



Chicago Teachers' Pension Fund

C H I C A G O T E A C H E R S ' P E N S I O N F U N D

# 2009 HEALTH INSURANCE OPEN ENROLLMENT HANDBOOK

*Please keep this handbook for future reference.*



# Chicago Teachers' Pension Fund

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

Member Services: 312.641.4464

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## **Please keep this handbook for future reference.**

This handbook summarizes your health insurance options as a retiree of the Chicago Teachers' Pension Fund (CTPF). If this summary description differs from the plan text or any plan term or condition, the official contract document governs. While every effort has been made to ensure up-to-date information, CTPF is not responsible for final adjudication of insurance claims, which are solely the responsibility of the carrier. This handbook contains information regarding benefits voluntarily provided by CTPF. Plan provisions are subject to change without prior notice to participants.

The deadline for returning health insurance forms to CTPF is November 30, 2008.

**Changes made during the open enrollment period take effect January 1, 2009.**





Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600  
Chicago, Illinois 60601-1210



Dear Pensioner:

We are pleased to provide you with the 2009 Open Enrollment Handbook for the Chicago Teachers' Pension Fund health insurance plans. This handbook contains information about health insurance eligibility, the steps you need to follow to enroll in a health insurance plan, and the 2009 health plan rates and comparison charts.

If you purchase health insurance through CTPF or need to acquire insurance, the open enrollment period is the time when you may join a CTPF-sponsored plan. Current enrollees can also add an eligible dependent or change to a different plan. Open enrollment runs through November 30, 2008. All changes made during open enrollment become effective January 1, 2009.

The health insurance carriers for 2009 will remain Blue Cross/Blue Shield, HMO Illinois (a BC/BS company), and Humana. A complete listing of health insurance plans and rates for 2009 can be found on pages 11 and 23 of this handbook. **Members currently**

**enrolled in a CTPF-sponsored health insurance plan who do not want to change their coverage do not need to take any action.** Your coverage will automatically continue in 2009.

Each year the CTPF Board of Trustees authorizes a rebate to help reduce insurance costs for retirees. The rebate is offered to retirees whose final service is with the Chicago Public or Charter School Systems. This year's rebate is 70% of a retiree's health insurance cost. If you do not purchase insurance through CTPF you may still qualify for the rebate. See page 10 for more information.

If you need assistance with enrollment, we encourage you to attend one of the following seminars:

**October 7**

9:00 a.m. or 1:00 p.m. (attend one)  
Holiday Inn Mart Plaza  
350 West Mart Center Drive, Chicago

**October 14**

9:00 a.m. or 1:00 p.m. (attend one)  
Hilton Oak Lawn,  
9333 South Cicero Avenue, Oak Lawn

Reservations are requested. Please call 312.641.4464 to make a reservation. The seminars will offer a large-group presentation and the opportunity to meet with plan administrators and CTPF staff. At the seminar you can obtain provider directories and enrollment applications; please bring this handbook to the seminar. Refer to the inside back cover for additional documents you may need to enroll in a health insurance plan.

If you are unable to attend a seminar but require further assistance, please call Member Services at 312.641.4464.

Sincerely,

Kevin B. Huber, executive director

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# Introduction

## Post-Retirement Health Insurance

Choosing a health insurance plan for yourself and your eligible dependents is one of your most important retirement decisions. The Chicago Teachers' Pension Fund (CTPF) sponsors comprehensive health insurance plans designed to promote wellness and provide high-quality services at a reasonable cost.

During the annual open enrollment period, retirees have the opportunity to join a CTPF-sponsored health insurance plan or to change their health insurance coverage. The open enrollment period ends November 30, 2008. Changes made during this period take effect on January 1, 2009.

This handbook provides information about CTPF's current health insurance options, rates, and changes to health insurance plans.

## Insurance Options

As a CTPF retiree, you have many options for health insurance coverage. The coverage you choose will depend on many factors including your age, health needs, and the number of dependents you have. Your health insurance options may include:

- COBRA (Consolidated Omnibus Reconciliation Act of 1985) – when you retire, COBRA allows you to continue insurance coverage with your former employer for 18 months.
- CTPF-sponsored health insurance plans – CTPF offers a number of health insurance plans for CTPF retirees.
- Medicare – Medicare provides comprehensive and affordable insurance to all individuals age 65 and older.
- Medicare supplemental insurance plans – CTPF offers several supplemental group health insurance programs for Medicare-covered retirees.
- Medicare advantage health insurance plans – these plans replace traditional Medicare for individuals 65 or better.
- Group insurance – You may obtain group health insurance through your spouse or domestic partner's group plan.
- Private insurance – You may obtain insurance through a private provider.

## Reducing Your Costs

### CTPF's Health Insurance Rebate Program

Each year the CTPF Board of Trustees authorizes a health insurance rebate program. Under this program, retirees are reimbursed for a percentage of their health insurance costs. See page 10 for more information on the health insurance rebate program.



# Overview of Plans and Terms

The following pages offer general descriptions of the types of plans offered to CTPF retirees. Specific plan information can be found in the charts beginning on pages 12 and 24.

## COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows individuals to pay for the same health insurance coverage that they received when they were employed, usually for 18 months.

Since health insurance costs are generally lower under COBRA than they would be under a CTPF-sponsored plan, most individuals who choose this option maintain coverage for the entire 18-month period.

Under COBRA, you pay premiums directly to your former employer. The employer administers the program, determines eligibility, and provides and accepts your application. In order to maintain coverage, you must make monthly premium payments on time or your coverage may be terminated.

Contact your employer for additional information.

## Preferred Provider Organization (PPO)

A Preferred Provider Organization (PPO) is a network of physicians and hospitals that have agreed to charge negotiated rates. When you use a PPO provider, you save money because the PPO provider has agreed to charge a negotiated dollar amount.

To encourage you to use PPO providers whenever possible, the health plan pays a higher percentage of covered charges when you use a PPO network provider.

You decide whether or not to use a PPO network provider. You always have the final say about the physicians and hospitals you and your family use.

The CTPF offers:

- Blue Cross/Blue Shield PPO
- Blue Cross/Blue Shield Medicare
- Humana Group Medicare Regional PPO

## High Deductible Health Plan (HDHP)

A High Deductible Health Plan (HDHP) is a PPO which provides a lower premium option compared to traditional PPO plans. The HDHP includes a Health Savings Account (HSA), a tax advantaged method of accumulating savings to offset the higher deductible.

Preventive services are not subject to the deductible and are reimbursed at 100% in-network.

For 2009 the IRS allows individuals to contribute up to \$3,000 and families up to \$5,950. Individuals age 55 or older may also make a \$1,000 “catch-up contribution” for 2009 and all years going forward.

The HSA funds are portable and accumulate interest. Interest earned and withdrawals for qualified expenses are not subject to federal income taxes.

The CTPF offers:

- Humana High Deductible Health Plan with HSA (under 65)

## Medicare Private Fee for Service (PFFS)

A Medicare Private Fee for Service (PFFS) plan has no deductible, offers limited out-of-pocket expenses, and has no copayment for preventive services, including cancer screening and immunizations.

In the PFFS you can see any doctor or specialist or use any hospital in the United States that accepts the plan’s terms and conditions. Not all providers accept this plan. Except for emergency medical care, your provider may choose whether or not to accept the PFFS plan.

The CTPF offers:

- Humana Group Medicare PFFS

## Health Maintenance Organization (HMO)

A Health Maintenance Organization (HMO) generally provides broader benefits than other types of plans. In an HMO there are no deductibles, coinsurance, or claim forms to file. If you elect an HMO, all of your health care must be provided (except in emergencies) by doctors, hospitals, and pharmacies that belong to the HMO network.

When you elect HMO coverage, you choose a primary care physician (PCP). Your PCP can be an internist, general practitioner, or family practitioner. Your PCP coordinates all of your medical care including referrals to specialists and hospital stays. You have the option to change your PCP at any time (changes may not be effective immediately). For a directory of participating providers, call the HMO directly or attend an open enrollment health insurance seminar.

