



2024 Health Insurance

Becoming Medicare Eligible



Chicago Teachers' Pension Fund

Plan Year: January 1 – December 31, 2024

TODAY'S AGENDA

- **Understanding Medicare**
- **CTPF health plan options**
- **Q & A**

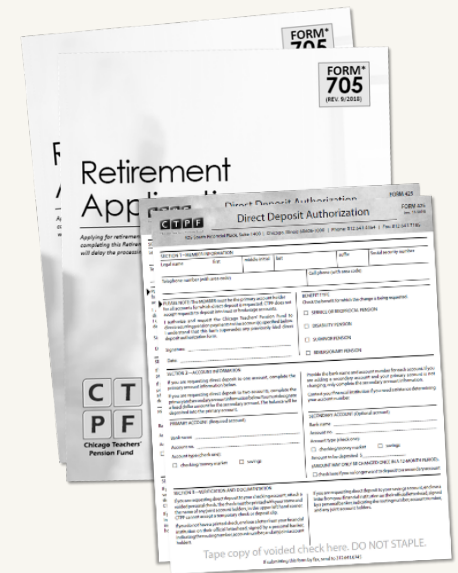


SUBMITTING DOCUMENTS

The best way to send documents to CTPF is electronically:

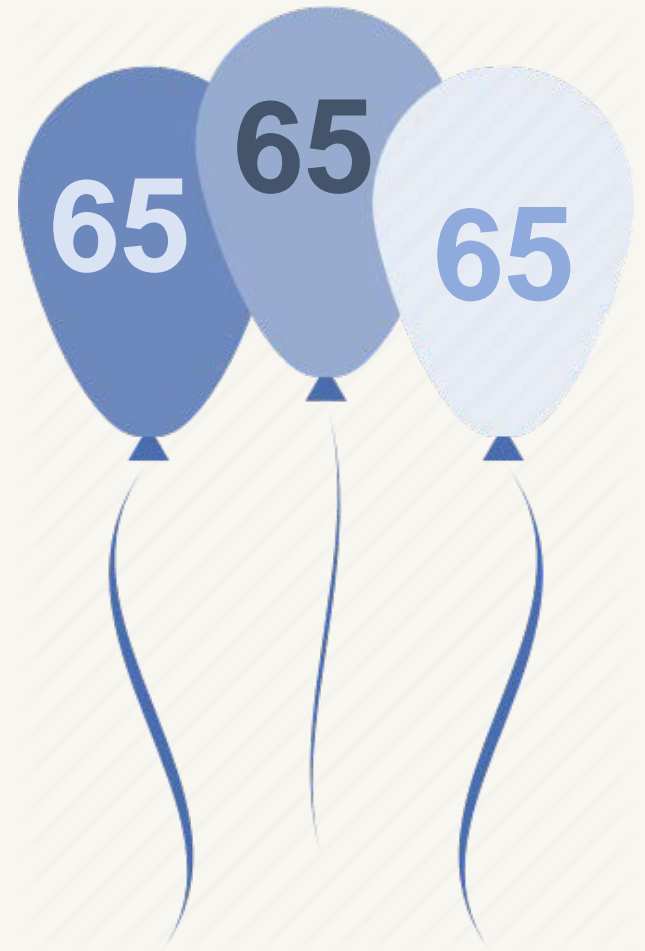
- Fax to **312.641.7185** or
- Email with attachment to imaging@ctpf.org

We highly encourage electronic document submission. You may also mail documents. If you mail your documents, please allow for any delay in USPS delivery.



AGE 65: A MILESTONE BIRTHDAY

- You are Medicare eligible!
- Your current CTPF health insurance coverage ends at the end of the month before your 65th birthday
- Your current CPS COBRA health insurance coverage ends at the end of the month before your 65th birthday
 - *Please contact Payflex to terminate your CPS COBRA due to your Medicare entitlement.*



YOUR ACTION IS REQUIRED!

Enroll in Medicare Part A and Part B

- Medicare is now your primary insurance; CTPF plans help pay the portion of claims that are not paid by Medicare
-

Enroll in a CTPF-sponsored health insurance plan

- UHC PPO or Humana HMO Medicare Advantage plans
 - ***New for 2024:** Cigna Surround Group Supplement plan
-

Submit a new enrollment form (350) and proof of Medicare enrollment to CTPF before the month of your 65th birthday.

