Understand Your Plan
Health Benefits Handbook

Learn more about the eligibility and enrollment requirements for group health benefits offered through the Cook County Pension Fund.

PLEASE KEEP FOR YOUR RECORDS

12/17

Contents

INTRODUCTION

General Overview

The County Employees' and Officers' Annuity and Benefit Fund of Cook County, Illinois (the "**County Fund**") and the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, Illinois (the "Forest Preserve **District Fund**", together with the County Fund, the "**Fund**") currently offers a group health benefit (the "**Health Plan**") to annuitants and their eligible family members. Enrollment in the Fund's Health Plan includes coverage for medical, vision and pharmacy services. Enrollment in a voluntary dental plan is available separately from the Health Plan. The summary of benefits that follows is intended only as a general description of current benefits offered as of January 1, 2018.

The goal of this Handbook is to present the Fund's Health Plan offering and explain the enrollment and eligibility requirements in language that is easy to understand. However, sometimes terms that are specific to health benefits must be used where commonly-used language cannot. Check the Glossary located at the back of this Handbook for a definition of terms.

Please read the information in this Handbook carefully so you will have an understanding of your health benefits. If you want more information or have any questions about your Health Plan, please contact the Fund (see **Contact Information** on Page 4).

The Fund has contracted with UnitedHealthcare to administer the medical and vision benefits, and with CVS/Caremark and SilverScript to administer the pharmacy benefits.

UnitedHealthcare is responsible for providing each covered person with a Certificate summarizing medical and vision benefit coverage, including details of covered services and claim filing procedures.

CVS/Caremark and SilverScript are responsible for providing each covered person with a Booklet describing prescription medication copay amounts; mail order benefits; preferred network pharmacy benefits, and information about physician exception requests.

Contact UnitedHealthcare, CVS/Caremark or SilverScript for a copy of their Certificate or Booklet (see **Contact Information** on Page 4)**.** To the extent there is any conflict with this Handbook, the terms of the Certificate/Booklet will control.

Health Plan Options in Brief

Eligible Persons may choose from the following plan options based on whether such individuals are a "Non-Medicare Eligible Person" or a "Medicare Eligible Person" (see **Glossary**):

A Non-Medicare Eligible Person may enroll in any one of the health plans below:	A Medicare Eligible Person may enroll in any one of the health plans below:
United Healthcare Choice with CVS/Caremark	United Healthcare Choice with SilverScript
United Healthcare Choice Plus with CVS/Caremark	United Healthcare Choice Plus with SilverScript

** IMPORTANT NOTE:

If an individual becomes eligible for Medicare after coverage begins, that person will be automatically enrolled in the Fund's Medicare supplemental Plan as of the Medicare eligibility date. You must enroll in Medicare Part A & Part B if you are Medicare eligible. If you are enrolled in one of the Fund's UnitedHealthcare plans, you are automatically enrolled in Medicare Part D through the Silverscript program. Do Not enroll yourself in Medicare Part D if electing the Fund's Health Benefit Plan. Your enrollment in the Fund's Health Plan will be terminated if you enroll yourself in Medicare Part D.

Contact Information

Health Benefits Contact Information		
Cook County Pension Fund	70 W. Madison St, Suite 1925 Chicago, IL 312-603-1200	www.cookcountypension.com
United Healthcare *Medical and vision benefits*	1-888-651-7313	www.welcometouhc.com/CCPFretirees www.myuhc.com
CVS/Caremark *Pharmacy benefits for non-Medicare eligible members*	1-888-752-7231	www.caremark.com
Medicare	1-800-622-4227	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov
SilverScript *Pharmacy benefits for Medicare-eligible members*	1-877-878-1670	www.cookcountypensionfund.silverscript.com

ELIGIBILITY REQUIREMENTS

This Section contains eligibility information, which applies to ***all*** of the Fund's Health Plan options. Please note that if you are an Annuitant and have enrolled in the Plan, you may also choose to enroll and cover your eligible family members/dependents.

Annuitants

Initial Eligibility

To be eligible for coverage under the Fund's Health Plan, you must be an "Annuitant" as defined in Section 9-239 of the Illinois Pension Code [40 ILCS 5/9-239] and you must have been last employed with Cook County or the Forest Preserve District.

