

Chicago Teachers'
Pension Fund

2023 HEALTH INSURANCE MEDICARE-ELIGIBLE MEMBERS FAQs

CTPF UPDATE

Q: What is the best way to return forms?

Return all completed enrollment forms and required documentation to CTPF. Forms returned to an insurance carrier will not be processed. CTPF encourages members to submit forms by fax or email if possible, as U.S. Mail processing may be delayed. Send forms and documents by fax to 312-641-7185 or email an attachment (.pdf or .jpg format) to imaging@ctpf.org. Find information on scanning without a scanner on the Open Enrollment webpage at ctpf.org/open-enrollment.

If you cannot send in forms by fax or email, use the envelope included in the center of the Handbook.

TURNING AGE 65

Q: I am turning 65 in 2023. What should I do?

CTPF offers bimonthly Medicare “Birthday Parties” designed to help members turning 65 review their health insurance options. You will receive a personal invitation to this event if you or your dependent are currently covered on a CTPF health plan and are turning 65. You should begin the Medicare enrollment process by contacting your local Social Security Administration (SSA) office or by going to www.Medicare.gov. Start the enrollment process at least three months prior to your 65th birthday. If you are already collecting SSA retirement benefits, your enrollment in Medicare is automatic. See the [2023 Health Insurance Handbook](#) for more information.

Q: I am turning 65 before my 18 months of CPS COBRA coverage expires. Do I need to do anything?

If you are turning 65 before your 18 months of CPS COBRA expires, your COBRA coverage will end the month before your 65th birthday. You should enroll in Medicare Part A and Part B and decide whether to enroll in supplemental health insurance coverage through the pension fund. The pension fund will send you an invitation for an enrollment event called a Medicare “Birthday Party” approximately three months before the month of your 65th birthday. See the [2023 Health Insurance Handbook](#) for more information.

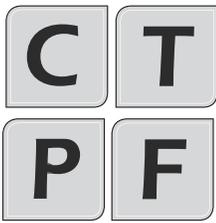
Q: I am turning 65 in 2023. However, I am currently covered on my spouse’s health insurance through his/her employer. Do I have to enroll in Medicare Part A and Part B when I turn 65?

Individuals who are covered under a group health plan based on current employment of a spouse can delay enrollment in Medicare without a penalty (note: COBRA coverage is NOT based on current employment). Once your active group coverage ends, Medicare allows you to enroll without penalty with proof that you were covered under a group plan offered through employment.

Q: What happens if I don’t apply for Medicare Part A and Part B when I turn 65? Does CTPF offer a plan I can join without having Medicare?

CTPF requires all members who are Medicare-eligible (65 years old) to enroll in Medicare Part A and Part B in order to enroll in a CTPF-sponsored health insurance plan. If you choose not to enroll in Medicare Part A and Part B at age 65 and are currently covered under a CTPF plan, your CTPF health insurance coverage will terminate effective the last day of the month before your birthday month. In addition, Medicare penalizes you for late enrollment (*not enrolling when first eligible*) unless you are otherwise covered under a group health plan.





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Q: I'm enrolled in one of the CTPF-sponsored health insurance plans for those eligible for Medicare. I qualify for premium-free Medicare Part A. Does the pension fund pay my Medicare Part B premium? How do I get the 60% subsidy of my Part B premium?

A: If you do not have a premium for Medicare Part A, you are responsible for paying your Medicare Part B premium directly to the Centers for Medicare and Medicaid Services (CMS). CMS will bill you directly for the Medicare Part B premium. The exception is for those that get a Social Security Administration (SSA) benefit – in this case the Medicare Part B premium is deducted directly from the SSA benefit.

If your Medicare Part B premium is not deducted from your SSA benefit, the pension fund recommends signing up for the Medicare Easy Pay program to have your Medicare Part B premium automatically deducted from your checking or savings account free of charge each month.

Failure to pay your Medicare Part B premiums will result in termination from Medicare coverage as well as from CTPF health insurance coverage. The pension fund provides the 60% subsidy of the base Medicare Part B premium by adding it to your pension benefit on a monthly basis.

