

OPEN  
ENROLLMENT  
PERIOD

OCTOBER 1, 2023  
THROUGH  
OCTOBER 31, 2023



Chicago Teachers' Pension Fund

# HEALTH INSURANCE NON-MEDICARE HANDBOOK

2024



# 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.

## 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](https://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](https://ctpf.org/open-enrollment) after the presentations. **Please use this handbook for the Open Enrollment Webinar and future reference.**

### NON-MEDICARE PRESENTATIONS

<b>Tuesday, October 3, 2023</b>	<b>Open Enrollment Webinar</b> Non-Medicare Plans   10:00 a.m.
<b>Thursday, October 5, 2023</b>	<b>Open Enrollment Webinar</b> Non-Medicare Plans   10:00 a.m.
	<b>Open Enrollment Call</b> (Dial-in only, no video, pre-registration not required) Non-Medicare Plans   1:00 p.m. Call: 1.312.626.6799 when prompted enter Meeting ID: 897 7888 3817 Passcode: 837987



Register for CTPF  
Non-Medicare webinars at  
[ctpf.org/calendar](https://ctpf.org/calendar).

### VENDOR EDUCATION

<b>October 9 - 13, 2023</b>	<b>Vendor Education Week</b>
<b>Thursday, October 12, 2023</b>	<b>Vendor Fair</b> 9:00 a.m. - 5:00 p.m. (various time slots) 425 S. Financial Place   3 <sup>rd</sup> Floor Chicago, Illinois 60605-1000 Registration is required

# 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.

Blue Cross Blue Shield PPO	UnitedHealthcare Choice Plus PPO	Blue Cross Blue Shield HMO Illinois
CTPF annuitant cost for single coverage monthly premium cost with CTPF premium subsidy*		
\$1,016.36	\$565.07	\$438.06
CTPF annuitant + 1 dependent monthly premium cost with CTPF premium subsidy*		
\$3,557.20	\$1,977.72	\$1,533.23
CTPF annuitant + 2 dependents monthly premium cost with CTPF premium subsidy*		
\$6,098.08	\$3,390.41	\$2,628.38
CTPF dependent cost for single coverage^ (dependents do not receive the CTPF premium subsidy)		
\$2,540.88	\$1,412.67	\$1,095.15

\* 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.

^ This is the amount a dependent pays for single coverage in special circumstances when only one family member is Medicare eligible. See [www.ctpf.org](http://www.ctpf.org) for additional information about couple coverage.

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REFER to this handbook if you are attending  
an Open Enrollment Webinar.

# 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

### Non-Medicare plans

Complete CTPF Form 350 at [www.ctpf.org](http://www.ctpf.org) to enroll in a Non-Medicare plan.

**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](mailto:imaging@ctpf.org).

### U.S. Mail

If you cannot send in forms by fax or email, please return information to:

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

## Chicago Public/Charter/Contract School Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows you to pay for the same health insurance coverage that you received during employment, usually for 18 months or until you become Medicare eligible.

Health insurance costs are generally lower under COBRA continuation coverage than they would be under a

CTPF plan. Many choose this option and extend coverage for the maximum time allowed, normally 18 months.

Under COBRA continuation coverage, you pay premiums directly to Payflex (for members on CPS COBRA). The employer administers the program, determines eligibility, and processes applications. In order to maintain coverage, you must make monthly premium payments on time or your coverage may be cancelled.

**Contact your employer or Payflex for additional information.**

## 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.

## Turning Age 65

If you (*or your dependent*) plan to enroll in a CTPF Medicare plan, you will need to apply for Medicare **three months before** the month you turn age 65 to ensure timely enrollment.

To enroll in a CTPF Medicare plan, you must enroll in Medicare Part A and Part B, and **provide CTPF with proof of enrollment before the month** of your 65th birthday.

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

## Medicare Birthday Parties

CTPF offers bi-monthly enrollment webinars to help members evaluate their Medicare health insurance options. Medicare "Birthday Parties" are held via webinars and eligible members and their dependents are sent invitations in the months prior to their 65<sup>th</sup> birthday. Please watch your mail for more details.

# 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 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 in the Plan Cost Comparison chart. 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 premiums for Medicare plans, please visit, please visit [www.ctpf.org](http://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](http://www.ctpf.org).

