

2020 HEALTH BENEFITS OPEN ENROLLMENT



OPEN ENROLLMENT BEGINS NOVEMBER 1 AND ENDS NOVEMBER 30, 2019



TIMES, DATES, AND LOCATIONS

WANT To Make Changes?

**Take action before
November 30, 2019.**

Get an enrollment
form by calling
312-603-1200

or go to
www.CookCountyPension.com
to download the form.

Or pick one up at an
Open Enrollment
event. Your application
must be postmarked by
November 30, 2019.

DO NOT Want To Make a Change?

Do nothing and you will
keep the same plan and
coverage for 2020.

**New premium rates
effective January 1, 2020.**

Cook County Pension Fund Open Enrollment Events

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



9:30am to 1pm

Friday, Nov. 1, 2019

**Dan Ryan Woods
Pavilion***

8700 S. Western Ave.
Chicago, IL 60620

Parking Available



9:30am to 1pm

Wednesday, Nov. 6, 2019

**Cook County
Administration Building**

69 W. Washington St.
22nd Floor

Chicago, IL 60602



9:30am to 1pm

Friday, Nov. 8, 2019

**Irish American
Heritage Center**

4626 N. Knox Ave.
Chicago, IL 60630

Parking Available

**Please see pg 15 for instructions for entering the location. Bring your walking shoes - 1-block walk to event location*



ATTEND AN OPEN ENROLLMENT EVENT AND GET A FREE FLU SHOT.

Read and Review:

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YOU MUST ENROLL **IN MEDICARE**

If you want Cook County Pension Fund's health coverage, you must be enrolled in Medicare. You must enroll in Medicare Part A and Medicare 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. 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 health coverage and you do not qualify for premium-free Part A. You must also purchase Medicare Part B.

Premiums for CCPF Health Plan members who have to buy Medicare Part A will be reduced. View monthly premium rates on page 5, visit www.CookCountyPension.com/retireehealthbenefits, or call CCPF Health Benefits at **312-603-1200 option # 2** for additional information about coverage guidelines.

HOW TO APPLY FOR MEDICARE

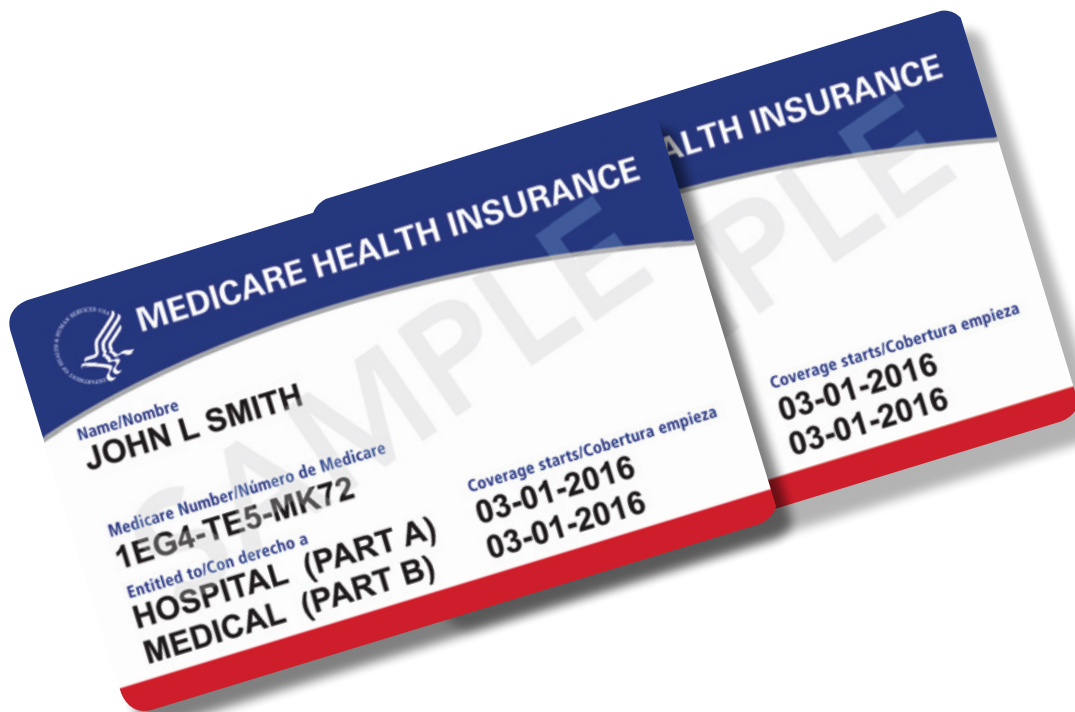
Medicare enrollment is handled by the Social Security Administration (SSA). Call SSA at 1-800-772-1213 to get confirmation of your Medicare eligibility and to sign up for Medicare Part A and Medicare Part B.