An HMO does not offer non-emergency services without the assistance of your PCP.

Some HMOs have limited service areas, so consider this option carefully if you travel frequently, have two homes, or have dependents living away from home.

The CTPF offers:

- HMO Illinois (over and under 65)
- Humana Premier HMO (under 65)

## Medicare Insurance

Everyone who reaches age 65 can obtain Medicare coverage. Medicare Part A, hospital insurance, helps cover inpatient care in hospitals. Part A also helps cover a skilled nursing facility, hospice, and home health care if you meet certain conditions.

Medicare Part B, medical insurance, helps cover medically necessary services including doctors' services and outpatient care. Part B also helps cover some preventive services to help maintain health and to keep certain illnesses from getting worse.

Medicare Part D helps cover the cost of prescription drugs.

For further information about Medicare see page 22.

## Medicare Supplemental Plans

A Medicare supplemental health insurance plan is insurance designed to fill the "gaps" in original Medicare coverage. These policies help pay some of the health care costs that Medicare does not cover.

In order to enroll in one of these plans you must show proof of Medicare Parts A and B coverage. The CTPF-sponsored Medicare supplemental plans also include Medicare D coverage.

The CTPF offers:

- HMO Illinois (over 65)
- Blue Cross/Blue Shield Medicare

## Medicare Advantage Plans

These plans completely replace standard Medicare benefits. In an advantage plan, the plan administrator assumes all of the financial cost of the services provided to you, less the applicable copayments. In order to enroll in one of these plans you must show proof of Medicare Parts A and B coverage. The CTPF-sponsored Medicare supplemental plans also include Medicare D coverage

The CTPF offers:

- Humana Group Medicare HMO
- Humana Group Medicare Regional PPO
- Humana Group Medicare PFFS



# Enrolling in a CTPF Plan

## Who Can Join?

CTPF retirees and their eligible dependents may qualify for a CTPF-sponsored health insurance plan. You and your dependents must be covered by the same insurance carrier. You may only add an eligible dependent during open enrollment unless he or she meets an exception noted in the "Outside Open Enrollment" section at right.

## Eligible Dependents

Eligible dependents include:

- a legal spouse as defined by your state of residence and his or her eligible dependents, if applicable
- a domestic partner and his or her eligible dependents, if applicable. For the purposes of this document, the definition of a domestic partner is applied solely to gay and lesbian relationships. You must complete a Domestic Partner Affidavit certifying that you and your partner meet all of the required criteria. Contact CTPF Member Services for an affidavit.
- unmarried children under age 19
- unmarried children who are full-time students (the age limit differs depending on the health plan)
- children who are mentally or physically disabled and dependent on you for support and maintenance (they must have been covered before they reached the age when they would have lost coverage except for the disability)

If your dependent is no longer eligible as defined by your plan, you must notify CTPF in writing.

## Survivors

Upon your death, your surviving spouse and/or eligible dependent children qualify for CTPF health insurance coverage if they receive a survivor's pension.

## When Can I Join?

### During Open Enrollment

Generally, you may only enroll in a CTPF-sponsored health insurance plan once in your lifetime during an open enrollment period.

The open enrollment period for 2009 ends on November 30, 2008. Changes made during open enrollment become effective January 1, 2009.

### Outside Open Enrollment

You may enroll in a CTPF-sponsored plan outside of open enrollment if you meet one of the following exceptions:

1. when COBRA coverage ends  
*Please note: If your COBRA coverage ends due to nonpayment of your premium, you must wait until the next open enrollment period to join a CTPF plan.*
2. if you do not qualify for COBRA coverage at retirement
3. when you obtain Medicare coverage
4. if you lose health insurance coverage from an organization outside of CTPF, through no fault of your own

If you wish to enroll in a CTPF plan, you must contact CTPF within three months of any of the above events to ensure that you receive the information you need, complete the forms required, and allow for processing time to continue health insurance coverage.



## How to Enroll

Read this handbook carefully. It provides important information about health insurance plans and rates for 2009.

You can get started with enrollment by following these steps:

**STEP 1:** Review the information grids (see pages 12 and 24).

**STEP 2:** If you do not want to make any changes, take no further action and your current coverage will continue. Keep this handbook for reference.

**STEP 3:** If you want to change your enrollment, add a dependent, or enroll for the first time, you may obtain information and enrollment forms from the insurance carrier that administers the plan (contact information is listed on page 34) or call CTPF Member Services at 312.641.4464.

**STEP 4:** Fill out the necessary enrollment forms and return them to CTPF along with the required documents\* by November 30, 2008.

If you need additional assistance, plan to attend an Open Enrollment Seminar (see inside back cover for information). These seminars provide an opportunity to meet with representatives from individual health insurance plans and to get answers to specific questions regarding health insurance.

*\* Required documents for enrollment may include photocopies of Medicare cards for you and or your spouse if you are covered by Medicare Parts A and B, a photocopy of your marriage certificate if you are adding a spouse, and a photocopy of a birth certificate or adoption papers if you are adding a dependent child or children.*



# Reducing Your Cost

## CTPF's Health Insurance Rebate Program

If you are a CTPF retiree whose final teaching service was with the Chicago Public or Charter School System, you qualify for a health insurance rebate. A surviving spouse and/or dependents receiving survivor pensions also qualify for the rebate.

Rebates are paid on a fiscal year basis, July 1-June 30. The rebate percentage is currently 70% and is subject to change annually. Rebates are subject to CTPF insurance caps.

The rebate applies only to the retiree or survivor portion of the health insurance premium; it is not applicable to the portion of the premium paid to cover your spouse, domestic partner, or dependents.

### **Members Enrolled in CTPF-Sponsored Health Insurance**

If you participate in a CTPF-sponsored health insurance plan, the rebate will automatically be applied to the premium deducted from your monthly pension.

For example, if your health insurance premium is \$1,000 and the approved rebate

is 70%, CTPF automatically applies the rebate and deducts \$300 from your monthly pension.

### **Members Paying for Medicare**

If you make Medicare payments directly to the Center for Medicare Services (CMS) or have Medicare payments deducted from a Social Security check, you may contact CTPF to have the rebate added to your monthly pension. You must provide proof of payment for Medicare premiums.

### **Members Enrolled in COBRA**

If you participate in COBRA your rebate can be automatically added to your monthly pension check. Contact CTPF Member Services to initiate this process.

### **Members with Other Insurance**

If you participate in another group insurance plan or have private health insurance, CTPF will send you a rebate application with instructions and deadlines each year.



# Under Age 65

The following health insurance plans are available to participants under age 65. This comparison is to be used as a guide. In case this summary differs from the health plan text or any health plan term or condition, the official contract document must govern. While every effort has been made to ensure up-to-

date information, CTPF is not responsible for final adjudication of insurance claims, which are solely the responsibility of the health plan. Some plans have geographic restrictions and may not be a good choice if you travel frequently or have dependents who live away from home.

## Plan Cost Comparison

PLAN	SINGLE		COUPLE		FAMILY	
	2008	2009	2008	2009	2008	2009
<b>Blue Cross/Blue Shield PPO</b> (available in all areas)						
Monthly premium cost	\$1,025.39	\$1,043.91	\$2,050.78	\$2,087.82	\$3,076.17	\$3,131.73
Member's monthly cost*	\$ 307.62	\$ 313.17	\$1,333.01	\$1,357.08	\$2,358.40	\$2,400.99
<b>Humana Premier HMO<sup>1</sup></b> (Chicago vicinity only)						
Monthly premium cost	\$ 694.61	\$ 785.61	\$1,389.22	\$1,571.22	\$2,083.83	\$2,356.83
Member's monthly cost*	\$ 208.38	\$ 235.68	\$ 902.99	\$1,021.29	\$1,597.60	\$1,806.90
<b>HMO Illinois</b> (Chicago vicinity only)						
Monthly premium cost	\$ 855.31	\$ 797.15	\$1,710.62	\$1,594.30	\$2,565.93	\$2,391.45
Member's monthly cost*	\$ 256.59	\$ 239.15	\$1,111.90	\$1,036.30	\$1,967.21	\$1,833.45
<b>Humana High Deductible Health Plan with Health Savings Account</b> (available in all areas)						
Monthly premium cost	\$ 525.65	\$ 564.02	\$1,051.30	\$1,128.04	\$1,576.95	\$1,692.06
Member's monthly cost*	\$ 157.70	\$ 169.21	\$ 683.35	\$ 733.23	\$1,209.00	\$1,297.25

\*Reflects the health insurance rebate provided by CTPF for retirees. The current reimbursement is 70% of a retiree's premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 10 for more information.