A large, light gray stethoscope graphic is positioned on the right side of the page, with its chest piece at the bottom and its tubing looping upwards and around. The text "CTPF Health Insurance Plan" is centered within the loop of the stethoscope.

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. 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.**

## Changes That Impact 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
- 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





# 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 not be terminated until 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](http://www.ctpf.org/COBRA).



Ending Coverage



# 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 CTPF Non-Medicare Eligible Plans

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

**Example:** If your monthly premium is \$1,000, and the approved subsidy percentage is 60%, CTPF deducts \$400 from your monthly pension for the premium cost, and pays the remaining \$600 on your behalf.

## Subsidy for Chicago Public, Charter and Contract Schools COBRA

If you are enrolled in COBRA continuation coverage, CTPF automatically applies the premium subsidy to your pension benefit. The necessary authorization forms must be on file with CTPF. Notify CTPF immediately if you terminate COBRA coverage to ensure CTPF ceases the premium subsidy. **Any premium subsidy paid after termination of COBRA will need to be repaid to CTPF.**

## Outside Rebate Subsidy for Non-CTPF Health Insurance Plans

Members enrolled in non-CTPF health insurance plans 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 Non-Medicare health insurance 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 will be 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 31<sup>st</sup>** each year.

# Non-Medicare

## Health Insurance Options for Non-Medicare Eligible Members

### Overview

The following pages offer general descriptions of the types of health insurance options for CTPF annuitants who are not eligible for Medicare. All CTPF health insurance plans include comprehensive medical and prescription drug coverage. Specific plan information can be found in the plan charts.

### Health Maintenance Organization (HMO)

CTPF offers the Blue Cross Blue Shield HMO Illinois plan. This plan includes both medical and prescription drug coverage.

The HMO does not have deductibles, coinsurance, or claim forms to file. All health care must be provided (except in emergencies) by doctors, hospitals, and pharmacies that belong to the HMO network.

The HMO requires you to choose a primary care physician (PCP) to coordinate your care. Your PCP can be an internist, general practitioner, or family practitioner. You have the option to change your PCP at any time (changes may not be effective immediately). You must seek a referral for specialty care and use network providers except in an emergency. A directory of providers is available online or directly from the HMO.

The HMO service area is limited, so consider this option carefully if you travel frequently, do not live in the same place for 12 months of the year, or have dependents living away from home.

### Preferred Provider Organization (PPO)

CTPF offers two PPO options, the Blue Cross Blue Shield PPO and UnitedHealthcare Choice Plus PPO. These plans include both medical and prescription drug coverage.

A Preferred Provider Organization (PPO) is a network of physicians, hospitals, and other professionals that have agreed to accept established fees from a health plan.

You decide whether or not to use a PPO network provider, but plans generally pay a higher percentage of covered charges for services within the PPO network.



# Plan Comparison: Non-Medicare Eligible Members



## Blue Cross Blue Shield PPO

### NETWORK NAME

Participating Provider Organization (PPO)

### PLAN FEATURES

Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 50% Non-PPO of allowed charges after the plan year deductible has been met.

### CONTACT INFORMATION

**Group number:** P06675

1-800-331-8032 Customer Service

1-800-851-7498 Mental Health

1-800-423-1973 Pharmacy

1-800-299-0274 Nurse Line

[www.bcbsil.com](http://www.bcbsil.com)

### HOW TO ENROLL

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

### SERVICE AREA

Nationwide

### FOREIGN TRAVEL

Foreign travel emergency benefits available. Other foreign medical coverage may be available. Contact BCBS at 1-800-810-2583 for more information.

### PHYSICIAN SELECTION

Enhanced benefit level when you use a PPO hospital or physician.

### LIFETIME MAXIMUM

No lifetime maximum

### OUT-OF-POCKET MAXIMUMS

Individual: \$2,400 PPO

\$4,800 Non-PPO

Family: \$4,000 PPO

\$9,600 Non-PPO

Prescription copays do not apply toward plan deductible.