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.

CCPF health coverage (medical, vision and prescription drug) will end for current CCPF 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, 70 West Madison, Suite 1925, Chicago, IL 60602.



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 Medicare's portion (80%) of any health care expenses in addition to CCPF Health Plan copayments, or deductibles and coinsurance.

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 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

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 2020 Premium Rates

Your health premium is subsidized by The Cook County Pension Fund. The portion of the premium you pay each month for 2020 is shown in the table below.

EMPLOYEE ANNUITANT	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Non-Medicare	\$ 694	\$ 1,022
Two, Non-Medicare	\$ 1,388	\$ 2,044
Three or More, Non-Medicare	\$ 2,082	\$ 3,066
Single, Medicare*	\$ 240	\$ 233
Two, One Medicare*	\$ 934	\$ 1,255
Three or More, One Medicare*	\$ 1,628	\$ 2,277
Two, Both Medicare*	\$ 480	\$ 466
Three or More, Two Medicare*	\$ 1,174	\$ 1,488
Three or More, Three Medicare*	\$ 720	\$ 699

*Rates for members who are ineligible for free Medicare Part A: The Cook County Pension Fund (CCPF) will mail information about Medicare enrollment and CC PF premium rates 90 days before the annuitant/spouse's 65th birthday. View 2020 rates on page 5 or posted on www.CookCountyPension.com or contact CC PF at 312-603-1200, Option 2.

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 2020 Open Enrollment materials from CC PF, UnitedHealthcare, CVS / Caremark, and SilverScript, including plan design and rates, have been approved for the 2020 plan year only, and should not be taken as a guarantee of future benefits.

Survivor and Child Annuitant 2020 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 2020 is shown in the table below.

SURVIVOR AND CHILD ANNUITANTS	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Non-Medicare	\$ 561	\$ 843
Two, Non-Medicare	\$ 1,122	\$ 1,686
Three or More, Non-Medicare	\$ 1,683	\$ 2,529
Single, Medicare	\$ 202	\$ 197
Two, One Medicare	\$ 763	\$ 1,040
Three or More, One Medicare	\$ 1,324	\$ 1,883
Two, Both Medicare	\$ 404	\$ 394
Three or More, Two Medicare	\$ 965	\$ 1,237
Three or More, Three Medicare	\$ 606	\$ 591

Employee Annuitant Ineligible for Free Medicare Part A 2020 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 CCPF Health Plan. CCPF provides a premium reduction of \$156 a month to members ineligible for free Medicare Part A.

EMPLOYEE ANNUITANTS	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Medicare	\$ 84	\$ 46
Two, One Medicare	\$ 778	\$ 607
Three, One Medicare	\$ 1,472	\$ 1,168
Two with Medicare	\$ 168	\$ 92
Three, Two Medicare	\$ 862	\$ 653
Three, All Medicare	\$ 252	\$ 138

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 2020 Open Enrollment materials from CCPF, UnitedHealthcare, CVS / Caremark, and SilverScript, including plan design and rates, have been approved for the 2020 plan year only, and should not be taken as a guarantee of future benefits.

CHOICE BENEFITS

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

	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		
• In-Patient Care, including 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 year)	40% after deductible (90 days per year)
• Home Health Care	15% after deductible (60 visits 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.

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	\$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. 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 benefits plan.

VISION BENEFITS

UnitedHealthcare Choice (UHC) and Choice Plus members automatically get vision benefits through the UHC Vision Plan. This benefit includes coverage for eye glasses, contact lenses, routine eye exams, and access to a nationwide network of providers that includes private practice optometrists and ophthalmologists as well as retail chains including Visionworks, Target, For Eyes, and America's Best Contacts and Glasses.

It is important to note that 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. 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	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 (uhccontacts.com).



Photo by Claudio Schwarz Purzlbaum

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:

HEARING AID, FITTING AND TESTING \$2,500 per Ear per Lifetime Limit		
	IN-NETWORK	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.

DENTAL PLAN 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.

Health Coverage for a Disabled Dependent

Annuity holders 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 26th 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 Annuity holder for more than one-half of their support, and is claimed as dependent on the Annuity holder'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.