<sup>1</sup> Will no longer cover dental exams and routine cleanings.

# Health Care Plan Comparison – Under Age 65

BENEFITS	BLUE CROSS/BLUE SHIELD PPO (available in all areas)	HUMANA PREMIER HMO (Chicago vicinity only)
<b>Contact Information</b>	Group number P06675 1-800-331-8032 For Mental Health 1-800-851-7498 Medical Services Advisory (MSA) 1-800-247-9204	Group number 060282 1-800-HUMANA-1 (pre-enrollment) 1-800-448-6262 (post-enrollment) Mental Health 1-866-376-2921
<b>Service Area</b>	Coverage at more than 92% of physician locations and at approximately 99% of hospitals throughout the United States. Call 1-800-810-BLUE (2583) or visit the Web site at <a href="http://www.bluecares.com/bluecard">www.bluecares.com/bluecard</a> .	In Illinois: all city of Chicago, and Cook, DuPage, Kankakee, Kane, Lake, McHenry, and Will counties. In Indiana: LaPorte, Lake and Porter counties.
<b>Physician Selection</b>	You may select your own physician. Higher benefit level when you use a PPO hospital or physician.	Provided under the direction or with the approval of a plan physician.
<b>ONE TIME PLAN YEAR DEDUCTIBLE (JANUARY 1 – DECEMBER 31, 2009)</b>		
	\$400	None
<b>LIFETIME MAXIMUM</b>		
	\$2,000,000	No lifetime maximum.
<b>COINSURANCE (WHERE APPLICABLE)</b>		
	Member pays 10% of covered expenses, subject to \$1,500 PPO out-of-pocket maximum per person; \$2,500 per family (plus deductible); <b>or</b> 30% of covered expenses, subject to \$3,500 non-PPO out-of-pocket maximum per person; \$6,500 per family (plus deductible).	Does not apply
<b>PRE-ADMISSION CERTIFICATION</b>		
	Before being admitted to a hospital, subscriber must call Medical Services Advisory to review/certify admission.	Does not apply
<b>INPATIENT HOSPITAL CARE</b>		
<b>Hospital Room and Board (Semi-Private)</b>	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Services Advisory for approval.	No charge; unlimited days

<b>HMO ILLINOIS (A BC/BS COMPANY)</b> (Chicago vicinity only)	<b>HUMANA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT</b> (available in all areas)
Group number H64047 1-800-892-2803 Mental Health 1-800-851-7498	Group number 706067 1-800-HUMANA-1 (pre-enrollment) 1-866-427-7478 (post-enrollment) Mental Health 1-866-861-4478 1-800-604-6228 (HSA)
Chicago vicinity only. For specific coverage questions call 1-800-892-2803.	Coverage throughout the U.S. To find a participating physician or hospital, call or visit <a href="http://www.humana.com">www.humana.com</a> .
Provided under the direction or with the approval of a plan physician.	You may select your own physicians. Higher benefit level when you use Choicecare PPO network physician or hospital.
None	Services from Plan providers: \$5,000/individual; \$10,000/family; services from non-Plan providers: \$10,000/individual; \$20,000/family
No lifetime maximum.	\$5,000,000
Does not apply	For services rendered by a Plan physician or facility, member pays nothing after deductible; for non-Plan services member pays 30% of covered expenses, after deductible.
Does not apply	Prior to hospitalization member must call 1-800-491-4421 (direct).
No charge for unlimited days.	Member pays deductible then applicable Plan or non-Plan coinsurance.

# Health Care Plan Comparison – Under Age 65

BENEFITS	BLUE CROSS/BLUE SHIELD PPO (available in all areas)	HUMANA PREMIER HMO (Chicago vicinity only)	
<b>INPATIENT HOSPITAL CARE continued</b>			
<b>Private Room (When Medically Necessary)</b>	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Service Advisory for approval.	No charge if medically necessary; otherwise semi-private rate allowed.	
<b>Intensive Care Unit</b>	An additional \$200 PPO per admission copay (not to exceed 2 copays per year). An additional \$400 non-PPO per admission copay (not to exceed 2 copays per year). Subscriber must call Medical Service Advisory for approval.	No charge	
<b>Physician's Visits, Including Specialists</b>	After one time \$400 plan year deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge	
<b>X-Ray and Lab Test</b>	After one time \$400 plan year deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge	
<b>SURGERY</b>			
<b>Surgeon's Fees</b>	After one time \$400 plan year deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge	
<b>Anesthesiologist</b>	After one time \$400 overall plan deductible, 90% when using PPO hospital, 70% when using non-PPO hospital.	No charge	
<b>MATERNITY</b>			
<b>Hospital Coverage (Mother and Newborn)</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider. Subscriber must call Medical Service Advisory for approval.	No charge	
<b>Physician Care (Inpatient)</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider. Subscriber must call Medical Service Advisory for approval.	No charge	

**HMO ILLINOIS (A BC/BS COMPANY)**  
(Chicago vicinity only)

**HUMANA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT** (available in all areas)

No charge if medically necessary; otherwise, not covered.

Member pays deductible then applicable Plan or non-Plan coinsurance. Semi-private rate allowed.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

No charge

Member pays deductible then applicable Plan or non-Plan coinsurance.

# Health Care Plan Comparison – Under Age 65

BENEFITS	BLUE CROSS/BLUE SHIELD PPO (available in all areas)	HUMANA PREMIER HMO (Chicago vicinity only)
<b>EMERGENCY CARE</b>		
<b>Accidents</b>	100% covered; treatment within 72 hours of accident.	Emergency Room visits have \$75 copay. Members are expected to call their PCP first, except in a life-threatening situation. Emergencies are covered out-of-area, out-of-state, and out-of-country. Paid in full after \$10 copay in physician's office.
<b>Emergency Medical Care</b>	100% covered; initial treatment of a sudden and unexpected medical condition (including related diagnostic test).	
<b>Ambulance</b>	80% of charges after one time \$400 plan year deductible, PPO allowances.	Paid in full for emergency or transfer.
<b>MENTAL HEALTH</b>		
<b>Outpatient</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider. Outpatient hospital days visits can be limited to 35 days per calendar year.	\$10 copay per visit. Maximum of 20 visits per member per year.
<b>Inpatient</b>	After one time \$400 plan year deductible, 90% at PPO hospital; 70% when using non-PPO hospital. Inpatient hospital days for mental illness can be limited to 45 days per calendar year.	No charge. Maximum of 30 days per member per calendar year.
<b>CARE IN THE HEALTH CENTER/DOCTOR'S OFFICE</b>		
<b>Physician's Office Visits</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% with non-PPO provider.	\$10 copay
<b>Routine Physical Check-ups for Adults and Children</b>	Wellness benefit including routine physical examinations, diagnostic tests, and immunizations for covered persons 16 or older, limited to \$500 per person/year. PPO provider covered at 100% after you meet the \$400 program deductible for wellness care. \$15 copay applicable if administered in doctor's office. Non PPO provider covered at 80% of eligible charges after program deductible.  Routine mammogram, pap smear, digital rectal exam, colorectal cancer screening, and PSA not subject to the \$500 wellness maximum.	\$10 copay
<b>Outpatient Surgery</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider.	\$10 copay