- CTPF helps you pay for Medicare premiums by subsidizing 60% of the cost for 2024

HOW TO ENROLL IN MEDICARE

- Online Enrollment (go to www.medicare.gov)



- Contact Social Security Monday - Friday from 9 am to 4 pm except Federal holidays



- Your 40 quarters – Medicare alone or Medicare and Social Security
 - Someone else's 40 quarters – BOTH Medicare and Social Security

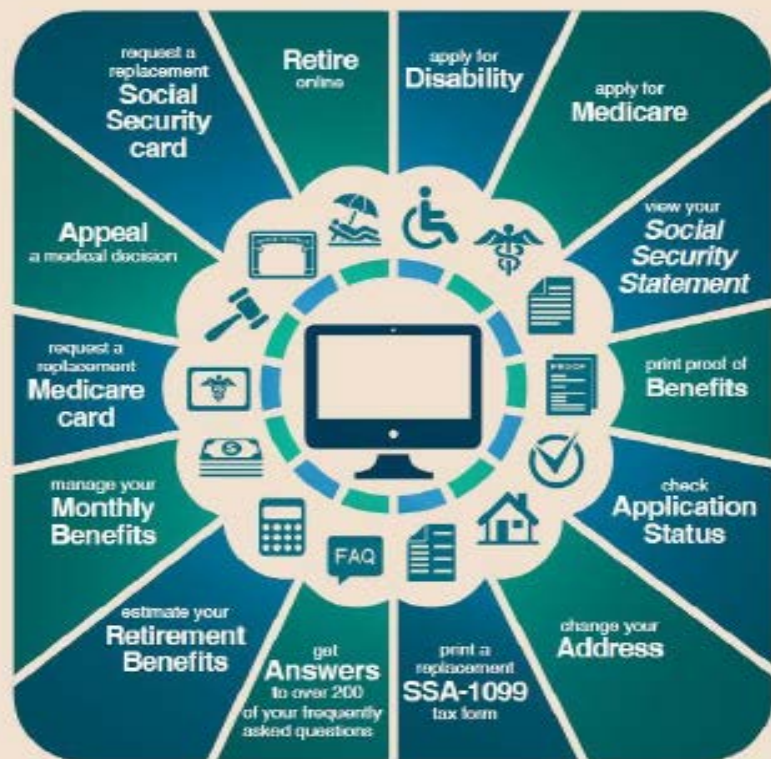
- Usually 4-6 week turnaround. Consider USPS delays



SOCIAL SECURITY ADMIN COVID-19

See What You Can Do Online!

Our online services make doing business with us easier than ever.



SocialSecurity.gov

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Securing today
and tomorrow

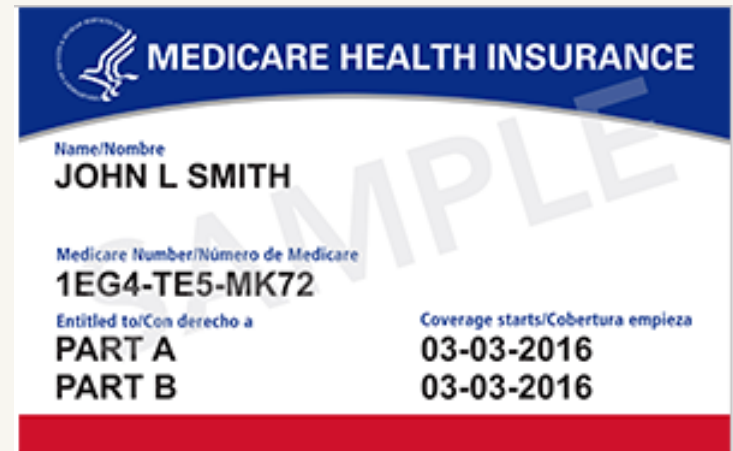
- Since COVID, the Social Security Offices are highly encouraging online and phone service
- Online services are available – visit <https://www.ssa.gov>
- If unable to process enrollment online, contact your local Social Security office (*check hours available*)

UNDERSTANDING MEDICARE

Medicare consists of several parts:

Part A and Part B are known as
“Original Medicare”

- Eligible at age 65
- Enrollment begins 3 months before your 65th birthday
- Enrollment is reflected on traditional Medicare card



ORIGINAL MEDICARE PART A – HOSPITAL INSURANCE

- Part A helps pay for inpatient hospital care, skilled nursing facilities, hospice, and home health

- Part A – free for most by paying into Medicare
Your own working record (40 quarters or “credits” = 10 years)
or qualifying through spouse or ex-spouse working record

- Teachers who didn’t pay Medicare taxes must pay for all or part of Medicare Part A premium

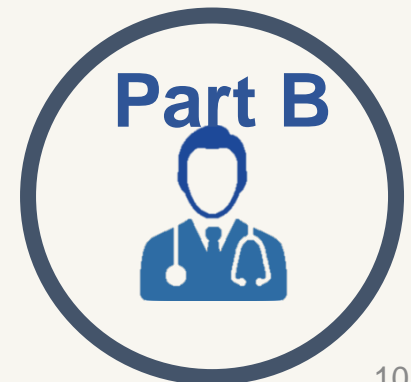


ORIGINAL MEDICARE PART B – MEDICAL INSURANCE

- Part B covers physician visits, outpatient services, preventive services including screening tests

- Everyone pays for Part B coverage

- CTPF helps you pay for Medicare premiums by subsidizing 60% of the cost



WHAT DOES MEDICARE COST?

