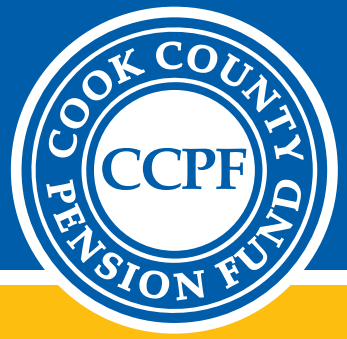


2018 OPEN ENROLLMENT



November 1-30, 2017

COMPARE YOUR CHOICES GET THE BEST VALUE FROM YOUR HEALTH BENEFITS

During our Open Enrollment events, UnitedHealthcare (UHC), CVS, and SilverScript representatives will be on site to answer your questions and help you find in-network providers.

What's Important

- NEW premium rates for 2018
- NEW urgent care copay for UHC Choice Plus Plan

WE'RE MOVING! Details on BACK



IF YOU DO NOT WANT TO MAKE A CHANGE

Do nothing.
No action is required.

IF YOU DO WANT TO MAKE A CHANGE

Contact the CCPF office for an application, or pick one up at one of our Open Enrollment events. **Mail-in applications must be postmarked by November 30, 2017.**

THE DEADLINE FOR MAILING 2018 CHANGES IS NOVEMBER 30, 2017.

On the Look Out to Change Your Plan?

Open Enrollment is the perfect time to this. During the year, you can only make changes to your benefits elections if you experience a qualifying event. Examples of qualifying events include (but are not limited to) getting married or having / adopting a child. You must notify CCPF within 31 days of any qualifying event in order to make a plan change during the year.



2018 OPEN ENROLLMENT NOVEMBER 1-30, 2017



2018 Open Enrollment Events Include:

- Health Benefits Information / Q&A
- UnitedHealthcare, CVS, and SilverScript Representatives
- Voluntary Dental Coverage Sign-up
- Raffle Prizes

Special Thanks: A special thanks to our partners for donating our raffle prizes this year. You do not have to be present to win.

Win an LA Fitness Membership



Skechers® Shoes Gift Cards



2018 Open Enrollment Events

MONDAY, OCTOBER 30
9 – 12 P.M.

Cook County Administration Building
69 W. Washington,
22nd Flr, Chicago, IL 60602

WEDNESDAY, NOVEMBER 1
9 – 1 P.M.

Lincolnwood Community Center*
6900 N. Lincoln Ave.
Lincolnwood, IL 60712

***Parking Available**

FRIDAY, NOVEMBER 3
9 – 1 P.M.

Kroc Center Chicago*
1250 W. 119th St.
Chicago, IL 60643

***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 Administrator	UnitedHealthcare	1-888-651-7313	myuhc.com
Non-Medicare Prescription	CVS / Caremark	1-888-752-7231	caremark.com
Medicare-eligible Prescription	SilverScript	1-877-878-1670	cookcountypensionfund.silverscript.com
Voluntary Dental Plan	Guardian	1-877-522-2524	guardianlife.com
Vision Discounts	UnitedHealthcare	1-800-638-3120	myuhc.com
Social Security Administration		1-800-772-1213	ssa.gov
Medicare		1-800-633-4227	medicare.gov
Cook County Pension Fund		312-603-1200	cookcountypension.com

2018 HEALTH BENEFITS PLANS AND RATES

For the upcoming year, UnitedHealthcare offers two medical benefits plans to choose from: the Choice Plan and the Choice Plus Plan. Since the UnitedHealthcare network is national, it doesn't matter whether you live in-state or out-of-state; you have the option of enrolling in either plan.

CHOICE PLAN	CHOICE PLUS PLAN
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

Plan Premiums

Your health benefits premium is subsidized by CCPF. The tables below show the portion of the **monthly** premium cost that you would pay for 2018.

EMPLOYEE ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
Single, Non-Medicare	\$ 648	\$ 889
Two, Non-Medicare	\$1,296	\$1,776
Three or More, Non-Medicare	\$1,944	\$2,665
Single, Medicare	\$ 240	\$ 230
Two, One Medicare	\$ 888	\$1,119
Three or More, One Medicare	\$1,536	\$2,008
Two, Both Medicare	\$ 480	\$ 459
Three or More, Two Medicare	\$1,128	\$1,348
Three or More, Three Medicare	\$ 720	\$ 690

SPOUSE OR CHILD SURVIVOR ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
Single, Non-Medicare	\$ 453	\$ 646
Two, Non-Medicare	\$ 907	\$1,292
Three or More, Non-Medicare	\$1,361	\$1,938
Single, Medicare	\$ 168	\$ 161
Two, One Medicare	\$ 621	\$ 807
Three or More, One Medicare	\$1,074	\$1,453
Two, Both Medicare	\$ 336	\$ 321
Three or More, Two Medicare	\$ 789	\$ 967
Three or More, Three Medicare	\$ 504	\$ 483

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 2018 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, include plan design and rates, have been approved for the 2018 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 based on the benefits plan you choose. Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your eligibility, read more on Page 7.

