

2017 HEALTH BENEFITS



There are two plan options available in 2017 from UnitedHealthcare: the **Choice Plan** and the **Choice Plus Plan**.

Both Plans Have The Same Network:

CHOICE PLAN

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

CHOICE PLUS PLAN

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

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



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-Eligible 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

HEALTH BENEFIT CONTACTS

Benefit	Administrator	Phone	Web Site
Plan Administrator	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
Voluntary Dental Coverage	Guardian	1-877-522-2524	guardianlife.com
Vision Discounts	UnitedHealthcare	1-800-638-3120	myuhc.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

Visit welcometouhc.com/ccpfretirees or call 1-888-651-7313 to find a network doctor or hospital. For additional information, contact CookCountyPension.com or email info@countypension.com

2017 HEALTH BENEFITS PLANS AND RATES

Your health benefits premium is subsidized by the Fund. The following tables show the member portion of the total premium cost for 2017.

EMPLOYEE ANNUITANT	CHOICE PLAN		CHOICE PLUS PLAN
Single, Non-Medicare	\$ 576		\$ 797
Two, Non-Medicare	\$1,151		\$1,594
Three or More, Non-Medicare	\$1,727		\$2,389
Single, Medicare	\$ 231		\$ 209
Two, One Medicare	\$ 807		\$1,006
Three or More, One Medicare	\$ 1,383		\$1,803
Two, Both Medicare	\$ 461		\$ 417
Three or More, Two Medicare	\$1,037		\$1,214
Three or More, Three Medicare	\$ 693		\$ 627

SPOUSE OR CHILD SURVIVOR ANNUITANT	CHOICE PLAN		CHOICE PLUS PLAN
Single, Non-Medicare	\$ 395		\$ 571
Two, Non-Medicare	\$ 791		\$1,143
Three or More, Non-Medicare	\$1,187		\$1,713
Single, Medicare	\$ 159		\$ 143
Two, One Medicare	\$ 554		\$ 714
Three or More, One Medicare	\$ 949		\$1,285
Two, Both Medicare	\$ 317		\$ 287
Three or More, Two Medicare	\$ 712		\$ 858
Three or More, Three Medicare	\$ 477		\$ 429

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 2017 Open Enrollment materials from the Fund and UnitedHealthcare, including plan design and rates, have been approved for the 2017 plan year only and should not be construed as a guarantee of future benefits.

2017 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 <i>No Referrals Required</i>	15% after deductible	40% after deductible
• 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	Covered in full	15% after deductible	40% after deductible
• Diagnostic Tests 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 <i>(60-visit combined limit per calendar year)</i>	15% after deductible	40% after deductible
• Chiropractor	\$15 Copay <i>(30 visit limit)</i>	15% after deductible <i>(30-visit limit)</i>	40% after deductible <i>(30-visit limit)</i>
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 <i>(waived if admitted)</i>	\$100 Copay <i>(waived if admitted)</i>	\$100 Copay <i>(waived if admitted)</i>
• Ambulance	Covered in full	15% after deductible	40% after deductible
• Urgent Care Facility	\$40 Copay <i>(in-network only)</i>	15% after deductible	40% after deductible
Hospital Alternatives			
• Skilled Nursing Facility	Covered in full	15% after deductible <i>(90 days per calendar year)</i>	Non-Medicare 15% Medicare Supplement 50% <i>(90 days per calendar year)</i>
• 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	\$2,500 per ear <i>(once per lifetime)</i>	\$2,500 per ear <i>(once per lifetime)</i>	Not covered
• Vision Screening and Exams	\$15 Copay <i>(one every 12 months)</i>	\$15 Copay <i>(one every 12 months)</i>	40% after deductible
• Eyeglasses or Contacts	\$75 Allowance <i>(every 24 months)</i>	\$75 Allowance <i>(every 24 months)</i>	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 Order: \$20 Generic / \$65 Preferred Brand / \$100 Non-preferred Brand

90-Day Non-CVS Pharmacy: \$30 Generic / \$105 Preferred Brand / \$150 Non-preferred Brand

Voluntary Dental Coverage:

Available through Guardian Dental / Contact Guardian directly at 1-877-522-2524 to enroll.

MEDICARE 101

CCPF provides supplemental 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 is available.

Important Information:

- If you will become eligible for Medicare in 2017
 - Apply for Medicare online at medicare.gov or at your local Social Security Administration Office at **1-800-772-1213**
 - Apply 3 months before your 65th birthday
 - If you are disabled, you can apply for Medicare before you turn age 65
- Contact the CCPF at **1-312-603-1200** and provide a copy of your Medicare card
 - You may also email us at health@countypension.com

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). Your coverage with CCPF includes a Group Part D (drug) program, so do not apply for Part D.
- We require that you submit a copy of your Medicare card showing your enrollment in Medicare parts A and B in order to qualify for the Medicare premium rates. We will accept either your card or a letter from the Social Security Administration certifying proof of enrollment.
- After you have enrolled in Medicare, your coverage with CCPF will convert to a Medicare supplement, and Medicare will become your primary coverage.
- For more information visit medicare.gov, or call **1-800-633-4227**.

If You Are Not Eligible for Medicare

If you are 65 or older and did not contribute to Medicare, and are not eligible through a spouse or other means, you must provide CCPF a written certification of ineligibility. Upon certification of Medicare ineligibility, you can continue to receive full health benefits through the CCPF.



DISCLOSURE

CCPF 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 CCPF's health benefits program.

HIPAA Privacy Notice

HIPAA privacy notices are available upon request from CCPF, and the notice is also posted on our web site.

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)**.