2024 MEDICARE PREMIUMS

PART A: Hospital Insurance

Monthly Premium

40 quarters ----- \$0

30-39 quarters ----- \$278

0-29 quarters ----- \$505

PART B: Medical Insurance

2024 Monthly Premium

\$174.70

(CTPF subsidy is **\$103.02****)

**** Subsidy based on \$171.70**

PLEASE NOTE:

CTPF subsidizes 60% of Medicare Part B base premiums

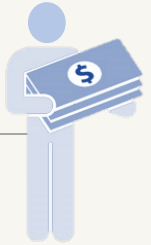
* No Medicare Part A subsidy if pension effective date is 7/1/16 or later

PAYING YOUR MEDICARE PREMIUM

If you qualify for FREE Part A

Pay directly to Medicare

- Monthly bill from Medicare
- Sign up for Medicare Easy Pay[®] program
 - Medicare Part B premium automatically deducted from savings or checking free of charge
 - Easy way to make sure your Medicare premium gets paid on time



Social Security Deduction

- Social Security check, the Part B premium is automatically deducted, no need for EASY PAY

NOTE: CTPF helps you pay by adding a subsidy (\$103.02 in 2024) to your monthly pension benefit (60% of Part B cost).



Thank you for your interest in Medicare Easy Pay. By completing and returning the Authorization Agreement for Preauthorized Payments form (SF-5510), you're authorizing the Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs the Medicare program, to deduct your monthly Medicare premium from your bank account. This notice tells you what happens once you complete and return the form.

What information do I need to put on the form?

The form asks for basic information about you and your bank (also called a financial institution). **Have your red, white, and blue Medicare card and a blank check from your bank account with you when you fill out the form.**

Here are some tips to help you complete the form:

- The "Agency Name" should be "Centers for Medicare & Medicaid Services".
- The "Individual/Organization Name" is your name the way it looks on your Medicare card.
- Your "Agency Account Identification Number" is your 11-character Medicare Number from your Medicare card.
- The "Type of Payment" should be "Medicare Premiums".
- Your "Nine-Digit Routing Number" is the number from the bottom left corner of your check.
- The "Account Title" is the name of the checking or savings account holder.
- The "Account Number" is the checking or savings account number (don't use spaces or symbols).
- The "Signature and Title of Representative" should be completed only if someone at your bank helps you complete the form.

If you're using a checking account to pay your premiums, attach a blank, voided check. We'll use it to validate the Routing and Account numbers you provided on the form.

Where do I send the completed form?

Centers for Medicare & Medicaid Services
Medicare Premium Collection Center
P.O. Box 979098
St. Louis, MO 63197-9000

Website:
www.medicare.gov/medicare-easy-pay



PAYING YOUR MEDICARE PREMIUM



If you PAY for Part A

1 You will need to determine if you pay for Part A



2 If enrolling in CTPF health plan, you **must** enroll in CTPF MedPay



3 Forms will be sent to you (or access via www.ctpf.org under Forms)



CTPF's MEDPAY PROGRAM

- CTPF's *MedPay* program takes over responsibility and sends payment of your monthly Part A and Part B premiums to Medicare on your behalf

- You must complete the CTPF *MedPay* Authorization (Form 301) **and** make 1st payment to Medicare

- Because CTPF pays 100% of your Medicare premium costs to Medicare for you, CTPF deducts 40% of Medicare Part B premium costs from your pension benefit (your share of costs in 2024 after 60% subsidy is applied)

SECTION 1: PERSONAL IDENTIFICATION

Member Name: First	M.I.	Last	Last 4-digits SSN/Member ID:
Mailing Address: Street			Apt. or Unit no.
City	State	Zip	Email Address:
Member's Birth Date:	Telephone Number: <i>(with area code)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2: MEDICARE INFORMATION

MEDICARE NUMBER <i>(Please refer to your Medicare card)</i>	PART A EFFECTIVE DATE <i>(MM/DD/YYYY)</i>	PART B EFFECTIVE DATE <i>(MM/DD/YYYY)</i>

SECTION 3: PROGRAM ENROLLMENT

- You **MUST** have to pay for Medicare Part A to enroll in this program. CTPF retirees who pay for Medicare Part A must enroll in MedPay+.
- To enroll, make your first Medicare Part A, Part B, and Part B IRMAA* *(if applicable)* premium payment directly to the Centers for Medicare and Medicaid Services (CMS).
- Please send CTPF this form and the required documentation noted below.

+ CTPF will not subsidize Part A premiums for members with a pension benefit effective date of July 1, 2016, or later.
- CTPF will process your request and make all subsequent Part A, Part B, and Part B IRMAA* *(if applicable)* premium payments directly to CMS on your behalf.
- Your share of the premium payment *(after CTPF premium subsidy)* will be deducted from your pension benefit. Depending on the timing of this deduction, you may experience a double deduction from your pension check. Per the requirements of this program, any refunds owed to the member will be paid by Medicare and NOT by CTPF+.

* High income earners as determined annually by the SSA are subject to Income Related Medicare Adjustment Amounts (IRMAA) for Part B and Part D coverage, in addition to Medicare premiums. Federal law **PROHIBITS** CTPF from making Part D IRMAA payments on your behalf (recommend using EasyPay - visit Medicare.gov).