If you choose to elect COBRA continuation coverage under the County's active group health plan, you will be eligible to enroll in the Fund's Health Plan after such COBRA continuation coverage terminates.

Enrollment

There is no formal initial enrollment period; you enroll when you apply for an annuity from the Fund. You must take all of the steps listed below to enroll in the Plan before your coverage can begin.

Enrollment Steps:
To enroll for Plan coverage, you must:

- Meet the *Initial Eligibility* requirements for Annuitants described above.
- File a completed annuity application with the Fund, and have the application approved by the Retirement Board.
- File a completed Health Plan enrollment form with the Fund.

Your coverage will become effective on the first day of the month following your completion of all the enrollment steps described above.

Military Service

If you are on active duty with the United States armed forces, you will still be eligible for coverage under the Health Plan, provided you meet the eligibility requirements described above.

Medicare Eligibility

Determination of an annuitant or dependent's actual eligibility for Medicare is made by the Social Security Administration (SSA). A Medicare eligible annuitant or dependent must submit a copy of the SSA's determination to the Fund so we may adjust coverage accordingly.

If an annuitant or dependent becomes eligible for Medicare at age 65, the Fund will switch enrollment to the Fund's Medicare supplement Plan even if their enrollment in Medicare Part A and Part B has not been completed.

Enrollment in the Medicare supplement Plan becomes effective on the first day of the month following the date of Medicare eligibility, even if the Medicare enrollment has not been completed. Medicare then becomes the primary payer and the Fund will only consider paying the portion of a medical expense not covered by Medicare.

Medicare Part D Enrollment

If you enroll in the Fund's Health Plan, you are automatically enrolled in Medicare Part D through the Silverscript program. If you subsequently enroll yourself in Medicare Part D, or your sign up for a Medicare Prescription Drug Plan or a Medicare Advantage Plan with Prescription Drug coverage, you will:

- Not be eligible for the Fund's Health Plan.

AND

- Lose the Fund's Health Plan coverage if you are already enrolled.

Age 65 & Over

Medicare Ineligible

If an Annuitant is ineligible for premium-free Medicare Part A, they must provide written certification from the SSA that they are ineligible for premium-free Part A based on their work history or the work history of any current or former spouse upon turning age 65. The Annuitant is not required to purchase Medicare Part B if ineligible for premium-free Medicare Part A.

Medicare Eligible

Medicare benefits begin when a person who is eligible for Medicare turns age 65 or becomes disabled.

All Medicare eligible Annuitants and Dependents enrolled in the Fund's Health Plan are required to enroll in Medicare Part A and Part B. Medical claims for Medicare eligible members will be paid as if the Health Plan member has enrolled in Medicare, even if theyhave not signed up for Medicare.

The Fund's Health Plan includes a Medicare Part D prescription drug benefit administered by the SilverScript Insurance Company, a part of CVS/Caremark. Medicare eligible Health Plan members are automatically enrolled in SilverScript and SHOULD NOT enroll themselves in any other Medicare Part D prescription drug coverage.* Medicare-eligible members who enroll in another Medicare Part D plan will lose their Health Plan coverage through the Fund.

The Fund places all Medicare eligible Annuitants and Dependents into the Fund's Medicare supplemental Health Benefit Plan, regardless of whether an election into Medicare Part A and/or Part B is made.

*If your modified adjusted gross income is above a certain amount (for 2018, more than $85,000), you are required by law to pay a Part D Income-related Monthly Adjusted Amount (IRMAA) directly to the Federal Government. For more on IRMAA, visit www.medicare.gov or call 1-800-633-4227.

The Fund notifies all potential Medicare-eligible Annuitants and Dependents of the procedures and documentation required 90 days prior to the month in which they turn age 65.

Family Coverage – Dependents

You may elect "Family Coverage" as opposed to "Individual Coverage" when you enroll. In addition to enrolling yourself, if you cover one dependent you will pay the "Two" rate; if you enroll two or more dependents, you will pay the "Three" rate. Visit www.cookcountypension.com to view current rates, or call **312-603-1200**.

