergy Shots 100% after deductible

Chiropractic Visits 100% after deductible (unlimited visits); Medicare covered services

Dental 100% after deductible; Medicare covered services only

Diabetic Part B Covered Supplies 100% covered

Hearing

Medicare-covered Services: 100% after deductible
Routine (Non-Medicare) Services: \$0 copay routine hearing exam

Hearing Aids: \$1,000 allowance purchased in network through UnitedHealthcare Hearing every three years

Home Health Services 100% after deductible

Physician Office Visits 100% after deductible

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

Prosthetic Devices, Med. Equip 100% after deductible

Podiatry

Medicare-covered Services 100% after deductible
Routine (Non-Medicare) Services 100% after deductible, 6 visits per year

Renal Dialysis 100% after deductible

Transplants 100% after deductible

Vision Services

Medicare covered Services: 100% after deductible;
 Eye Wear: \$0 copay Medicare covered standard eyeglass lenses and frames after cataract surgery.

Routine (Non-Medicare Covered) Services: \$0 copay annual routine eye exam; \$300 eye wear allowance every two years.

Extra Benefits (wellness, discounts) \$60/quarter over the counter benefit, HouseCalls, Renew Active fitness, hearing aid discount, Wellness programs, Renew Rewards and more. Contact carrier for more benefit details.

Humana Group Medicare HMO

with Part D Pharmacy Medicare Advantage plan

OUTPATIENT SERVICES

Chemotherapy, Radiation

\$50 Copay chemotherapy drugs. Radiation covered 100% outpatient hospital, \$25 copay for specialist office.

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 \$25 copay (Medicare covered services only)

Diabetic Part B Covered Supplies 100% covered

Hearing \$10 Copay at PCP, \$25 copay specialist, Medicare covered services only.

Home Health Services No copay (prior authorization required) excludes personal home care

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 Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF

Available to Medicare recipients who turned 65 prior to 2020.

BEHAVIORAL HEALTH SERVICES

(Medicare covered services only)

Outpatient: 100% after Medicare pays

Inpatient: 100% after Medicare pays

PRESCRIPTION DRUG BENEFITS

Preferred Value Network Pharmacy*

(up to 31-Day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

Preferred Value Network Pharmacy*

(up to 90-Day Supply)

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

Express Scripts Mail Order *(up 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

Once your true out-of-pocket cost reaches \$7,400, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$4.15 for generics/multi source drugs, \$10.35 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 31 days).



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 2023 formulary to determine if your prescription expenses will change.

***Non-preferred network copays are \$5 more than stated copays**

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan

BEHAVIORAL HEALTH SERVICES

Outpatient: 100% after deductible

Inpatient: 100% after deductible
(190 day lifetime limit)

PRESCRIPTION DRUG BENEFITS

Preferred Value Network Pharmacy*

(up to 31-Day supply)

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

Preferred Value Network Pharmacy*

(up to 90-day supply)

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

Express Scripts Mail Order *(up to 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 UnitedHealthcare Medicare Advantage ID card.

Vaccinations

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

Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$7,400, your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$4.15 for generics/multi source drugs, \$10.35 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 31 days).

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 up to 90-Day Supply

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

Mail Order up to 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 Humana customer service for more information about vaccines and other Part B services.

Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$7,400 your copay may be reduced. Once you meet this cost threshold, you pay the greater of 5% coinsurance or \$4.15 for generics/multi source drugs, \$10.35 for brand name drugs, but never more than the normal copay for that drug tier based on the number of days prescribed (e.g., 30 days).