SECTION 4: REQUIRED DOCUMENTATION

Important: Your application will not be processed without the required documentation. Immediately after making your first Medicare premium payment to CMS, send this form and the following:

- A copy of your first CMS-issued Notice of Medicare Premium Payment Due.
- Proof of your first premium payment. This is usually a copy of your check or credit card bill.

SECTION 5: CTPF MEDICARE PREMIUM PAYMENTS ON YOUR BEHALF

- Once CTPF receives this completed form and the required documentation, we will initiate the process of making Medicare Part A, Part B, and Part B IRMAA *(if applicable)* payments to CMS on your behalf. You **MUST** continue to pay your Part D IRMAA directly to Medicare.
- If you receive a second Medicare premium payment bill from CMS, DO NOT PAY the bill until you have contacted CTPF for further instructions. *(In rare instances, because of timing, you may be required to make more than one payment directly to Medicare).*

ACKNOWLEDGEMENT OF RESPONSIBILITY AND INTENT

I, _____, PRINT NAME _____, authorize the Chicago Teachers' Pension Fund to pay Medicare Part A, Part B, and Part B IRMAA premium *(if applicable)* on my behalf. I understand that if I am subject to IRMAA Part D as determined by the federal government, I am responsible for making this payment directly to CMS.
(You will be billed for this amount directly from CMS).

Retiree Signature	Date
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HIGH INCOME EARNERS PAY EXTRA FOR MEDICARE (IRMAA)

For 2024 Part B IRMAA, if your “Adjusted Gross Income” in 2022 was:

If your yearly income in 2022 (for what you pay in 2024) was			You pay each month (in 2024)
File individual tax return	File joint tax return	File married & separate tax return	
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	Not applicable	\$244.60
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	Not applicable	\$349.40
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	Not applicable	\$454.20
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$559.00
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$594.00

HIGH INCOME EARNERS PAY EXTRA FOR MEDICARE (IRMAA)

For 2024 Part B IRMAA, if your “Adjusted Gross Income” in 2022 was (continued):

* You will be direct-billed by CMS for Part B premiums and Part B IRMAA amounts unless you do not qualify for free Medicare Part A – then CTPF takes over payments of Medicare Part A and Part B premiums, as well as Part B IRMAA amounts (see Form 301 for instructions)

** If you do not receive a Social Security benefit or one large enough to cover the IRMAA amount for Medicare Part D, CMS will always direct-bill you for this amount

*** Even if you enroll in CTPF MedPay, we cannot pay your Part D IRMAA. *This is always the member’s responsibility.*

MEDICARE PAYMENT SUMMARY



Free Medicare Part A

- ✓ You pay Medicare directly for Part B
- ✓ CTPF *subsidizes* Part B in your pension check

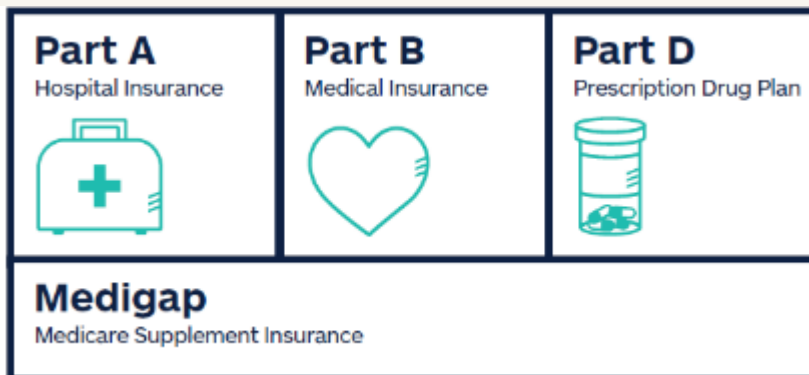
You pay for both Medicare Part A and Part B

- ✓ Enroll in CTPF **MedPay**
- ✓ CTPF pays Medicare for Part A & Part B
- ✓ CTPF subsidizes Part B in your pension check (and if your pension effective date was prior to 7/1/2016, Part A will be subsidized)

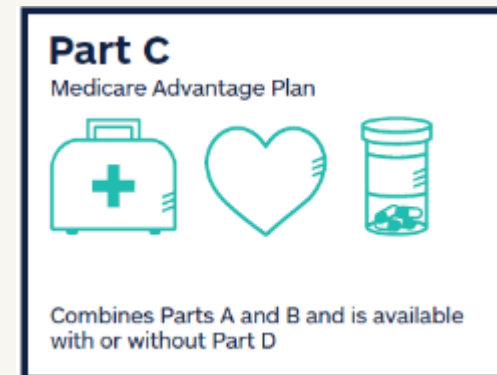
OTHER “PARTS” OF MEDICARE

- ❖ **Part C plans** also known as **Medicare Advantage** plans
 - Replaced Original Medicare and administered by insurance companies
 - Covers doctors, hospitals and often prescription drugs
 - **Must** be enrolled in Part A & Part B
- ❖ **Part D plans** are **prescription drug** plans
 - Administered by insurance companies
 - **Must** be enrolled in Part A & Part B

