



2021 HEALTH BENEFITS GUIDE

Health Plan Year 2021

County Employees' and Officers' Annuity and Benefit Fund of Cook County
Forest Preserve District Employees' Annuity and Benefit Fund of Cook County
70 W Madison St, Suite 1925 | Chicago, IL 60602 | 312.603.1200 | 312.603.9760 fax
| www.cookcountypension.com

CONTENTS

INTRODUCTION	2
Health Plan Overview	2
ELIGIBILITY	4
Annuitants	4
Family Members	4
Survivors	5
Medicare	5
Medicare Enrollment and Billing	6
Medicare Part A	6
Medicare Part B	6
Medicare Part D	7
IRMAA	7
Mandatory Medicare Enrollment	8
Military Service	9
ENROLLMENT	9
Documents Required for Enrollment	10,11
Annual Open Enrollment	12
Adding Dependents	12
DELAYING ENROLLMENT	13
Postponing Enrollment at Retirement	13
Suspending Enrollment Any Time	13
Suspending Enrollment – Covered by Employer Plan	13
PAYING FOR HEALTH COVERAGE	14
Premium Payments	14
Refund Policy	15
TERMINATION of COVERAGE	16
Annuitant Coverage Termination	16
Spouse and Dependent Child Coverage Termination	16
Divorce	17
Civil Union Dissolution	17
Fraud	17
CERTIFICATE OF CREDITABLE COVERAGE	18
COBRA	19
CONTACT INFORMATION	20
DEFINITIONS	21

INTRODUCTION

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 plan (the "**CCPF Health Plan**") to annuitants and their eligible family members. Enrollment in the CCPF Health Plan currently covers medical, vision and pharmacy services. Dental insurance is available separately from the CCPF Health Plan.

The description of the CCPF Health Plan, enrollment and eligibility requirements in this Handbook is current as of January 1, 2021. This Handbook uses language that is easy to understand, however, sometimes words specific to health insurance must be used (see **Definitions**, page 21.)

HEALTH PLAN OVERVIEW

The CCPF Health Plan is a self-insured plan. UnitedHealthcare (UHC) administers the medical and vision benefits; CVS/Caremark and SilverScript administer the prescription drug benefits. Guardian Insurance Company provides a dental plan to annuitants and their eligible family members. Enrollment in the Guardian dental plan is voluntary and separate from the CCPF Health Plan.

CCPF offers two UnitedHealthcare (UHC) plans to choose from: the UHC Choice plan and the UHC Choice Plus plan. The UHC Choice and UHC Choice Plus plans include medical and vision coverage. UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. Both these UHC plans also include prescription drug coverage. Members enrolled in Medicare get prescription drug coverage through SilverScript: Members who are not enrolled in Medicare (non-Medicare) get prescription drug coverage through CVS/Caremark.

UHC Plans for Medicare Members	UHC Plans for Non - Medicare Members
United Healthcare Choice Plan medical, vision and SilverScript Rx	United Healthcare Choice Plan medical, vision and CVS/Caremark Rx
United Healthcare Choice Plus Plan medical, vision and SilverScript Rx	United Healthcare Choice Plus Plan medical, vision and CVS/Caremark Rx

Guardian Insurance Company offers a separate dental plan to CCPF annuitants. CCPF does not handle enrollment, billing or customer services for the dental plan (call 1-877-522-2524 Option #1 for dental plan information).

UHC provides each covered annuitant with a Summary Plan Description (SPD) detailing the medical and vision services covered; the level of payment, and how to file a claim. Call UHC at (1-888-651-7313) to request the SPD or go to www.cookcountypension.com/retirees/medical-coverage/ to view a copy.

CVS/Caremark and SilverScript provide each covered annuitant with a packet of materials describing prescription copay amounts; instructions for using mail order; and information about physician prior approval for certain medications. Contact CVS/Caremark or SilverScript for more information or to request a copy of their Booklet (see **Contact Information** on Page 20).

If there is any conflict between this Handbook and the UHC SPD, the terms of the SPD will control. Likewise, if there is any conflict between this Handbook and the CVS or SilverScript plan Booklets, the terms of the CVS or SilverScript Booklets will control.