UnitedHealthcare Choice Plus PPO	
NETWORK NAME	
UnitedHealthcare Choice Plus	
PLAN FEATURES	
Traditional PPO. You may use any physician. Plan typically pays 80% PPO and 50% Non-PPO of allowed charges after the plan year deductible has been met. Some services are available for a copayment.	
CONTACT INFORMATION	
<b>Group number:</b> 717511 1-866-633-2446 Customer Service 1-866-633-2446 Mental Health <a href="http://www.myuhc.com">www.myuhc.com</a>	
HOW TO ENROLL	
Complete CTPF Form 350 ( <i>available in the center of this book or online at <a href="http://www.ctpf.org">www.ctpf.org</a></i> ). Return with required documentation to CTPF.	
SERVICE AREA	
Nationwide	
FOREIGN TRAVEL	
Foreign travel emergency benefits available.	
PHYSICIAN SELECTION	
Enhanced benefit level when you use a PPO hospital or physician. No referral required.	
LIFETIME MAXIMUM	
No lifetime maximum	
OUT-OF-POCKET MAXIMUMS	
Individual:   \$6,500 PPO \$10,000 Non-PPO Family:       \$13,000 PPO \$20,000 Non-PPO Prescription copays apply toward out-of-pocket maximums.	

Blue Cross Blue Shield HMO Illinois (HMOI)	
NETWORK NAME	
HMO Illinois (HMO)	
PLAN FEATURES	
Traditional HMO. You must select an HMOI primary care physician (PCP). Referral required for specialty care. Plan typically pays 100% after copayment. Must use network provider.	
CONTACT INFORMATION	
<b>Group number:</b> H64047 1-800-892-2803 Customer Service 1-800-423-1973 Pharmacy 1-800-299-0274 Nurse Line <a href="http://www.bcbsil.com">www.bcbsil.com</a>	
HOW TO ENROLL	
Complete CTPF Form 350 ( <i>available in the center of this book or online at <a href="http://www.ctpf.org">www.ctpf.org</a></i> ). Return with required documentation to CTPF.	
SERVICE AREA	
Chicago vicinity only	
FOREIGN TRAVEL	
Foreign travel emergency benefits available.	
PHYSICIAN SELECTION	
PCP directed, referrals required. Must use network provider.	
LIFETIME MAXIMUM	
No lifetime maximum	
OUT-OF-POCKET MAXIMUMS	
Individual:   \$1,500 Family:       \$3,000 Prescription copays, vision, durable medical equipment, and prosthetics do not apply to out-of-pocket maximums.	

# Plan Comparison: Non-Medicare Eligible Members



Blue Cross Blue Shield PPO	
ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE	
\$500	PPO
\$1,000	Non-PPO
ADDITIONAL DEDUCTIBLES	
\$200	Deductible each PPO hospital admission ( <i>not to exceed 2 copays per year</i> )
\$400	Deductible each non-PPO hospital admission ( <i>not to exceed 2 copays per year</i> )
\$150	Deductible each emergency room visit, unless admitted
HOSPITAL SERVICES	
<b>Inpatient</b>	
80%	PPO hospital plus \$200 hospital admission deductible
50%	Non-PPO hospital plus \$400 hospital admission deductible
<b>Skilled Nursing Facility (<i>non-custodial</i>)</b>	
80%	PPO facility plus \$200 hospital admission deductible
50%	Non-PPO facility plus \$400 hospital admission deductible
Services must be rendered in a BCBS-approved skilled nursing facility.	
OUTPATIENT SERVICES	
<b>Chemotherapy, Radiation Therapy</b>	
80%	PPO provider
50%	Non-PPO provider
<b>Emergency Room</b>	
100%	After \$150 emergency room deductible, unless admitted
<b>Lab/X-ray</b>	
80%	PPO provider
50%	Non-PPO provider
<b>Speech, Physical and Occupational Therapy</b>	
80%	PPO provider
50%	Non-PPO provider
<b>Surgery</b>	
80%	PPO provider
50%	Non-PPO provider
<b>Urgent Care</b>	
80%	PPO provider
50%	Non-PPO provider

