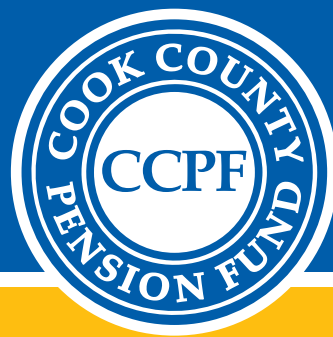


# 2019 HEALTH BENEFITS OPEN ENROLLMENT



Open Enrollment begins November 1 and ends November 30, 2018

## WHAT'S NEW FOR 2019

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Attend an Open Enrollment event and Get a **Free Flu Shot**.



### WANT TO MAKE CHANGES?

**Take action before November 30, 2018.**

Get an enrollment form by calling the CCPF office or go to [www.CookCountyPension.com](http://www.CookCountyPension.com) to download the form. Or pick up an enrollment form at an Open Enrollment event. Your application must be postmarked by November 30, 2018.

### DO NOT WANT TO MAKE A CHANGE?

Do nothing and you will keep the same plan and coverage for 2019.

**New premium rates effective January 1, 2019.**

# PLAN ELIGIBILITY CHANGES FOR 2019



## For Health Plan Members Ineligible for Free Medicare Part A

Beginning on January 1, 2019 all annuitants and spouses turning age 65 on or after January 1, 2019 must have Medicare Part A and B in order to be covered in the CCPF health plan.

Annuitants and spouses who are ineligible for premium-free Part A must buy Medicare Part A and Part B. Medical and prescription drug coverage in the CCPF Health Plan will be terminated if annuitants/spouses fail to submit proof of Medicare enrollment to the CCPF at age 65. Letters with instructions about how to sign up and buy Medicare are sent to all Health Plan members three months before their 65th birthday. Call the Social Security Administration at **1-800-772-1213** to get confirmation of your Medicare eligibility and to sign up for Medicare Parts A and B.

## Health Coverage for a Disabled Dependent

Annuitants enrolled in CCPF's Health Plan may cover a disabled dependent child over the age of 26 if the dependent is enrolled in the CCPF Health Plan (or another employer's health plan) on their 26<sup>th</sup> birthday and meet the following criteria:

- The dependent is the annuitant's biological child or adopted child;
- Has a physical or mental disability that pre-dates dependent's 26th birthday and been continuous since disability onset;
- Is financially dependent upon the Annuitant for more than one-half of his/her support, and is claimed as dependent on the Annuitant's federal income tax form; and
- Has APPLIED for government disability benefits such as Supplemental Security Income (SSI) or Dependent Adult Child (DAC), or Social Security Disability Insurance (SSDI).

For additional information about coverage guidelines contact the CCPF or visit our website [www.CookCountyPension.com/retireehealthbenefits](http://www.CookCountyPension.com/retireehealthbenefits).



## Questions?

Speak with a CCPF Health Benefits Counselor:

- Call **312-603-1200**, select Option **2**, or
- **Make an appointment** to meet with a Health Benefits Counselor at the CCPF office, 70 West Madison Street, Suite 1925, Chicago, IL 60602:
  - Call **312-603-1200** to get pre-registered for a security pass, or
- **Attend an Open Enrollment Event** (details on back page)

# CANCER SUPPORT PROGRAM

## A free program for health plan members with a cancer diagnosis.

Participation in the Cancer Support Program is voluntary and open to all CCPF Annuitants and dependents enrolled in the UnitedHealthcare Choice or Choice Plus plans.

Experienced cancer nurses are available by phone for help with:

- Dealing with the shock of a cancer diagnosis
- Understanding doctors' treatment recommendations
- Deciding when to get a second opinion
- Finding in-network cancer care providers
- Talking with doctors
- Preparing for starting chemo
- Coping with chemo and medication side effects
- Exploring further options when treatment fails
- Getting answers to benefit coverage questions specific to cancer care
- Survivors living with cancer
- Care for other health conditions (such as diabetes) during cancer treatment

Learn more about the Cancer Support program or speak with an oncology nurse:  
Call **1-866-936-6002** or go to **[myuhc.phs.com/cancerprograms](https://myuhc.phs.com/cancerprograms)**.



