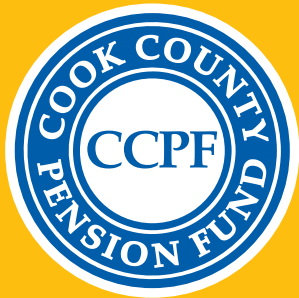


2021 HEALTH BENEFITS OPEN ENROLLMENT

TIME TO REVIEW YOUR BENEFITS



2021 PLAN CHANGES

PRIOR AUTHORIZATION

- Medical Necessity required for some care received by non-Medicare members.

CHOICE PLUS DEDUCTIBLES

- **In-Network deductible** \$500 Individual/\$1,000 Family.
- **Out-of-Network deductible** \$1,000 Individual/\$2,000 Family.

PRESCRIPTION COPAYS

- Generic copay no change.
- 30 day supply Preferred Brand \$45 and non-preferred brand \$70.
- 90 day supply Preferred Brand \$90 and non-preferred brand \$140.

OPEN ENROLLMENT BEGINS NOVEMBER 1 ENDS NOVEMBER 30, 2020



WANT To Make Changes?

Take action before **November 30, 2020**.

Get an enrollment application form by calling **312-603-1200 option #2** or go to **www.CookCountyPension.com** to download the form.

Your application form must be postmarked by **November 30, 2020**. Changes are effective **January 1, 2021**.



DO NOT Want To Make a Change?

Do nothing — no application needed.

NEW PREMIUM RATES AND PLAN CHANGES effective **January 1, 2021**.

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ENROLLMENT MEETINGS CANCELED. There will be **NO on-site enrollment** meetings this year and the CC PF office is closed to the public due to state of Illinois Public Health Guidelines. Please direct your health benefits questions to **312-603-1200 option #2** or via email at **health@countypension.com**.

HEALTH PLANS & RATES

The Cook County Pension Fund, as administrator, offers two UnitedHealthcare (UHC) plans to choose from: The Choice plan and the Choice Plus plan (collectively the “Health 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 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 |

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 to view a Summary Plan Description of the UHC Choice or Choice Plus Plans.

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 |

* 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.

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 2021 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, 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.

Survivor and Child Annuitant 2021 Monthly Premium Rates

A survivor spouse annuitant is a person who was married to a deceased employee annuitant at the time of death (refer to CookCountyPension.com for further definitions).

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.

| SURVIVOR AND CHILD ANNUITANTS | CHOICE | CHOICE PLUS |
|-------------------------------|-----------------|-----------------|
| | MONTHLY PREMIUM | MONTHLY PREMIUM |
| Single, Non-Medicare | \$ 683 | \$ 1,025 |
| Two, Non-Medicare | \$ 1,366 | \$ 2,050 |
| Three or More, Non-Medicare | \$ 2,049 | \$ 3,075 |
| Single, Medicare | \$ 258 | \$ 216 |
| Two, One Medicare | \$ 941 | \$ 1,241 |
| Three or More, One Medicare | \$ 1,624 | \$ 2,266 |
| Two, Both Medicare | \$ 516 | \$ 432 |
| Three or More, Two Medicare | \$ 1,199 | \$ 1,457 |
| Three or More, Three Medicare | \$ 774 | \$ 648 |

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. For information about rates for Survivor and Child Annuitants ineligible for premium free Part A, contact Health Benefits at **312-603-1200 option #2**.

| 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 |

*All Employee Annuitants and Dependents Ineligible for Medicare Premium Free Part A

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 2021 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, 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.

CHOICE BENEFITS

Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your Medicare eligibility, read more on Page 8.

| 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 8.

| | 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 <ul style="list-style-type: none"> • Primary Care Visit • Specialist Visit | 15% after deductible 15% after deductible | 40% after deductible 40% after deductible |
| Preventive Care <ul style="list-style-type: none"> • Immunizations | 0% (no deductible) | 40% after deductible |
| Hospital Services <ul style="list-style-type: none"> • In-Patient Care, including Room & Board | 15% after deductible | 40% after deductible |
| Outpatient Services <ul style="list-style-type: none"> • Outpatient Surgery • Diagnostic Tests and X-rays • Chemotherapy / Radiation • Physical, Occupational and Speech Therapy • Chiropractor | 15% after deductible 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 40% after deductible (30-visit limit) |
| Behavioral Health Services <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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. | | |

* Choice Plus members may be responsible for all expenses relating to out-of-network care if services are not pre-authorized. See page 11.