UnitedHealthcare Choice Plus PPO
ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE
Individual:     \$2,000 PPO \$5,000 Non-PPO Family:           \$4,000 PPO \$10,000 Non-PPO Deductible does not apply to all services.
ADDITIONAL DEDUCTIBLES
<b>Emergency Room</b> \$250 per occurrence deductible
HOSPITAL SERVICES
<b>Inpatient</b> 80% PPO after deductible 50% Non-PPO after deductible, prior authorization required
<b>Skilled Nursing Facility (<i>non-custodial</i>)</b> 80% PPO after deductible 50% Non-PPO after deductible Limited to 60 days per year
OUTPATIENT SERVICES
<b>Chemotherapy, Radiation Therapy</b> 80% PPO after deductible 50% Non-PPO after deductible
<b>Emergency Room</b> 80% after a \$250 per occurrence deductible per visit and the medical plan deductible has been met (PPO and non-PPO)
<b>Lab/X-ray</b> 80% PPO provider, after deductible 50% Non-PPO provider, after deductible
<b>Speech, Physical and Occupational Therapy</b> 80% PPO provider, after deductible 50% Non-PPO provider, after deductible No limit to speech or occupational therapy. Limited to 60 visits per year per calendar year for physical therapy for Multiple Sclerosis
<b>Surgery</b> 80% PPO after deductible 50% Non-PPO after deductible
<b>Urgent Care</b> \$50 Copay PPO, deductible does not apply 50% Non-PPO, after deductible

Blue Cross Blue Shield HMO Illinois (HMOI)
ANNUAL MEDICAL PLAN YEAR DEDUCTIBLE
None
ADDITIONAL DEDUCTIBLES
None
HOSPITAL SERVICES
<b>Inpatient</b> \$200 Copay per admission ( <i>not to exceed 2 copays per year</i> )
<b>Skilled Nursing Facility (<i>non-custodial</i>)</b> No copay
OUTPATIENT SERVICES
<b>Chemotherapy, Radiation Therapy</b> \$30 Copay
<b>Emergency Room</b> \$125 Copay: PCP notification recommended except in life threatening situation
<b>Lab/X-ray</b> \$30 Copay
<b>Speech, Physical and Occupational Therapy</b> No copay Limited to 60 visits per year
<b>Surgery</b> \$175 Copay
<b>Urgent Care</b> \$30 Copay

# Plan Comparison: Non-Medicare Eligible Members

## Blue Cross Blue Shield PPO

### PROFESSIONAL AND OTHER SERVICES

#### Allergy Shots

80% PPO provider  
50% Non-PPO provider

#### Ambulance

80%

#### Chiropractic Visits

80% PPO provider  
50% Non-PPO provider  
Limited to 40 visits per year

#### Dental

Accidental care only: coverage provided for repair of accidental injury to sound natural teeth

#### Eyeglasses and Contacts

Not covered  
Contact BCBS customer service at 1-800-331-8032 for details on the vision discount program.

#### Maternity

80% PPO provider  
50% Non-PPO provider

#### Physician Office Visits

80% PPO provider  
50% Non-PPO provider

#### Preventive Care Services

100% of allowed charges PPO and  
50% non-PPO providers  
Includes routine physical examinations, routine tests, colorectal cancer screening, and immunizations

#### Prosthetic Devices and Medical Equipment

80% PPO provider up to purchase price  
50% Non-PPO provider up to purchase price

#### Vision Screening and Exams

Not covered  
Contact BCBS customer service at 1-800-331-8032 for details on the vision discount program.



UnitedHealthcare Choice Plus PPO	
PROFESSIONAL AND OTHER SERVICES	
<b>Allergy Shots</b>	No charge Physician visit copay applies
<b>Ambulance</b>	80% PPO/Non-PPO after deductible Prior authorization required for non-emergency
<b>Chiropractic Visits</b>	80% PPO provider, after deductible 50% Non-PPO after deductible Limited to 20 visits per year
<b>Dental</b>	80% PPO/Non-PPO after deductible Accident only; Prior authorization required
<b>Maternity</b>	See applicable service for benefit level. Copay only applies to initial office visit for physician office services.
<b>Physician Office Visits</b>	100% PPO provider, deductible does not apply \$100 Copay PPO specialist provider, deductible does not apply 50% Non-PPO provider after deductible
<b>Preventive Care Services</b> ( <i>physicals, diagnostic tests, some immunizations</i> )	100% PPO for routine lab, x-rays, mammograms, preventive tests. PPO preventive care not subject to deductible 50% Non-PPO after deductible
<b>Prosthetic Devices and Medical Equipment</b>	80% PPO after deductible 50% Non-PPO after deductible Limited to single purchase of each type of device every 3 years
<b>Vision Screening and Exams</b>	Not covered