MAKE SURE YOUR ADDRESS AND **PHONE NUMBER** ARE UP-TO-DATE

**Have you moved recently?
Perhaps changed your number?**

Notify CCPF as soon as possible so that any important communications addressed to you will not be delayed.

Call 312-603-1200 to request a Change of Address form to complete and mail to the Fund office. A Change of Address form can also be downloaded from CookCountyPension.com/general-forms/.



MAXIMIZE YOUR BENEFITS FOR BETTER HEALTH

CCPF Health Plan offers free or low cost benefits for screenings and immunizations to prevent illness. Talk with your doctor about when to get these services:

HEALTH CONDITION	IMMUNIZATION RECOMMENDATIONS	COST FOR UHC CHOICE OR CHOICE PLUS MEMBERS
Pneumonia	Adults over the age of 65 should be vaccinated to protect against some of the bacteria and viruses that cause pneumonia. The recommended* vaccines are a single dose (Pneumovax) and a double dose (Pneumovax). Adults under 65 with certain medical conditions, and adults who smoke cigarettes should also be vaccinated.	No Charge. Covered 100% in UHC network doctor's office
Shingles	Shingrix – Recommended * for adults over the age of 50. Shingrix is a double dose vaccine given two to six months apart. Talk to your doctor about the best time to get Shingrix.	Or visit a CVS, Target, Walgreens or Walmart clinic and show your UHC ID card.
Influenza	Flu shot – Once a year	

HEALTH CONDITION	SCREENING RECOMMENDATIONS	COST FOR UHC CHOICE OR CHOICE PLUS MEMBERS
Vision changes	A routine vision screening once a year to check for vision impairment.	\$15 copay when you use a UHC in-network vision provider. Or a \$40 copay when you use an out-of-network vision provider. Show your UHC ID card. Note: UHC's vision network is not the same as the UHC Choice or Choice Plus medical network. Call UHC for information about in-network vision providers.
Colon cancer	Screening should start at age 50* for adults with no family history of colon cancer. People with a blood relative who had colon cancer before the age of 50 need to begin screening 10 years before the relative was diagnosed. A colonoscopy can find cancerous polyps before they turn into cancer and also find colon cancer early when treatment works the best.	No charge. One screening every ten years covered 100% or every five years if family history of colon cancer. Screening covered at 100% if done by an in-network provider. Medication to prepare for screening covered at no charge. Show your CVS or SilverScript ID card at the pharmacy.
Breast cancer	Mammograms every two years are recommended for people with average risk who are 55 until age 75**. Talk with your doctor after age 75 about the benefits of a screening mammogram.	No charge. A screening mammogram is covered 100% through your UHC plan if done by an in-network provider.
Prostate cancer	Talk to your doctor before you decide to get tested or screened for prostate cancer. A physician exam combined with a PSA test is recommended.**	Choice: Physician's office visit copay Choice Plus: Deductible and coinsurance amounts apply

* Centers for Disease Control and Prevention recommendation


** U.S. Task Force on Preventive Services recommendation

HEALTH IMPROVEMENT AT ANY AGE!

CCPF Health Plan members can make toll free calls to qualified nurses and other health professionals for extra help with self-care and health management. There is no charge for members for any of these programs:

SERVICE	PROGRAM	TELEPHONE
Answers to health questions	Members can call UHC registered nurses (available 24/7) with general health-related questions or specific request such as how to get a second opinion; or questions about a diagnosis or treatment plan.	Call 1-888-651-7313
Support for members with a cancer diagnosis	UHC nurses with special cancer care expertise answer questions about diagnoses and treatment plans, and help members develop ways to cope with treatment side effects. UHC nurses are also available to answer questions from family members.	Call 1-888-651-7313
Help dealing with a lifelong health condition	UHC nurses give individual attention to members with diabetes to help stay on track with doctor's treatment plan and diet recommendations. UHC nurses also help members with heart disease or asthma.	Call 1-888-651-7313
Help for maintaining a healthy weight or an exercise plan	UHC Health Coaches (on the telephone) help members set and meet personal health goals. UHC's online Rally Rewards program offers points for wellness activities that can be redeemed for fitness items.	Call 1-800-478-1057

HELP	SMOKING CESSATION	
Coping with nicotine cravings	Generic nicotine patches, gum, lozenges, inhalers and nasal sprays. Requires a doctor's prescription – you pay either the generic or brand copay at the pharmacy. Use your CVS or SilverScript ID card. Generic and brand name drugs.	Requires a doctor's prescription – you pay either the generic or brand copay at the pharmacy.
Stop smoking strategies	UHC Health Coaches provide telephone support for changing habits.	No charge. Call 1-800-478-1057