Eligibility

If you are an Eligible Annuitant, your Dependent is eligible for Plan coverage if:

- They meet the requirements for "Eligible Dependent" status (as set on Page 8),and
- You supply the required information about your Dependent on the enrollment form and file such information with the Fund, and
- You substantiate the Dependent's status by providing appropriate documentation to the Fund, such as a birth certificate, marriage certificate, civil union certificate, adoption papers, or records of your appointment as a foster parent or legal guardian.

Eligible Dependents of an Annuitant include their:

- Spouse
- Unmarried child from birth to age 26 who is dependent on the Annuitant for more than one-half of their support for the calendar year, including:
    - Natural child.
    - Adopted child or child placed for adoption.
    - Stepchild who lives with the Annuitant in a parent-child relationship at least 50% of the time.
    - Child for whom Annuitant has permanent legal guardianship.

Unmarried child age 26 and older who is mentally or physically disabled and meets all of the following conditions if the child is:

- Financially dependent upon the Annuitant for more than one-half of their support for the calendar year, and
- Eligible to be claimed as a Dependent for income tax purposes by the Annuitant, and
- Continuously disabled as determined by the Social Security Administration from a cause originating prior to age 26, and
- Any other child for whom the Plan has received a Qualified Medical Child Support Order with respect to a covered Annuitant.

A covered Annuitant's unmarried child over age 25 and under age 30 who:

- Is a resident of Illinois, and
- Served as a member of the active or reserve component of any branch of the United States Armed Forces, and
- Has received an honorable release or discharge from the armed forces.

An unmarried child under 26 for whom the Annuitant has legal guardianship must:

- Receive over one-half of their support from the Annuitant for the calendar year, and
- Have the same principal residence as the Annuitant for the calendar year, and
- Be a member of the Annuitant's household for the entire calendar year, and
- Not be a qualifying child of any other taxpayer under the terms of Internal Revenue Code Section 152 for the calendar year, and
- The guardianship relationship does not violate local law.

Military Service:

A Dependent on active duty with the United States armed forces will still be eligible for coverage under the Plan, provided that they otherwise meets the eligibility requirements for Plan coverage.

Benefit Eligibility/Enrollment Summary

Coverage is subject to satisfaction of all eligibility requirements, including timely completion of all enrollment materials.

Benefits Eligibility		
Eligible Family Members	**Important Eligibility Criteria / Coverage Notes**	**Required Enrollment Document(s)**
Your Spouse		Certified Copy of Marriage Certificate -OR- Certified Copy of Civil Union Certificate
You (and Your Spouse's) Unmarried Dependent Children Under 26 Years Old	In addition to You (and Your Spouse's) unmarried children, includes, other eligible family members also includes: • Children under your legal guardianship or who are in your custody under an interim court order pending adoption • Children for whom you are required by court order to provide health coverage Excludes: • Foster children, grandchildren, or other children – unless legally adopted or under guardianship Note: Coverage will end on the last day of the month in which the 26th birthday falls. (See below the	Certified Copy of Birth Certificate -OR- For Guardianship/Custody: • Pending: Certified Copy of Petition for Appointment with Child's Birth Date Listed • Finalized: Certified Copy of Letter of Office Issued by Court with Clerk's Seal *AND* Birth Certificate, if Birth Date is Absent from Letter of Office Document or Petition for Appointment of Guardianship

	exception for Disabled Children)	
Disabled Children - No Age Limitation	Children incapable of self-sustaining employment and dependent upon you or other care providers for support because of a disabling condition occurring prior to reaching the "limiting age" (i.e. – 26) – may be covered regardless of age.	Original Copy of Letter from Physician Certifying Disability on Physician's Letterhead Signed in Ink by the Physician and Including the Date the Disability Occurred.

Benefit Recipient Responsibilities; Retroactive Reimbursement Policy

Corrections to eligibility will be retroactively made to the appropriate effective date. To the extent that a retroactive correction results in a premium refund, a maximum of six months of premium may be refunded; provided that no refund will be made if any claim was made after the effective date of such correction.