Blue Cross Blue Shield HMO Illinois (HMOI)	
PROFESSIONAL AND OTHER SERVICES	
<b>Allergy Shots</b>	\$30 Office Visit Copay
<b>Ambulance</b>	No copay
<b>Chiropractic Visits</b>	\$30 Copay Limited to 40 visits per year
<b>Dental</b>	Accidental care only: coverage provided for repair of accidental injury to sound natural teeth
<b>Eyeglasses and Contacts</b>	Covered up to \$75 allowance every 24 months Contact EyeMed at 1-844-684-2254 for details on the vision discount program.
<b>Maternity</b>	100% after \$30 copay
<b>Physician Office Visits</b>	\$30 Copay
<b>Preventive Care Services</b> ( <i>physicals, diagnostic tests, immunizations</i> )	No copay
<b>Prosthetic Devices and Medical Equipment</b>	No copay
<b>Vision Screening and Exams</b>	\$30 Copay Limited to one screening/exam every 12 months

# Plan Comparison: Non-Medicare Eligible Members

## Blue Cross Blue Shield PPO

### BEHAVIORAL HEALTH SERVICES

#### Inpatient

- 80% PPO hospital plus \$200 hospital admission deductible
- 50% Non-PPO hospital plus \$400 hospital admission deductible

#### Outpatient

- 80% PPO provider
- 50% Non-PPO provider

### PRESCRIPTION DRUG BENEFITS\*

#### Retail up to 30-Day Supply

- \$10 Generic copay
- \$30 Formulary brand copay
- \$50 Non-formulary brand copay

#### Retail up to 90-Day Supply

- \$25 Generic copay
- \$75 Formulary brand copay
- \$125 Non-formulary brand copay

#### Mail Order up to 90-Day Supply

- \$20 Generic copay
- \$60 Formulary brand copay
- \$100 Non-formulary brand copay

\* Specialty medications limited to an up to 30-day supply

UnitedHealthcare Choice Plus PPO	
BEHAVIORAL HEALTH SERVICES	
<b>Inpatient</b>	
80%	PPO after deductible
50%	Non-PPO after deductible
Prior authorization required	
<b>Outpatient</b>	
100%	PPO, deductible does not apply
50%	Non-PPO provider after deductible
ANNUAL PRESCRIPTION DRUG DEDUCTIBLE	
Tiers 1 & 2	No deductible
Tiers 3 & 4	Annual Retail & Mail Order Combined
Deductible of \$250 per individual not to exceed \$500 for the entire family.	
PRESCRIPTION DRUG BENEFITS*	
<b>Retail up to 30-Day Supply</b>	
\$0	Tier 1 copay
\$50	Tier 2 copay
\$100	Tier 3 copay
\$250	Tier 4 copay
<b>Retail up to 90-Day Supply</b> Not offered	
<b>Mail Order up to 90-Day Supply</b>	
\$0	Tier 1 copay
\$125	Tier 2 copay
\$250	Tier 3 copay
\$625	Tier 4 copay

Blue Cross Blue Shield HMO Illinois (HMOI)	
BEHAVIORAL HEALTH SERVICES	
<b>Inpatient</b>	
\$200	deductible each hospital admission <i>(not to exceed 2 copays per year)</i>
<b>Outpatient</b>	
\$30	Copay
All care coordinated through your PCP	
PRESCRIPTION DRUG BENEFITS*	
<b>Retail up to 30-Day Supply</b>	
\$10	Generic copay
\$30	Formulary brand copay
\$50	Non-formulary brand copay
<b>Retail up to 90-Day Supply</b>	
\$25	Generic copay
\$75	Formulary Brand copay
\$125	Non-formulary brand copay
<b>Mail Order up to 90-Day Supply</b>	
\$25	Generic copay
\$75	Formulary brand copay
\$125	Non-formulary brand copay

\* Specialty medications limited to an up to 30-day supply

\* Specialty medications limited to an up 30-day supply



**\* Prescription Drug Plan Changes**

Each health insurance plan utilizes a formulary *(a list of preferred prescription drugs)*. Formularies may change annually, so make sure you review your plan’s 2024 formulary to determine if your prescription expenses will change.