<b>HMO ILLINOIS (A BC/BS COMPANY)</b> (Chicago vicinity only)	<b>HUMANA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT</b> (available in all areas)
<p>We recommend you call your doctor for treatment advice in any medical emergency. Making this call may help you avoid a trip to the hospital emergency room. Emergency visits have a \$90 copay.</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>
<p>Paid in full for emergency or transfer.</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>
<p>\$20 copay per visit for up to 20 visits per member per calendar year. Substance abuse benefits are the same as mental health.</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 20 visits per calendar year.</p>
<p>Up to 20 days in full per member per calendar year. Substance abuse benefits are the same as mental health.</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 30 days per calendar year.</p>
<p>\$20 copay</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>
<p>\$20 copay</p>	<p>Member pays nothing if Plan physician; if non-Plan, member pays 30% of covered expense. Deductible does not apply for routine pap smears, routine mammogram, routine lab tests, x-ray and routine exams.</p>
<p>\$20 copay</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>

# Health Care Plan Comparison – Under Age 65

BENEFITS	BLUE CROSS/BLUE SHIELD PPO (available in all areas)	HUMANA PREMIER HMO (Chicago vicinity only)	
<b>CARE IN THE HEALTH CENTER/DOCTOR'S OFFICE continued</b>			
<b>X-ray and Lab Tests</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider.	\$10 copay per visit	
<b>Immunizations, Shots</b>	Refer to routine physical check-ups, pg. 16	\$10 copay per visit	
<b>Allergy Shots</b>	After one time \$400 plan year deductible, 80% when using a PPO provider.	\$10 copay per visit	
<b>Chemotherapy, Radiation Therapy</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% with non-PPO provider.	No charge	
<b>Speech, Physical &amp; Occupational Therapy</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% with non-PPO provider.	No charge for short-term therapy.	
<b>Vision Screening and Exams</b>	Limited coverage offered through Davis Vision, a vision discount program, 1-877-393-8844.	100% covered after \$10 copay at an affiliated provider for routine annual eye exam plus eyeglasses or contact lenses following cataract surgery.	
<b>Eyeglasses and Contacts</b>	Not covered	An allowance toward the purchase of one pair of glasses or contacts every 24 months at any EyeMed Center.	
<b>PRESCRIPTION DRUGS</b>			
<b>Retail Prescription Drug Program</b>	<p>Prescription copays do not apply toward plan deductible.</p> <p>\$10 generic copay</p> <p>\$35 brand copay (when there is no generic equivalent).</p> <p>If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (30-day supply).</p> <p>Unlimited annual maximum.</p> <p>Rx: 1-800-423-1973</p>	<p>4 Level Plan (30-day supply)</p> <p>\$10 copay (Level 1): low cost generic and low cost brand name.</p> <p>\$25 copay (Level 2): high cost generic and brand name.</p> <p>\$45 copay (Level 3): higher cost brand name (usually with a therapeutic equivalent on Level 1 or Level 2).</p> <p>25% coinsurance with a \$2,500 out-of-pocket maximum, annually (Level 4): high technology drugs (less than 1% of all prescriptions).</p> <p>If generic equivalent exists, member pays the difference between brand and generic plus generic copay.</p> <p>Standard Rx4 limitations and exclusions apply. Mail order and 90-day retail are available at 3x retail copay.</p>	

<b>HMO ILLINOIS (A BC/BS COMPANY)</b> (Chicago vicinity only)	<b>HUMANA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT</b> (available in all areas)
No charge	Member pays deductible then applicable Plan or non-Plan coinsurance.
No charge	If Plan physician, member pays nothing; if non-Plan physician, member pays 30% of covered expense.
No charge	Member pays deductible then applicable Plan or non-Plan coinsurance.
No charge	Member pays deductible then applicable Plan or non-Plan coinsurance.
Provided at no charge for restoration of physical function.	Member pays deductible then applicable Plan or non-Plan coinsurance. Up to 80 visits per plan year.
Vision care exams covered 1 time every 12 months, \$20 copay.	Not covered
20% discount on purchase of eyeglasses or contact lenses through Davis Vision, discount program. Additional \$75 allowance every 24 months. Call 1-877-393-8844.	Not covered
<p>\$10 copay generic (up to 34 day supply)</p> <p>\$20 copay brand formulary (up to 34 day supply)</p> <p>\$35 copay brand non-formulary (up to 34 day supply)</p> <p>\$50 copay self-administered injectables* (30-day supply)</p> <p>HMO network physicians have a formulary list for prescription drugs.</p> <p>Rx: 1-800-892-2803</p> <p>* Insulin syringes and infertility drugs are not subject to \$50 copay and are available at the generic, formulary brand-name and non-formulary brand-name copays.</p>	<p>Member pays deductible then plan pays 100% of Rx costs.</p> <p>Rx services are integrated with medical deductible and out-of-pocket costs.</p> <p>Standard HDHP “drug list” will be used.</p> <p>If deductible has not been met, member will be charged full amount of network rate.</p> <p>Retail drugs available at 30-day and 90-day supplies.</p>

# Health Care Plan Comparison – Under Age 65

BENEFITS	BLUE CROSS/BLUE SHIELD PPO (available in all areas)	HUMANA PREMIER HMO (Chicago vicinity only)
<b>Mail Order Prescription Drug Program</b>	<p>Prescription copays do not apply toward plan deductible.</p> <p>\$10 generic copay/\$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (90-day supply).</p> <p>Unlimited annual maximum.</p> <p>Rx: 1-800-423-1973</p>	<p>Maintenance drugs also available in 90-day supply through mail order.</p> <p>Level 4: 25% coinsurance with a \$2,500 out-of-pocket maximum, annually.</p> <p>Call 1-800-486-2621 for more information.</p> <p>Note: Right Source is mail order vendor. Caremark is specialty provider.</p>
<b>OTHER SERVICES</b>		
<b>Prosthetic Devices and Medical Equipment</b>	80% up to purchase price after one time \$400 plan year deductible.	No charge
<b>Care in Skilled Nursing Facility (non-custodial)</b>	After one time \$400 plan year deductible, 90% if services rendered in a Blue Cross Plan approved Skilled Nursing Facility. Skilled Nursing Care must meet medically necessary criteria. Must contact MSA prior to admission for approval.	No charge up to 120 days per calendar year.
<b>Blood</b>	80% coverage provided after 3-pint deductible	No charge
<b>Dental</b>	No coverage	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.
<b>Chiropractic</b>	After one time \$400 plan year deductible, 90% when using PPO provider; 70% when using non-PPO provider.	Covered only when medically necessary and approved by the plan.
<b>Benefit Changes/ Highlights</b>		<p>HumanaFirst 24-hour nurse hotline 1-800-622-9529.</p> <p>Humana offers a telephonic coaching program at no cost for smoking cessation, weight management, nutrition, stress management and back care. To access, members can register at Myhumana.com.</p>

<b>HMO ILLINOIS (A BC/BS COMPANY)</b> (Chicago vicinity only)	<b>HUMANA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT</b> (available in all areas)
<p>\$10 copay generic/\$20 copay brand formulary/\$35 copay brand non-formulary/\$50 copay self-administered injectables*(90-day supply).</p> <p>HMO network physicians have a formulary list for prescription drugs. Rx: 1-800-892-2803.</p> <p>*Insulin syringes and infertility drugs are not subject to \$50 copay and are available at the generic, formulary brand-name and non-formulary brand-name copays.</p>	<p>Member pays deductible then plan pays 100% of Rx costs.</p> <p>Rx services are integrated with medical deductible and out-of-pocket costs.</p> <p>Standard HDHP "drug list" will be used.</p> <p>Note: Right Source is mail order vendor. Caremark is specialty Rx vendor.</p>
<p>No charge</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>
<p>No charge for unlimited days</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p> <p>Up to 60-day limit per plan year.</p>
<p>No charge</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p>
<p>Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance. Dental injuries only (Includes extractions/treatment of natural teeth only; must begin w/in 90 days of injury and completed within 12 months)</p>
<p>100% coverage</p>	<p>Member pays deductible then applicable Plan or non-Plan coinsurance.</p> <p>Up to 20 visit limit per plan year.</p>
<p>HMO Illinois members from the same family may select their own medical group.</p> <p>HMO Illinois provides away from home care.</p> <p>HMO Illinois offers a new discount program called BlueExtras. Members can receive discounts on complementary health care products and services, eyewear and laser vision correction surgery through participating providers. To learn more about this program, call 1-800-892-2803.</p>	<p>Humana offers a tax-free way to save and budget for health care expenses through a Health Savings Account (HSA).</p> <p>Contributions go in tax-free and can be used for IRS-approved expenses.</p>

# Age 65 or Better

## Medicare Overview

At age 65 the structure of your health insurance coverage changes. If you or your spouse/domestic partner want to participate in CTPF-sponsored health insurance you **must** obtain Medicare Part A (hospital) and Part B (medical) coverage. You may qualify for Part A at no cost or at a reduced cost. Everyone pays for Part B.

