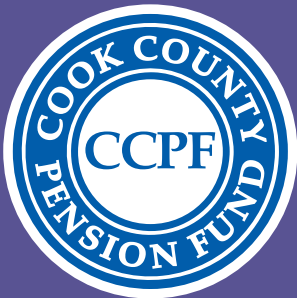


2027 HEALTH BENEFITS PLANS AND RATES



HEALTH PLAN FOR CCPF ANNUITANTS



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

(No Dental benefits offered by CCPF. Dental insurance can be purchased directly from Guardian. See page 6.)

Read and Review:

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

There are two UHC plans to choose from. Both have the same network of doctors and hospitals. Contact UHC to find in-network doctors and hospitals 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

Who Can Enroll?

Annuitants can enroll and add a spouse or civil union partner, unmarried children under age 26, and disabled dependent children. Dependents must enroll in the same plan.

When Will My Health Insurance Begin?

Coverage is effective the same day your retirement begins. For example, if your pension is approved to begin on August 1, your health insurance coverage begins on August 1.

How Do I Pay Health Premiums?

Health premiums are deducted from your monthly pension payment. If your pension is not enough to cover the monthly premium cost, you will be notified and be required to make direct payments to CCPF by check.



Compare plan benefits and out-of-pocket costs (pages 4 and 5) and monthly premiums (page 2) before you enroll.

HEALTH PLANS & RATE

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

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 this document, 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 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	\$45	\$90
Non-preferred Brand	\$70	\$140

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	\$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 CCPF 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 healthcare 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 (<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-combined limit visits 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 limit per year</i>)
Other Services	Contact UnitedHealthcare 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 healthcare 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-visit limit per year)	40% after deductible (30-visit 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 limits per year)
• Home Health Care	15% after deductible (60 visits per year)	40% after deductible (60-visits limits per year)
Other Services	Contact UnitedHealthcare 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 <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).

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. Call Risk Management Services of America at **1-877-522-2524 option # 1** to enroll directly in Guardian's dental plan. **IMPORTANT: CCPF does not handle billing or enrollment for Guardian.**

DENTAL PLAN MONTHLY PREMIUM		
	DENTAL PPO	DENTAL HMO
Annuitant	\$31.34	\$10.60
Annuitant & Family	\$59.76	\$28.02

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.

There is no premium for Medicare Part A for members who paid into Medicare and have 40 credits, who qualify under a spouse's or ex-spouse's work record, or who are disabled.



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 a retired or retiring annuitant enrolling in the health plan
- Disabled annuitants or spouses under age 65
- Disabled dependent children who qualify for Medicare due to disability

HOW TO APPLY FOR MEDICARE

Medicare enrollment is handled by the Social Security Administration (SSA). Call SSA at 1-800-772-1213 for 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). You can find your local office at www.ssa.gov/locator. Send a copy of your Medicare A and B Card to CCPF Health Benefits to complete your Health Plan Enrollment.



DO NOT SIGN UP FOR MEDICARE PART D.

CCPF AUTOMATICALLY ENROLLS YOU IN MEDICARE PART D.

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 be enrolled in the Health Plan. Annuitants and spouses under age 65 who have Medicare Part A due to disability must also have Medicare Part B. If you are retiring after age 65, contact the Social Security Administration to find out how to sign up for Medicare Part B and avoid penalties for late enrollment.

GET THE ANSWERS YOU NEED



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
- 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	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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