

COOK COUNTY RETIREE
2016 OPEN ENROLLMENT
NOVEMBER 1 – 31, 2015



FIND YOUR PATH TO HEALTH AND WELLNESS

Annual Open Enrollment is the time of year to re-evaluate your benefits options, consider your health care needs and make any changes to your elections for 2016.

Now is the time to take the steps to make important decisions about your benefit plans for the upcoming year.

What's Important This Year?

A few key points to note about your 2016 benefits:

1. Healthcare and prescription drug costs are increasing
2. Use generic drugs when possible to control your out-of-pocket expenses
3. Use free resources provided by UnitedHealthcare to help manage your health

If you DO NOT want to make a change, no action is required. Your health benefits plan coverage and plan will not change for 2016.

If you DO want to make a change, please contact the Fund office for an application no later than November 30, 2015, OR attend one of the Open Enrollment meetings (see page 5 for dates and times).

Changes to Benefits Outside Of Open Enrollment Period

During the year, you can make changes to your benefits elections only if you experience a qualifying event. Examples of qualifying events include (but are not limited to):

- You get married or have/adopt a child
- You, your eligible spouse or your dependent child(ren) become eligible for Medicare

Additional examples and information are available on our website at CookCountyPension.com. You must notify the Fund within 31 days of any qualifying event in order to make a plan change during the year.



WHAT SHOULD I DO?

STEP 1 READ this whole booklet to learn about the health benefits options available to you and your family.

STEP 2 DETERMINE your health needs and those of your family members.

STEP 3 REVIEW the cost of benefits. Please note, premium rates are changing effective 01/01/2016 (see page 3).

STEP 4 DECIDE if you would like to make a change to your plan.

If you **DO NOT** want to make a change, no action is required. Your health benefits elections and plan will not change for 2016, although rates have changed. If you **DO** want to make a change, **please contact the Fund for an application no later than November 30, 2015**. Enrollments submitted after November 30, 2015 will not be processed.

STEP 5 ATTEND one of the optional and conveniently scheduled Open Enrollment Events to learn more and ask any questions. For date, time and location of Open Enrollment events see page 5 or visit CookCountyPension.com for more information.

KEY BENEFIT CHANGES FOR 2016 PLAN YEAR

2016
CHANGES
AHEAD



2016 Prescription Drugs Copays

CVS/Caremark will continue as County Retiree's pharmacy benefit manager. This coverage is automatically included when you sign up for either medical plan. You are required to fill all prescriptions for maintenance medications with a 90-day supply at a CVS retail location or through the Caremark mail order supply service. Following are the new copays effective January 1, 2016.

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

Did You Know? Only 1 in 2 people with diabetes take their medication as prescribed by their doctor? People who do not take their diabetes medication can have an additional \$4,000 in medical claim expenses per year.



Vision Plan

New convenient paperless benefit. Receive a 20 percent discount on additional eye glasses and contact lenses. This plan is explained in more detail in the enclosed materials about the UnitedHealthcare Vision Program and on page 6.



Specialty Copays For Choice Plan

Copays for physical therapy and chiropractors were reduced to \$15.



Dental

Voluntary dental coverage is available through Guardian Dental. Guardian handles the administration of the dental benefit, including enrollment and payments. The Fund does not subsidize this benefit, so members are responsible to pay Guardian directly for the entire cost. To determine if your dentist participates with Guardian, please call (877) 522-2524.

Three Ways to Enroll for Dental Coverage:

1. Call Guardian at (877) 522-2524
2. Meet with a Guardian representative in person at an Open Enrollment meeting
3. Enroll online during the month of November on the Voluntary Dental Benefits page of our website

ADDITIONAL INFORMATION

Cook County Retiree Benefit Resources

Benefit	Administrator	Phone	Website
Plan Administrator	UnitedHealthcare	888-651-7313	MyUHC.com
Prescription Drug Coverage	CVS/Caremark	888-752-7231	caremark.com
Voluntary Dental Coverage	Guardian	877-522-2524	guardianlife.com
Vision Discounts	UnitedHealthcare	800-638-3120	MyUHC.com
Social Security Administration		800-772-1213	ssa.gov
Medicare		800-633-4227	medicare.gov
Cook County Pension Fund		312-603-1200	CookCountyPension.com

2016 HEALTH BENEFITS PLANS AND RATES

There are two plan options available in 2016 from UnitedHealthcare: the **Choice Plan** and the **Choice Plus Plan**.