It is the Annuitant's, Dependent's, or Survivor's responsibility to advise the Plan immediately of changes in eligibility for coverage. *Example: A qualifying event that impacts your existing elections, such as marriage, adoption, or death. See* Page 14 *for further details on qualifying events.*

Making Enrollment/Coverage Changes

Adding & Removing Eligible Dependents – "Qualified Changes" -- Special Enrollment Options/Timing

You may add new Dependents due to marriage, birth, adoption, obtaining legal guardianship, interim court order of adoption, placement of adoption, vesting temporary care, legal guardianship, or if you become Medicare eligible. You must make the election within 31 days of the related event or coverage may be lost or delayed.

Before coverage can begin for a new Dependent that you acquire after your coverage has already begun, you must provide the Fund with documentation verifying that your Dependent meets the definition of an Eligible Dependent as described herein. The Fund must approve the verification documents before Dependent coverage can become effective.

If you provide verification to the Fund within the first 31 days after you acquire the Dependent, the new Dependent's coverage will begin on the date the Dependent was acquired. However, if you provide verification to the Fund later than 31 days after the qualifying event, you will have to wait until the Fund's Health Plan annual open enrollment period to do so.

Annual Open Enrollment

You are entitled to make changes to your plan and coverage during the annual open enrollment election period. If, during the year, you fail to notify the Fund of a qualifying event, you may make these changes during the open enrollment period.

All changes will become effective January 1 following the open enrollment period or such other date that the plan shall choose.

Survivors
A "Survivor" is a Spouse or Dependent of a deceased Annuitant. Survivors will only be eligible for coverage as an "Annuitant" if they satisfy the annuitant eligibility and enrollment requirements.

Maintaining Coverage

Self-Contributions (Premiums)

You are required to make monthly self-contributions (premiums) to maintain coverage under the Plan.

Amount: The amount of the monthly premium, which can be changed from time to time, is determined by the Fund, at its sole discretion. The Fund will make reasonable efforts to communicate any adjustment in the amount of the monthly self-contribution at least 30 days before any new rate goes into effect.

Deduction from Annuity Check: The monthly premium will be deducted from an Annuitant's annuity check payable from the Fund.

Personal Checks: Personal checks will only be accepted under the following circumstances:

- If the amount of the self-contribution deduction exceeds the amount of an Annuitant's monthly annuity check, then an Annuitant's personal check may be used to make the monthly self-contribution.
- No personal checks will be accepted by the Fund until after the Retirement Board has approved an Annuitant's application for an Annuity.
- If the monthly self-contribution is payable by personal check, the first check must be received by the Fund no later than the first day of the month in which coverage begins.
- After the first payment, personal checks must be received by the Fund no later than the first day of the month for which coverage is to be provided. A 30-day grace period will be in effect, but if a payment is not received by the Fund within the 30-day grace period, coverage will terminate at the end of the 30-day grace period.

Postponing, Suspending, and Reinstating Coverage

Postponing Coverage: If you or your spouse are employed and have other valid health plan coverage through an employer, you may elect to postpone your coverage under this Plan until you no longer have other health plan coverage. If you elect to postpone coverage for yourself,

coverage for your Dependents will also be postponed. Dependents have no right to elect postponement. Reinstatement of coverage for Dependents after postponement will be effective on the date of your coverage reinstatement. You may be required to present documentation proving loss of other health coverage.

Suspending Coverage: If you are covered under the Plan after meeting the eligibility requirements and the enrollment requirements in this Section, you may elect to suspend your coverage if you obtain other valid health plan coverage through an employer. You may suspend Plan coverage any time that you become employed and have other valid health coverage. If you elect to suspend coverage, your Dependents' coverage will also be suspended. You may be required to present documentation proving validity of other health coverage.

Permanent Termination of Coverage: Coverage will be permanently terminated if you otherwise elect to terminate your coverage without providing evidence of "Eligible Coverage."

Reinstatement of Coverage: You may reinstate suspended coverage under this Plan when you are no longer employed and do not have other health plan coverage through your employer. You must reenroll in the Plan by filing a completed enrollment form with the Fund no later than 30 days after your other health plan coverage ends. Coverage for Dependents will be reinstated along with your coverage.