In order to receive Part A coverage at no cost, you must meet one of the following criteria:

- have 40 credits through Social Security
- be married at least 1 year to apply through your spouse, including a deceased spouse.
- have been married for at least 10 years to an ex-spouse (living or deceased)
- receive a disability pension through Social Security for at least 2 years

If you do not qualify for coverage at no cost, CTPF requires you to purchase this coverage. If you have 30-39 credits, your Medicare Part A premium will be reduced. Obtain cost information from [www.medicare.gov](http://www.medicare.gov).

## Applying for Medicare

You must apply for Medicare Parts A and B three months before the month you (or your spouse/domestic partner) turn 65 so that the start of coverage is not delayed. Apply for Medicare at a Social Security office or call 1-800-772-1213.

If you plan to enroll in a CTPF-sponsored supplemental plan, **do not enroll** in an additional Medicare Part D plan or you may lose all coverage. All of CTPF's Medicare supplemental plans include Medicare D coverage at no additional cost.

## Medicare Supplemental or Advantage Plans

If you wish to enroll in a Medicare supplemental or advantage plan available through CTPF, contact Member Services when you receive proof of Medicare A and B eligibility.

If you are enrolled in a CTPF insurance plan before you turn 65 and you do not provide proof of Medicare coverage when you turn 65, you (or your spouse or domestic partner) will be placed in a transitional insurance plan at a higher cost until proof of Medicare coverage is provided.

## Medicare Retirees with Other Insurance

Retirees with Medicare and a supplemental health insurance plan from another source who wish to enroll in a CTPF-sponsored plan during open enrollment must disenroll from their existing plans (supplemental and/or Medicare Part D) before coverage begins in a CTPF plan.

Contact your insurance carrier(s) to determine their disenrollment procedures. Make sure your carrier(s) understands that you want to terminate coverage December 31 of the current year. When you enroll in a CTPF-sponsored plan, coverage begins January 1 of the following year.

## Paying for Medicare

If you receive a Social Security benefit your Medicare premium will automatically be deducted from your monthly benefit.

If you do not receive Social Security and must pay for Medicare, the Center for Medicare/Medicaid Services (CMS) will bill you. You may request that CTPF make this payment from your pension check. To do so, follow these steps.

1. After you make your first payment to CMS, send or fax a copy of the bill to CTPF. Include your check number, the date paid, and your birth date.

2. CTPF will process your request and begin making your Medicare payments. This process can take up to 30 days. If you receive another bill, contact CTPF before paying.

3. Once CTPF begins making payments to CMS, the CTPF health insurance rebate will automatically be applied to the Medicare deduction from your monthly pension. See page 10 for more information on health insurance rebates.

## IMPORTANT NOTICE CONCERNING MEDICARE PART D (PRESCRIPTION DRUG) COVERAGE

All of CTPF's Medicare supplemental and advantage plans include Medicare Part D (prescription drug) coverage at no additional cost. If you plan to enroll in a health insurance plan offered by CTPF **do not apply** for Medicare Part D prescription drug coverage from another source. It is not uncommon for members to receive solicitations from insurance carriers offering Medicare D plans. If you are enrolled in a health insurance plan offered by CTPF **do not** sign up for any additional Medicare D coverage or you will lose all coverage.

Retirees with Medicare and a supplemental health insurance plan from another source who wish to change plans and enroll in a plan offered by CTPF during open enrollment, must disenroll from their existing plans (supplemental and/or Medicare Part D), effective December 31, before receiving coverage under a plan offered by CTPF. See the previous page for more information.

## Plan Cost Comparison

The following are costs for CTPF-sponsored Medicare supplemental and advantage health insurance plans.

PLAN	SINGLE		COUPLE	
	2008	2009	2008	2009
<b>Blue Cross/Blue Shield Medicare</b> (available in all areas)				
Monthly premium cost	\$ 304.98	\$ 330.63	\$ 609.96	\$ 661.26
Member's monthly cost*	\$ 91.49	\$ 99.19	\$ 396.47	\$ 429.82
<b>Humana Group Medicare Regional PPO</b> (available as shown, see chart)				
Monthly premium cost	\$ 186.00	\$ 186.00	\$ 372.00	\$ 372.00
Member's monthly cost	\$ 55.80	\$ 55.80	\$ 241.80	\$ 241.80
<b>Humana Group Medicare HMO</b> (available as shown, see chart)				
Monthly premium cost	\$ 195.00	\$ 195.00	\$ 390.00	\$ 390.00
Member's monthly cost	\$ 58.50	\$ 58.50	\$ 253.50	\$ 253.50
<b>HMO Illinois (a BC/BS company)</b> (Chicago vicinity only)				
Monthly premium cost	\$ 381.72	\$ 420.27	\$ 763.44	\$ 840.54
Member's monthly cost	\$ 114.52	\$ 126.08	\$ 496.24	\$ 546.35
<b>Humana Group Medicare PFFS</b> (available in all areas)				
Monthly premium cost	\$ 275.00	\$ 275.00	\$ 550.00	\$ 550.00
Member's monthly cost	\$ 82.50	\$ 82.50	\$ 357.50	\$ 357.50

\*Reflects the health insurance rebate provided by CTPF for retirees. The current reimbursement is 70% of a retiree's premium cost and does not apply to the cost of a spouse or dependent's insurance. See page 10 for information on health insurance rebates.

# Health Care Plan Comparison – Age 65 or Better

## Summary of Medicare Supplemental and Advantage Plans

This comparison is to be used as a guide. In case this summary differs from the health plan text or any health plan term or condition, the official contract document must govern. While every effort has been made to ensure up-to-date information, CTPF cannot be responsible for final adjudication of insurance claims, which are solely the responsibility of the health plan.

BENEFITS	BLUE CROSS/BLUE SHIELD MEDICARE (available in all areas)	HUMANA GROUP MEDICARE REGIONAL PPO (available as shown below)	
<b>Contact Information</b>	Group number 64376 1-800-331-8032	Group number 243794 1-866-396-8810	
<b>Service Area</b>	Any provider that accepts Medicare.	AL, AR, AZ, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, OH, OK, PA, SC, TN, TX, VA, WI, WV	
<b>Physician Selection</b>	You may select your own physician.	You may select a physician from provider directory.	
<b>ONE TIME PLAN YEAR DEDUCTIBLE (JANUARY 1 – DECEMBER 31, 2009)</b>			
	\$250	\$100 in-network/\$300 out-of-network	
<b>LIFETIME MAXIMUM</b>			
	\$2,000,000	No lifetime maximum except inpatient mental health. (See mental health)	
<b>COINSURANCE (WHERE APPLICABLE)</b>			
	Member pays 4% of covered expenses.	Does not apply	
<b>INPATIENT HOSPITAL CARE</b>			
<b>Hospital Room and Board (Semi-Private)</b>	Plan pays Medicare Part A deductible for days 1-60; coinsurance days 61-90; days 91-150 lifetime reserve days. Dollar amounts change yearly.	Network: \$165 copay per day (days 1-5) per admission; out-of-pocket maximum \$3,000 (including copays) per individual per calendar year.	
<b>Private Room (When Medically Necessary)</b>	Same as hospital room and board. Semi-private rate allowed.	No charge when medically necessary.	
<b>Intensive Care Unit</b>	Same as hospital room and board.	Covered under inpatient hospital room and board. Refer to hospital room and board above.	
<b>Physician's Visits, Including Specialists</b>	80% of 20% of approved charges after \$250 plan year deductible.	Included in hospital copay	
<b>X-Ray and Lab Test</b>	80% of 20% of approved charges after \$250 plan year deductible.	100% covered	