All CTPF Medicare plans include a Medicare Part D plan

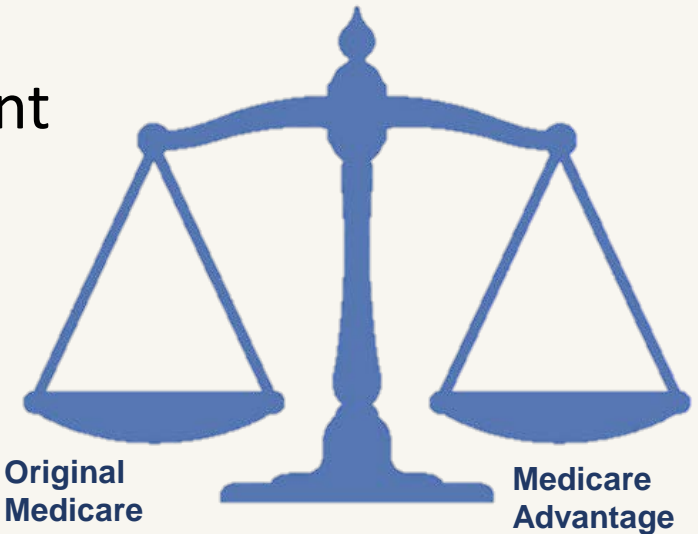


OR



CTPF PLANS FOR MEDICARE ELIGIBLE MEMBERS

- UnitedHealthcare Medicare Advantage PPO (UHCMA)
- Humana Group Medicare HMO
- Cigna Surround Group Supplement (*new for 2024*)



MEDICARE ADVANTAGE PLANS

Common Misconceptions

- Limited Networks, Limited Coverage
- No Out of Network Benefits

Comments from Members

- “Not as good as Supplement Plan”
- “Not as good as Plan F”
- “I wanted Plan G”
- “What’s the catch?”

CTPF Medicare Advantage Plans

- Custom designed *Group* Medicare Advantage Plans
- Must cover at a minimum what Medicare covers, and often they cover more
- Retiree health is in their best interest-WIN/WIN

CTPF PLANS FOR MEDICARE ELIGIBLE MEMBERS



- Comprehensive medical and prescription drug coverage
- Guaranteed enrollment
- Can change plans every year during Open Enrollment
- Fitness program included
- Telehealth option

Reminder: *DO NOT* enroll in additional Medicare Part D prescription drug insurance or you will lose *ALL* CTPF medical and prescription coverage

MEDICAL PLANS: UHC Medicare Advantage PPO (UHCMA)



- Nationwide coverage: use any medical provider that accepts Medicare;
 - In- and out-of-network benefits are the same
- \$175 Deductible, then plan pays 100%
- \$50 Emergency room copay, waived if admitted
- Urgent care paid at 100%
- Foreign travel emergency coverage
- Covers additional services that original Medicare does not cover
- Express Scripts Medicare D plan included

MEDICAL PLANS: UHC—Medicare Advantage PPO (UHCMA)



Additional Benefits

- \$60/quarter Over-the-Counter (OTC) benefit
 - Purchase items via a catalog or online – free shipping
 - Members receive quarterly balance letter & catalog in mail
- Annual routine hearing exam
- Hearing aid allowance (\$1,000 every 3 years – save 30-50% on hearing aids)
- Annual physical exam (\$0 copay) exam is more comprehensive than standard Medicare covered exam

MEDICAL PLANS: UHC— Medicare Advantage PPO (UHCMA)



Additional Benefits

- Wellness Incentives - Earn gift cards from national and local retailers by performing wellness activities throughout the year
- Renew Active (an enhanced Silver Sneakers' plan)
 - See <https://uhcrenewactive.com/home> for more information
- HouseCalls program
- Steps Tracking
- Vision discounts and benefits at participating providers:
 - Routine eye exam (\$0 copay)
 - \$300 Frame allowance every 2 years for eyeglass frames and/or contact lenses

PRESCRIPTION DRUG PLAN (with UHCMA): Express Scripts

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

***Non-preferred network copays are \$5 more than Preferred Value Network copays**

- Retail (2.5X): (\$25/\$75/\$125/\$125)
- Mail Order (2X): (\$20/\$60/\$100/\$100)

MEDICAL PLANS: Humana Group

Medicare HMO (*Medicare Advantage*)

- Traditional HMO (requires use of network providers)
- Select Primary Care Physician (PCP) in plan network
- Referrals required for all specialty care
- Chicago metro area (Cook, DuPage, Kankakee, Kane, Kendall, Lake, McHenry & Will counties) plus limited areas in AL, AZ, CA, CO, FL, IN, KS, LA, MO, MS, NC, NM, NV, PR, TN, TX, and UT (*Please contact Humana for additional coverage areas*)
- No deductibles
- \$10 PCP office visit copayment; \$25 copay – specialist
- Inpatient \$150 copayment, 1st five days per admission
- Use Humana enrollment form