ELIGIBILITY REQUIREMENTS

Annuitants

You are eligible to enroll for benefits currently offered under the CCPF Health Plan¹ if you are an “Annuitant” as defined in Section 9-239 of the Illinois Pension Code [40 ILCS 5/9-239] and apply for benefits within the enrollment period or after you experience a qualifying event as determined by the Fund. Please note that these eligibility rules are subject to revision. If you are an annuitant who enrolls in the CCPF Health Plan, you may also enroll your spouse or civil union partner, and/or your biological or adopted children.

Family Members

Annuitants who enroll in the CCPF Health Plan can elect to also enroll a spouse or civil union partner. An annuitant’s spouse or civil union partner is no longer eligible for health benefits upon dissolution of the marriage or the civil union. Annuitants who enroll in the CCPF Health Plan can elect to enroll unmarried biological children and unmarried adopted children. An annuitant’s biological or adopted child is no longer eligible for health benefits upon attaining the age of 26.

Annuitants may also cover a disabled child age 26 and older who was enrolled in the CCPF Health Plan (or another employer’s health plan) prior to age 26 if the dependent child is:

- Financially dependent upon the annuitant for more than one-half of his or her support for the calendar year.
- Eligible to be claimed as a Dependent for income tax purposes by the annuitant.
- Continuously disabled as determined by the Social Security Administration from a cause originating prior to age 26.

¹ Forest Preserve District employees and annuitants receive the same benefits provided to County employees and annuitants. See 40 ILCS 5/10-101. Any citations to benefits are referenced under Article 9 and apply equally to County and Forest Preserve District employees and annuitants.

- Has applied for government disability benefits, or has been awarded government disability benefits.

Survivors

A “Survivor” is a spouse or child of a deceased annuitant. Survivors will only be eligible for coverage as a survivor annuitant if they satisfy the annuitant eligibility and enrollment requirements. Survivor spouses can elect to continue coverage for any eligible child of the deceased annuitant under the age of 26. Survivor spouses cannot enroll additional dependents, for example a new spouse or a child who is not a biological child or adopted child of the deceased annuitant.

MEDICARE

All annuitants, spouses and child dependents who are eligible for Medicare must be enrolled in Medicare Part A and Medicare Part B in order to be covered by the CCPF Health Plan.

Eligibility for Medicare benefits begins at age 65 or when employer coverage ends if working beyond age 65. Persons who are awarded Social Security disability benefits are also eligible to enroll in Medicare.

CCPF Health Plan members enrolled in Medicare pay lower monthly premiums because Medicare is the primary payor of medical claims.

Medicare Enrollment and Billing

The Social Security Administration (SSA) handles Medicare enrollment and billing. Contact the SSA or visit a local SSA office to apply for Medicare three months before your 65th birthday, or three months before your employer coverage ends if you are delaying retirement until after age 65, or within three months of becoming eligible for Social Security disability benefits.

Medicare Part A

Part A is free for members who paid into Medicare and have 40 credits or who qualify under a spouse's or ex-spouse's work record. Part A is also free for persons who receive Social Security disability benefits. Persons who are ineligible for free Medicare Part A can purchase Part A. Medicare charges higher premiums (penalties) if enrollment is not completed during the initial enrollment period. Contact the SSA for information about enrollment periods and late enrollment penalties.

Beginning January 1, 2019, all annuitants and spouses turning age 65; all new annuitants and spouses older than age 65, and all members receiving Social Security disability benefits must have Medicare Part A and Medicare Part B in order to get coverage under the CCPF Health Plan. Members who are required to purchase Medicare Part A in addition to Part B will receive a credit from CCPF to reduce the monthly CCPF health premium.

Medicare Part B

CCPF Health Plan members eligible for Medicare must pay Medicare Part B premiums. If a person qualifies for Social Security or Railroad Retirement Benefits, Part B premiums will be deducted from monthly Social Security checks. If the Social Security or Railroad Retirement monthly benefits is not enough to cover the cost of Part B premiums, the SSA sends a bill for Part B to the enrollee's home address.

