



2019 HEALTH BENEFITS PLANS AND RATES

There are two UnitedHealthcare plans to choose from: the Choice Plan and the Choice Plus Plan. The plans include medical, pharmacy, and vision coverage. A separate voluntary dental plan is also available. 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	Dependents MUST enroll in the same plan. For more information about medical services covered and benefit levels, go to www.CookCountyPension.com to view a Summary Plan Description.
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 the Cook County Pension Fund (CCPF). The tables below show the portion of the **monthly** premium cost that you would pay for 2019. **A dependent child must be a biological child or an adopted child in order to join the CCPF Health Plan as an enrollee after 1/1/2019.**

EMPLOYEE ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
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

SPOUSE OR CHILD SURVIVOR ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
Single, Non-Medicare	\$ 504	\$ 767
Two, Non-Medicare	\$ 1,008	\$ 1,534
Three or More, Non-Medicare	\$ 1,512	\$ 2,301
Single, Medicare*	\$ 187	\$ 181
Two, One Medicare*	\$ 691	\$ 948
Three or More, One Medicare*	\$ 1,195	\$ 1,715
Two, Both Medicare*	\$ 374	\$ 362
Three or More, Two Medicare*	\$ 878	\$ 1,129
Three or More, Three Medicare*	\$ 561	\$ 543

* Rates for members ineligible for free Medicare Part A are listed on page 5.

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 Medicare eligibility.

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	
• Primary Care Visit	\$15 Copay
• Specialist Visit	\$25 Copay
Preventive Care	
• Immunizations	\$0
Hospital Services	
• Inpatient Care	\$0
• 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>)
• Inpatient Rehab Facility	\$100 Copay
• Home Health Care	\$0
Other Services	
• Other covered services include acupuncture, durable medical equipment, wigs, routine hearing care, hearing aids. Go to www.CookCountyPension.com to view a summary of the medical coverage.	

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 Medicare eligibility.

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		
• Primary Care Visit	15% after deductible	40% after deductible
• Specialist Visit	15% after deductible	40% after deductible
Preventive Care		
• Immunizations	100% (no deductible)	40% after deductible
Hospital Services		
• Inpatient Care	15% after deductible	40% after deductible
• Room & Board	15% after deductible	40% after deductible
Outpatient Services		
• Outpatient Surgery	15% after deductible	40% after deductible
• Diagnostic Tests and X-rays	15% after deductible	40% after deductible
• Chemotherapy / Radiation	15% after deductible	40% after deductible
• Physical, Occupational and Speech Therapy	15% after deductible	40% after deductible
• Chiropractor	15% after deductible (30-visit limit)	40% after deductible (30-visit limit)
Behavioral Health Services		
• Mental Health-Outpatient	15% after deductible	40% after deductible
• Mental Health-Inpatient	15% after deductible	40% after deductible
• Substance Abuse-Outpatient	15% after deductible	40% after deductible
• Substance Abuse-Inpatient	15% after deductible	40% after deductible
Emergency Services		
• Emergency Room	\$100 Copay (waived if admitted) and 15% after deductible	\$100 Copay (waived if admitted) and 15% after deductible
• Ambulance	15% after deductible	15% after deductible
• Urgent Care Facility	15% after deductible	15% after deductible
Hospital Alternatives		
• Skilled Nursing Facility	15% after deductible (90 days per calendar year)	Non-Medicare 40% after deductible Medicare Supplement 50% (90 days per year)
• Inpatient Rehab Facility	15% after deductible	40% after deductible
• Home Health Care	15% after deductible	40% after deductible
Other Services		
• Other covered services include acupuncture, durable medical equipment, wigs, routine hearing care, hearing aids, vision screenings and exams, eyeglasses and contacts. Go to www.CookCountyPension.com to view a summary of medical coverage.		

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

MEDICARE BENEFITS

CCPF provides supplemental health coverage at a reduced premium rate for members over age 65 who are enrolled in Medicare.