<b>HUMANA GROUP MEDICARE HMO</b> (available as shown below)	<b>HMO ILLINOIS</b> (A BC/BS COMPANY)	<b>HUMANA GROUP MEDICARE PRIVATE FEE FOR SERVICE (PFFS)</b> (available in all areas)
Group number 076234 1-866-396-8810	Group number H64047 1-800-892-2803	Group number 240246 1-866-396-8810
Chicago metro (Cook, Kane, Kendall, Will counties), Denver, Florida (Daytona, Jacksonville, Orlando, South Florida, Tampa), Kansas City, Louisiana (Alexandria, Baton Rouge, New Orleans, Shreveport), Phoenix, Puerto Rico, Salt Lake City, Texas (Dallas, Corpus Christi, San Antonio)	Chicago vicinity only.  For specific coverage questions call 1-800-892-2803.	Nationwide coverage
You must select a physician from the provider directory.	Provided under the direction or with the approval of a plan physician.	Member can select any doctor that accepts Medicare and the Humana payment terms.
Does not apply	Does not apply	Does not apply
No lifetime maximum except inpatient mental health. (See mental health)	No lifetime maximum	No lifetime maximum except mental health. (See mental health)
Does not apply	Does not apply	Does not apply
Network: \$150 copay per day (days 1-5). Authorized services only. \$2,500 out-of-pocket coinsurance/copay maximum per individual per calendar year.	No charge for unlimited days	\$250 copay per day (days 1-5) per admission; out-of-pocket maximum \$5,000 (including copays) per calendar year.
No charge when medically necessary.	No charge when medically necessary.	No charge when medically necessary.
Covered under inpatient hospital room and board. See hospital room and board.	No charge	Covered under inpatient hospital room and board. See hospital room & board.
Included in hospital copay	No charge	Included in hospital copay
100% covered	No charge	100% covered

# Health Care Plan Comparison – Age 65 or Better

BENEFITS	BLUE CROSS/BLUE SHIELD MEDICARE (available in all areas)	HUMANA GROUP MEDICARE REGIONAL PPO (available as shown on page 24)	
<b>SURGERY</b>			
<b>Surgeon's Fees</b>	80% of 20% of approved charges after one time \$250 plan year deductible. Included in hospital stay.	Included in hospital stay.	
<b>Anesthesiologist</b>	80% of 20% of approved charges after one time \$250 plan year deductible. Included in hospital stay.	Included in hospital stay.	
<b>MATERNITY</b>			
<b>Hospital Coverage (Mother and Newborn)</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	Newborn not covered. Same as any other illness, subject to any applicable copay and limitations.	
<b>Physician Care</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	Covered same as any other illness, subject to any applicable copays and limitations.	
<b>EMERGENCY CARE</b>			
<b>Accidents</b>	100% of 20% of approved charges after one time \$250 plan year deductible. Treatment within 72 hours of accident.	Covered same as any other illness, subject to any applicable copays and limitations.	
<b>Emergency Medical Care</b>	100% of 20% of approved charges after one time \$250 plan year deductible.	Immediate care center: \$35 copay. Emergency room: \$50 copay, waived if admitted within 24 hours.	
<b>Ambulance</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	\$100 copay per occurrence	
<b>MENTAL HEALTH</b>			
<b>Outpatient</b>	50% after one time \$250 plan year deductible.	Plan pays 100% after \$10 to \$75 copay per visit, based on where services are received.	
<b>Inpatient</b>	Refer to inpatient hospital care.	All authorized admissions. \$165 copayment per day (days 1-5) per admission. 190 day lifetime limit.	
<b>CARE IN THE HEALTH CENTER / DOCTOR'S OFFICE</b>			
<b>Physician's Office Visits</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	PCP: \$10 copay. Specialist: \$35 copay.	

HUMANA GROUP MEDICARE HMO (available as shown on page 25)	HMO ILLINOIS (A BC/BS COMPANY)	HUMANA GROUP MEDICARE PRIVATE FEE FOR SERVICE (PFFS) (available in all areas)
100% covered inpatient and outpatient surgery. (Note there are copays for inpatient and outpatient facilities.)	No charge	Included in hospital stay.
100% covered inpatient and outpatient surgery. (Note there are copays for inpatient and outpatient facilities.)	No charge	Included in hospital stay.
Newborn not covered. Same as any other illness, subject to any applicable copay and limitations.	No charge	Newborn not covered. Same as any other illness, subject to any applicable copay and limitations
Covered same as any other illness, subject to any applicable copays and limitations.	No charge	Covered same as any other illness, subject to any applicable copay and limitations
Covered same as any other illness, subject to any applicable copays and limitations.	We recommend you call your doctor for treatment advice in any medical emergency. Making this call may help you avoid a trip to the hospital emergency room.	Covered same as any other illness, subject to any applicable copay and limitations
Immediate care center: \$20 copay. Emergency room: \$50 copay, waived if admitted within 24 hours; applies for care outside of the United States.	Emergency visits have a \$90 copay.	Immediate care center: \$20 copay. Emergency room: \$50 copay, not waived for admissions.
\$50 copay	In full for emergency or transfer.	\$50 copay
PCP doctor's office: \$5 copay. Specialist's office: \$20 copay. Outpatient facility: \$50 copay.	\$20 copay per visit for up to 20 visits per member per calendar year. Substance abuse benefits are the same as mental health.	100% after \$20 copay
Authorized service only inpatient psychiatric care: \$150 copay per day (Days 1-5). 190-day lifetime limit. Alcohol and drug abuse: \$150 per day (Days 1-5).	Up to 20 days in full per member per calendar year. Substance abuse benefits are the same as mental health.	\$250 copay per day (days 1-5). 190 day lifetime limit. Alcohol and drug abuse: \$250 per day (days 1-5).
PCP: \$5 copay. Specialist: \$20 copay.	\$20 copay	PCP: \$5 copay. Specialist: \$20 copay.

