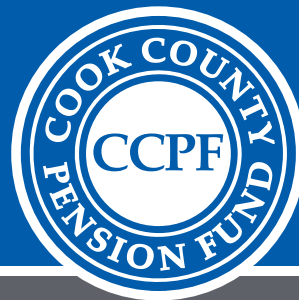


2021 HEALTH BENEFITS PLANS AND RATES



HEALTH PLAN FOR CCPF ANNUITANTS



UnitedHealthcare (UHC) provides medical and vision coverage for Cook County Pension Fund (CCPF) annuitants enrolled in the Health Plan administered by CCPF.



CVS/Caremark provides prescription drug coverage. Medicare members are covered under CVS's SilverScript plan; non-Medicare members are covered by the CVS plan.

(No Dental benefits offered by CCPF. Dental insurance can be purchased directly from Guardian. See page 4.)

There are two UHC plans to choose from. Both have the same network of doctors and hospitals. Contact UHC to find in-network doctors and hospitals in your area or visit www.CookCountyPension.com.

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
Copays for doctor visits	Coinsurance for doctor visits
No referrals required	No referrals required
No coverage out-of-network	Coverage out-of-network, member responsible for prior authorization

Who Can Enroll?

Annuitants can enroll and add a spouse or civil union partner, biological children, adopted children and disabled dependent children. Dependents must enroll in the same plan.

When Will My Health Insurance Begin?

Coverage is effective the same day your retirement begins. For example, if your pension is approved to begin on August 1, your health insurance coverage begins on August 1.

How Do I Pay Health Premiums?

Health premiums are deducted from your monthly pension payment. If your pension is not enough to cover the monthly premium cost, you will be notified and asked to make direct payments to CCPF by check.



Compare plan benefits and out-of-pocket costs (pages 2 and 3) and monthly premiums (page 5) before you enroll.

Read and Review:

Medical Plan Benefit Comparisons	2-3	Prescription Drug Benefit	6
Premium Rates	5	Medicare	7

CHOICE BENEFITS

Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your Medicare eligibility, read more on page 6.

IN-NETWORK ONLY	
AMOUNT YOU PAY	
Annual Deductible	\$0
Out-of-Pocket Maximum	\$1,500 individual / \$3,000 family
Annual Maximum	\$0
Doctors and Specialists	
• Primary Care Visit	\$15 Copay
• Specialist Visit	\$25 Copay
Preventive Care	
• Immunizations	\$0
Hospital Services	
• In-Patient Care, including Room & Board	\$100 Copay <i>(per admission)</i>
Outpatient Services	
• 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>
Behavioral Health Services	
• Mental Health-Outpatient	\$15 Copay
• Mental Health-Inpatient	\$100 Copay
• Substance Abuse-Outpatient	\$15 Copay
• Substance Abuse-Inpatient	\$100 Copay
Emergency Services	
• Emergency Room	\$100 Copay <i>(waived if admitted)</i>
• Ambulance	\$0
• Urgent Care Facility	\$40 Copay <i>(in-network only)</i>
Hospital Alternatives	
• Skilled Nursing Facility	\$100 Copay per admission <i>(90 days per year)</i>
• Home Health Care	\$0 <i>(60 visits per year)</i>
Other Services	
• 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 1-888-651-7313 or visit myUHC.com . Learn more about vision discounts by calling 1-800-638-3120 .	

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 BENEFITS

Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your Medicare eligibility, read more on page 6.

Choice Plus members may be responsible for all expenses relating to out-of-network care if services are not pre-authorized. Call UHC at 1-888-651-7313 for more information.