AFTER JANUARY 1, 2019, ALL ANNUITANTS AND SPOUSES TURNING AGE 65, AND ALL NEW ANNUITANTS AND SPOUSES OLDER THAN AGE 65 MUST HAVE MEDICARE PART A AND PART B IN ORDER TO ENROLL IN THE CCPF HEALTH PLAN.

Apply for both Medicare Part A and Part B three months before your 65th birthday. (Contact the Social Security Administration if you have worked beyond your 65th birthday to find out how to avoid paying Medicare late enrollment penalties).

The CCPF Health Plan includes automatic enrollment in SilverScript, a Medicare Part D prescription drug benefit. DO NOT apply for any other Medicare Part D plan. Your CCPF coverage will be terminated if you enroll in another Medicare Part D plan.

CCPF requires that you submit a copy of your Medicare card showing your enrollment in Medicare Parts A and B. We will accept either your Medicare card or a letter from the Social Security Administration.

When and How to Sign Up for Medicare

The Social Security Administration (SSA) handles Medicare enrollment and billing. For more information about how to enroll in Medicare, call SSA at **1-800-772-1213** or visit any Social Security Office.

- Apply three months before your 65th birthday.
- Apply online at **www.Medicare.gov** or at a Social Security Office (call **1-800-772-1213** for an appointment).
- If you are disabled you can apply for Medicare before you turn age 65.
- Contact CCPF Health Benefits, Option #2 to find out more about how Medicare coverage coordinates with the CCPF Health Plan.

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

If you did not contribute the 40 quarters to Medicare, or if you do not qualify for Medicare under a spouse or an ex-spouse's work record, you must purchase Medicare Part A and Part B in order to get CCPF Health Plan coverage. CCPF provides a reduced monthly premium for annuitants and spouses who are ineligible for premium free Medicare Part A.

Employee Annuitant Rates	CHOICE	CHOICE PLUS
Single, Medicare	\$ 117	\$ 107
Two, One Medicare	\$ 790	\$ 1,101
Three or More, One Medicare	\$ 1,463	\$ 2,095
Two, Both Medicare	\$ 234	\$ 214
Three or More, Two Medicare	\$ 907	\$ 1,208
Three or More, Three Medicare	\$ 474	\$ 444
Survivor Spouse Annuitant Rates	CHOICE	CHOICE PLUS
Single, Medicare	\$ 64	\$ 58
Two, One Medicare	\$ 568	\$ 825
Three or More, One Medicare	\$ 1,072	\$ 1,592
Two, Both Medicare	\$ 128	\$ 116
Three or More, Two Medicare	\$ 632	\$ 883
Three or More, Three Medicare	\$ 315	\$ 297

2019 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 will automatically enroll you in a Medicare Part D prescription drug plan through SilverScript, administered by CVS/Caremark. Do not sign up for another Medicare Part D prescription plan. You will lose CCPF health coverage if you enroll in any other Medicare Part D 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 such as Costco Optical, Rosin Eye Care, Walmart and Visionworks. View details of UHC's vision benefits at www.CookCountyPension.com.

HEARING AID BENEFIT

The UHC Choice and Choice Plus plans cover hearing aids. There is a lifetime limit of \$2,500 for each ear.

CANCER SUPPORT PROGRAM

A free program for UnitedHealthcare members

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 to help members with a cancer diagnosis.

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. CCPF does **not** handle billing, enrollment or customer service for dental plan members. View details of Guardian's dental plan at www.CookCountyPension.com.

YOUR HEALTH BENEFITS CONTACT LIST

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical Plan	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
Vision Plan	UnitedHealthcare	1-800-638-3120	myuhc.com
Cancer Support Program	UnitedHealthcare	1-866-936-6002	myuhc.phs.com/cancerprograms
Dental Plan	Risk Management	1-877-522-2524	guardianlife.com
Medicare Enrollment	Social Security Administration	1-800-772-1213	ssa.gov
Medicare		1-800-633-4227	medicare.gov
CCPF Health Plan Enrollment	Cook County Pension Fund	1-312-603-1200	CookCountyPension.com

Disclaimer: The health benefits and premium rates described in this handout have been approved by the CCPF Retirement Board for the 2019 plan year only and should not be taken as a guarantee of future benefits.



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