

OPEN
ENROLLMENT
PERIOD

OCTOBER 1, 2023
THROUGH
OCTOBER 31, 2023



Chicago Teachers' Pension Fund

HEALTH INSURANCE MEDICARE HANDBOOK

2024



PLEASE KEEP THIS HANDBOOK FOR FUTURE REFERENCE.

2024 Open Enrollment

CTPF Annuitant Health Insurance

Choosing a health insurance plan for you and your eligible dependents is one of your most important decisions. Chicago Teachers' Pension Fund (CTPF) sponsors comprehensive plans designed to promote wellness and provide high-quality coverage at a reasonable cost. CTPF must be your final retirement system to be eligible for these plans. This Handbook is your resource for current information about the Chicago Teachers' Pension Fund (CTPF) health insurance options, premiums, and changes to plans.

Health Insurance Premium Subsidy

The Health Insurance Premium Subsidy is set annually by the Board of Trustees. The subsidy will remain at 60% in 2024. The subsidy is only available to eligible CTPF members. Dependent coverage is not eligible for the subsidy.

New in 2024

CTPF will offer the Cigna Surround Group Supplement Plan for Medicare members who turned age 65 on or after January 1, 2020. This is an insured plan that is modeled after Medicare Plan G for members who do not qualify for AARP Plan F.

Open Enrollment Education Week & Vendor Education | Register Today!

The 2024 Open Enrollment Period will run from October 1-31, 2023. During this time, annuitants can enroll, add or drop a dependent, or change a health insurance plan or carrier. Changes become effective January 1, 2024. All plans offered in 2023 will be offered in 2024. You do not need to take any action to stay enrolled. CTPF will host a week of webinars and audio presentations October 2-6 and a week of vendor presentations, October 9-13. A vendor fair will be offered in-person at CTPF on October 12. Plan vendors will be available to answer questions and provide plan information.

Register for a webinar at ctpf.org/calendar. Audio-only presentations will be dial-in and do not require advance registration. Registration is **REQUIRED** to attend the Vendor Fair. Call Member Services at 312.641.4464 to register for a time slot. Members must provide proof of COVID-19 vaccination and complete a health screening form before entering. Members will only be admitted during the time they are registered.

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

MEDICARE PRESENTATIONS	
Monday, October 2, 2023	Open Enrollment Webinar Medicare Plans 10:00 a.m.
Wednesday, October 4, 2023	Open Enrollment Webinar Medicare Plans 10:00 a.m.
	Open Enrollment Call (Dial-in only, no video) Medicare Plans 1:00 p.m. Call: 1.312.626.6799 when prompted enter Webinar ID: 893 6836 4185 Passcode: 194102
Friday, October 6, 2023	Open Enrollment Webinar Medicare Plans 10:00 a.m.
VENDOR EDUCATION	
October 9 - 13, 2023	Vendor Education Week
Thursday, October 12, 2023	Vendor Fair 9:00 a.m. - 5:00 p.m. (various time slots) 425 S. Financial Place 3 rd Floor Chicago, Illinois 60605-1000 Registration is required



Register for CTPF Medicare webinars at ctpf.org/calendar.



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

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

2024 Plan Cost Comparison

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.

New Rates in 2024

CTPF renegotiated its contracts for 2024 and obtained favorable rates for members.

— **NEW PLAN!** —

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP)	Humana Group Medicare HMO with Part D Pharmacy	Cigna Surround Group Supplement Plan with Express Scripts Medicare®(PDP) (mirrors Plan G) ^{>}	AARP® Medicare Supplement Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) [▲]
CTPF annuitant cost for single coverage monthly premium cost with CTPF premium subsidy*			
\$72.17	\$52.34	\$135.90	Age 69-71 \$160.85 Age 72-74 \$174.36 Age 75+ \$188.16
CTPF annuitant + 1 dependent monthly premium cost with CTPF premium subsidy*			
\$252.59	\$183.18	\$475.63	Age 69-71 \$562.97 Age 72-74 \$610.27 Age 75+ \$658.56
CTPF dependent cost for single coverage[▲] (dependents do not receive the CTPF premium subsidy)			
\$180.42	\$130.84	\$339.73	Age 69-71 \$402.12 Age 72-74 \$435.91 Age 75+ \$470.40

[>] This plan is available to Medicare recipients who turned 65 in 2020 or later.

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

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

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

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

Enrollment

Open Enrollment

The annual Open Enrollment Period for the CTPF health insurance program runs from October 1 - October 31, 2023. During Open Enrollment, you may enroll in a CTPF health insurance plan for the first time, change a health insurance plan or carrier, exercise your one-time Opt-In option, or add a dependent to a health plan.

Changes made during this period become effective on January 1, 2024.

Enrollment Forms

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

You must provide proof of Medicare enrollment before enrolling in a CTPF health insurance plan. Acceptable proof includes:

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



What's in a (legal) name?

HEALTH INSURANCE CHECKUP

It's important to **keep your legal name up-to-date** with both the Social Security Administration (SSA) and CTPF. Your legal name is the name on your birth certificate unless your name changed due to marriage, divorce, or by legal decree. Even if you do not receive SSA benefits, the SSA supplies Medicare with the name on your Medicare ID card. Make sure you use your legal name when you complete CTPF health insurance forms. Enrollment problems can occur if the name on your Medicare card does not match the name on file with CTPF.

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

Email or Fax Preferred

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

U.S. Mail

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

Health Benefits Department

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

COBRA Enrollees

Members who are Medicare eligible are not eligible for COBRA. If you have questions, please review the Non-Medicare handbook online at www.ctpf.org.