Both Plans Have The Same Network:

CHOICE PLAN

- ✓ Copays for doctor visits
- ✓ No referrals required
- ✓ No out-of-network benefits
- ✓ Available nationwide

CHOICE PLUS PLAN

- ✓ Deductible before benefits are paid
- ✓ You can see any doctor
- ✓ Out -of-network benefits available
- ✓ Available nationwide

Please note that because the UnitedHealthcare network is national, members who live outside of Illinois are free to enroll in either plan.

Your health benefits premium is subsidized by the Fund. The following tables show the member portion of the total premium cost for 2016.

EMPLOYEE ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
Single, Non-Medicare	\$ 496	\$ 689
Two, Non-Medicare	\$ 993	\$1,379
Three or More, Non-Medicare	\$1,489	\$2,068
Single, Medicare	\$ 219	\$ 189
Two, One Medicare	\$ 715	\$ 878
Three or More, One Medicare	\$1,211	\$1,567
Two, Both Medicare	\$ 438	\$ 378
Three or More, Two Medicare	\$ 934	\$1,067
Three or More, Three Medicare	\$ 657	\$ 567

SPOUSE OR CHILD SURVIVOR ANNUITANT	CHOICE PLAN	CHOICE PLUS PLAN
Single, Non-Medicare	\$ 341	\$ 494
Two, Non-Medicare	\$ 682	\$ 988
Three or More, Non-Medicare	\$1,023	\$1,482
Single, Medicare	\$ 151	\$ 130
Two, One Medicare	\$ 492	\$ 624
Three or More, One Medicare	\$ 833	\$1,118
Two, Both Medicare	\$ 301	\$ 259
Three or More, Two Medicare	\$ 642	\$ 753
Three or More, Three Medicare	\$ 453	\$ 390

Important Notice: The Retirement Board reviews the health benefits rates and plan structure 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 2016 Open Enrollment materials from the Fund and UnitedHealthcare, including plan design and rates, have been approved for the 2016 plan year only and should not be construed as a guarantee of future benefits.

CONTROL YOUR MEDICAL COSTS

by Managing Your Health & Wellness

Make the Most of Medical Plan Resources to Control Your Costs

UnitedHealthcare offers a wide variety of online resources to help you manage your health and reduce out-of-pocket cost. Many of you are managing your health better by participating in the new UnitedHealthcare disease management programs for diabetes and cardiovascular health.

Manage Your Health | Free Resources & Discounts

Here are just some of the programs and services to help you maintain your health and reach your wellness goals. **These are included at no extra cost to you and your covered dependents.**

Free Personal Health Assessment

When you register or log in to myuhc.com, you can complete the personal health assessment. You'll get your results right away, including useful tips and tools to help you live healthier.

Speak with a Wellness Coach

After you take the health assessment, UnitedHealthcare may recommend an online wellness coaching program. If you want more personal coaching, you can receive telephonic wellness coaching. UnitedHealthcare wellness coaches will work with you to create a personalized action plan, and will be in contact with you by phone to help keep you motivated.



Wellness programs include:

- Weight management
- Exercise
- Nutrition
- Diabetes
- Stress management
- Heart health (telephone only)
- Healthy weight
- Tobacco cessation (telephone only)

Manage Diabetes

If you or a covered member of your family has diabetes, please visit uhcdiabetes.com. This website gives you access to useful tools, including goal and tip sheets, a risk quiz, blogs, and videos to help prevent and manage diabetes and obesity.

Receive Discounts on Health Programs and Services

Save from 5% to 50% on fitness club memberships, teeth whitening and more through our Health Discount Program. The Health Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. Call 1-800-860-8773 or visit unitedhealthallies.com for more information.



MANAGING PRESCRIPTION COSTS

The best way to manage your out-of-pocket costs on prescription drugs is to use generic drugs when possible.

It is also important that you refill your prescription on time and take your medication as prescribed by your doctor.

Don't skip doses.

MY HEALTH, MY QUESTIONS, myNurseLine.

myNurseLine can help you:

- Chat with a nurse live on myuhc.com
- Understand treatment options
- Locate available local resources
- Find a doctor, hospital, or specialists and check if a doctor is in your network and is accepting new patients. UnitedHealthcare may even be able to make the appointment for you.
- Ask medication questions
- Choose appropriate medical care

myNurseLine (800) 846-4678 TTY: 711

ATTEND AN OPEN ENROLLMENT EVENT

and Learn More About Your Options

Don't miss your chance to get answers to your questions from experts on benefit options. Use the schedule below to find the location that works best for you. Just drop in when you can and learn how to make your benefits work for you and your family.

To help us serve our members during the Open Enrollment events, we ask that you call (773) 782-6282 to confirm your attendance, but this is not required.