Termination of Coverage

In General

Termination of the Fund's Health Plan in which you are enrolled automatically terminates your coverage.

Further, if you misrepresent or falsify information in connection with obtaining coverage or making any claim, then your coverage may terminate immediately or on such other date as determined by the Fund.

Once coverage terminates, other than through suspension or postponement described above, you will not be eligible to reenroll in the Plan.

No benefits are available for Covered Services rendered after the date of termination of benefits.

Annuitant Coverage

You may lose coverage under the Plan effective as of the end of the month upon the occurrence of any of the following events:

- A self-contribution is not made on a timely basis and full payment is not made within the applicable grace period, if any;
- Your Annuity terminates or you otherwise no longer meet the eligibility requirements set forth above;
- You enroll yourself in a Medicare Part D Prescription Drug Plan; or
- You terminate your coverage.

Dependent Coverage

A Dependent may lose coverage under the Plan at the end of the month in which the following events occur:

- Your coverage, through the Annuitant, under the Plan terminates;
- You die; or
- The Dependent no longer meets the definition of a Dependent herein.

Certificate of Creditable Coverage

When you or any enrolled Dependent is no longer eligible for the Fund's Health Plan benefits, you have a right to request a certificate of creditable medical coverage from **UnitedHealthcare, and a certificate of pharmacy creditable coverage from the Fund.** These certificates provide evidence of your prior medical and pharmacy coverage under the Fund's Health Plan. You may need to furnish certificates in order to enroll in any other health care insurance plan. You also have the right to request one for any other reason.

COBRA CONTINUATION COVERAGE

COBRA continuation coverage (COBRA) is a temporary extension of coverage. This Section of the Handbook, which serves as your Dependents' General COBRA Notice, contains important information about the right of Eligible Dependents to elect to continue coverage,

The right to COBRA coverage was created by a Federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage is available to family members covered under the Fund's Health Plan. ***COBRA continuation coverage is not available to Annuitants*** Contact the Fund for additional information about your COBRA rights and obligations under the Health Plan and under Federal law.

COBRA Continuation Coverage in General

COBRA is a continuation of Health Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this Section of the booklet. After a qualifying event, COBRA must be offered to each person who is a "qualified beneficiary." Your Spouse and Dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. As noted above, COBRA is not available to the Annuitant. Under the Plan, qualified beneficiaries who elect COBRA must pay monthly COBRA premiums.

If your Dependents choose COBRA, the Plan is required to provide health coverage that is basically the same coverage that your Dependents had before the event that triggered COBRA. Your Dependents will have the choice of electing COBRA for medical and prescription drug benefits.

Qualified Dependents who elect COBRA must pay monthly COBRA premiums to the Fund.. The Fund is permitted to charge the full cost of coverage for similarly situated Dependents plus an additional 2%.

COBRA Qualifying Events **A qualifying event is defined as any of the events shown below that result in a loss of coverage.**	
Qualifying Events – Spouse or Dependent	**Maximum Continuation Period**
Annuitant's death, divorce, or legal separation	36 months
Loss of Dependent Status	36 months
COBRA Qualified Beneficiaries who obtain Medicare or coverage under another health plan that does not impose pre-existing condition limitations or exclusions, are ineligible to continue COBRA coverage.	
The Plan reserves the right to retroactively terminate COBRA coverage if an individual is deemed ineligible. Premiums paid will not be refunded for coverage terminated retroactively due to ineligibility.	

Qualifying Events

Spouse: If you are the spouse of an Annuitant, you become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events occur:

- The Annuitant dies, or
- The Annuitant becomes entitled to Medicare benefits and elects to cancel coverage through the Fund's Health Plan; or
- You become divorced or legally separated from the Annuitant.

If the annuity is simply terminated because the payment obligations have ceased, Spouses and other Dependents are not entitled to COBRA.