	AMOUNT YOU PAY	
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family
Out-of-Pocket Maximum	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family
Annual Maximum	\$1,250,000	\$1,250,000
Doctors and Specialists • Primary Care Visit • Specialist Visit	15% after deductible 15% after deductible	40% after deductible 40% after deductible
Preventive Care • Immunizations	0% (no deductible)	40% after deductible
Hospital Services • In-Patient Care, including Room & Board	15% after deductible	40% after deductible
Outpatient Services • Outpatient Surgery • Diagnostic Tests and X-rays • Chemotherapy / Radiation • Chiropractor	15% after deductible 15% after deductible 15% after deductible 15% after deductible (30-visit limit)	40% after deductible 40% after deductible 40% after deductible 40% after deductible (30-visit limit)
Behavioral Health Services • Mental Health-Outpatient • Mental Health-Inpatient • Substance Abuse-Outpatient • Substance Abuse-Inpatient	15% after deductible 15% after deductible 15% after deductible 15% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible
Emergency Services • Emergency Room • Ambulance • Urgent Care Facility	\$100 Copay (waived if admitted) and 15% after deductible 15% after deductible 15% after deductible	\$100 Copay (waived if admitted) and 15% after deductible 15% after deductible 15% after deductible
Hospital Alternatives • Skilled Nursing Facility • Home Health Care	15% after deductible (90 days per year) 15% after deductible (60 visits per year)	40% after deductible (90 days per year) 40% after deductible (60 visits per year)
Other Services • 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 1-888-651-7313 or visit myUHC.com . Learn more about vision discounts by calling 1-800-638-3120 .		

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

VISION BENEFITS

UnitedHealthcare (UHC) Choice and Choice Plus members automatically get vision benefits through UHC's Vision Plan. This includes coverage for eye glasses, contact lenses and routine eye exams. Call **1-800-638-3120** or visit **www.myuhcvision.com** for more information about vision coverage and to find out if your eye doctor is in UHC's network.

UHC VISION PLAN SUMMARY		
BENEFIT	IN-VISION NETWORK	OUT-OF-VISION NETWORK
Eye exam <i>(once every 12 months)</i>	\$15 copay	\$40 allowance
Frames <i>(once every 24 months)</i>	\$75 allowance; 30% discount for frames that exceed allowance	\$40 allowance
Lenses <i>(once every 12 months)</i>	Standard scratch resistance covered in full, discounts for upgrades	\$40 to \$80 allowance depending on type of lens
Contact lenses <i>(in lieu of eyeglasses, once every 12 months)</i>	Standard 4 boxes of disposable contacts or \$75 allowance	\$75 allowance

Discounts are available for laser vision correction (uhclasic.com) or for additional contact lenses not covered by the Vision Plan (uhcontacts.com).

HEARING AID BENEFITS

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.

UHC's network of hearing providers offer routine testing, consultation and follow-up support at no charge. Call **1-855-523-9355** or visit **www.UHChearing.com** for more information.

HEARING AID, FITTING AND TESTING \$2,500 per Ear per Lifetime Limit		
	IN-NETWORK	OUT-OF-NETWORK
CHOICE PLUS	15% coinsurance after \$500 annual deductible has been paid	40% coinsurance after \$1,000 annual deductible has been paid
CHOICE	\$0 copay	You pay the full amount. No coverage out-of-network

DENTAL INSURANCE

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 option # 1** to enroll directly in Guardian's dental plan. **CCPF does not handle billing or enrollment for Guardian dental plan coverage.**

DENTAL PLAN MONTHLY PREMIUM		
	DENTAL PPO	DENTAL HMO
Annuitant	\$28.98	\$10.29
Annuitant & Family	\$55.26	\$27.20

HEALTH PLANS & RATE

Employee Annuitant 2021 Monthly Premium Rates

Your health premium is subsidized by The Cook County Pension Fund. The portion of the premium you pay each month for 2021 is shown in the table below.

EMPLOYEE ANNUITANT	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Non-Medicare	\$ 782	\$ 1,143
Two, Non-Medicare	\$ 1,564	\$ 2,286
Three or More, Non-Medicare	\$ 2,346	\$ 3,429
Single, Medicare	\$ 258	\$ 234
Two, One Medicare	\$ 1,040	\$ 1,377
Three or More, One Medicare	\$ 1,822	\$ 2,520
Two, Both Medicare	\$ 516	\$ 468
Three or More, Two Medicare	\$ 1,298	\$ 1,611
Three or More, Three Medicare	\$ 774	\$ 702

Employee Annuitant Ineligible for Free Medicare Part A 2021 Monthly Premium Rates

All plan participants who are ineligible for premium free Medicare Part A must purchase Medicare Part A and Part B in order to be covered by the Health Plan. CCPF provides a premium reduction of \$95 to members ineligible for free Medicare Part A. You must submit a copy of your Medicare Part A bill in order to qualify for the reduced premium.

