

*2017 Plan Cost Comparison

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

This comparison is to be used as a guide. In case this summary differs from the health plan text or any health plan term or condition, the official contract document must govern.

While every effort has been made to ensure up-to-date information, CTPF is not responsible for the final adjudication of insurance claims, which are solely the responsibility of the health plan. (See page 5 for CTPF Plan rate information.)

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

▲ This plan is not available to members under age 65 with Medicare due to a disability. Rates for the AARP Medicare Supplement Plan F (UHC) are based on age, vary by geographic area, and are quoted directly by UnitedHealthcare AARP. The amounts listed above are average costs for Illinois residents. If you are considering this plan, contact UHC AARP directly for a quote. If you are a current enrollee, UHC AARP will send you a letter with your 2017 Plan F premium cost. When you receive your letter, contact CTPF to determine your actual monthly cost, which includes your premium for prescription drug coverage and the health insurance premium subsidy.

* The retiree/survivor cost is the amount paid for monthly coverage after CTPF applies the health insurance premium subsidy. The current subsidy is 50% of total premium cost. See page 13 for more information.

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

Plan Comparison: Medicare - Eligible Members

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

PLAN FEATURES

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

CONTACT INFORMATION

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

HOW TO ENROLL

Call UHC AARP at 1-800-392-7537 and request an enrollment kit for CTPF Plan #1089. Complete the kit, CTPF Form 350 (*available in the center of this book or online*), and return all materials to CTPF.

SERVICE AREA

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

FOREIGN TRAVEL

Foreign travel emergency benefits available.

PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

LIFETIME MAXIMUM

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

OUT-OF-POCKET MAXIMUM

N/A

ANNUAL PLAN YEAR DEDUCTIBLE

None

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

Inpatient

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

Skilled Nursing Facility (*non-custodial*)

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

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

PLAN FEATURES

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

CONTACT INFORMATION

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

HOW TO ENROLL

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

SERVICE AREA

Nationwide

FOREIGN TRAVEL

Foreign travel emergency benefits available.

PHYSICIAN SELECTION

Choose any provider who accepts Medicare

LIFETIME MAXIMUM

No lifetime maximum

OUT-OF-POCKET MAXIMUM

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

ANNUAL PLAN YEAR DEDUCTIBLE

\$350

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

Inpatient
 4% coinsurance

Skilled Nursing Facility (non-custodial)
 4% coinsurance

Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan

PLAN FEATURES

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

CONTACT INFORMATION

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

HOW TO ENROLL

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

SERVICE AREA

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

FOREIGN TRAVEL

Foreign travel emergency benefits available.

PHYSICIAN SELECTION

Select a PCP from the listing at www.humana.com

LIFETIME MAXIMUM

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

OUT-OF-POCKET MAXIMUM

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

ANNUAL PLAN YEAR DEDUCTIBLE

None

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

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

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

Plan Comparison: Medicare - Eligible Members

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

OUTPATIENT SERVICES

Chemotherapy, Radiation

100% after Medicare pays

Emergency Room 100% after Medicare pays

Lab/X-Ray 100% after Medicare pays

Speech, Physical & Occupational Therapy, Outpatient Rehab

100% after Medicare pays

Surgery 100% after Medicare pays

Urgent Care 100% after Medicare pays

PROFESSIONAL & OTHER SERVICES

Ambulance 100% after Medicare pays

Allergy Shots 100% after Medicare pays

Chiropractic Visits 100% after Medicare pays

Dental 100% after Medicare pays; Medicare covered services only

Diabetic Part B Covered Supplies

100% after Medicare pays

Hearing 100% after Medicare pays; Medicare covered services only

Home Health Services 100% after Medicare pays

Physician Office Visits 100% after Medicare pays

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

Prosthetic Devices, Med. Equip

100% after Medicare pays

Podiatry 100% after Medicare pays

Renal Dialysis 100% after Medicare pays

Transplants 100% after Medicare pays

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

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

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

OUTPATIENT SERVICES

Chemotherapy, Radiation 4% coinsurance

Emergency Room 100% covered

Lab/X-Ray 4% coinsurance

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

Surgery 4% coinsurance

Urgent Care 100% covered

PROFESSIONAL & OTHER SERVICES

Ambulance 4% coinsurance

Allergy Shots 4% coinsurance

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

Dental 4% coinsurance; Medicare covered services only

Diabetic Part B Covered Supplies 4% coinsurance

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

Home Health Services 4% coinsurance

Physician Office Visits 4% coinsurance

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

Prosthetic Devices, Med. Equip 4% coinsurance

Podiatry 4% coinsurance

Renal Dialysis 4% coinsurance

Transplants 4% coinsurance

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

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

Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan

OUTPATIENT SERVICES

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

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

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

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

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

Urgent Care
\$25 Copay

PROFESSIONAL & OTHER SERVICES

Ambulance \$50 Copay per date of service

Allergy Shots No copay

Chiropractic Visits \$20 Copay;
Medicare guidelines apply

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

Diabetic Part B Covered Supplies 100% covered

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

Home Health Services No copay
(prior authorization required)

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

Preventive Care (physicals, diagnostics, immunizations) No copay

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

Podiatry \$25 Copay; Medicare covered services only

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

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

Vision Services \$25 Copay; Medicare covered services only

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

Plan Comparison: Medicare - Eligible Members

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

BEHAVIORAL HEALTH SERVICES

Outpatient: 100% after Medicare pays

Inpatient: 100% after Medicare pays

PRESCRIPTION DRUG BENEFITS

Retail Pharmacy (up to 31 day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

Retail 90-Day Supply

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

Mail Order 90-Day Supply

\$20 Generic copay

\$60 Preferred brand copay

\$100 Non-preferred brand copay

\$100 Specialty drugs

Coverage

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

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

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

*Vaccinations

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

*Important Pharmacy Notes

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



*Prescription Drug Plan Changes

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

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

BEHAVIORAL HEALTH SERVICES

Outpatient: 4% coinsurance

Inpatient: 4% coinsurance

PRESCRIPTION DRUG BENEFITS

Retail Pharmacy (up to 31 day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

Retail 90-Day Supply

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

Mail Order 90-Day Supply

\$20 Generic copay

\$60 Preferred brand copay

\$100 Non-preferred brand copay

\$100 Specialty drugs

Coverage

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

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

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

***Vaccinations**

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

***Important Pharmacy Notes**

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

Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan

BEHAVIORAL HEALTH SERVICES

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

Inpatient: \$150 Copay per day (days 1-5) in-network, per admission; authorized services only. Inpatient psychiatric care: 190 day lifetime limit. Alcohol and substance abuse: \$150 Copay per day (days 1-5) in-network, per admission.

PRESCRIPTION DRUG BENEFITS

Retail Pharmacy (up to 30 day supply)

\$5 Preferred generic copay

\$30 Non-preferred generic or preferred brand copay

\$45 Non-preferred brand copay

25% Coinsurance for specialty drugs (*limited to a 30 day supply, max. \$150 per prescription*)

30-day mail order supply also available with \$5 preferred generic copay. All other copays same as retail 30-day supply.

Retail 90-Day Supply

\$15 Preferred generic copay

\$90 Non-preferred generic or preferred brand copay

\$135 Non-preferred brand copay

Mail Order 90-Day Supply

\$0 Preferred generic copay

\$60 Non-preferred generic or preferred brand copay

\$90 Non-preferred brand copay

***Vaccinations**

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

***Important Pharmacy Notes**

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