# 2019 HEALTH PLANS & RATES

The Cook County Pension Fund offers two UnitedHealthcare (UHC) plans to choose from: The Choice plan and the Choice Plus plan. It doesn't matter if you live in-state or out-of-state, both of these UHC plans have the same nationwide network of healthcare providers. Contact UHC to find doctors in your area.

## Employee Annuitant & Dependents

Annuitant and dependents must enroll in the same plan. For more information about medical services covered and benefit levels, call UHC or go to [www.CookCountyPension.com](http://www.CookCountyPension.com) to view a Summary Plan Description of the UHC Choice or Choice Plus Plans.

### Plan Premiums

Your health premium is subsidized by The Cook County Pension Fund. The portion of the premium you pay each month for 2019 is shown in the table below.

CHOICE or CHOICE PLUS? Compare the difference between plan benefits and monthly cost.		
	CHOICE	CHOICE PLUS
	UHC's nationwide network	UHC's nationwide network
	No deductible	Deductible before benefits are paid
	Co-pays for doctor visits	Co-Insurance for doctor visits
	No referrals required	No referrals required
	No coverage out-of-network	Coverage out-of-network
EMPLOYEE ANNUITANT	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Non-Medicare	\$ 673	\$ 994
Two, Non-Medicare	\$ 1,346	\$ 1,988
Three or More, Non-Medicare	\$ 2,019	\$ 2,982
Single, Medicare*	\$ 240	\$ 230
Two, One Medicare*	\$ 913	\$ 1,224
Three or More, One Medicare*	\$ 1,586	\$ 2,218
Two, Both Medicare*	\$ 480	\$ 460
Three or More, Two Medicare*	\$ 1,153	\$ 1,454
Three or More, Three Medicare*	\$ 720	\$ 690

\* Rates for annuitants and spouses who are ineligible for free Medicare Part A: Cook County Pension Fund will mail information about Medicare enrollment and CCPF premium rates 90 days before the annuitant/spouse's 65th birthday. View rates posted on [www.CookCountyPension.com](http://www.CookCountyPension.com) or contact CCPF at 312-603-1200.

**Important Notice:** The Retirement Board reviews the health benefits rates at least annually. All aspects of the health benefits program are subject to change at any time at the discretion of the Retirement Board. The benefits described in the 2019 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, including plan design and rates, have been approved for the 2019 plan year only, and should not be taken as a guarantee of future benefits.

## Survivor Spouse Annuitant and Dependents, and Survivor Child Annuitants

Survivor spouse annuitants and dependents must enroll in the same plan. For more information about medical services covered and benefit levels, call UHC or go to [www.CookCountyPension.com](http://www.CookCountyPension.com) to view a Summary Plan Description of the UHC Choice or Choice Plus Plans.

### Plan Premiums

Your health premium is subsidized by The Cook County Pension Fund. The portion of the premium you pay each month for 2019 is shown in the table below.

#### SURVIVOR SPOUSE ANNUITANT and DEPENDENTS, and SURVIVOR CHILD ANNUITANTS

Single, Non-Medicare  
 Two, Non-Medicare  
 Three or More, Non-Medicare  
 Single, Medicare\*  
 Two, One Medicare\*  
 Three or More, One Medicare\*  
 Two, Both Medicare\*  
 Three or More, Two Medicare\*  
 Three or More, Three Medicare\*