Dependent Children: Your Dependent children become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events occur:

- The child stops being eligible for coverage under the Plan as a Dependent child.
- The child reaches age 26 and coverage terminates on the last day of the month following the child's 26th birthday
- The Annuitant dies;
- The Annuitant elects to cancel enrollment in the Fund's Health Plant;
- The Annuitant and Dependent spouse become divorced or legally separated

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Fund has been notified that a qualifying event has occurred.

You Must Give Notice of Some Qualifying Events

For qualifying events such as divorce; legal separation of the Annuitant and a spouse, or a child losing eligibility for coverage as a Dependent child), you must notify the Fund within 60 days after the qualifying event occurs. You must provide this notice to the Fund at the following address:

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

How is COBRA Coverage Provided?

Once the Fund receives notice that a qualifying event has occurred, COBRA will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA. Annuitants or Dependent Spouses may elect COBRA on behalf of their children.

Electing COBRA Continuation Coverage

A qualified beneficiary must elect coverage by the date specified on the COBRA election form. Failure to do so will result in loss of the right to elect COBRA under the Plan.

In determining whether to elect COBRA, a qualified beneficiary should take into account that they have special enrollment rights under Federal law. They have the right to request special enrollment in another group health plan for which they are eligible (such as a plan sponsored by an employer) within 30 days after their coverage in the Fund's Health Plan ends because of a qualifying event. The qualified beneficiary will also have the same special enrollment right at the end of COBRA coverage if they elect coverage under this Plan for the maximum time available.

To elect COBRA continuation coverage, a qualified beneficiary must complete an election form provided by the Fund. The 60-day election period begins to run no earlier than the date the qualified beneficiary loses coverage due to a qualifying event and ends on the 60th day following the later of the date the qualified beneficiary would lose coverage, or the date the election notice is provided to the qualified beneficiary by the Fund.

If the qualified beneficiary does not submit a completed election form by the date shown on the form, they will lose their right to elect COBRA. If the qualified beneficiary rejects COBRA coverage before the due date, they may change their mind as long as they furnish a completed election form before the due date and coverage will begin on the date they furnish the completed election form.

When COBRA Continuation Coverage Ends

COBRA will be terminated before the end of the COBRA 36-month coverage period if:

- Any required premium is not paid on time;
- A qualified beneficiary becomes covered, after electing COBRA, under another health plan that does not impose any pre-existing condition exclusion;
- A qualified beneficiary becomes entitled to Medicare benefits (eligible for and enrolled in coverage under Part A, Part B, or both); or
- The Plan terminates.

COBRA may also be terminated for any reason that the Plan would terminate any other Eligible Person's coverage (such as misrepresenting or falsifying information to the Plan).

When COBRA coverage ends, UnitedHealthcare will provide each qualified beneficiary with a certificate of creditable coverage, which may reduce any pre-existing condition limitations under another health plan.

If You Have Questions

Questions concerning your Plan or your Dependents' COBRA rights should be addressed to:

Cook County Pension Fund
70 W. Madison St, Suite 1925
Chicago, IL 60602
Telephone: 312-603-1200

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Fund informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Fund.

BENEFIT PLAN OVERVIEW

Choosing the Right Plan for You

Factors you may wish to consider in choosing the right health plan:

- What are the out-of-pocket costs to you?
- Does the plan provide access to your preferred doctors and hospitals?
- Does the doctor have experience caring for your specific need?

Coordination of Benefits

Coordination of Benefits (COB) applies when you have health care coverage through more than one health insurance program. The purpose of COB is to ensure that you receive all the coverage to which you are entitled but no more than the actual cost of the care received. In other words, the total payment from all of your coverages together will not add up to be more than the total charges you incur. It is your obligation to notify UnitedHealthcare of the existence of other health insurance coverage such as enrollment in a spouse's plan. UnitedHealthcare has the right to administer COB. Please see the Certificate/Booklet provided by your UnitedHealthcare for details.

Prescription Drug Benefits

If you enroll in the UnitedHealthcare Choice or Choice Plus plan, you automatically get prescription drug coverage. All drugs covered by the prescription drug benefit are FDA-approved and are deemed "medically necessary."

The Fund's pharmacy benefits for Non-Medicare eligible plan members are administered by CVS/Caremark.