EMPLOYEE ANNUITANTS*	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Medicare	\$ 163	\$ 139
Two, One Medicare	\$ 945	\$ 1,282
Three, One Medicare	\$ 1,727	\$ 2,425
Two with Medicare	\$ 326	\$ 278
Three, Two Medicare	\$ 1,108	\$ 1,421
Three, All Medicare	\$ 489	\$ 417

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 this document, including plan design and rates, have been approved for the 2021 plan year only, and should not be taken as a guarantee of future rates or plan design.

PRESCRIPTION DRUG **BENEFITS**



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	\$45	\$90
Non-preferred Brand	\$70	\$140



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	\$45	\$90	\$135
Non-preferred Brand	\$70	\$140	\$210



ATTENTION:

CCPF provides SilverScript, a prescription drug benefit to members enrolled in Medicare. CCPF 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 Plan.

YOU MUST ENROLL IN MEDICARE

If you want health coverage under the Health Plan administered by the Cook County Pension fund and you are eligible for Medicare, you must be enrolled in Medicare Part A and Part B. Do not enroll in Medicare Part D.

Medicare Part A is free for people who paid into Medicare and have 40 credits, who qualify under a spouse's or ex-spouse's work record, or who are disabled. CCPF provides a premium reduction to members ineligible for free Medicare Part A (see page 5).

Annuitants and spouses turning age 65, and new annuitants and spouses older than age 65 must have Medicare Parts A and B in order to be enrolled in the Health Plan. Annuitants and spouses under age 65 who have Medicare Part A due to disability must also have Medicare Part B. If you are retiring after age 65, contact the Social Security Administration to find out how to sign up for Medicare Part B and avoid penalties for late enrollment.



WHO HAS TO ENROLL IN MEDICARE?

- Annuitants and spouses turning age 65
- Annuitants with a retirement date after age 65
- A spouse over the age of 65 married to an annuitant retiring after age 65
- Disabled annuitants or spouses under age 65
- Disabled dependent children who qualify for Medicare due to disability

HOW TO APPLY FOR MEDICARE

Medicare enrollment is handled by the Social Security Administration (SSA). Call SSA at 1-800-772-1213 to get confirmation of your Medicare eligibility and to sign up for Medicare Part A and Medicare Part B.

Apply for Medicare three months before your 65th birthday. Apply online at www.medicare.gov or at your local Social Security Office (call **1-800-772-1213** to make an appointment). Send a copy of your Medicare A and B Card to CCPF Health Benefits to complete your Health Plan Enrollment.



**DO NOT SIGN UP FOR MEDICARE PART D.
CCPF AUTOMATICALLY ENROLLS YOU IN MEDICARE PART D.**

WHEN TO SIGN UP FOR MEDICARE

Contact Social Security 3 months **before the month you turn age 65.**

The Cook County Pension Fund (CCPF) will mail information about Medicare enrollment and Health Plan premium rates 90 days before the annuitant/spouse's 65th birthday to the address on record at CCPF.

GET THE ANSWERS YOU NEED



Questions?

- Call 312-603-1200 option #2
- Leave a voice mail message and a Health Benefits Counselor will return your call
- Or, request an appointment to speak with a Health Benefits Counselor by phone
- Or, send an email to health@countypension.com

IMPORTANT PHONE NUMBERS

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	myuhc.com
Non-Medicare Prescription Plan	CVS / Caremark	1-888-752-7231	caremark.com
Medicare Prescription Plan	SilverScript	1-877-878-1670	cookcountypensionfund.silverscript.com
Vision Plan	UnitedHealthcare	1-800-638-3120	myuhc.com
Hearing Plan	UnitedHealthcare	1-855-523-9355	uhchearing.com
Cancer Support Program	UnitedHealthcare	1-866-936-6002	myuhc.com/cancerprograms
Dental Plan	Risk Management	1-877-522-2524 option # 1	guardianlife.com
Social Security Administration		1-800-772-1213	ssa.gov
Medicare		1-800-633-4227	medicare.gov
Cook County Pension Fund		1-312-603-1200	CookCountyPension.com



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