YOUR
THOUGHTS
COULD
BE HERE

... BUT YOU
LIKE GETTING
YOUR CHECK
BY MAIL

SIGN UP FOR DIRECT DEPOSIT *and* PUT YOUR MIND AT EASE

While there are dozens of ways you benefit by choosing direct deposit for your monthly annuity payment, here are 3 good reasons you should sign up if you are still receiving paper checks:

1. **Direct Deposit is safer.** When you choose Direct Deposit, worrying about a lost or stolen physical check will be a thing of the past.
2. **Direct Deposit is more convenient.** Your time is precious. Instead of spending it waiting in line at the bank to deposit or cash your check, that time will be yours again to do something even more valuable.
3. **Direct Deposit gets your funds to you sooner.** An emergency arises. A natural disaster has occurred. The last thing you need is the added stress of a possible USPS delivery delay, and with it, a delay of your annuity check. With Direct Deposit, your money, once it is credited to your account, is yours – accessible to you whether you are at home, close to home, or far from it.

Visit CookCountyPension.com/general-forms/ to download a Direct Deposit election form or call us at 312-603-1200 to have one mailed to you.

DIRECTIONS TO NEW OPEN ENROLLMENT **EVENTS**

Dan Ryan Woods Pavilion



If you are attending the Open Enrollment event at the **Dan Ryan Woods Pavilion**, please note that the Pavilion is about a 1-block walk from the parking lot.

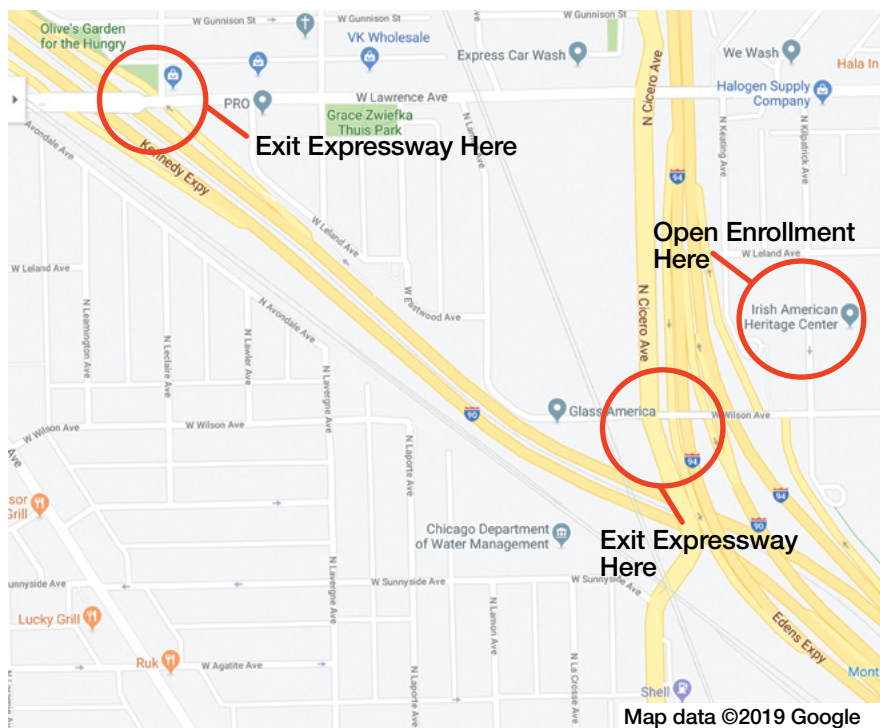
Members requiring disabled access can be transported directly to the Pavilion building. Please note: Vehicles cannot park at the building and must be parked in the lot.

Directions:

Enter off Western Avenue between 83rd and 87th streets, using entrance marked Dan Ryan Woods Central Groves 1-5.

Parking for the Dan Ryan Woods Pavilion is at Groves 3-5.

Irish American Heritage Center



Directions:

Coming from the North:

From I-90 - Kennedy Expressway:

Take exit 84 toward Lawrence Avenue east

Coming from the South:

From I-94 – Edens Expressway:

Take exit 43A at Wilson Avenue east

Parking for the Irish American Heritage Center is off North Knox Avenue.

GET THE ANSWERS **YOU NEED**



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**, select **Option # 0**, to get pre-registered for a security pass, or
- **Attend an Open Enrollment Event**

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
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