Medicare eligible plan members get the Fund's pharmacy benefits through a combination of Silverscript and the Fund's pharmacy program administered by CVS/Caremark. Silverscript is a Medicare Part D program administered by CVS. Medicare eligible members enrolled in the Fund's Health Plan have pharmacy coverage during the gap period, or "donut hole".

Medicare eligible Plan members are automatically enrolled in Medicare Part D through the Silverscript program. Medicare eligible Plan members SHOULD NOT enroll themselves in a Medicare Part D prescription drug plan. A Health Plan member who signs themselves up for Medicare Part D automatically loses health coverage through the Fund.

Any questions concerning prescription drug benefits, including whether or not a prescribed drug is covered and what the co-pay amounts are," should be directed as follows:

Medicare eligible annuitants and dependents - contact SilverScript
Non-Medicare eligible annuitants and dependents – contact CVS/Caremark

(See **Contact Information** on Page 4, or refer to your prescription plan booklet.)

IMPORTANT NOTICES

Benefits Not Constitutionally Guaranteed; Subject to Change and/or Termination.

Section 9-239 of the Illinois Pension Code [40 ILCS 5/9-239] provides that the group coverage and benefits described in this Handbook are not and shall not be construed to be pension or retirement benefits for purposes of Section 5 of Article XIII of the Illinois Constitution of 1970. As stated above, the summarized benefits may be changed and/or terminated at any time.

Applicable Law Controls.

The Fund's Health Plan is meant to comply with applicable law and, in the event of any conflict, the applicable law will control.

Fraud; Misrepresentation.

If any person misrepresents or falsifies information in connection with obtaining coverage or making any claim, their coverage will be immediately terminated or on such other date as determined by the Fund.

GLOSSARY

The following definitions apply throughout the Plan, unless otherwise noted.

Annuitant: Shall have the meaning given such term in Section 9-239 of the Illinois Pension Code [40 ILCS 5/9-239].

Claim Administrator: The "Claim Administrator" for each plan comprising the Health Benefit is as follows (see **Contact Information** on Page 4 for telephone number and web address):

Benefits	
Group Plan/Benefit	**Claim Administrator**
United Healthcare Choice Plan	United Healthcare
United Healthcare Choice Plus Plan	United Healthcare
Prescription Drug Benefit – Non-Medicare eligible	CVS/Caremark
Prescription Drug Benefit – Medicare eligible	SilverScript

County Fund: The County Employees' and Officers' Annuity & Benefit Fund of Cook County, Illinois established under Article 9 of the Illinois Pension Code [40 ILCS 5/9-101 et. seq.].

County: Cook County or the Forest Preserve District of Cook County, Illinois.

Dependent: See Section II.D. for listing of individuals who qualify as "Dependents".

Eligible Annuitant: An Annuitant who satisfies the eligibility and enrollment requirements of the Plan.

Eligible Dependent: The Dependent of an Eligible Annuitant who satisfies the eligibility and enrollment requirements of the Plan.

Eligible Person: An Eligible Annuitant or Eligible Dependent who is enrolled in this Plan and who meets the eligibility requirements for this health coverage.

Family Coverage: Coverage for you and your Eligible Dependents under the Plan.

Forest Preserve District Fund: The Forest Preserve District Employees' Annuity and Benefit Fund of Cook County established under Article 10 of the Illinois Pension Code [40 ILCS 5/10-101 et. seq.].

Fund: The County Fund and the District Fund, collectively.

Individual Coverage: Coverage under the Plan for yourself, the Annuitant, but not for your Eligible Dependents.

Plan or Health Plant: The medical, vision and pharmacy health benefits currently offered by the Fund.

Retirement Board: The Retirement Board of the County Employees' and Officers' Annuity and Benefit Fund of Cook County and ex officio for the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County.

SSA: The Social Security Administration. The SSA handles Medicare enrollment.

Survivor: The surviving spouse or child of a deceased Annuitant who becomes entitled to become an Annuitant, in accordance with the terms of the Eligibility Section, after the death of the original Annuitant.

Cook County Pension Fund
70 West Madison, Suite 1925
Chicago IL 60602
CookCountyPension.com