ID Cards

Health plan enrollees receive health insurance ID cards by mail directly from their health insurance plan provider. ID cards are normally issued at the time of enrollment or when a health plan change is made.

If you need a replacement card, contact your health insurance plan provider directly. You can find contact information in the back of this handbook.

Who Can Enroll In A CTPF Plan?

Annuitants & Dependents

CTPF annuitants and their eligible dependents may qualify to enroll in a CTPF health insurance plan. To qualify, CTPF must be the retiree's final retirement system. An annuitant and/or dependent may initially enroll in a CTPF plan once in a lifetime, unless he or she experiences a qualifying event. (See the *Special Enrollment Section*)

Survivors

Upon the death of a member, survivors should notify the Social Security Administration and CTPF's Member Services as soon as possible. Once reported, CTPF will send a packet outlining survivors' health insurance options.

Continued Coverage for Dependents

CTPF health insurance coverage continues for survivors currently enrolled as dependents following a member's death. Qualified survivors become eligible for a health insurance premium subsidy. A survivor who does not want to continue coverage may voluntarily disenroll.

Joining a CTPF Health Insurance Plan

Qualified survivors may enroll in a CTPF health insurance plan within 30 days of a member's death, and become eligible for a premium subsidy. CTPF sends enrollment information upon notification.

Couple Coverage

When only one Family Member is Medicare Eligible

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

Each family member must complete a separate application and pay the cost for single coverage in each plan. The premiums for single coverage can be found on pages in the cost summary of this handbook. When you both reach age 65, you may enroll in the same health insurance plan and pay the Member +1 rate. For more information on Couple Coverage and an example, please visit www.ctpf.org under Health Insurance/Enrollment Process.

Dependents Defined*

Eligible dependents include:

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

It is your responsibility to notify CTPF in writing when your dependent no longer meets eligibility requirements.

* For the purposes of dependent eligibility, the term children includes natural, step, disabled, and legally adopted children as well as children for whom you have permanent legal guardianship.

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



CTPF Health
Insurance Plan

When Can I Join?



An eligible annuitant and/or dependent may initially enroll in a CTPF plan once in a lifetime, unless he or she experiences a qualifying event noted below.

Initial Enrollment Period

You may initially enroll in CTPF coverage when one of the following events occurs:

- Within 30 days after COBRA continuation coverage ends,* unless coverage is cancelled due to non-payment of premium
- Within 30 days of the effective date of pension/survivor benefits
- During the Annual Open Enrollment Period (*once in a lifetime*)
- Within 30 days of first becoming eligible for Medicare
- When coverage is cancelled by a former group plan through no fault of your own

* If COBRA coverage ends December 31, 2023, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 - 31, 2023. Coverage becomes effective January 1, 2024.

Special Enrollment Period

In addition to the annual Open Enrollment Period, you have 30 days after a qualifying event to change plans or add an eligible dependent. Qualifying events may include:

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

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

One Time Opt-In

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



2024 Open Enrollment

The annual Open Enrollment Period is the time when you or a dependent can enroll in a CTPF plan or change plans. Open Enrollment runs October 1 - 31, 2023. Changes made during Open Enrollment become effective January 1, 2024.

Get started by following these steps:

1. Make sure you understand any plan changes.
2. **If you are currently enrolled in a CTPF plan and you want to continue coverage, you do not need to take any action. Your coverage will continue.**
3. If you or a dependent want to enroll or change plans, you must complete the appropriate enrollment forms. An enrollment form for most plans is included in this handbook. See the “How to Enroll” section of the comparison charts for plans not included on the enrollment form.
4. Return all completed enrollment forms and required documentation to CTPF. Forms returned to an insurance carrier will **not** be processed.

CTPF encourages members to submit forms by fax or email when possible. See the Contact section for email, fax, and mailing information.

What Changes Impact My Enrollment?

It's important to keep CTPF informed if you have any of the following changes which may affect your enrollment status:

- change of address for you or your dependents
- death of a spouse or dependent
- marriage, civil union, divorce, legal separation, annulment
- dependent loss of eligibility
- change in Medicare status, including turning age 65, becoming Medicare eligible before age 65, or loss of Medicare coverage for any reason
- change in Medicare premium (such as decrease or elimination of Medicare Part A premium, or qualifying for a state premium assistance program)
- you have been awarded benefits under Medicaid (it is important that you contact CTPF once you are informed that you have been approved to receive any type of Medicaid benefits; a copy of your Medicaid award letter should also be sent to CTPF)
- your health plan or prescription ID card does not reflect your current enrollment
- your pension deduction does not match your coverage or required premium

Don't Make A Costly Mistake

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

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

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

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

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

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



HEALTH INSURANCE CHECKUP

Stay Up-to-Date with Address Changes

If you move, notify the Social Security Administration (SSA) of your new address. Even if you don't receive a Social Security benefit, the agency needs to know if your address changes, otherwise you may not receive a Medicare Part B bill. If you are Medicare-eligible and fail to pay your Medicare Part B premium you can lose **ALL** of your Medicare coverage. You will also be disenrolled from your CTPF health insurance plan, and reinstatement is a difficult process.

How Do I End Insurance Coverage?

Voluntarily Ending Coverage

You can voluntarily end health insurance coverage at any time. Complete CTPF Form 350 by indicating your desired disenrollment date **at least 30 days prior to the first day of the month when you want to end coverage**. Your benefits will cease on the last day of the month.

If your request is received less than 30 days in advance, your coverage may be effective in the following month.