MEDICAL PLANS: Humana Group Medicare HMO (*Medicare Advantage*)

- Foreign travel - emergency only
- Preventive care covered at 100% after Medicare pays
- ER \$50 copay, waived if admitted within 24 hours
- Prescription coverage through Humana Part D Pharmacy

MEDICAL PLANS: Humana Group

Medicare HMO (*Medicare Advantage*)

- Prescription drug formulary includes all generics and brand name drugs approved by Medicare
- Non-preferred brand name drugs covered at higher cost
- No coverage gap
- Retail – 30 day supply:
 - Preferred generics: \$5
 - Non-preferred generics or preferred brand: \$30
 - Non-preferred brand: \$45
 - Specialty drugs: 25% with \$150 maximum per Rx
- 90-day supply:
 - Retail (3X): (\$15/\$90/\$135)
 - Mail Order (2X): (\$0/\$60/\$90)



MEDICAL PLANS: Cigna Surround Group

Supplement – Mirrors Plan G ***NEW for 2024**

- This plan is **only** available to those who turned 65 years old **on or after** 1/1/2020
- Medicare Part B deductible must be paid and then the Plan pays 100% after Medicare for covered services
 - CMS sets deductible annually – For 2024, the Med B deductible is \$240
- Use any medical provider nationwide that accepts Medicare
- Preventive care, urgent care and ER visits are covered at 100% after deductible
- Foreign travel - emergency available
- Program provides a \$28 a month gym membership
- Prescription coverage through Express Scripts Medicare (PDP) – enhanced Medicare Part D plan

PRESCRIPTION DRUG PLAN (with Cigna): Express Scripts

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

***Non-preferred network copays are \$5 more than Preferred Value Network copays**

- Retail (2.5X): (\$25/\$75/\$125/\$125)
- Mail Order (2X): (\$20/\$60/\$100/\$100)

2024 RETIREE PREMIUMS

Subsidy = 60% of Total Cost (Member pays 40%)

PLANS	2024
UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare (PDP)	\$72.17
Humana Group Medicare HMO with Part D Pharmacy	\$52.34
Cigna Supplement Group Supplement with Express Scripts Medicare (PDP)	\$135.90

2024 DEPENDENT PREMIUMS

100% of Total Cost (No Subsidy)

PLANS	2024
UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare (PDP)	\$180.42
Humana Group Medicare HMO with Part D Pharmacy	\$130.84
Cigna Supplement Group Supplement with Express Scripts Medicare (PDP)	\$339.73

AGE 65 & OVER PREMIUMS

You will have 2 premiums

1. CTPF health insurance plan (includes Medicare D)
 2. Medicare A & B
-

You will have 2 subsidies

1. CTPF health insurance plan (includes Medicare D)
2. Medicare Part B



COUPLE COVERAGE

Want CTPF Coverage for You and Your Spouse?

Both Medicare Eligible:

- Both member and spouse must enroll in the same CTPF Medicare health insurance plan

One Non-Medicare and One Medicare Eligible:

- Both member and spouse must enroll in a corresponding Medicare health insurance plan

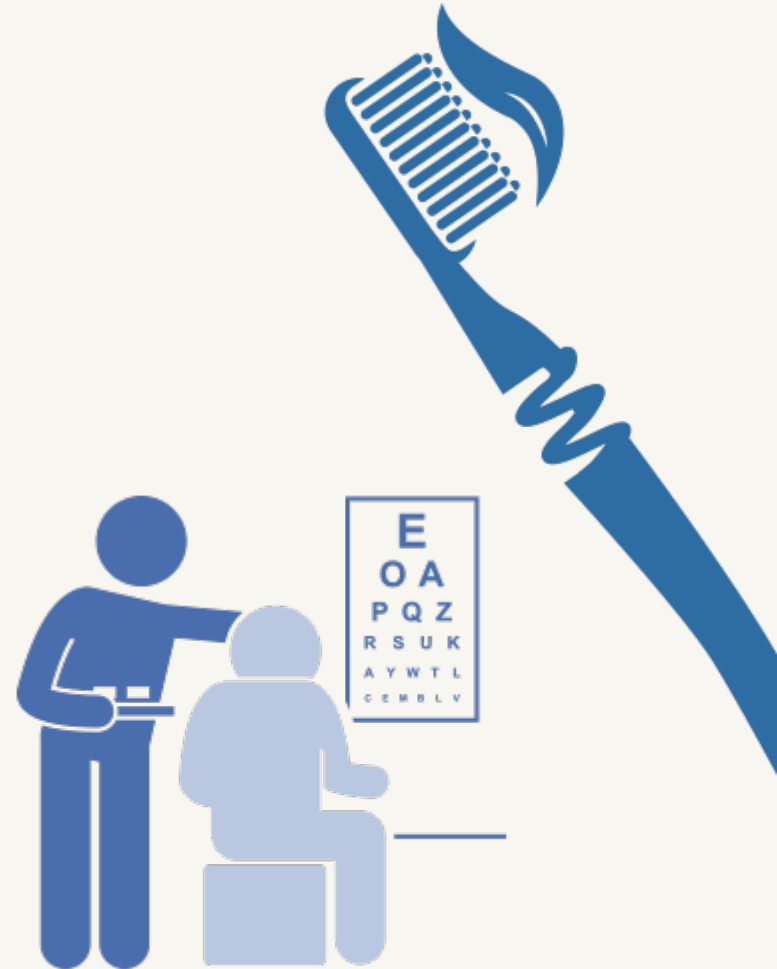
Each family member must complete a separate application (Form 350)