** 2021 Plan Change

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 BENEFITS

A prescription benefit is included in all plans. You can fill a 30-day supply at any participating pharmacy nationwide. You can fill a 90-day supply at any CVS retail pharmacy or through the mail order program. For information about participating pharmacies and mail order, call the number on the back of your prescription drug ID card.

Non-Medicare Retirees

2021 PLAN CHANGES



- Generic: No Change
- Preferred Brand: \$45/\$90
- Non-Preferred Brand \$70/\$140

| 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

2021 PLAN CHANGES



- Generic: No Change
- Preferred Brand: \$45/\$90/\$135
- Non-Preferred Brand \$70/\$140/\$210

| 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 Health Plan.

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. UHC's nationwide network of vision providers includes private practice optometrists and ophthalmologists as well as retail chains such as Costco Optical, Pearle Vision, Rosin Eye Care, Target Optical, Vision Works and Warby Parker.

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 (uhclasik.com) or for additional contact lenses not covered by the Vision Plan (uhcontacts.com).



Photo by Claudio Schwarz Purzlbaum

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. 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. Medicare charges a monthly premium for Part B. If you receive Social Security or Railroad Retirement Benefits, Medicare Part B premiums will be deducted from your monthly Social Security checks. If your monthly benefit is not enough to cover the cost of Medicare Part B premiums, SSA sends a bill to your home address.



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

Ineligible for Premium Free Medicare Part A?

You must purchase Medicare Part A if you want the CCPF administered health coverage and you do not qualify for premium free Part A. You must also purchase Medicare Part B.

Premiums for Health Plan members who have to buy Medicare Part A will be reduced. You must submit a copy of your bill from Social Security to show you pay for Medicare Part A. View monthly premium rates on page 3 or visit www.CookCountyPension.com/retireehealthbenefits, or call Health Benefits at **312-603-1200 option #2** for additional information about coverage guidelines.

Pay Medicare Premium Bills on Time

Medicare will cancel your Medicare enrollment if you do not pay your Medicare bills or pay them late. If you lose your Medicare coverage, you will be responsible for any health care expenses Medicare would have paid in addition to Health Plan copayments, or deductibles and coinsurance.



IRMAA

The Income Related Adjustment Amount (IRMAA) is an additional Medicare premium amount Medicare enrollees must pay if their income exceeds a certain threshold (for example \$85,000 in 2019). Medicare uses the income information reported on IRS tax returns from two years prior to determine if you need to pay IRMAA premiums. Contact the SSA if you have questions about IRMAA.

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).



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

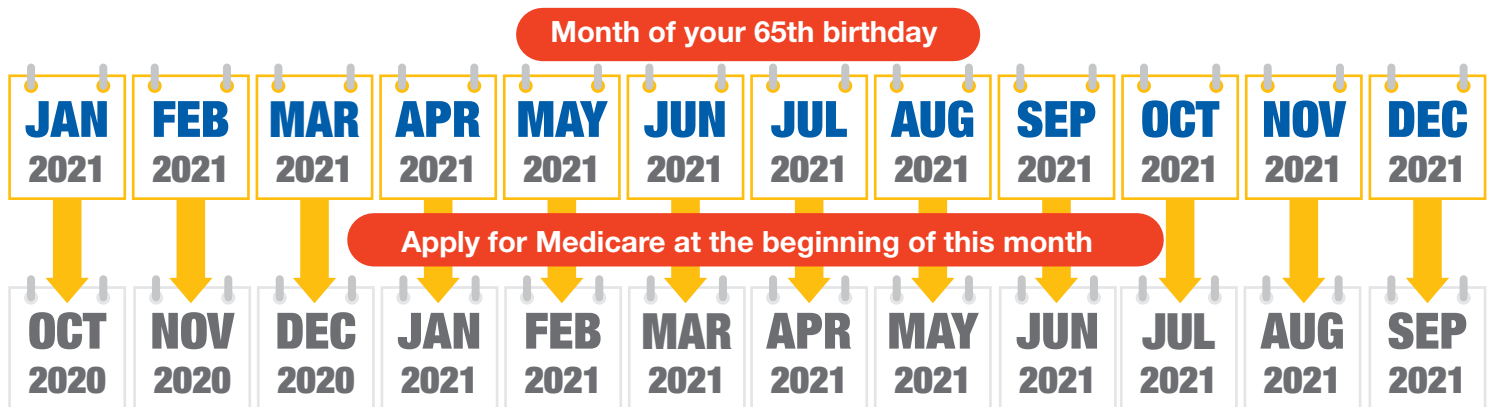
Health Plan coverage (medical, vision and prescription drug) will end for current Health Plan members on the first day of the month the member turns age 65 if they fail to submit proof of Medicare Part A and Part B enrollment. Send a copy of your Medicare card to CCPF 45 days before your Medicare is effective to 70 West Madison, Suite 1925, Chicago, IL 60602.