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

Involuntarily Ending Coverage

Annuitant

An annuitant's health insurance coverage ends:

- the last day of the month when eligibility requirements are no longer met,
- on the date you lose Medicare coverage due to non-payment of premium,
- on the date of death, or
- on the date of enrollment in an outside plan

Dependents*

A dependent's health insurance coverage ends

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

* CTPF health insurance coverage continues for survivors currently enrolled as dependents, following a member's death. See the Who Can Enroll in a CTPF Plan section for information.

Refund of Premium

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

CTPF COBRA Eligibility

COBRA continuation coverage is a continuation of CTPF health insurance coverage when coverage would otherwise end because of a qualifying event. A list of qualifying events with the applicable continuation periods can be found on www.ctpf.org/COBRA.



General Information

HIPAA Authorized Representative

If you want a family member to assist you with health insurance issues, you can submit a HIPAA Authorized Representative Designation form, available at www.ctpf.org or from Member Services. Your Authorized Representative may discuss your health insurance options, but cannot make care or treatment decisions.

Power of Attorney

If you would like a family member or other representative to act on your behalf, you must submit a completed power of attorney form to CTPF and to each of your health insurance carriers. Power of Attorney ends upon the death of the member.

Fraud

Falsifying information and/or documentation to obtain health insurance coverage through CTPF will result in a loss of health insurance.

Disclaimer

If this summary description differs from the plan text or any plan term or condition, the official contract document governs. This handbook contains information regarding benefits voluntarily provided by CTPF. Plan provisions may change without prior notice. All plans are subject to and must comply with any applicable state or federal law. To the extent this summary description differs from current or future applicable state or federal law, the applicable state or federal law governs.

Health Information Privacy Policy

Health Insurance Portability and Accountability Act of 1996 (HIPAA). PHI is health information that can be associated with a member using personal identifiers such as name or Social Security number.

In the course of providing health insurance benefits to our members and administering CTPF's health insurance plans, CTPF may receive and create PHI. Disclosure of PHI is generally limited to activities associated with administration of health care benefits including plan enrollment, premium payments, and facilitation of plan coverage.

CTPF makes every effort to disclose only minimum PHI when necessary, in compliance with federal and state law and CTPF's privacy policy. A copy of CTPF's Privacy Notice is available upon request by contacting the Health Benefits Department.



HEALTH INSURANCE CHECKUP

Dental Plans

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

See the Contact section for information.

Subsidy Program

Health Insurance Premium

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

The amount CTPF can spend on annuitant health insurance is limited by state law. Each year, the CTPF Board of Trustees sets a premium subsidy amount. The subsidy for plan year 2024 is 60% of the total premium cost (*certain limitations may apply*). The subsidy is subject to change at the discretion of the Board.

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

Subsidy for Medicare

CTPF provides a premium subsidy for Medicare Part B and Part D coverage. **Members with a pension benefit effective date prior to July 1, 2016, also receive a subsidy for Medicare Part A (for members who must pay a premium).**

Costs Not Subsidized

CTPF does not subsidize Medicare penalties or adjustments. If you are disenrolled from Medicare for any reason, CTPF may recoup any overpaid premium subsidy from your pension check.

Paying for Medicare Part A

Annuitants enrolled in a CTPF Medicare health insurance plan who must also pay a premium for Medicare Part A must enroll in CTPF's **MEDPAY** Program. Under this program, CTPF makes Medicare Part A, Part B, and Income-Related Monthly Adjustment Amount (IRMAA) Part B premium payments on your behalf, and deducts your share (*after the applicable premium subsidy*) from your pension benefit. See Medicare Premium Payment section for more information.

Paying for Medicare Part B

Medicare will bill you for your Part B Premium unless you receive a Social Security benefit or qualify for and enroll in CTPF's **MEDPAY** program. If you make Part B payments directly to Medicare, CTPF provides a subsidy by adding 60% of the premium cost to your pension benefit.

Example: If your Medicare Part B Premium cost (after deducting non-reimbursable fees) is \$100 and the approved subsidy percentage is 60%, CTPF adds \$60 to your pension benefit. You must make your Part B payment directly to Medicare.

Subsidy for CTPF Medicare Plans

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

Example: If your monthly premium is \$300, and the approved subsidy percentage is 60%, CTPF deducts \$120 from your monthly pension for the premium cost, and pays the remaining \$180 on your behalf.

Outside Rebate Subsidy for Non-CTPF Health Insurance Plans

Members enrolled in non-CTPF health insurance plans and/or Medicare may be eligible for a subsidy, subject to maximum reimbursement amounts published annually. The maximum reimbursement amount will be based on CTPF's **least** expensive Medicare health insurance (medical and prescription coverage) plan option.

An application is mailed in the spring to eligible members who are not enrolled in a CTPF health insurance plan. The subsidy is paid out retroactively for the year prior in an annual payment. Premium payment documentation is required and is explained on the application. If all supporting documentation is received and the member is entitled to a payout, the applications are processed approximately 90 days after receipt. Payouts are performed at the end of each month. Be sure to look for the webinar notifications to assist in completing the necessary application and supporting documentation.

New deadline this year: The application and supporting documentation are due by **July 31st** each year.

Medicare

Health Insurance Options for Medicare Eligible Members

Overview

The following pages offer general descriptions of the types of plans offered to CTPF annuitants who are eligible for and **maintain active enrollment in Medicare Part A and Part B**. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the charts in the 2024 Plan Cost Comparison section.