Q: Why doesn't CTPF subsidize IRMAAs (Income Related Monthly Adjustment Amount) and/or penalties for Medicare Part B and Part D?

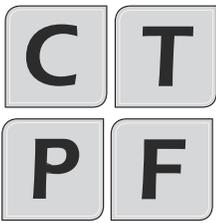
A: CTPF provides a health insurance subsidy for Medicare base premiums only. Other Medicare charges, such as penalties for late enrollment or IRMAAs due to higher incomes, are the sole responsibility of the member.

Q: I do not qualify for premium-free Medicare Part A. I am enrolled in the CTPF MedPay program where the pension fund is sending the Medicare Part A and Part B premium directly to Medicare on my behalf. CTPF currently deducts my Medicare Part A and Part B premiums and my Medicare Part B IRMAA (Income Related Monthly Adjustment Amount) from my pension check. Why can't CTPF deduct the Medicare Part D IRMAA from my pension check?

A: For high-income earners, Medicare Part D IRMAA was implemented by the federal government in 2011 with different payment rules than Medicare Part B IRMAA. The Centers for Medicare and Medicaid Services (CMS) regulates the Medicare programs and how Medicare premiums and IRMAA can be paid. CMS does not allow CTPF to make Medicare Part D IRMAA payments on your behalf. CMS rules state that you must be direct-billed for Part D IRMAA on a monthly basis and that you must pay this amount directly to CMS.

Q: I have to pay for both Medicare Part A and Part B. Do I get subsidized for both?

A: CTPF provides a premium subsidy for Medicare Part B and Part D coverage. Members with a pension benefit effective date prior to July 1, 2016, also receive a subsidy for Medicare Part A (for members who must pay for this coverage). Members who retire with a pension benefit effective date of July 1, 2016, or later, who must pay for Medicare Part A coverage, will not receive a CTPF premium subsidy for this cost.



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HEALTH INSURANCE PLANS AND COSTS

- Q:** I am retiring in 2023 when I turn 65, why am I not able to enroll in Plan F?
- A:** Due to a change in Federal legislation, enrollment in AARP Plan F is limited to Medicare recipients who turned 65 prior to January 1, 2020.
- Q:** I am currently enrolled in the United Healthcare Medicare Advantage PPO Plan. Can I enroll in Plan F in the future?
- A:** Yes, but only members who became Medicare eligible before January 1, 2020, may enroll in Plan F.
- Q:** Is Plan F still offered in 2023 and who is eligible?
- A:** Yes, Plan F will be offered in 2023.
- A:** Due to a change in Federal legislation, enrollment in AARP Plan F is limited to Medicare recipients who turned 65 prior to January 1, 2020.
- Q:** For the 2023 plan year, there is a 60% subsidy of health insurance premiums. Will the subsidy rate change in future years?
- A:** CTPF Trustees voted to provide a 60% subsidy for 2023. The subsidy is limited by Illinois Statute and subject to change as directed by the Board of Trustees. The subsidy rate is set annually.
- Q:** How are the premium costs for the CTPF-sponsored health insurance plans determined each year?
- A:** Our health insurance premiums are based on the benefits offered and claims costs incurred by the plan. Premium costs are also affected by medical costs inflation.



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Q: If I am enrolled in non-CTPF-sponsored health insurance plan, am I eligible for a subsidy?

A: Members enrolled in non-CTPF-sponsored health insurance plans may be eligible for a subsidy subject to the maximum reimbursement amounts published annually under CTPF's outside rebate program. In 2023, the maximum reimbursement amount will be based on CTPF's most economical Medicare or Non-Medicare plan option. Every spring, applications with detailed instructions are sent to these members pertaining to the year prior.

Q: What is a Medicare Advantage plan, and is Medicare Part A and Part B enrollment required?

A: A Medicare Advantage plan is a Medicare-approved plan which includes Medicare Part A (hospital insurance) and Part B (medical insurance). Active enrollment in both Medicare Part A and Part B is required and Medicare premium payments must be kept current. A Medicare Advantage plan (or Medicare Part C) replaces original Medicare, as the Medicare Advantage plan assumes the financial cost of services provided, less applicable copayments. CTPF currently offers two Medicare Advantage plans: the UnitedHealthcare Group Medicare Advantage PPO and the Humana Group Medicare HMO.