AMOUNT YOU PAY	
In-Network Only	
Annual Deductible	\$0
Out-of-Pocket Maximum	\$1,500 individual / \$3,000 family
Annual Maximum	\$0
Doctors and Specialists	
<ul style="list-style-type: none"> Primary Care Visit Specialist Visit 	\$15 Copay \$25 Copay
Preventive Care	
<ul style="list-style-type: none"> Immunizations 	\$0
Hospital Services	
<ul style="list-style-type: none"> Inpatient Care Room & Board 	\$0 \$100 Copay (per admission)
Outpatient Services	
<ul style="list-style-type: none"> Outpatient Surgery Diagnostic Tests and X-rays Chemotherapy / Radiation Physical, Occupational, Cognitive and Speech Therapy Chiropractor 	\$0 \$0 \$0 \$15 Copay (60-visit combined limit per year) \$15 Copay (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 Copay \$100 Copay \$15 Copay \$100 Copay
Emergency Services	
<ul style="list-style-type: none"> Emergency Room Ambulance Urgent Care Facility 	\$100 Copay (<i>waived if admitted</i>) \$0 \$40 Copay (in-network only)
Hospital Alternatives	
<ul style="list-style-type: none"> Skilled Nursing Facility Home Health Care 	\$0 (90 days per calendar year) \$0
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. 	

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 based on the benefits plan you choose. Prescription drug coverage through CVS/Caremark or SilverScript is available depending on your eligibility, read more on Page 7.

AMOUNT YOU PAY		
	In-Network	Out-of-Network
Annual Deductible	\$300 Individual / \$600 Family	\$600 Individual / \$1,200 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	40% after deductible
Hospital Services		
<ul style="list-style-type: none"> • Inpatient Care • Room & Board 	15% after deductible 15% after deductible	40% after deductible 40% after deductible
Outpatient Services		
<ul style="list-style-type: none"> • Outpatient Surgery • Diagnostic Tests and X-rays • Chemotherapy / Radiation • Physical, Occupational, Cognitive & Speech Therapy • Chiropractor 	15% after deductible 15% after deductible 15% after deductible 15% after deductible (60 treatments per calendar year) 15% after deductible (30-visit limit)	40% after deductible 40% after deductible 40% after deductible 40% after deductible (60 treatments per calendar year) 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 (<i>waived if admitted</i>) 15% after deductible 15% after deductible	\$100 Copay (<i>waived if admitted</i>) 40% after deductible 15% after deductible
Hospital Alternatives		
<ul style="list-style-type: none"> • Skilled Nursing Facility • Home Health Care 	40% after deductible (90 days per calendar year) 15% after deductible	Non-Medicare 15% Medicare Supplement 50% (90 days per calendar year) 15% after deductible
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. 		

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

2018

PRESCRIPTION DRUG COPAYS

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 its Medicare-eligible members, so **DO NOT** sign up for a 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.

KNOW YOUR BENEFITS

MEDICARE 101

CCPF provides supplemental health insurance coverage at a reduced premium rate for members over age 65 who are eligible for Medicare. For members over age 65 who are ineligible for Medicare, the non-Medicare coverage is available.

Important Information

If you will become eligible for Medicare in 2018:

- Apply for Medicare online at **medicare.gov** or at your local Social Security Office by calling **1-800-772-1213**.
- Apply three months before your 65th birthday.
- 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**.

If You ARE Eligible For Medicare

- If you are eligible for premium-free Medicare Part A (hospital insurance), you must apply for both Medicare Part A and Part B (medical insurance). Your coverage with CCPF includes a prescription drug benefit, so do not apply for Medicare Part D.
- We require that you submit a copy of your Medicare card showing your enrollment in Medicare parts A and B in order to qualify for the Medicare premium rates. We will accept either your card or a letter from the Social Security Administration certifying proof of enrollment.
- 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**, or call **1-800-633-4227**.

If You ARE NOT Eligible for Medicare

If you are 65 or older and did not contribute to Medicare, and are not eligible through a spouse or other means:

- You must provide CCPF a written certification of ineligibility.
- Upon certification of Medicare ineligibility, you can continue to receive full health benefits through CCPF.

For More Information about Medicare

- Visit **medicare.gov**.
- Call **1-800-MEDICARE (1-800-633-4227)**, (TTY users should call **1-877-486-2048**).
- Information for those with limited income and resources is available at **socialsecurity.gov** or **1-800-722-1213**.

HIPAA Privacy Notice

HIPAA privacy notices are available upon request from CCPF, and the notice is also posted on **CookCountyPension.com**.

CCPF DEVELOPMENTS

NEWS THAT MATTERS TO YOU

CCPF is Moving

To meet the needs of our membership, CCPF will be moving to a new address, effective December 1, 2017. Located less than a block away from our old address, our new office will provide you greater privacy, security, and more support as you meet with counselors for your health benefits needs.

As our move will cause some temporary service disruptions, please plan accordingly:

November 20-30- CCPF Office is CLOSED

December 1- CCPF OPENS at its New Location:

70 W. Madison St, Suite 1925, Chicago, IL 60602

Beginning December 1, mail all documents, applications, and other materials to our new address.

Please note: Our phone numbers and email addresses will remain the same. Feel free to call our main office number, **312-603-1200** or email us at info@countypension.com. Find more information about our move at CookCountyPension.com.



Have You Made a Counselor Appointment?

Would you like to speak in-person with a counselor about your health benefits needs? Starting **December 1, 2017**, make an appointment in advance by calling us at **312-603-1200**. Setting up a meeting ahead of time gives you the added convenience of taking care of your business with us when it works best for you. With a counselor appointment, you may even reduce your wait time, too.



Voluntary Dental Coverage:

Available through Guardian Dental. Contact Guardian directly at **1-877-522-2524** to enroll.



Cook County Pension Fund
33 N. Deaborn St, Suite 1000
Chicago, IL 60602



9/2017