Medicare Advantage Plans

A Medicare Advantage plan completely replaces original Medicare Part A and Part B coverage. In an Advantage plan, the plan administrator assumes all of the financial cost of the services provided to you, less the applicable copayments. CTPF offers two Medicare Advantage plans:

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

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

Plan premiums include the cost of prescription drug coverage. New enrollees must submit completed enrollment applications to CTPF.

Medicare Advantage Note: This CTPF health plan is a custom plan that does **not** require the use of a network provider for coverage. Your benefit levels are the same whether or not you use a network provider. You may seek care from any provider nationwide that accepts Medicare. All Medicare Advantage plans are regulated by CMS (Centers for Medicare and Medicaid Services). CMS requires that certain language be included in all Medicare Advantage documents.

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

Humana Group HMO with Part D Pharmacy

This plan is a traditional HMO where you select a Primary Care Provider to direct your care. You must use network physicians to receive benefits. The plan includes enhanced Medicare Part D prescription drug coverage provided through Humana. You typically pay a copay for services.

Plan premiums, including the cost of prescription drug coverage, are located in the 2024 Plan Cost Comparison section. New enrollees must submit completed enrollment applications to CTPF.

Medigap (Supplement) Plan

A Medigap policy is supplemental health insurance sold by private companies that helps pay the costs that Original Medicare (Parts A and B) does not cover, such as Part A and Part B deductibles, co-payments, and coinsurance. Original Medicare provides coverage first, then Medigap helps fill in the gaps. The federal government defines standard benefits for Medigap plans. Medigap premiums are regulated by each state.

Medicare Star Ratings

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



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



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

UHC Medicare Advantage Plan H2001	Humana Medicare Advantage Plan H1468	Express Scripts Part D Plan S5660
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Cigna Surround Group Supplement Plan (Mirrors Plan G)

The Cigna Surround Group Supplement Plan is an employer-sponsored group retiree medical plan administered by Cigna Health and Life Insurance Company. This plan supplements original Medicare (Part A and Part B) and includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare (PDP) for CTPF.

Cigna offers guaranteed acceptance and access to any provider throughout the country who accepts Medicare, without referrals or prior authorizations. The Cigna Surround Group Supplement Plan follows Medicare standard guidelines for covered services. This plan covers 100% of most Medicare-eligible expenses not paid by Medicare after the deductible is met.

Cigna offers an affordable single national premium without regard to age-bands or geographic factors and may be a more affordable option as retirees age.

New enrollees must submit completed enrollment applications to CTPF. This plan is available to Medicare recipients who turned 65 in 2020 or later.

AARP Medicare Supplement Plan F (UnitedHealthcare)

The AARP Medicare Supplement Plan F is an individual Medigap plan administered by UnitedHealthcare and endorsed by AARP. This plan supplements Original Medicare (Part A and Part B) and includes enhanced Medicare Part D prescription drug coverage administered by Express Scripts Medicare® (PDP) for CTPF.

This is an individual plan that is 100% portable with guaranteed renewal. You can obtain medical care from any physician or hospital that accepts Medicare. Plan F covers 100% of most Medicare-eligible expenses not paid by Medicare.

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

After you receive a quote or premium increase letter from UHC, contact CTPF to determine your final annual cost

which will include the subsidy and prescription drug coverage.

New enrollees must submit completed enrollment applications to CTPF.

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

Express Scripts® Prescription Drug Coverage

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

The Express Scripts Medicare® (PDP) for CTPF is an enhanced Part D prescription drug plan approved by Medicare. The plan is based on a drug formulary list which includes Medicare Part D drugs. View the drug formulary at the website: www.Express-Scripts.com/medd/ctpf. (Copays apply, see the “Important Pharmacy Notes” in the Plan Comparison Medicare - Eligible Members section.)

If you qualify for “extra help” from the federal government for your prescription drug costs, your prescription copays and premium may be lower than those listed in this handbook.



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 2024 formulary to determine if your prescription expenses will change.

Medicare Premium Payment

CTPF enrollees must maintain all required Medicare Part A, Part B, Part B IRMAA and Part D IRMAA payments timely to stay enrolled in our plans.

Medicare Part A Premium

You may qualify for premium-free Part A coverage if you paid Medicare taxes while working. Members hired on or after April 1, 1986, paid Medicare taxes through payroll deductions.

Premium Free Medicare Part A

You must earn 40 Medicare “quarters” or “credits” to qualify for premium-free Medicare Part A; or 30+ quarters to qualify for a reduced premium.

You receive Medicare Part A at no cost if you receive a Social Security or Railroad Retirement Board (RRB) benefit.

You can apply for Medicare through a spouse if you have been married at least one year, or through an ex-spouse (living or deceased), if you were married for at 10+ years.

Paying for Medicare Part A

If you do not qualify for premium-free Part A coverage, you must purchase this coverage. CTPF takes over this responsibility and pays Medicare on your behalf when you enroll in CTPF’s **MEDPAY** program.

CTPF’s MEDPAY Program

If you must pay for Medicare Part A, CTPF takes over payment responsibility when you enroll in CTPF’s **MEDPAY** Program. Through this program, CTPF makes Medicare Part A, Part B, and IRMAA Part B* premium payments on your behalf, and deducts your share (after applying the applicable premium subsidy) from your pension benefit.

Enrolling in MEDPAY

Make your first Medicare premium payment to CMS, then immediately send CTPF:

1. A copy of your first Notice of Medicare Premium Payment Due, issued by CMS
2. A copy of your check for your first payment
3. CTPF Form 301 (available from Member Services or download at www.ctpf.org)

CTPF will process your request and make all subsequent Medicare Part A, Medicare Part B, and IRMAA Part B premium payments on your behalf.

