2027 HEALTH BENEFITS OPEN ENROLLMENT

HEALTH PLAN FOR CCPF ANNUITANTS

UnitedHealthcare®

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

CVS caremark™

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

NEW PREMIUM RATES EFFECTIVE— JANUARY 1, 2027

WANT To Make Changes?

- Contact the Fund for an application. Your application form must be postmarked by November 30, 2026. Changes are effective **January 1, 2027.**

DO NOT Want To Make a Change?

- Do nothing and you will keep the same plan and coverage level, as modified by the new premium rates referenced in the brochure (page 2).

IF YOU Want To Suspend Health Coverage.

- Contact CCPF to request a suspension form by calling 312-603-1200 option #2 or visit our website to download the form: **www.CookCountyPension.com**.

OPEN ENROLLMENT PERIOD NOVEMBER 1 — NOVEMBER 30, 2026:

All changes will be effective January 1, 2027. If you do nothing, your plan elections will not change for 2027.

2027 PREMIUM **RATES**

Employee and Survivor Annuitant 2027 Monthly Premium Rates

Your health premium is currently subsidized by Cook County Pension Fund. The portion of the premium you pay each month for 2027 is shown in the table below.

COVERAGE LEVEL	CHOICE MONTHLY PREMIUM	CHOICE PLUS MONTHLY PREMIUM
Single without Medicare	$1,094.00	$1,399.00
Two without Medicare	$2,188.00	$2,798.00
Three without Medicare	$3,282.00	$4,197.00
Single with Medicare	$268.00	$231.00
Two, one with Medicare	$1,362.00	$1,630.00
Three, one with Medicare	$2,456.00	$3,029.00
Two with Medicare	$536.00	$462.00
Three, two with Medicare	$1,630.00	$1,861.00
Three, all with Medicare	$804.00	$693.00

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 2027 Open Enrollment materials from CCPF, UnitedHealthcare, CVS/Caremark and SilverScript, including plan design and rates, have been approved for the 2027 plan year only, and should not be taken as a guarantee of future rates or plan design.

PRESCRIPTION DRUG **COPAYS**

Non-Medicare Retirees

CVS caremark

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

SilverScript

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, 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.

CHOICE **BENEFITS**

UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. 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.

Prescription benefits are included in all plans. For information about participating pharmacies and mail order, call the number on the back of your prescription drug ID card.

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	
• In-Patient Care, including Room & Board	$100 Copay *(per admission)*
Outpatient Services	
• Outpatient Surgery	$0
• Diagnostic Tests and X-rays	$0
• Chemotherapy / Radiation	$0
• Physical, Occupational and Speech Therapy	$15 Copay *(60-combined limit visits per year)*
• Chiropractor	$15 Copay *(30-visits limit per year)*
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 *(waived if admitted)*
• Ambulance	$0
• Urgent Care Facility	$40 Copay *(in-network only)*
Hospital Alternatives	
• Skilled Nursing Facility	$100 Copay per admission *(90 days per year)*
• Home Health Care	$0 *(60-visits limit per year)*
Other Services	Contact United Healthcare at 1-888-651-7313 or visit myuhc.com

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**

UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. 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.

Prescription benefits are included in all plans. For information about participating pharmacies and mail order, call the number on the back of your prescription drug ID card.

	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	15% after deductible	40% after deductible
• Specialist Visit	15% 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	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-visits per year)*	40% after deductible *(30-visits limit per year)*
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 limit per year)*
• Home Health Care	15% after deductible *(60-visits per year)*	40% after deductible *(60-visits limit per year)*
Other Services	Contact United Healthcare at 1-888-651-7313 or visit myuhc.com	

*Choice Plus members may be responsible for all expenses relating to out-of-network care if services are not pre-authorized.
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 *(once every 12 months)*	$15 copay	$40 allowance
Frames *(once every 24 months)*	$75 allowance; 30% discount for frames that exceed allowance	$40 allowance
Lenses *(once every 12 months)*	Standard scratch resistance covered in full, discounts for upgrades	$40 to $80 allowance depending on type of lens
Contact lenses *(in lieu of eyeglasses, once every 12 months)*	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**).

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, 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. 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 PPO	DENTAL HMO
Annuitant	$31.34	$10.60
Annuitant and Family	$59.76	$28.02

GET THE ANSWERS **YOU NEED**

Limited member appointments are available at the Fund office. These appointments must be scheduled in advance.

- ## How to See a Health Counselor in Person:

  Contact **312-603-2238** for appointment scheduling and availability.

- ## Arrival:

  You must arrive for your appointment on time. If you arrive late to your scheduled appointment, you may have to reschedule.

- ## Visitor Restrictions:

  Please limit yourself to one guest. Each visitor must be named when making your appointment.

  If you **DO NOT** have a scheduled appointment you will **NOT** be seen. Walk-in or unscheduled appointments are suspended until further notice.

- ## Health:

  Anyone feeling sick, such as a fever, cough, or flu-like illness please refrain from visiting our office or otherwise meeting with any of the Fund staff.

Please be aware, the Fund may add to the protocols for visitors. Should any changes be adopted after you schedule an appointment, you will be contacted and advised.

HEALTH BENEFITS CONTACT **LIST**

YOUR HEALTH BENEFITS CONTACT LIST			
BENEFIT	**ADMINISTRATOR**	**PHONE**	**WEBSITE**
Medical Plan	UnitedHealthcare	888-651-7313	**myuhc.com**
Non-Medicare Prescription Plan	CVS / Caremark	888-752-7231	**caremark.com**
Medicare Prescription Plan	SilverScript	877-878-1670	**cookcountypensionfund.silverscript.com**
Vision Plan	UnitedHealthcare	800-638-3120	**myuhc.com**
Hearing Plan	UnitedHealthcare	855-523-9355	**uhchearing.com**
Cancer Support Program	UnitedHealthcare	866-936-6002	**myuhc.com/cancerprograms**
Dental Plan	Risk Management	877-522-2524 option #1	**guardianlife.com**
Social Security Administration		800-772-1213	**ssa.gov/medicare**
Medicare		800-633-4227	**medicare.gov**
Cook County Pension Fund		312-603-1200	**CookCountyPension.com**

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