CHOICE or CHOICE PLUS? Compare the difference between plan benefits and monthly cost.		
	CHOICE	CHOICE PLUS
	UHC's nationwide network	UHC's nationwide network
	No deductible	Deductible before benefits are paid
	Co-pays for doctor visits	Co-Insurance for doctor visits
	No referrals required	No referrals required
	No coverage out-of-network	Coverage out-of-network
	MONTHLY PREMIUM	MONTHLY PREMIUM
	\$ 504	\$ 767
	\$ 1,008	\$ 1,534
	\$ 1,512	\$ 2,301
	\$ 187	\$ 181
	\$ 691	\$ 948
	\$ 1,195	\$ 1,715
	\$ 374	\$ 362
	\$ 878	\$ 1,129
	\$ 561	\$ 543

\* **Rates for survivor spouse annuitants who are ineligible for free Medicare Part A:** Cook County Pension Fund will mail information about Medicare enrollment and CCPF premium rates 90 days before the annuitant spouse's 65th birthday. View rates posted on [www.CookCountyPension.com](http://www.CookCountyPension.com) or contact CCPF at 312-603-1200.

**Important Notice:** The Retirement Board reviews the health benefits rates at least annually. All aspects of the health benefits program are subject to change at any time at the discretion of the Retirement Board. The benefits described in the 2019 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, including plan design and rates, have been approved for the 2019 plan year only, and should not be taken as a guarantee of future benefits.

# CHOICE PLAN

Use the chart to find out what you would pay for various medical services in the UHC Choice plan. Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your eligibility, read more on Page 8.

AMOUNT YOU PAY	
In-Network Only	
<b>Annual Deductible</b>	\$0
<b>Out-of-Pocket Maximum</b>	\$1,500 individual / \$3,000 family
<b>Annual Maximum</b>	\$0
<b>Doctors and Specialists</b>	
• Primary Care Visit	\$15 Copay
• Specialist Visit	\$25 Copay
<b>Preventive Care</b>	
• Immunizations	\$0
<b>Hospital Services</b>	
• Inpatient Care	\$0
• Room & Board	\$100 Copay ( <i>per admission</i> )
<b>Outpatient Services</b>	
• Outpatient Surgery	\$0
• Diagnostic Tests and X-rays	\$0
• Chemotherapy / Radiation	\$0
• Physical, Occupational and Speech Therapy	\$15 Copay ( <i>60-visit combined limit per year</i> )
• Chiropractor	\$15 Copay ( <i>30-visit limit per year</i> )
<b>Behavioral Health Services</b>	
• Mental Health-Outpatient	\$15 Copay
• Mental Health-Inpatient	\$100 Copay
• Substance Abuse-Outpatient	\$15 Copay
• Substance Abuse-Inpatient	\$100 Copay
<b>Emergency Services</b>	
• Emergency Room	\$100 Copay ( <i>waived if admitted</i> )
• Ambulance	\$0
• Urgent Care Facility	\$40 Copay ( <i>in-network only</i> )
<b>Hospital Alternatives</b>	
• Skilled Nursing Facility	\$100 Copay per admission ( <i>90 days per year</i> )
• Inpatient Rehab Facility	\$100 Copay
• Home Health Care	\$0
<b>Other Services</b>	
• Other covered services include acupuncture, durable medical equipment, wigs, routine hearing care, hearing aids. Please contact UnitedHealthcare at <b>1-888-651-7313</b> or visit <b>myUHC.com</b> .	

Please note that this is a summary of benefits. If a discrepancy exists between this summary and the plan document, the plan document governs.

# CHOICE PLUS PLAN

Use the chart to find out what you would pay for various medical services in the UHC Choice Plus plan. Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your eligibility, read more on Page 8.