Your share of the premium payment (after CTPF premium subsidy, if applicable) will be deducted from your pension benefit.

Medicare Part B Premium

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

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

Pay Medicare Part B bills promptly to avoid losing all your health insurance coverage. If you are not eligible for the CTPF **MEDPAY** program, CTPF recommends enrolling in the *Medicare Easy Pay Program* to help avoid payment lapses. Easy Pay allows Medicare to deduct your monthly premium payment directly from your checking or savings account. Medicare administers Easy Pay; obtain an application at www.medicare.gov or call 1-800-MEDICARE.

Part B Assistance

Some individuals may qualify for a state-sponsored Part B premium assistance program. If you qualify, Medicare will notify CTPF and your premium will be adjusted accordingly.

Medicare Part D Premium

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

Part D Penalties

If you do not enroll in a Medicare Part D drug plan when you first become eligible for Medicare, you may have to pay a Late Enrollment Penalty (LEP), unless you have proof of other creditable coverage. **Medicare Part D penalties are the total responsibility of the member. Members assessed a LEP will have this amount deducted from their pension check.**

CTPF may bill a member to recover these costs if CTPF pays these costs in error.

Note: All CTPF-sponsored Medicare plans have included creditable prescription coverage since 2006.

IRMAA Higher Income Adjustments for Medicare Part B and Part D

Medicare beneficiaries with higher incomes pay more for Part B and Part D insurance.

This Income-Related Monthly Adjustment Amount (IRMAA) is deducted from a beneficiary's Social Security benefit or direct-billed by Medicare. The Social Security Administration uses federal tax returns to determine high income status.

Paying for IRMAA

All IRMAA expenses are the total responsibility of the member. CTPF does not subsidize IRMAA. CTPF may bill a member to recover these costs if CTPF pays these costs in error.

PART B: CTPF will make Medicare Part B IRMAA payments on your behalf if you are enrolled in CTPF's **MEDPAY** Program.

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

Medicare Eligibility Due to Disability

If you are under the age of 65 and receive SSA or RRB disability benefits, you are automatically enrolled in Medicare Part A and Part B after 24 months.

You must notify CTPF in writing when you, or a dependent covered under your health plan, becomes eligible for Medicare due to disability. You may join a CTPF plan when you provide proof of Medicare Part A and Part B enrollment. Some CTPF plans have an age requirement; see the comparison charts for additional information.

Additionally, it is your responsibility to notify CTPF if you are enrolled in Medicare Part A and Part B due to ESRD or ALS. Please visit www.medicare.gov for additional information.

Medicare & You

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

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

There are also advantages to saving the paper and going online at www.medicare.gov to reference the *Medicare & You* handbook. Any changes to Medicare are updated regularly online.



HEALTH INSURANCE CHECKUP

Other Medicare Part D Plans

All CTPF's Medicare plans include comprehensive prescription drug coverage. If you are currently enrolled or plan to enroll in a CTPF Medicare plan, **do not enroll in any additional Medicare Part D coverage.**

Members may receive solicitations from insurance carriers for other Medicare D plans. If you are enrolled in a CTPF Medicare plan, and you enroll in an additional Medicare part D plan, **you will lose ALL CTPF coverage.**

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

PLAN FEATURES

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

CONTACT INFORMATION

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

HOW TO ENROLL

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

SERVICE AREA

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

FOREIGN TRAVEL

Urgent and emergency benefits available.

PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

LIFETIME MAXIMUM

No lifetime maximum

OUT-OF-POCKET MAXIMUM

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

ANNUAL PLAN YEAR DEDUCTIBLE

\$175

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

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

Humana Group Medicare HMO

with Part D Pharmacy Medicare Advantage plan

PLAN FEATURES

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

CONTACT INFORMATION

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

HOW TO ENROLL

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

SERVICE AREA

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

FOREIGN TRAVEL

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

PHYSICIAN SELECTION

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

LIFETIME MAXIMUM

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

OUT-OF-POCKET MAXIMUM

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

ANNUAL PLAN YEAR DEDUCTIBLE

None

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES

Inpatient \$150 Copay, per day, for first five days of each admission, authorized services only
Skilled Nursing Facility (non-custodial) No copay days 1-20, no 3-day hospital stay required; \$25 Copay per day, days 21-100, per benefit period.

Cigna Surround Group Supplement Plan with Express Scripts Medicare® (PDP) (mirrors Plan G)

Available to Medicare recipients who turned 65 on or after 2020 (or Part A effective date on or after 1/1/2020).

PLAN FEATURES

Pays 100% after Medicare for Medicare covered services and after plan deductible is met.
Includes enhanced Medicare Part D prescription coverage.

CONTACT INFORMATION

Cigna Group number: 3345704
1-800-244-6224 Cigna Customer Service
1-866-576-8773 Cigna NurseLine/Health Information Line
www.myCigna.com
Express Scripts® Group number: CTPFRX
1-800-864-1416 Customer Service
www.Express-Scripts.com/medd/ctpf

HOW TO ENROLL

Completed CTPF Form 350 (*available in the center of this book or online at www.ctpf.org*), and return all materials to CTPF.

SERVICE AREA

Nationwide

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

Part B deductible - CMS changes annually

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES (Part B deductible applies)*

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).

*For Medicare covered services **ONLY**. Part B deductible must be met before Medicare will pay.

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

Available to Medicare recipients who turned 65 prior to 2020.