## Health Care Plan Comparison – Age 65 or Better

BENEFITS	BLUE CROSS/BLUE SHIELD MEDICARE (available in all areas)	HUMANA GROUP MEDICARE REGIONAL PPO (available as shown on page 24)	
<b>Routine Physical Check-ups for Adults and Children</b>	Routine physical examinations, diagnostic tests, and immunizations for covered persons 16 or older, limited to \$500 per person/year. Services from PPO provider covered at 100% after wellness deductible. Copay applicable if administered in doctor's office. Non PPO provider covered at 80% of eligible charges after deductible.	PCP: \$10 copay. Specialist: \$35 copay.	
<b>Outpatient Surgery</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	Outpatient: \$100-\$125 copay, depending on where services are received. Inpatient: \$165 copay (days 1-5).	
<b>X-ray and Lab Tests</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	\$10 to \$35 depending on place of service.	
<b>Immunizations, Shots</b>	Refer to routine physical check-ups, above.	PCP: \$10 copay. Specialist: \$35 copay.	
<b>Allergy Shots</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	PCP: \$10 copay. Specialist: \$35 copay.	
<b>Chemotherapy, Radiation Therapy</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	Office visit: \$10 copay. Specialist: \$35 copay. Outpatient hospital: \$75 copay.	
<b>Speech, Physical and Occupational Therapy</b>	80% of 20% of approved charges after one time \$250 plan year deductible. Speech therapy must be restorative and patient condition improving.	Office visit: \$10 copay. Specialist: \$35 copay. Outpatient hospital: \$75 copay.	
<b>Hearing and Vision Screening</b>	No coverage for hearing screening. Limited coverage offered through Davis Vision, a vision discount program, 1-877-393-8844.	\$35 copay; Medicare-covered services only, routine services not covered.	
<b>Eyeglasses and Contacts</b>	No coverage	No coverage	
<b>PRESCRIPTION DRUGS</b>			
<b>Retail Prescription Drug Program Medicare Part D Provision</b>	Prescription copays do not apply toward plan deductible. \$10 generic copay \$35 brand copay (when there is no generic equivalent). If there is a generic equivalent, member pays the difference between the cost of brand and generic plus \$35 copay (30-day supply). Unlimited annual maximum. No coverage gap Rx: 1-800-423-1973 for more information.	4 Level Plan (30-day supply); \$5 Generic; \$30 Preferred Brand Name; \$60 Non-Preferred Brand Name; 25% Specialty Once the total yearly drug cost reaches \$2,700.01 you pay \$5 copayment for all preferred generic drugs and 100% coinsurance for all preferred brand, non-preferred brand, and specialty drugs. Once true out-of-pocket cost (TrOOP) reaches \$4,350, you pay the greater of \$2.40 for generic (including brand drugs treated as generic) and \$6.00 for all other drugs, or 5% coinsurance. Rx coverage is unlimited.	

<b>HUMANA GROUP MEDICARE HMO</b> <small>(available as shown on page 25)</small>	<b>HMO ILLINOIS (A BC/BS COMPANY)</b>	<b>HUMANA GROUP MEDICARE PRIVATE FEE FOR SERVICE (PFFS)</b> <small>(available in all areas)</small>
PCP: \$5 copay. Specialist: \$20 copay.	\$20 copay	PCP: \$5 copay. Specialist: \$20 copay. Outpatient facility: \$50 copay.
Outpatient: \$100 copay. Covered same as any other illness, subject to any applicable copays and limitations.	\$20 copay	Outpatient: \$50 copay. Inpatient: \$250 copay (days 1-5). Ambulatory care: \$20 per visit
PCP: \$5 copay. Specialist office or free standing facility: \$20 copay. Outpatient hospital: \$50 copay.	No charge	PCP: \$5 copay. Specialist: \$20 copay. Outpatient facility: \$50 copay.
PCP: \$5 copay. Specialist: \$20 copay.	No charge	PCP: \$5 copay. Specialist: \$20 copay. Outpatient facility: \$50 copay.
PCP: \$5 copay. Specialist: \$20 copay.	No charge	PCP: \$5 copay. Specialist: \$20 copay.
PCP: \$10 copay. Specialist: \$20 copay. Outpatient hospital: \$50 copay.	No charge	5% coinsurance per service. \$5 to \$50 depending on place of service.
PCP: \$5 copay. Specialist office: \$20 copay. Outpatient facility: \$50 copay.	Provided at no charge for restoration of physical function.	PCP: \$5 copay. Specialist: \$20 copay. Outpatient facility: \$50 copay.
Medicare covered services only at applicable copay.	No coverage for hearing screening. Vision care exams are covered 1 time every 12 months, \$20 copay.	Medicare covered services; office visit copay applies.
Medicare covered services only at applicable copay.	20% discount on purchase of glasses or contact lenses through Davis Vision. \$75 allowance every 24 months. 1-877-393-8844.	Medicare covered services; office visit copay applies.
4 Level Plan (30-day supply) \$10 Generic \$20 Preferred Brand Name \$40 Non-Preferred Brand Name 25% Specialty No coverage gap Once true out-of-pocket cost (TrOOP) reaches \$4,350, you pay the greater of \$2.40 for generic (including brand drugs treated as generic) and \$6.00 for all other drugs, or 5% coinsurance. Rx coverage is unlimited.	\$10 copay generic \$20 copay brand formulary \$35 copay brand non-formulary (30 day supply). No coverage gap The network physicians know the prescription drugs on the formulary list. Rx: 1-800-892-2803.	4 Level Plan (30-day supply) \$10 Generic \$20 Preferred Brand Name \$40 Non-Preferred Brand Name 25% Specialty No coverage gap Once true out-of-pocket cost (TrOOP) reaches \$4,350, you pay the greater of \$2.40 for generic (including brand drugs treated as generic) and \$6.00 for all other drugs, or 5% coinsurance. Rx coverage is unlimited.

# Health Care Plan Comparison – Age 65 or Better

BENEFITS	BLUE CROSS/BLUE SHIELD MEDICARE (available in all areas)	HUMANA GROUP MEDICARE REGIONAL PPO (available as shown on page 24)
<b>Mail Order Prescription Drug Program Medicare Part D Provision</b>	Prescription copays do not apply toward plan deductible. \$10 generic copay \$35 brand copay (when no generic equivalent). If generic equivalent exists, member pays the difference between the brand and generic plus \$35 copay (90-day supply). Unlimited annual maximum. Rx: 1-800-423-1973	2x copay for 90-day supply via mail order. \$0 generic copay \$60 preferred brand name \$120 non-preferred brand name 25% specialty
<b>OTHER SERVICES</b>		
<b>Prosthetic Devices/ Medical Equipment</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	20% coinsurance
<b>Care in Skilled Nursing Facility (non-custodial)</b>	No benefits paid days 1-20. Days 21-100 Plan pays Medicare deductible. Care must be provided at BC/BS Plan facility.	Plan pays 100% per day (days 1-11). 100% after \$100 copay per day for days 11-100. No coverage after 100 days.
<b>Blood</b>	80% after 3-pint deductible.	\$10 to \$35 copay based on where services are received.
<b>Dental</b>	No coverage	\$20 copay for Medicare-covered services. 25% coinsurance for preventive and diagnostic services. 50% coinsurance for emergency (includes non-surgical extraction). 75% coinsurance for cosmetic. Limitations: Preventive: 2 calendar year, Diagnostic X-ray: 1 per calendar year, Emergency: unlimited, Cosmetic: 1 per mouth every 3 calendar years, External bleaching: lifetime max of \$200.
<b>Chiropractic</b>	80% of 20% of approved charges after one time \$250 plan year deductible.	\$35 copay. (Medicare covered services only.)
<b>Benefit Plan Changes/ Highlights</b>		Silver Sneakers® (all locations except AZ and Dallas); Humana Active Outlook® – health and wellness education; Quitnet® – smoking cessation service; HumanaFirst – toll free 24 hour/365 days per year medical advice; Member Assistance Program – personal or emotional assistance; eHarmony.com discount; roadside assistance discount; complimentary and alternative medicine discounts through American Whole Health; EyeMed Vision discount; TruHearing discount; NutriSystem™ Silver

<b>HUMANA GROUP MEDICARE HMO</b> <small>(available as shown on page 25)</small>	<b>HMO ILLINOIS (A BC/BS COMPANY)</b>	<b>HUMANA GROUP MEDICARE PRIVATE FEE FOR SERVICE (PFFS)</b> <small>(available in all areas)</small>
2x copay for 90-day supply via mail order. \$0 generic copay	\$10 generic copay \$20 copay brand formulary \$35 copay brand non-formulary (90-day supply). Rx: 1-800-892-2803	2x copay for 90-day supply via mail order. \$0 generic copay
100% covered after 10% coinsurance.	No charge	100% covered after 20% coinsurance
No charge up to 20 days and \$25 per day for days 21-100 each benefit period.	No charge for unlimited days.	No charge up to 20 days and \$25 per day for days 21-100 each benefit period
PCP: \$5 copay. Specialist office or comprehensive outpatient rehab facility: \$20 copay. Outpatient hospital: \$50 copay.	No charge	PCP: \$5 copay. Specialist office or comprehensive outpatient rehab facility: \$20 copay. Outpatient hospital: \$50 copay.
Medicare covered services only at applicable copay.	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth.	Medicare covered services only at applicable copay.
\$20 copay. Medicare guidelines apply.	100% coverage	\$20 copay. Medicare guidelines apply.
Silver Sneakers® (all locations except AZ and Dallas); Humana Active Outlook® – health and wellness education; Quitnet® – smoking cessation service; HumanaFirst – toll free 24 hour/365 days per year medical advice; Member Assistance Program – personal or emotional assistance; eHarmony.com discount; roadside assistance discount; complimentary and alternative medicine discounts through American Whole Health; EyeMed Vision discount; Tru-Hearing discount; NutriSystem™ Silver	.	Silver Sneakers® (all locations except AZ and Dallas); Humana Active Outlook® – health and wellness education; Quitnet® – smoking cessation service; HumanaFirst – toll free 24 hour/365 days per year medical advice; Member Assistance Program – personal or emotional assistance; eHarmony.com discount; roadside assistance discount; complimentary and alternative medicine discounts through American Whole Health; EyeMed Vision discount; Tru-Hearing discount; NutriSystem™ Silver