AMOUNT YOU PAY		
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$300 Individual / \$600 Family	\$600 Individual / \$1,200 Family
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family
<b>Annual Maximum</b>	\$1,250,000	\$1,250,000
<b>Doctors and Specialists</b>		
<ul style="list-style-type: none"> <li>• Primary Care Visit</li> <li>• Specialist Visit</li> </ul>	15% after deductible	40% after deductible
<b>Preventive Care</b>		
<ul style="list-style-type: none"> <li>• Immunizations</li> </ul>	100% (no deductible)	40% after deductible
<b>Hospital Services</b>		
<ul style="list-style-type: none"> <li>• Inpatient Care</li> <li>• Room &amp; Board</li> </ul>	15% after deductible	40% after deductible
<b>Outpatient Services</b>		
<ul style="list-style-type: none"> <li>• Outpatient Surgery</li> <li>• Diagnostic Tests and X-rays</li> <li>• Chemotherapy / Radiation</li> <li>• Physical, Occupational and Speech Therapy</li> <li>• Chiropractor</li> </ul>	15% after deductible	40% after deductible
<b>Behavioral Health Services</b>		
<ul style="list-style-type: none"> <li>• Mental Health-Outpatient</li> <li>• Mental Health-Inpatient</li> <li>• Substance Abuse-Outpatient</li> <li>• Substance Abuse-Inpatient</li> </ul>	15% after deductible	40% after deductible
<b>Emergency Services</b>		
<ul style="list-style-type: none"> <li>• Emergency Room</li> <li>• Ambulance</li> <li>• Urgent Care Facility</li> </ul>	\$100 Copay ( <i>waived if admitted</i> ) and 15% after deductible	\$100 Copay ( <i>waived if admitted</i> ) and 15% after deductible
<b>Hospital Alternatives</b>		
<ul style="list-style-type: none"> <li>• Skilled Nursing Facility</li> <li>• Inpatient Rehab Facility</li> <li>• Home Health Care</li> </ul>	15% after deductible ( <i>90 days per calendar year</i> )	Non-Medicare 40% after deductible Medicare Supplement 50% ( <i>90 days per year</i> )
<b>Other Services</b>		
<ul style="list-style-type: none"> <li>• Other covered services include acupuncture, durable medical equipment, wigs, routine hearing care, hearing aids, vision screenings and exams, eyeglasses and contacts. Please contact UnitedHealthcare at <b>1-888-651-7313</b> or visit <b>myUHC.com</b>. Learn more about vision discounts by calling <b>1-800-638-3120</b>.</li> </ul>		

Please note that this is a summary of benefits. If a discrepancy exists between this summary and the plan document, the plan document governs.

# PRESCRIPTION DRUG **BENEFIT**

## Non-Medicare Retirees

Prescription Copays	30-day Supply at Retail Pharmacy	90-day Supply at CVS or Caremark Mail Order
Generic	\$10	\$20
Preferred Brand	\$35	\$65
Non-preferred Brand	\$50	\$100

## Medicare Retirees

Prescription Copays	30-day Supply at Retail Pharmacy	90-day Supply at CVS or Caremark Mail Order	90-day Supply at Non-CVS Pharmacy
Generic	\$10	\$20	\$30
Preferred Brand	\$35	\$65	\$105
Non-preferred Brand	\$50	\$100	\$150



### ATTENTION:

CCPF provides SilverScript, a prescription drug benefit to members enrolled in Medicare. SilverScript automatically enrolls you in Medicare Part D, so **DO NOT** sign up for any other Medicare Part D prescription drug plan. If you enroll in a Medicare Part D program, you will be dropped from the CCPF health benefits plan.



# VISION BENEFITS

UnitedHealthcare Choice and Choice Plus members get coverage for eye glasses, contact lenses, and routine eye exams, and get access to a nationwide network of providers that includes private practice optometrists and ophthalmologists as well as retail chains including Costco Optical, Rosin Eye Care, Walmart and Visionworks.

It's important to note the vision network does not include the same providers as the Choice and Choice Plus medical network and benefits are different, too. For example, diabetic eye exams and surgeries for eye conditions or disease are covered under the medical plan. The vision plan, on the other hand, covers routine eye exams and refractions to test for vision impairments. There are no out-of-network benefits in the Choice plan. Choice Plus members will need to submit out-of-network vision claims, even if the provider is in UHC's medical PPO network.