PLAN FEATURES

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

CONTACT INFORMATION

UnitedHealthcare Group Number: 1089
1-800-392-7537 Customer Service
1-888-543-5630 NurseLine
www.medicare.uhc.com
Express Scripts® Group number: CTPFRX
1-800-864-1416 Customer Service
www.Express-Scripts.com/medd/ctpf

HOW TO ENROLL

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

SERVICE AREA

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

FOREIGN TRAVEL

Foreign travel emergency benefits available.

PHYSICIAN SELECTION

Choose any provider who accepts Medicare.

LIFETIME MAXIMUM

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

OUT-OF-POCKET MAXIMUM

N/A

ANNUAL PLAN YEAR DEDUCTIBLE

None

SPECIAL DEDUCTIBLES

None

HOSPITAL SERVICES (Medicare covered services only)

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

Skilled Nursing Facility (non-custodial)

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

Plan Comparisons: Medicare-Eligible Members

UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF Medicare Advantage plan
OUTPATIENT SERVICES
Chemotherapy, Radiation 100% after deductible
Emergency Room \$50
Lab/X-Ray 100% after deductible
Speech, Physical & Occupational Therapy, Outpatient Rehab 100% after deductible
Surgery 100% after deductible
Urgent Care 100% after deductible
PROFESSIONAL & OTHER SERVICES
Ambulance 100% after deductible
Allergy Shots 100% after deductible
Chiropractic Visits 100% after deductible (unlimited visits); Medicare covered services
Dental 100% after deductible; Medicare covered services only
Diabetic Part B Covered Supplies 100% covered
Hearing Medicare-covered Services: 100% after deductible Routine (Non-Medicare) Services: \$0 copay routine exam Hearing Aids: \$1,000 allowance purchased in network through UnitedHealthcare Hearing every three years
Home Health Services 100% after deductible
Physician Office Visits 100% after deductible
Preventive Care (physicals, diagnostics, some immunizations) 100% covered (1 physical per plan year)
Prosthetic Devices, Med. Equip 100% after deductible
Podiatry Medicare-covered Services 100% after deductible Routine (Non-Medicare) Services 100% after deductible, 6 visits per year
Renal Dialysis 100% after deductible
Transplants 100% after deductible
Vision Services Medicare covered Services: 100% after deductible; Eye Wear: \$0 copay Medicare covered standard eyeglass lenses and frames after cataract surgery. Routine (Non-Medicare Covered) Services: \$0 copay annual routine eye exam; \$300 eye wear allowance every two years.
Extra Benefits (wellness, discounts) \$60/quarter over the counter benefit, HouseCalls, Renew Active fitness, hearing aid discount, Wellness programs, Renew Rewards and more. New for 2024: Personal Emergency Response System. Contact carrier for more benefit details.

Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan
OUTPATIENT SERVICES
Chemotherapy, Radiation \$50 Copay chemotherapy drugs. Radiation covered 100% outpatient hospital, \$25 copay for specialist office.
Emergency Room \$50 Copay emergency room; waived if admitted within 24 hours; applies for care outside US
Lab/X-Ray 100% covered except urgent care, \$25 Copay urgent care
Speech, Physical & Occupational Therapy, Outpatient Rehab 100% per visit after \$25-\$40 copay (based on where services are rendered)
Surgery \$100 Copay per visit in hospital \$75 Copay per visit in ambulatory surgical facility
Urgent Care \$25 Copay
PROFESSIONAL & OTHER SERVICES
Ambulance \$50 Copay per date of service
Allergy Shots No copay
Chiropractic Visits \$20 Copay; Medicare guidelines apply
Dental \$25 copay (Medicare covered services only)
Diabetic Part B Covered Supplies 100% covered
Hearing \$10 Copay at PCP, \$25 copay specialist, Medicare covered services only.
Home Health Services No copay (prior authorization required) excludes personal home care
Physician Office Visits \$10 Copay PCP, \$25 Copay specialist
Preventive Care (physicals, diagnostics, immunizations) No copay
Prosthetic Devices, Med. Equip 10% at medical equipment provider or pharmacy
Podiatry \$25 Copay; Medicare covered services only
Renal Dialysis No copay in dialysis center; 20% at hospital
Transplants As any other disease at Medicare-approved Humana National Transplant Network only
Vision Services \$25 Copay; Medicare covered services only
Extra Benefits (wellness, discounts) Contact carrier for extra benefit details.

<p>Cigna Surround Group Supplement Plan with Express Scripts Medicare® (PDP) (mirrors Plan G) Available to Medicare recipients who turned 65 on or after 2020 (or Part A effective date on or after 1/1/2020).</p>
<p>OUTPATIENT SERVICES* <i>(Part B deductible applies)</i></p>
<p>Chemotherapy, Radiation 100% after Medicare pays</p>
<p>Emergency Room 100% after Medicare pays</p>
<p>Lab/X-Ray 100% after Medicare pays</p>
<p>Speech, Physical & Occupational Therapy, Outpatient Rehab 100% after Medicare pays</p>
<p>Surgery 100% after Medicare pays</p>
<p>Urgent Care 100% after Medicare pays</p>
<p>PROFESSIONAL & OTHER SERVICES* <i>(Part B deductible applies)</i></p>
<p>Ambulance 100% after Medicare pays</p>
<p>Allergy Shots 100% after Medicare pays</p>
<p>Chiropractic Visits 100% after Medicare pays</p>
<p>Dental 100% after Medicare pays <i>(limited services)</i></p>
<p>Diabetic Part B Covered Supplies 100% after Medicare pays</p>
<p>Hearing Exams 100% after Medicare pays</p>
<p>Home Health Services 100% after Medicare pays</p>
<p>Physician Office Visits 100% after Medicare pays</p>
<p>Preventive Care (physicals, diagnostics, immunizations) 100% after Medicare pays Deductible not applicable to preventive services.</p>
<p>Prosthetic Devices, Med. Equip 100% after Medicare pays</p>
<p>Podiatry 100% after Medicare pays</p>
<p>Renal Dialysis 100% after Medicare pays</p>
<p>Transplants 100% after Medicare pays Part B deductible would not apply to inpatient services.</p>
<p>Vision Services 100% after Medicare pays</p>
<p>Extra Benefits (wellness, vision, hearing and discounts) Programs provide a \$28 a month gym membership. Contact carrier for more details on wellness and discount programs or visit myCigna.com.</p>

*For Medicare covered services **ONLY**. Part B deductible must be met before Medicare will pay.