# Non-Medicare and Medicare Couples

Depending on the age of your spouse or domestic partner, you may be in a situation where one individual is age 65 and covered by Medicare and the other is not. If both individuals want CTPF-sponsored health insurance coverage, they must enroll in corresponding health insurance plans offered by the same carrier. The age 65+ individual enrolls in a Medicare supplemental

or advantage plan and the non-Medicare individual enrolls in an under 65 health insurance plan.

Each person completes a separate application and pays the cost for single coverage. The premiums for single coverage can be found on pages 11 and 23. When both individuals turn 65 they enroll in the same health insurance plan and pay the couple rate.

HEALTH INSURANCE PLAN (UNDER AGE 65)	CORRESPONDING MEDICARE PLAN (AGE 65 OR BETTER)
Blue Cross/Blue Shield PPO	Blue Cross/Blue Shield Medicare
Humana Premier HMO	Any Humana Group Medicare Plan
HMO Illinois (a BC/BS company)	HMO Illinois (a BC/BS company)
Humana High Deductible Health Plan with Health Savings Account	Any Humana Group Medicare Plan

## Example

You are age 63 and your spouse is age 65. You enroll in the Blue Cross/Blue Shield PPO non-Medicare plan and your Medicare-covered spouse enrolls in the corresponding Blue Cross/Blue Shield Medicare supplemental plan. Because you and your spouse are covered under different plans, you pay the single premium for each plan.

<b>Monthly member cost for BC/BS PPO Non-Medicare single coverage (after 70% subsidy)</b>	<b>\$313.17</b>
<b>Monthly non-member premium for BC/BS Medicare supplemental single coverage</b>	<b>\$330.63</b>
<b>Total monthly cost for coverage</b>	<b>\$643.80</b>

When you turn 65 you enroll in the same Medicare supplemental plan as your spouse.

<b>Total monthly cost for BC/BS Medicare supplemental plan coverage for couple</b>	<b>\$429.82</b>
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# Important Terms

## **Annual Deductible**

The amount of covered medical expenses members pay per calendar year before a health plan pays benefits.

## **Annual Maximum**

The amount a member pays out of pocket for benefits each year.

## **Coinsurance**

The set amount a member pays (usually a percentage) for services after any plan deductibles.

## **Copayment/Copay**

The set amount a member pays for a medical service.

## **Deductible**

The amount a member pays for services for health insurance before the insurance carrier will cover the cost of services.

## **Effective Date**

The first day health insurance coverage begins.

## **Emergency Medical Care**

Medical care provided in a hospital emergency room.

## **In Network**

Physicians and hospitals that agree to accept a health insurance provider's terms and payments.

## **Lifetime Maximum**

The amount a health insurance provider will pay for covered services during an individual's lifetime.

## **Lifetime Reserve Days**

Additional days that Medicare will pay for hospitalization longer than 90 days. A total of 60 reserve days can be used during a lifetime. Medicare pays all covered costs except for daily coinsurance for reserve days.

## **Open Enrollment**

The period when retirees can change health insurance plans or add dependents to a health insurance plan.

## **Out of Network**

Physicians and hospitals who do not accept a health insurance provider's terms and payments. Charges are usually higher than in-network providers.

## **Premium**

Periodic payment to an insurance company or health care plan for health care or prescription drug coverage.

## **Primary Care Physician (PCP)**

A physician responsible for a member's complete health care services. A PCP can make referrals to specialists and other health care providers for services.

## **Referral**

A written order required from a PCP that allows a visit to a specialist or to get certain services.

## **Urgent Medical Care**

Medical care provided in an urgent care facility.

# Health Plan Contact Information

HEALTH PLAN	GROUP NUMBER	CONTACT INFORMATION
<b>UNDER AGE 65 INSURANCE PLANS</b>		
<b>Blue Cross/Blue Shield PPO</b>	PO6675	1-800-331-8032 Mental Health 1-800-851-7498 Medical Services Advisory 1-800-247-9204
<b>HMO Illinois (a BC/BS Company)</b>	H64047	1-800-892-2803 Mental Health 1-800-851-7498
<b>Humana Premier HMO</b>	060282	Pre-Enrollment 1-800-HUMANA-1 (1-800-486-2621)* Post-Enrollment 1-800-4HUMANA (1-800-448-6262)* Mental Health 1-866-376-2921
<b>Humana High Deductible Health Plan</b>	706067	Pre-Enrollment 1-800-HUMANA-1 (1-800-486-2621)* Post-Enrollment 1-866-427-7478* Mental Health 1-866-861-4478
<b>Humana Spending Account Administration</b>		1-800-604-6228
<b>AGE 65 OR BETTER INSURANCE PLANS</b>		
<b>Blue Cross/Blue Shield Medicare</b>	64376	1-800-331-8032
<b>Humana Group Medicare HMO</b>	076234	1-866-396-8810
<b>HMO Illinois (a BC/BS Company)</b>	H64047	1-800-892-2803
<b>Humana Group Medicare Regional PPO</b>	243794	1-866-396-8810
<b>Humana Group Medicare Private Fee for Service</b>	240246	1-866-396-8810
<b>MEDICARE</b>		
<b>Medicare</b>		1-800-MEDICARE (1-800-633-4227)

*\*Use the pre-enrollment telephone number during the open enrollment period. Use the post-enrollment telephone number after enrolling in the plan.*

# Open Enrollment Seminars



Need more information about your health insurance options? Plan to attend an Open Enrollment Seminar.

If you want to make a change to your current health insurance coverage and need forms or additional information, plan to attend one of the CTPF Open Enrollment Seminars. These seminars offer the opportunity to meet with representatives from health insurance carriers and provide assistance in filling out enrollment forms. Advance registration is requested. Please call 312.641.4464.

## October 7, 2008

9:00 a.m. or 1:00 p.m. (attend one)

### **Holiday Inn Chicago Mart Plaza**

350 West Mart Center Drive

Chicago, Illinois 60654

1.312.836.5000

## October 14, 2008

9:00 a.m. or 1:00 p.m. (attend one)

### **Hilton Oak Lawn**

9333 South Cicero Avenue

Oak Lawn, Illinois 60453

1.708.425.7800

## ► Remember to Bring

- Your 2009 Open Enrollment Handbook
- A photocopy of a Medicare card for you and or your spouse if you are covered by Medicare Parts A and B
- A photocopy of a marriage certificate if you are adding a spouse
- A photocopy of a birth certificate or adoption papers if you are adding a dependent child or children

## ► What to Expect

At the seminars CTPF will host a short presentation discussing the current health insurance plans. In addition, representatives from all plans, along with CTPF Member Services representatives, will be available to answer questions, provide assistance in filling out forms, and accept completed packets.





Chicago Teachers' Pension Fund

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URGENT MEDICAL PLAN INFORMATION INSIDE.  
PLEASE RESPOND BY NOVEMBER 30, 2008.



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