Call **1-800-638-3120** or visit **www.myuhcvision.com** for more information about vision coverage, and to find out whether your eye doctor is in UHC's network.

UHC Vision Plan Summary		
Benefit	In-vision network (Choice and Choice Plus)	Out-of-vision network (Choice Plus only)
<b>Eye exam</b> (once every 12 months)	\$15 copay	\$40 allowance
<b>Frames</b> (once every 24 months)	\$75 allowance; 30% discount for frames that exceed allowance	\$40 allowance
<b>Lenses</b> (once every 12 months)	Standard scratch resistance covered in full, discounts for upgrades	\$40 to \$80 allowance depending on type of lens
<b>Contact lenses</b> (in lieu of eyeglasses, once every 12 months)	Standard 4 boxes of disposable contacts or \$75 allowance	\$75 allowance

Discounts are available for laser vision correction ([uhclasik.com](http://uhclasik.com)) or for additional contact lenses not covered by the Vision Plan ([uhccontacts.com](http://uhccontacts.com)).

# DENTAL PLAN

CCPF has arranged for Guardian to offer voluntary dental insurance to CCPF annuitants and their family members at competitive rates. Call Risk Management Services of America at **1-877-522-2524** to enroll directly in Guardian's dental plan.



Dental Plan Monthly Premium		
	Dental PPO	Dental HMO
<b>Annuitant</b>	\$28.98	\$10.29
<b>Annuitant &amp; Family</b>	\$55.26	\$27.20

**IMPORTANT:** CCPF does **not** handle billing or enrollment for Guardian dental plan coverage.

# KNOW YOUR **MEDICARE BENEFITS**

CCPF provides supplemental health coverage at a reduced premium rate for members over age 65 who are enrolled in Medicare. **All annuitants and spouses turning age 65 after January 1, 2019 must have Medicare Part A and B in order to be enrolled in CCPF's health plan.**

- You must apply for both Medicare Part A and Part B. Your coverage includes automatic enrollment in SilverScript, a Medicare Part D prescription drug benefit, so do not apply for any other Medicare Part D plan.
- CCPF requires that you submit a copy of your Medicare card showing your enrollment in Medicare Parts A and B in order for you to be covered by the CCPF Health Plan.
- After you have enrolled in Medicare, your coverage in a CCPF Plan will convert to a Medicare supplement, and Medicare will become your primary coverage.
- For more information, visit [medicare.gov](http://medicare.gov), or call **1-800-633-4227**.

## If you are **INELIGIBLE** for Free Medicare Part A

If you turn age 65 on or after January 1, 2019, and you did not contribute to Medicare and are not eligible through a spouse or other means: You must purchase Medicare parts A and B in order to be covered by the CCPF health plan. Contact the Social Security Administration to find out how to buy Medicare Part A and B.

## When and How to Sign-up for Medicare

- Apply for Medicare three months before your 65th birthday
- Apply online at [medicare.gov](http://medicare.gov) or at your local Social Security Office by calling **1-800-772-1213**.
- If you are disabled, you can apply for Medicare before you turn age 65.
- Then contact CCPF at **312-603-1200** and provide a copy of your Medicare card. You may also email us at [health@countypension.com](mailto:health@countypension.com).

## HIPAA Privacy Notice

HIPAA privacy notices are available upon request from CCPF, and the notice is also posted on [www.CookCountyPension.com](http://www.CookCountyPension.com).

# FREE FLU SHOTS

Bring your UnitedHealthcare (UHC) ID card to an Open Enrollment event (see back page for details) to get a free flu shot, no co-pay necessary. Health plan members over age 65 will get the high dose flu shot, while members under age 65 will get a regular flu shot. You must have your UHC ID card with you to get a flu shot at an Open Enrollment event. Vaccine supplies will be limited.