<p>AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF Available to Medicare recipients who turned 65 prior to 2020.</p>
<p>OUTPATIENT SERVICES <i>(Medicare covered services only)</i></p>
<p>Chemotherapy, Radiation 100% after Medicare pays</p>
<p>Emergency Room 100% after Medicare pays</p>
<p>Lab/X-Ray 100% after Medicare pays</p>
<p>Speech, Physical & Occupational Therapy, Outpatient Rehab 100% after Medicare pays</p>
<p>Surgery 100% after Medicare pays</p>
<p>Urgent Care 100% after Medicare pays</p>
<p>PROFESSIONAL & OTHER SERVICES <i>(Medicare covered services only)</i></p>
<p>Ambulance 100% after Medicare pays</p>
<p>Allergy Shots 100% after Medicare pays</p>
<p>Chiropractic Visits 100% after Medicare pays</p>
<p>Dental 100% after Medicare pays <i>(limited services)</i></p>
<p>Diabetic Part B Covered Supplies 100% after Medicare pays</p>
<p>Hearing Exams 100% after Medicare pays</p>
<p>Home Health Services 100% after Medicare pays</p>
<p>Physician Office Visits 100% after Medicare pays</p>
<p>Preventive Care (physicals, diagnostics, immunizations) 100% after Medicare pays</p>
<p>Prosthetic Devices, Med. Equip 100% after Medicare pays</p>
<p>Podiatry 100% after Medicare pays</p>
<p>Renal Dialysis 100% after Medicare pays</p>
<p>Transplants 100% after Medicare pays</p>
<p>Vision Services 100% after Medicare pays</p>
<p>Extra Benefits (wellness, vision, hearing and dental discounts) Renew Active is available in 36 states including Illinois and Renew Active fitness is available in 7 states. Both programs provide a free gym membership. Contact carrier for more details on wellness and discount programs.</p>

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

BEHAVIORAL HEALTH SERVICES

Outpatient: 100% after deductible

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

PRESCRIPTION DRUG BENEFITS

Preferred Value Network Pharmacy*

(up to 31-Day supply)

\$10 Generic copay

\$30 Preferred brand copay

\$50 Non-preferred brand copay

\$50 Specialty drugs

Preferred Value Network Pharmacy*

(up to 90-day supply)

\$25 Generic copay

\$75 Preferred brand copay

\$125 Non-preferred brand copay

\$125 Specialty drugs

Express Scripts Mail Order (up to 90-Day Supply)

\$20 Generic copay

\$60 Preferred brand copay

\$100 Non-preferred brand copay

\$100 Specialty drugs

Coverage

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

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

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

Vaccinations

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

Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$8,000, your copay will be reduced. Once you meet this cost threshold, the plan pays the full cost for your covered Part D drugs. If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.

Humana Group Medicare HMO with Part D Pharmacy Medicare Advantage plan

BEHAVIORAL HEALTH SERVICES

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

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

PRESCRIPTION DRUG BENEFITS

Retail Pharmacy (up to 30-Day supply)

\$5 Preferred generic copay

\$30 Non-preferred generic or preferred brand copay

\$45 Non-preferred brand copay

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

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

Retail up to 90-Day Supply

\$15 Preferred generic copay

\$90 Non-preferred generic or preferred brand copay

\$135 Non-preferred brand copay

Mail Order up to 90-Day Supply

\$0 Preferred generic copay

\$60 Non-preferred generic or preferred brand copay

\$90 Non-preferred brand copay

Vaccinations

Flu shots and shots to prevent pneumococcal infections are covered under Part B. Contact Humana customer service for more information about vaccines and other Part B services.

Important Pharmacy Notes

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you have a \$0 copayment.

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

Cigna Surround Group Supplement Plan with Express Scripts Medicare® (PDP) (mirrors Plan G)

Available to Medicare recipients who turned 65 on or after 2020 (or Part A effective date on or after 1/1/2020).

BEHAVIORAL HEALTH SERVICES

*(Medicare covered services only)
(Part B deductible applies)*

Outpatient: 100% after Medicare pays

Inpatient: 100% after Medicare pays

PRESCRIPTION DRUG BENEFITS

Preferred Value Network Pharmacy*

(up to 31-Day supply)

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

Preferred Value Network Pharmacy*

(up to 90-Day Supply)

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

Express Scripts Mail Order (up 90-Day Supply)

- \$20 Generic copay
- \$60 Preferred brand copay
- \$100 Non-preferred brand copay
- \$100 Specialty drugs

Coverage

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

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

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

Vaccinations

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

Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$8,000, your copay will be reduced. Once you meet this cost threshold, the plan pays the full cost for your covered Part D drugs. If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.

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

Available to Medicare recipients who turned 65 prior to 2020.