Contact Information

NON-MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

| | GROUP NUMBER | PHONE NUMBERS |
|--|--------------|--|
| Blue Cross Blue Shield PPO www.bcbsil.com | P06675 | 1-800-331-8032 Customer Service 1-800-851-7498 Mental Health 1-800-423-1973 Pharmacy 1-800-299-0274 NurseLine |
| UnitedHealthcare Choice Plus PPO www.myuhc.com | 717511 | 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health |
| Blue Cross Blue Shield HMO Illinois www.bcbsil.com | H64047 | 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy 1-800-299-0274 NurseLine |

MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

| | GROUP NUMBER | PHONE NUMBERS |
|--|--|---|
| UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF UHCRetiree.com/ctpf www.Express-Scripts.com/medd/ctpf | UnitedHealthcare 12830 Express Scripts CTPFRX | 1-866-572-9396 Customer Service 1-800-453-8440 Behavioral Health 1-877-365-7949 NurseLine 1-800-864-1416 1-800-716-3231 TTY/TDD |
| AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF www.medicare.uhc.com www.Express-Scripts.com/medd/ctpf | UnitedHealthcare 1089 Express Scripts CTPFRX | 1-800-392-7537 Customer Service 1-888-543-5630 NurseLine 1-800-864-1416 1-800-716-3231 TTY/TDD |
| Humana Group Medicare HMO with Part D Pharmacy www.humana.com | Humana 303611 | 1-866-396-8810 Customer Service |

DENTAL INSURANCE PLAN PROVIDERS

| | |
|---|----------------|
| Retired Teachers Association of Chicago www.rtac.org | 1-312-750-1522 |
|---|----------------|

OTHER IMPORTANT NUMBERS

| | |
|---|--|
| Chicago Teachers' Pension Fund Member Services www.ctpf.org | 1-312-641-4464 1-312-641-7185 <i>fax</i> |
| Center for Medicare and Medicaid Services (CMS) www.medicare.gov | 1-800-MEDICARE (1-800-633-4227) |
| Express Scripts www.Express-Scripts.com/medd/ctpf | 1-800-864-1416 |
| Payflex (for members on CPS COBRA) www.payflex.com | 1-800-359-3921 |
| Illinois Senior Health Insurance Program (SHIP) www.state.il.us/AGING/SHIP | 1-800-548-9034 |
| Social Security Administration www.socialsecurity.gov | 1-800-772-1213 |

General Information



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 Benefits Department.



Register for *myCTPF*

myCTPF is available to all CTPF members who complete the one-time registration process. Registered members create a unique User ID and password. Once an account is created, members can use *myCTPF* to securely access and download a 1099-R, pay advice(s) and view address/contact information on file with CTPF.

Access the system from a "button" at www.ctpf.org, and use your CTPF Member ID to register. Pensioners can find their ID on a pay advice.



CTPF Contact Information

Chicago Teachers' Pension Fund*

425 S. Financial Place | Suite 1400

Chicago, Illinois 60605-1000

1-312-641-4464 | 1-312-641-7185 *fax*

www.ctpf.org | memberservices@ctpf.org

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

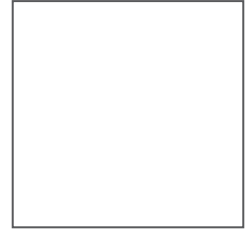
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***Email or Fax Preferred:** We encourage members to submit forms by fax or email if possible, as U.S. Mail processing may be delayed. Send forms and documents by fax to 1-312-641-7185 or email an attachment (.pdf or .jpg format) to imaging@ctpf.org.



Chicago Teachers' Pension Fund

425 S. Financial Place | Suite 1400
Chicago, Illinois 60605-1000



STAY CONNECTED:
CTPF has launched *myCTPF*, a Self-Service Portal where members can securely access CTPF documents and information. Register today at ctpf.org.

HEALTH INSURANCE OPEN ENROLLMENT PERIOD | OCTOBER 1-31, 2022

Join us for an Open Enrollment Webinar

Look Inside!



2023 Summary of Health Insurance Plan Changes
PAGE 2



Open Enrollment Education Week
Webinars and audio presentations October 3-7.
PAGE 3

This handbook is also available at ctpf.org.



Your Voice Matters
Please take our five-minute survey and share your thoughts about the 2023 Health Insurance Handbook at ctpf.org/2022survey.

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