Q: If I am enrolled in a Medicare Advantage plan, do I continue to receive an Explanation of Benefits (EOB) from Medicare and from my plan?

A: No. Enrollees of the UnitedHealthcare Group Medicare Advantage PPO and Humana Group Medicare HMO (CTPF's two Medicare Advantage plans) will receive one EOB from the plan only. Since the plan assumes the financial cost of services, a separate EOB from Medicare will not be necessary. Under the UnitedHealthcare Group Medicare Advantage PPO, there will still be a separate EOB from Express Scripts for prescription benefits.

Q: Are there any restrictions on in- and out-of-network coverage with the UnitedHealthcare Group Medicare Advantage PPO?

A: The UnitedHealthcare Group Medicare Advantage PPO in- and out-of-network coverage is identical. Enrollees can see any willing provider as long as the provider accepts Medicare and Medicare Advantage plans; the provider does not have to be in the UnitedHealthcare network. If the provider is not in the UnitedHealthcare network, the plan pays the provider just as much as Medicare would have paid. Enrollees pay the same out-of-pocket percentage as if they had stayed in-network.



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Q: Who do I contact if I experience claim-related issues?

A: Your health insurance plan customer service department can be contacted regarding claim-related issues with doctors, hospitals, and other Medicare providers. Customer service phone numbers can be found on your insurance card or in the [2023 Health Insurance Handbook](#).

Q: What do I do if my provider says they only accept original Medicare or they do not accept the UnitedHealthcare Group Medicare Advantage PPO because they are not in the UnitedHealthcare network?

A: Enrollees in the UnitedHealthcare Group Medicare Advantage PPO will receive a post-enrollment letter for providers with their welcome packet. This letter can be given to providers to explain that providers do not need to be a UnitedHealthcare contracting provider to see and treat enrollees of the UnitedHealthcare Group Medicare Advantage PPO. The letter also explains that enrollees can see any willing provider as long as they accept payment from Medicare and that providers are paid the Medicare Allowed Amount at minimum.

Q: Will I receive a new ID card in 2023?

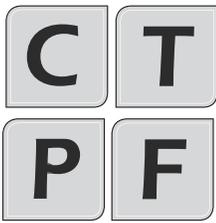
A: Health plan enrollees receive health insurance ID cards by mail directly from their health insurance plan. ID cards are normally issued at the time of enrollment or when a health plan change is made. If you need a replacement card, contact your health insurance plan directly. Find contact information in the [2023 Health Insurance Handbook](#).

Q: Is there a health club membership included when I join a CTPF-sponsored health insurance plan for Medicare-eligible members?

A: All of the Medicare-eligible plans offered by CTPF offer various discounts and wellness benefits. Check with each plan to determine which benefits are offered. Each plan's customer service phone number is listed in the [2023 Health Insurance Handbook](#).

Q: Why do the UnitedHealthcare AARP Plan F rates change during the year?

A: Premiums for the UnitedHealthcare AARP Plan F health plan are based on age, gender, and geographic location and may result in slight changes during the calendar year. In addition, many members will experience a rate increase in or around June 1, 2023. For more information on how and why your Plan F rate may change, please contact UnitedHealthcare directly at 800-545-1797 or go to www.aarpmedicaresupplement.com.



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Q: Why are the health insurance plan premiums for members with Medicare so much less than the plans for members under age 65?

A: When you become age 65 and enroll in Medicare Part A and Part B, Medicare becomes the primary payer of your health care costs. The plans offered by CTPF for members age 65 and over are designed to work with Medicare and help pay those costs not covered by Medicare.

Q: I worked 20 years with the Chicago Public Schools (CPS) and 3 years with Teachers Retirement System (TRS). However, TRS was my final system. I'm not eligible for insurance under TRS – but CTPF tells me I am not eligible to join their plan either. Why?

A: CTPF eligibility rules state that CTPF must be your final retirement system to be eligible to join a CTPF health insurance plan. TRS rules state you must have 8 years of service to be eligible for their health insurance program, whether or not they are the last retirement system. It is very important to understand the health insurance eligibility rules for each system before you retire.