VISION & DENTAL COVERAGE

- CTPF does **not** offer vision or dental insurance
- Vision and Dental plans may be available through:
 - Retired Teachers Association of Chicago (RTAC)
 - Purchased independently

Contact RTAC at www.rtac.org



ILLUSTRATIVE COST COMPARISON

*(Does not reflect premium for Medicare Part A)
Illustration Only*

 2024 rates used	Pre 65 CPS COBRA HMO	Pre 65 BCBS HMO	Post 65 UHCMA PPO	Post 65 Humana HMO	Post 65 Cigna Surround
Monthly Pension Amount	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
Monthly Health Insurance Premium Cost	(\$730.32)*	(\$1,095.15)	(\$180.42)	(\$130.84)	(\$339.73)
Monthly CTPF Health Insurance Subsidy;	\$438.19	\$657.09	\$108.25	\$78.50	\$203.83
Medicare B Premiums*	N/A	N/A	(\$174.70)*	(\$174.70)*	(\$174.70)*
Medicare B Subsidy	N/A	N/A	\$103.02	\$103.02	\$103.02
Net Monthly Pension	\$3,438.19	\$2,561.94	\$3,030.85	\$3,050.68	\$2,967.12

Note: Does not reflect AAI, Federal taxes or other additions or withholdings. CTPF subsidies can change at anytime.

* Amount not part of calculations above – 2024 rate used

NEXT STEPS

1. Enroll in Medicare Parts A & B (go to www.medicare.gov for details) **three** months before turning age 65
2. Attain your Medicare card (or award letter)
3. Return completed enrollment form(s) to **CTPF 30 days** before turning age 65 (**NOT** to the insurance carrier)
 - Form 350 required for **all** plans
 - Humana requires an *additional* application (call Member Services for a copy)

CTPF 2024 Health Insurance Enrollment/Change FORM 350

Member Name: First _____ M.I. _____ Last _____ Last 4-digits SSN/Member ID: _____

Date of Birth: (MM/DD/YYYY) Male Female Email Address: _____ Telephone Number: (last area code) _____

SECTION 2: ENROLLMENT & COVERAGE SELECTION

Enrollment Effective Date: _____/_____/_____ Disenrollment/Termination Date: _____/_____/_____

Coverage Level: Retiree Only Retiree +1 Dependent Retiree +2 or More Dependents

Plan changes made during Open Enrollment are effective January 1 of the following year. If you enroll at a different time, call Member Services at 312.641.4444 for an effective date. If you are disenrolling, please indicate the date of termination.

Enrollment: Initial Enrollment Open Enrollment Special Enrollment* (Select a qualifying event below)

*For Special Enrollment, please check the applicable qualifying event:

Turning 65 (eligible for Medicare) Marriage/first union or divorce/dissolution

Birth, adoption, or legal guardianship COBRA coverage period expired (per eligibility)

Cancelled by former group plan through no fault of your own Other: _____

SECTION 3: DEPENDENT INFORMATION

Indicate if you are adding, changing, or dropping a dependent and complete the required information. Dependents must enroll in the same plan as the member, unless you have a special situation (see below).

Required Documentation:

If you are enrolling a spouse as a dependent, include a copy of your marriage/full union certificate or tax return with spouse's name. If you are enrolling a child, see the Documentation Requirements in the CTPF Health Insurance Handbook at www.ctpf.org.

A	C	D	DEPENDENT NAME	SSN	BIRTHDATE	RELATIONSHIP	MALE/ FEMALE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Special Situations: Find more information on Couple Coverage on www.ctpf.org/healthinsurance.

- If one family member is covered by Medicare and the other is not, you must enroll in corresponding plans offered by the same provider. Each enrollee completes a separate application.
- If both applicants are CTPF retirees, complete separate applications; do not enroll your spouse as a dependent.