Open Enrollment Raffle – Participation Available At All Locations

A special thanks to our partners for donating our raffle prizes this year

- \$50 CVS Gift Cards – donated by CVS/Caremark
- Fit-Bit – donated by UnitedHealthcare
- \$25 Gift Cards – donated by Guardian Dental
- Blood Pressure Monitors – donated by Cook County Pension Fund

ACTIVITIES ARE AVAILABLE THROUGHOUT THE EVENT



OPEN ENROLLMENT

DATE | LOCATION | TIME

Thursday, October 29	Orland Civic Center 14750 Ravinia Avenue, Orland Park, IL 60462 Available at this location <ul style="list-style-type: none"> • Health Benefit Information / Questions • Free Flu Shots • Free Bone Density Screening • Free Consultation with Dietitian – Sign up required. To register, call (773) 782-6282 or visit https://lifestyle.advocatehealth.com/CCPFNutrition	9:00 a.m. - 2:00 p.m.
Friday, October 30	County Administration 69 W. Washington Street, Chicago, IL 60602 4th floor conference room A & B Available at this location <ul style="list-style-type: none"> • Health Benefit Information / Questions 	9:00 a.m. - 12:00 p.m.
Friday, November 6	Lincolnwood Community Center 6900 N Lincoln Ave, Lincolnwood, IL 60712 Available at this location <ul style="list-style-type: none"> • Health Benefit Information / Questions • Free Flu Shots • Free Bone Density Screening 	11:00 a.m. - 2:30 p.m.
Tuesday, November 10	Kroc Center 1250 W 119th Street, Chicago, IL 60643 Available at this location <ul style="list-style-type: none"> • Health Benefit Information / Questions • Free Flu Shots • Free Bone Density Screening • Free Consultation with Dietitian – Sign up required. To register, call (773) 782-6282 or visit https://lifestyle.advocatehealth.com/CCPFNutrition	9:00 a.m. - 2:00 p.m.

2016 VISION BENEFITS

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating¹ and the frame, or contact lenses in lieu of eyeglasses.

BENEFIT FREQUENCY

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

IN-NETWORK SERVICES

Copays

Exam(s)	\$15
Materials	--

Frame Benefit (for frames that exceed the allowance and additional 30% discount may be applied to the coverage)²

Private Practice Provider	\$75 retail frame allowance
Retail Chain Provider	\$75 retail frame allowance

Lens Options

Standard Scratch Resistant Coating – covered in full. Other optional lens upgrades may be offered at a discount (discount varies by provider).

Contact Lens Benefit³

Selection contact lenses

The fitting/evaluation fees, contact lenses, and up to 2 follow-up visits are covered in full after copay (if applicable).

If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider.

Non-selection contact lenses

An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection. Materials copay (if applicable) is waived.

\$75

Necessary contact lenses

Covered in full after copy (if applicable)

OUT OF-NETWORK REIMBURSEMENTS (Copays do not apply)

Exam(s)	Up to \$40	Lined Trifocal Lenses	Up to \$80
Frames	Up to \$45	Lenticular Lenses	Up to \$80
Single Vision Lenses	Up to \$40	Elective Contacts in Lieu of Eye Glasses ³	Up to \$75
Lined Bifocal Lenses	Up to \$60	Necessary Contacts in Lieu of Eye Glasses ⁴	Up to \$210

DISCOUNTS

Laser Vision – UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at uhclasik.com.

Additional Material – At a participating network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids – As a UnitedHealthcare Vision plan member, you can save on high-quality hearing aids when you buy them from hiHealthInnovations™. To find out more go to hiHealthInnovations.com. When placing your order use promo code myVision to get the special price discount.

¹ On all orders processed through a company owned and contracted Lab network.

² 30% discount available at participating network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

³ Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

2016 HEALTH BENEFITS COMPARISON CHART

COVERAGE IS IDENTICAL BETWEEN NON-MEDICARE AND MEDICARE SUPPLEMENT PLANS EXCEPT WHERE NOTED

BENEFIT FEATURES	CHOICE PLAN	CHOICE PLUS PLAN	
		In-Network Benefits	Out-of-Network Benefits
Annual Deductible	\$0	\$300 Individual / \$600 Family	\$600 Individual / \$1200 Family
Out-of-Pocket Maximum	\$1,500 Individual/\$3,000 Family	\$1,500 Individual/\$3,000 Family	\$5,000 Individual/\$10,000 Family
Annual Maximum	\$0	\$1,250,000	\$1,250,000
Doctors and Specialists			
• Primary Care Visit	\$15 Copay	15% after deductible	40% after deductible
• Specialty Visit	\$25 Copay	15% after deductible	40% after deductible
	<i>No Referrals Required</i>		
• Urgent Care	\$40 Copay	15% after deductible	40% after deductible
Physician Services			
• Immunizations	\$15 Copay	15% after deductible	40% after deductible
• Preventive Care	Covered in full	15% after deductible	40% after deductible
Hospital Services			
• Inpatient Care	Covered in full	15% after deductible	40% after deductible
• Room & Board	\$100 Copay (per admission)	15% after deductible	40% after deductible
Outpatient Services			
• Outpatient Surgery	\$100 Copay	15% after deductible	40% after deductible
• Diagnostic Test and X-rays	Covered in full	15% after deductible	40% after deductible
• Chemotherapy/Radiation	Covered in full	15% after deductible	40% after deductible
• Physical, Acupuncture and Speech Therapy	\$15 Copay (60 visit combined limit per calendar year)	15% after deductible	40% after deductible
• Chiropractor	\$15 Copay (30 visit limit)	15% after deductible (30 visit limit)	40% after deductible (30 visit limit)
Behavioral Health Services			
• Mental Health-Outpatient	\$15 Copay	15% after deductible	40% after deductible
• Mental Health-Inpatient	\$100 Copay	15% after deductible	40% after deductible
• Substance Abuse-Outpatient	\$15 Copay	15% after deductible	40% after deductible
• Substance Abuse-Inpatient	\$100 Copay	15% after deductible	40% after deductible
Emergency Services			
• Emergency Room	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)
• Ambulance	Covered in full	15% after deductible	40% after deductible
• Urgent Care Facility	\$40 co-pay (in-network only)	15% after deductible	40% after deductible
Hospital Alternatives			
• Skilled Nursing Facility	Covered in full	15% after deductible (90 days per calendar year)	Non-Medicare 15% Medicare Supplement 50% (90 days per calendar year)
• Home Health Care	Covered in full	15% after deductible	15% after deductible
Other Services			
• Durable Medical Equipment	Covered in full	15% after deductible	15% after deductible
• Wigs	\$300 allowance	\$300 allowance	\$300 allowance
• Routine Hearing Care	\$15 Copay	15% after deductible	Not covered
• Hearing Aids	\$2500 per ear (once per lifetime)	\$2500 per ear (once per lifetime)	Not covered
• Vision Screening and Exams	\$15 Copay (one every 12 months)	\$15 Copay (one every 12 months)	40% after deductible
• Eyeglasses or Contacts	\$75 allowance (every 24 months)	\$75 allowance (every 24 months)	See Vision Schedule

Prescription Plan: 30 Day Non-Maintenance Supply at any Retail: \$10 Generic /\$35 Preferred Brand / \$50 Non-Preferred Brand
90 Day Maintenance Supply at CVS or Caremark Mail: \$20 Generic / \$65 Preferred Brand/ \$100 Non-Preferred Brand

Voluntary Dental Coverage: Available through Guardian Dental / Contact Guardian directly at (877) 522-2524 to enroll

MEDICARE 101

The Fund provides supplementary 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 and premiums are available.

Important Information:

- If you will become eligible for Medicare in 2016...
 1. Apply for Medicare at your local Social Security Administration office at (800) 772-1213 or online at medicare.gov
 - You must be 65 or disabled to enroll in Medicare
 - Apply THREE MONTHS BEFORE your 65th birthday
 2. Contact the Fund at 312-603-1200 or health@countypension.com with proof of your Medicare eligibility. Enrolling in Medicare will lower your premiums with the Fund.

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 Medicare Part B (medical insurance). **DO NOT** apply for Medicare Part D – doing so will make you ineligible for any health benefits offered by the Fund.
- You must submit proof of your enrollment into Medicare Part A and Part B to the Fund to qualify for lower premiums. Proof of enrollment can be your Medicare card or a letter from the Social Security Administration certifying your enrollment.
- The Fund will coordinate your health benefits with Medicare. In most cases, Medicare will be the primary coverage with the Fund's benefits as secondary.

What If I Am Not Eligible for Medicare?

If you are 65 or older and are NOT eligible for premium-free Medicare Part A, you must provide the Fund a written certification of Medicare ineligibility from the Social Security Administration. You are not required to purchase Medicare Part B if you are ineligible for premium-free Medicare Part A. Upon certification of Medicare ineligibility, you can continue to receive full health benefits through the Fund.

DISCLOSURE

The Fund provides a prescription benefit to its members. If you join a Medicare Part D plan, you are not eligible to participate in any part of the Fund's health benefits program.

Important Information:

1. The Fund provides a prescription benefit that has been determined to be equal to or greater than a Medicare Part D plan, and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
2. Medicare Part D prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

For More Information About Medicare and Social Security:

- 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 1-800-772-1213 (TTY 1-800-325-0778)