BEHAVIORAL HEALTH SERVICES

(Medicare covered services only)

Outpatient: 100% after Medicare pays

Inpatient: 100% after Medicare pays

PRESCRIPTION DRUG BENEFITS

Preferred Value Network Pharmacy*

(up to 31-Day supply)

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

Preferred Value Network Pharmacy*

(up to 90-Day Supply)

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

Express Scripts Mail Order (up 90-Day Supply)

- \$20 Generic copay
- \$60 Preferred brand copay
- \$100 Non-preferred brand copay
- \$100 Specialty drugs

Coverage

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

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

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

Vaccinations

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

Important Pharmacy Notes

Once your true out-of-pocket cost reaches \$8,000, your copay will be reduced. Once you meet this cost threshold, the plan pays the full cost for your covered Part D drugs. If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.

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

Notice of Creditable Coverage



Chicago Teachers' Pension Fund

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

Important Prescription Drug Information for CTPF Medicare-Eligible Plan Participants

Medicare prescription drug coverage became available in 2006 to everyone with Medicare.

All Medicare drug plans provide at least a standard level of coverage set by Medicare.

The Chicago Teachers' Pension Fund (CTPF) has determined that its prescription drug coverage is, on average, at least as good if not better than the standard Medicare prescription drug coverage and is considered Creditable Coverage.

If you are currently enrolled, or plan to enroll, in a CTPF Medicare insurance plan for 2024, you should not enroll in an additional Medicare Part D prescription drug plan, or you will lose all CTPF health insurance coverage.

With this Notice of Creditable Coverage, you will not be penalized if you later decide to enroll in a non-CTPF prescription drug plan. However, if you drop or lose your coverage with CTPF and do not enroll in Medicare prescription drug coverage within 63 continuous days after your coverage ends, you may pay more (*a penalty*) to enroll in a Medicare Part D prescription drug plan.

KEEP THIS NOTICE

If you are enrolled in a CTPF health plan for the 2024 benefit year, this notice verifies that you have creditable coverage for Medicare Part D.

If, in the future, you decide to join a non-CTPF Medicare drug plan, you may be required to provide a copy of this notice. This notice proves that you have maintained creditable coverage.

JANUARY 1, 2024 - DECEMBER 31, 2024

Contact Information

MEDICARE ELIGIBLE HEALTH INSURANCE PLANS		
	GROUP NUMBER	PHONE NUMBERS
UnitedHealthcare Group Medicare Advantage PPO with Express Scripts Medicare® (PDP) for CTPF UHCRetiree.com/ctpf www.Express-Scripts.com/medd/ctpf	UnitedHealthcare 12830 Express Scripts CTPFRX	1-866-572-9396 Customer Service 1-800-453-8440 Behavioral Health 1-877-365-7949 NurseLine 1-800-864-1416 1-800-716-3231 TTY/TDD
AARP® Medicare Supplement Insurance Plan F (UnitedHealthcare) with Express Scripts Medicare® (PDP) for CTPF www.medicare.uhc.com www.Express-Scripts.com/medd/ctpf	UnitedHealthcare 1089 Express Scripts CTPFRX	1-800-392-7537 Customer Service 1-888-543-5630 NurseLine 1-800-864-1416 1-800-716-3231 TTY/TDD
Humana Group Medicare HMO with Part D Pharmacy www.humana.com	Humana 303611	1-866-396-8810 Customer Service
Cigna Surround Group Supplement Plan (Mirrors Plan G) with Express Scripts Medicare® (PDP) for CTPF www.myCigna.com www.Express-Scripts.com/medd/ctpf	Cigna 3345704 Express Scripts CTPFRX	1-800-244-6224 Customer Service 1-866-576-8773 NurseLine/Health Information Line 1-800-864-1416 1-800-716-3231 TTY/TDD

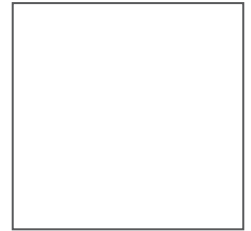
DENTAL INSURANCE PLAN PROVIDER	
Retired Teachers Association of Chicago www.rtac.org	1-312-750-1522
OTHER IMPORTANT NUMBERS	
Centers for Medicare and Medicaid Services (CMS) www.medicare.gov	1-800-MEDICARE (1-800-633-4227)
Express Scripts www.Express-Scripts.com/medd/ctpf	1-800-864-1416
Illinois Senior Health Insurance Program (SHIP) www.state.il.us/AGING/SHIP	1-800-548-9034
Social Security Administration www.socialsecurity.gov	1-800-772-1213

CTPF CONTACT INFORMATION
<p>Chicago Teachers' Pension Fund* 425 S. Financial Place Suite 1400 Chicago, Illinois 60605-1000 1-312-641-4464 1-312-641-7185 <i>fax</i> www.ctpf.org memberservices@ctpf.org</p> <p>Office Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday Follow Us: Facebook Twitter LinkedIn <i>Search:</i> Chicago Teachers' Pension Fund</p> <p>*Email or Fax Preferred: We encourage members to submit forms by fax or email if possible, as U.S. Mail processing may be delayed. Send forms and documents by fax to 1-312-641-7185 or email an attachment (.pdf or .jpg format) to imaging@ctpf.org.</p>



Chicago Teachers' Pension Fund

425 S. Financial Place | Suite 1400
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CTPF has launched *myCTPF*, a Self-Service Portal where members can securely access CTPF documents and information. Register today at ctpf.org.

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2024 Plan Cost Comparison

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This handbook is also available at ctpf.org.



Your Voice Matters

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