Q: I canceled my CTPF health insurance coverage last year. However, I am not happy with my new coverage and I now want to re-enroll in a CTPF-sponsored health insurance plan. Can I do that?

A: You can initially enroll when one of the following events occurs:

- within 30 days after COBRA continuation coverage under the Board of Education or Charter School active employee group health program ends, unless coverage is canceled due to non-payment of premium
- within 30 days of the effective date of pension benefits
- during the annual Open Enrollment Period (*once in a lifetime*)
- within 30 days of first becoming eligible for Medicare
- when coverage is canceled by a former group plan through no fault of your own

You are also able to re-enroll in a CTPF plan if you experience a qualifying event. You have 30 days after a qualifying event to join a plan, change plans, or add an eligible dependent. Qualifying events include:

- change in permanent address that affects the availability of an HMO or Medicare Advantage plan
- marriage/civil union or divorce/dissolution
- birth, adoption, or legal guardianship
- termination of a Primary Care Physician for HMO plan enrollees
- within 30 days of first becoming eligible for Medicare

One Time Opt-In Policy: Eligible members may re-enroll in a CTPF-sponsored health insurance plan one time without a qualified change in status. Previously, enrollment was only allowed once in a lifetime, unless the member experienced a qualifying event (marriage, birth, death, etc.). Individuals who want to rejoin a CTPF-sponsored health insurance plan without experiencing a qualifying event, as described above, must do so during an open enrollment period. A member applying to re-enroll must have proof of insurance coverage (*medical and prescription drug*) as of the beginning of the open enrollment period (October 1), and maintain coverage through December 31 of that year. CTPF insurance coverage becomes effective the following January 1.



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PRESCRIPTION DRUG COVERAGE

Q: How do I find a pharmacy that is in the Preferred Value Network so I can keep my copays lower?

A: If enrolled in AARP Medicare Supplement Plan F (UnitedHealthcare) or UnitedHealthcare Group Medicare Advantage, please call Express Scripts at 1-800-864-1416.

Q: What is Express Scripts?

A: Express Scripts® is the prescription drug benefits administrator for the UnitedHealthcare Group Medicare Advantage PPO and AARP Medicare Supplement Plan F (UnitedHealthcare). Enrollment in prescription drug coverage is automatic for these plans. Express Scripts will send all new enrollees welcome kits with a separate prescription drug ID card. You will need to present this card at your pharmacy to receive prescription benefits.

Q: Do I pay less for my prescriptions if I use the mail order up to 90-day supply option?

A: Yes, the mail order option will save you money in all of CTPF's Medicare plans. In general, you will pay less in copays for the same amount of medication by using mail order. There is also a retail up to 90-day supply option available with some of our plans – in general, there are some savings when you use retail up to 90-day supply but even greater savings when you use mail order up to 90-day supply.

Q: Does CTPF cover Non-Medicare Part D drugs under the Express Scripts plan?

A: No. CTPF does not cover non-Medicare Part D drugs under the Express Scripts plan. The federal government, as well as the majority of plan sponsors, does not cover these drugs. An example of non-Medicare Part D drugs are lifestyle drugs for Erectile Dysfunction.





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Q: Can you explain coverage of Medicare Part B diabetic test strips and supplies, nebulizer medications, and flu and pneumonia vaccines?

A: Medicare Part B covered supplies and medications are covered under Medicare Part B if you purchase them at a retail pharmacy. When purchasing these items through the UnitedHealthcare and Humana plans, simply present your insurance card for payment. If enrolled in the AARP Plan F Plan, you will need to present both your insurance card and your Medicare card. Please refer to the chart below:

COVERAGE CHART Effective 1/1/2023	UnitedHealthcare Group Medicare Advantage PPO Plan	UnitedHealthcare AARP Plan F	Humana Group Medicare HMO
Retail Pharmacy	Use your new UnitedHealthcare insurance card Out of pocket cost will vary based on formulary status	Use your Medicare card and your UnitedHealthcare AARP Plan F ID card 100% coverage	Use your Humana ID card 100% coverage
Mail Order	Contact UnitedHealthcare for information	Medicare National Approved Diabetic Supplies Mail Order Supplier 100% coverage	Contact Humana for information

Q: How do I find a Medicare Part B–participating mail order pharmacy if I am enrolled in the UnitedHealthcare AARP Plan F?