# General Information



## 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.



## Health Information Privacy Policy

CTPF may use protected health information known as (PHI) as provided in the 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.



## Authorized Representative

An authorized representative (AR) is a trusted friend or family member that you designate to assist with your CTPF health care services.

### Why Designate an AR?

Assigning an AR now ensures that the people you trust can ask questions, discuss claims, and advocate for you in the event that you need assistance with these matters. An AR does not have power of attorney and cannot make care or treatment decisions.

### How to Designate an AR with CTPF

Download CTPF Form 345 at [www.ctpf.org/health-insurance-forms-publications](http://www.ctpf.org/health-insurance-forms-publications), or call Member Services, 1-312-641-4464, to request one. Complete the form and return to CTPF.

### Designate an AR with your Health Insurance Provider

Each insurance provider has its own process and designation form. Call the customer service number found on your insurance card for more information.

# Contact Information

## NON-MEDICARE ELIGIBLE HEALTH INSURANCE PLANS

	GROUP NUMBER	PHONE NUMBERS
<b>Blue Cross Blue Shield PPO</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	P06675	1-800-331-8032 <b>Customer Service</b> 1-800-851-7498 <b>Mental Health</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>NurseLine</b>
<b>UnitedHealthcare Choice Plus PPO</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	717511	1-866-633-2446 <b>Customer Service</b> 1-866-633-2446 <b>Mental Health</b>
<b>Blue Cross Blue Shield HMO Illinois</b> <a href="http://www.bcbsil.com">www.bcbsil.com</a>	H64047	1-800-892-2803 <b>Customer Service</b> 1-800-423-1973 <b>Pharmacy</b> 1-800-299-0274 <b>NurseLine</b>

## DENTAL INSURANCE PLAN PROVIDER

Retired Teachers Association of Chicago <a href="http://www.rtac.org">www.rtac.org</a>	1-312-750-1522
OTHER IMPORTANT NUMBERS	
Centers for Medicare and Medicaid Services (CMS) <a href="http://www.medicare.gov">www.medicare.gov</a>	1-800-MEDICARE (1-800-633-4227)
Illinois Senior Health Insurance Program (SHIP) <a href="http://www.state.il.us/AGING/SHIP">www.state.il.us/AGING/SHIP</a>	1-800-548-9034
Payflex (for members on CPS COBRA) <a href="http://www.payflex.com">www.payflex.com</a>	1-800-359-3921
Social Security Administration <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	1-800-772-1213

## CTPF INFORMATION

**Chicago Teachers' Pension Fund\*** | 425 S. Financial Place | Suite 1400 | Chicago, Illinois 60605-1000  
 1-312-641-4464 | 1-312-641-7185 fax | [www.ctpf.org](http://www.ctpf.org) | [memberservices@ctpf.org](mailto:memberservices@ctpf.org)

**Office Hours:** 8:00 a.m. – 5:00 p.m. | Monday – Friday

**Follow Us:** [Facebook](#) | [Twitter](#) | [LinkedIn](#) | *Search:* Chicago Teachers' Pension Fund

**\*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](mailto:imaging@ctpf.org).

### Register for myCTPF

myCTPF is available to all CTPF members who complete the one-time registration process. Registered members create a unique User ID and password. Once an account is created, members can use myCTPF to securely access and download a 1099-R, pay advice(s) and view address/contact information on file with CTPF.

Access the system from a "button" at [www.ctpf.org](http://www.ctpf.org), and use your CTPF Member ID to register. Pensioners can find their ID on a pay advice.





Chicago Teachers' Pension Fund

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

## HEALTH INSURANCE OPEN ENROLLMENT PERIOD | OCTOBER 1-31, 2023

*Join us for an Open Enrollment Webinar*



### Your Voice Matters

Please take our five-minute survey and share your thoughts about the 2024 Health Insurance Handbook at [ctpf.org/2024survey](https://ctpf.org/2024survey).

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