IMPORTANT REMINDERS



- CTPF, Social Security Administration, and the Centers for Medicare & Medicaid Services (CMS) **NEVER** sends junk mail! Always read and take action if necessary – your health could depend on it!
- Keep CTPF informed of any address, email or phone number changes (*and notify Social Security Administration (www.ssa.gov) even if you do not receive Social Security benefits*)



IMPORTANT REMINDERS



- Open Enrollment occurs every October – review your *Health Insurance Handbook* for any changes to benefits
- You can begin the enrollment process in a CTPF health plan even if you do not yet have Medicare
- CTPF is advising all members who receive benefits to sign up for direct deposit as soon as possible in an effort to ensure timely receipt of benefit payments

IMPORTANT ONCE ENROLLED

Once your Health Insurance is setup, *two common mistakes* members make which can result in a **loss in coverage**:

1) Failing to make timely Medicare Part B (or IRMAA B or D) payments OR

2) Enrolling in an additional **outside** plan

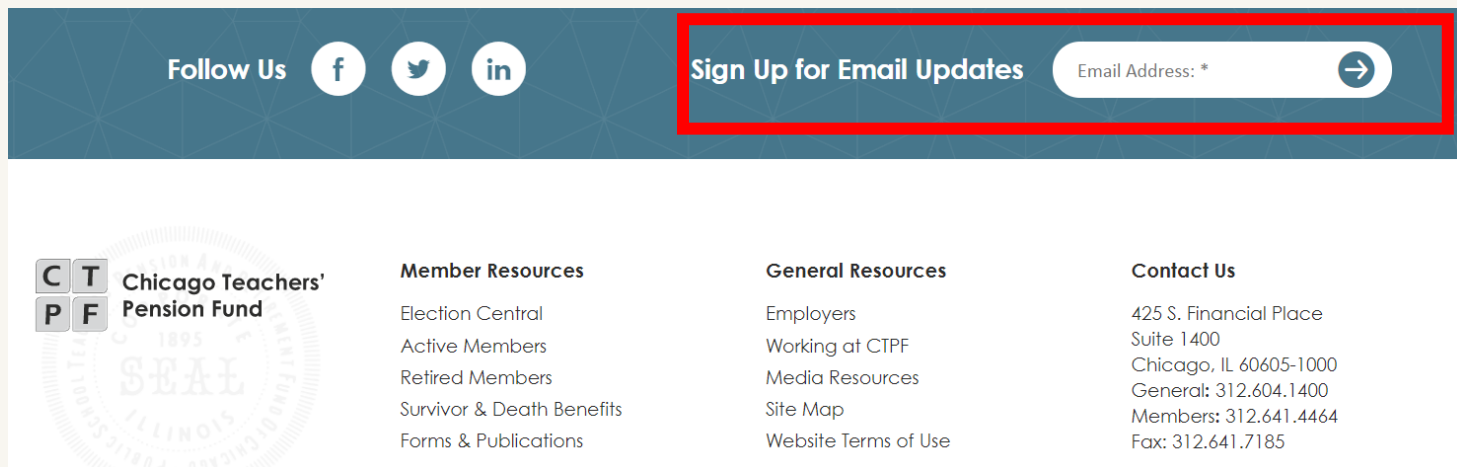
Please be sure **NOT** to make either of these mistakes

You will lose your CTPF coverage




DON'T MISS IMPORTANT INFO


Stay up-to-date on changes by having your email on file at CTPF

- Contact Member Services to update your email address: email memberservices@ctpf.org , or call 312.641.4464
- Submit documents to imaging@ctpf.org or via fax at 312.641.7185
- Register for email updates at www.ctpf.org
 - Scroll down to bottom and enter your email address



The screenshot shows the footer of the CTPF website. On the left, there are social media icons for Facebook, Twitter, and LinkedIn, with the text "Follow Us" above them. To the right of these icons is a "Sign Up for Email Updates" button, which is highlighted with a red border. Next to this button is a text input field labeled "Email Address: *" with a right-pointing arrow button. Below the footer, there are four columns of text: "Chicago Teachers' Pension Fund" with its logo, "Member Resources" with a list of links, "General Resources" with a list of links, and "Contact Us" with address and phone/fax information.

Follow Us   

Sign Up for Email Updates 

CTPF Chicago Teachers' Pension Fund
1895
SEAL
ILLINOIS

Member Resources
Election Central
Active Members
Retired Members
Survivor & Death Benefits
Forms & Publications

General Resources
Employers
Working at CTPF
Media Resources
Site Map
Website Terms of Use

Contact Us
425 S. Financial Place
Suite 1400
Chicago, IL 60605-1000
General: 312.604.1400
Members: 312.641.4464
Fax: 312.641.7185

DON'T MISS IMPORTANT INFO



Register for *myCTPF* | CTPF members who complete the one-time registration process 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 [ctpf.org](https://www.ctpf.org), and use your CTPF Member ID to register. Pensioners can find their ID on a pay advice.

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Stay up-to-date on changes online:

- Visit the CTPF website at www.ctpf.org
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The best way to send documents, including Health Insurance enrollment forms or any other submissions, is by Fax to 312.641.7185 or attach to an email to imaging@ctpf.org

Chicago Teachers' Pension Fund
425 S Financial Place | Suite 1400
Chicago, Illinois 60601-1231
312.641.4464 p.
312.641.7185 f.

Questions



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