Your coverage will be terminated if CCPF does not receive a copy of your Medicare card on time.

WHEN TO SIGN UP FOR MEDICARE

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

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 continue enrollment in the Health Plan. Annuitants and spouses under age 65 who have Medicare Part A due to disability must also have Medicare Part B in order to be enrolled in the Health Plan.



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 routing 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.

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

IMPORTANT: CCPF does *not* handle billing or enrollment for Guardian dental plan coverage. Call **1-877-522-2524 option # 1** for questions about enrollment and billing.

NEW PRIOR AUTHORIZATION

NEW REQUIREMENT FOR NON-MEDICARE MEMBERS!

Beginning January 1, 2021, prior authorization is required for certain health services, supplies and all hospital stays before care is received. Prior authorization does not apply to members enrolled in Medicare if the health care provider accepts Medicare and Medicare is the primary insurance.

UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. The hospitals, physicians and other health care providers in UHC Choice and Choice Plus networks are responsible for obtaining prior authorization and cannot bill for services that are not pre-authorized or medically necessary.

However, UHC out-of-network providers are not responsible for the cost of unauthorized care. Instead, the member may be responsible for all payments relating to out-of-network care if the care is not pre-authorized.

Choice Plus members may pay all expenses for care that is not medically necessary.

Choice Plus members* are responsible for making sure prior-authorization is done before out-of-network care is received. Care in the emergency room does not require prior-authorization. Payment will be denied if out-of-network care is not medically necessary and the Choice Plus member will be financially responsible for the bill.

*Medicare members' care does not have to be prior-authorized if Medicare is the primary insurance.

Below is a partial list of prior authorization requirements. It is recommended Choice Plus members call UHC at **1-888-651-7313** (number on the back of the UHC ID card) to check if care needs pre-authorization and to make sure the authorization has been completed.

| WHEN CHOICE PLUS MEMBERS GO OUT-OF-NETWORK | | |
|---|--|--|
| IF MEMBER NEEDS: | WHEN TO CALL UHC TO REQUEST PRIOR AUTHORIZATION: | IF UHC DETERMINES CARE IS NOT MEDICALLY NECESSARY: |
| Hospital admission (non-emergency) | At least 4 business days before | You pay all expenses |
| Surgery | At least 4 business days before | You pay all expenses |
| MRI • CT SCAN • PET SCAN | At least 4 business days before (Does not apply if done in the hospital or during an ER visit) | You pay all expenses |
| Cardiology • Outpatient diagnostic testing and procedures | At least 4 business days before | You pay all expenses |
| Skilled Nursing Facility | 2 business days before | You pay all expenses |
| Inpatient Rehab Facility | 2 business days before | You pay all expenses |
| Ambulance transport (non-emergency) | Before transport takes place | You pay all expenses |
| Genetic testing | At least 4 business days before | You pay all expenses |
| Home Health Care | At least 24 hours before | You pay all expenses |
| Hospice | At least 24 hours before | You pay all expenses |
| Durable Medical Equipment costing more than \$1,000 | Before purchase | You pay all expenses |
| Prosthetic Device costing more than \$1,000 | Before purchase | You pay all expenses |
| Sleep Study | At least 4 business days before | You pay all expenses |
| Organ Transplant | At least 4 business days before | You pay all expenses |

This is a partial list. Call UHC at the number on the back of you ID card (**1-888-651-7313**) to check if a service needs prior authorization.

GET THE ANSWERS YOU NEED



Questions?

Please Note: Onsite enrollment meetings will NOT be held this year and the Cook County Pension Fund office is closed to the public until further notice. If you have health benefits 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 |



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