A: To find a Medicare Part B–participating mail order pharmacy, visit the Medicare website at www.medicare.gov/supplierdirectory/search.html or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Q: My doctor prescribed a medication that requires prior authorization under my prescription coverage. What does this mean?

A: Prior Authorization is a type of clinical management program designed to assess clinical appropriateness while helping to manage health plan costs. Usually there are alternative medications that may be just as effective but cost less for the member and the plan. Prior Authorization also provides an additional safety mechanism for physicians and pharmacists to help prevent potentially harmful outcomes. If a prior authorization is denied by your health plan, you have certain appeal rights that should be followed. The prescribing physician should submit medical documentation to the plan to substantiate the medical need for the medication. Questions related to Prior Authorization and other plan communications to your physician should be directed to your plan. Contact information can be found in the back of your [2023 Health Insurance Handbook](#).



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Q: Why does my prescription drug plan sometimes send letters to doctors suggesting alternative medicines to use?

A: It is common practice for prescription drug benefit administrators to send letters to doctors when they become aware of alternative medicines which could save money for both the member and the plan. You and/or your doctor are under no obligation to change current therapies because of this program. Questions related to plan communications should be directed to your plan. Contact information can be found in the back of your [2023 Health Insurance Handbook](#).

DENTAL INSURANCE

Q: Does the Pension Fund offer dental insurance?

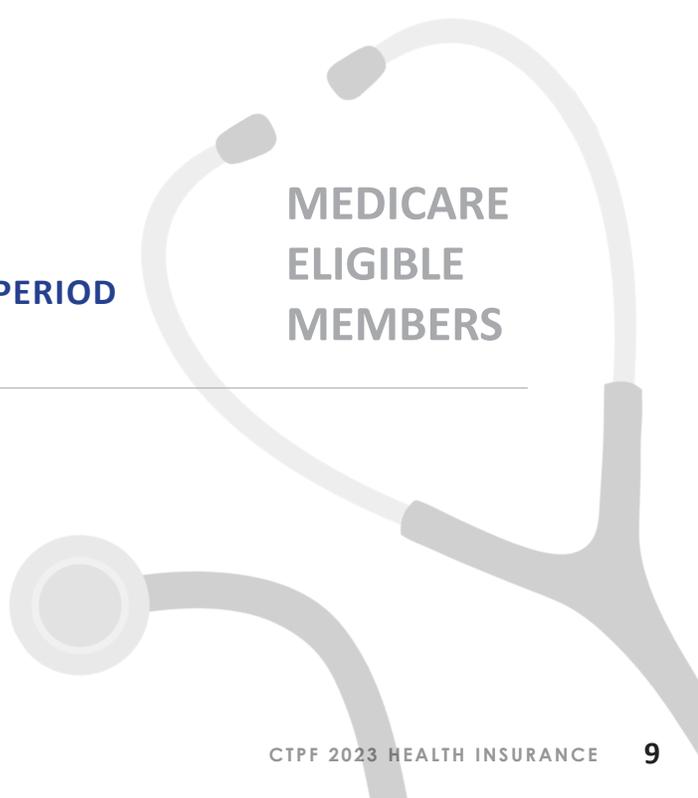
A: No, the Pension Fund does not offer dental insurance. Dental plans are available from the Retired Teachers Association of Chicago, or a private insurance carrier. Contact information can be found in the [2023 Health Insurance Handbook](#).

AFFORDABLE CARE ACT (ACA) – HEALTH INSURANCE MARKETPLACE

What is the Health Insurance Marketplace and does it affect me?

Q: The Health Insurance Marketplace, or “Health Insurance Exchanges,” was created by the Affordable Care Act to make health insurance accessible to the 57 million people under age 65 who did not have health insurance. Those who already have health insurance coverage are not required to utilize the Health Insurance Marketplace.

**2023 HEALTH INSURANCE OPEN ENROLLMENT PERIOD
OCTOBER 1-31, 2022**



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