If you cannot attend an Open Enrollment event, use your UHC ID card to get a free flu shot at your doctor's office, or at a pharmacy located in a CVS, Target, Mariano's, Walgreens, or Walmart store. Or call UHC at **1-888-651-7313** to find another location near you for free flu shots.

# HEARING AID BENEFIT

The UHC Choice and Choice Plus plans cover hearing aids with a written recommendation from a doctor such as an audiologist or an ear, nose and throat doctor. There is a life-time limit of \$2,500 for each ear. Plan benefits apply, this means there is no coverage for Choice members who use a non-network provider; Choice Plus members have coverage out-of-network but pay more:

Hearing Aid, Fitting and Testing \$2,500 per Ear per Lifetime Limit		
	What you pay in-Network	What you pay out-of-network
CHOICE PLUS	15% coinsurance after \$1,500 annual deductible has been paid	40% coinsurance after \$5,000 annual deductible has been paid
CHOICE	\$0	You pay the full amount. No coverage out-of-network.

**Call the number on the back of your UHC ID card for help finding an in-network physician to test your hearing as well as in-network hearing aid providers.**

**Epic Hearing Health Care and hi HealthInnovations are in-network providers for UHC.** hi HealthInnovations provides affordable hearing aids, but does not do hearing testing, while Epic will refer to in-network providers for hearing testing in addition to providing the actual hearing aid. Call UHC at **1-888-651-7313** to get more information about the hearing aid benefit and find UHC in-network providers.

# OPEN ENROLLMENT FOR 2019 HEALTH BENEFITS

Attend an Open Enrollment event, get a free flu shot and speak with representatives from UnitedHealthcare, CVS/Caremark, SilverScript, Guardian and the Cook County Pension Fund (CCPF) Health Benefits Department.

## Open Enrollment Events, 2018



**MONDAY, NOVEMBER 5  
9 – 12 P.M.**  
Cook County  
Administration Building  
69 W. Washington St.  
22nd Flr, Chicago, IL 60602



**WEDNESDAY, NOVEMBER 7  
9 – 1 P.M.**  
Kroc Center Chicago\*  
1250 W. 119th St.  
Chicago, IL 60643  
\* Parking Available



**FRIDAY, NOVEMBER 9  
9 – 1 P.M.**  
Lincolnwood Community Center\*  
6900 N. Lincoln Ave.  
Lincolnwood, IL 60712  
\* Parking Available

## Get the Answers You Need

Reach out to any of the following with your benefits questions.

YOUR HEALTH BENEFITS CONTACT LIST			
BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical Plan	UnitedHealthcare	1-888-651-7313	<a href="http://myuhc.com">myuhc.com</a>
Non-Medicare Prescription Plan	CVS / Caremark	1-888-752-7231	<a href="http://caremark.com">caremark.com</a>
Medicare Prescription Plan	SilverScript	1-877-878-1670	<a href="http://cookcountypensionfund.silverscript.com">cookcountypensionfund.silverscript.com</a>
Vision Plan	UnitedHealthcare	1-800-638-3120	<a href="http://myuhc.com">myuhc.com</a>
Cancer Support Program	UnitedHealthcare	1-866-936-6002	<a href="http://myuhc.com/cancerprograms">myuhc.com/cancerprograms</a>
Dental Plan	Risk Management	1-877-522-2524	<a href="http://guardianlife.com">guardianlife.com</a>
Social Security Administration		1-800-772-1213	<a href="http://ssa.gov">ssa.gov</a>
Medicare		1-800-633-4227	<a href="http://medicare.gov">medicare.gov</a>
Cook County Pension Fund		1-312-603-1200	<a href="http://CookCountyPension.com">CookCountyPension.com</a>



Cook County Pension Fund  
70 W. Madison St, Suite 1925  
Chicago IL 60602