Members who do not receive a Social Security check must enroll in Part B at age 65 (or at retirement if after age 65) in order to avoid lifetime financial penalties for late enrollment. If a CCPF health plan member fails to pay Part B premiums on time, Medicare will terminate the member's Part B coverage. Members without Medicare Part B will be responsible for direct payment of all charges that would have been paid or covered by Medicare.

Medicare Part D

CCPF Health Plan members receiving Medicare are automatically enrolled in a Medicare Part D prescription drug plan through SilverScript, which is administered by CVS Caremark. The cost of the Part D premium is included in your CCPF Health Plan monthly premium. Members will lose all CCPF health coverage if they sign up for another Medicare Part D plan or a Medicare Advantage Plan that includes prescription drug coverage.

IRMAA (Income Related Monthly Adjusted Amount)

Social Security law requires that high income earning Medicare enrollees pay additional amounts for Medicare Part B and Part D. This additional amount is referred to as the Income Related Monthly Adjustment Amount (IRMAA) and is generally based on information the IRS sends to the SSA from your prior year tax filings. The 2021 IRMAA amount for someone filing an individual tax return is \$88,000 and for married filing a joint return is \$176,000. SSA reviews this amount periodically and may change it. Enrollment in the SilverScript prescription drug program will be cancelled if an annuitant's IRMAA premiums are not paid on time and CCPF Health Plan coverage will be terminated for the annuitant and any family members enrolled.

Mandatory Medicare Enrollment

All Health Plan members eligible for Medicare must enroll in Medicare Part A and Part B, except those members over the age of 65 covered by CCPF's Health Plan prior to December 31, 2018, who are ineligible for premium free Medicare Part A.

All annuitants and spouses turning age 65; all newly enrolled annuitants and spouses older than age 65, and all members who receive Social Security disability benefits must have Medicare Part A and Medicare Part B in order to receive coverage under the CCPF Health Plan. Members who purchase Medicare Part A in addition to Part B will receive a CCPF credit which reduces the monthly CCPF health premium.

Members who are ineligible for free Medicare Part A must pay their Medicare Part A premiums on time or Medicare will cancel their Medicare Part A coverage. If a CCPF member's Medicare Part A enrollment is cancelled, enrollment in the CCPF Health Plan will also be cancelled.

Keep your address up-to-date with the Social Security Administration to make sure you receive all your Medicare bills and be certain that the Medicare premiums are paid on time. If a member fails to do so, coverage under the CCPF Health Plan will also end.

DISABLED MEMBERS and MEDICARE

Annuitants, spouses and child dependents under the age of 65 who receive Social Security disability benefits must be enrolled in Medicare Part A and Part B in order to be covered by the CCPF Health Plan.

MILITARY SERVICE

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

Military Service- Dependent Child under age 26:

A dependent on active duty with the United States armed forces will be eligible for coverage under the Health Plan, provided he or she otherwise meets the eligibility requirements for Plan coverage.

Military Service – Dependent Child over age 25 and under age 30 who:

- Is a biological or adopted child of a covered annuitant
- Served as a member of the active or reserve component of any branch of the United States Armed Forces
- Received an honorable release or discharge from the armed forces
- Is a resident of Illinois

ENROLLMENT

The first time you can enroll in the CCPF Health Plan is at the time you apply for your CCPF annuity. You must complete the steps below before your CCPF Health Plan coverage and annuity payments can begin:

- File a completed annuity application with CCPF
- Have the annuity application approved by the CCPF Retirement Board
- File a Health Plan enrollment application form with CCPF
- Submit required documents to CCPF verifying dependents (if covering eligible dependents)

DOCUMENTS REQUIRED FOR ENROLLMENT

Health Plan eligibility is verified by a review of documents listed in the chart below:

Who Can Enroll?	Eligibility rules	Documents needed*
CCPF Annuitant	Application for annuity benefits approved by Retirement Board.	Medicare enrollees - copy of Medicare card or SSA verification of Medicare enrollment
Spouse	Legally married	Certified Copy of Marriage Certificate; Social Security card and Medicare card (if age 65 or older)
Civil Union Partner	Entered into a legal Civil Union	Certified Copy of Civil Union Certificate; Social Security card and Medicare card (if age 65 or older)
Unmarried Biological Child under age 26**	Biological child***	Certified Copy of Birth Certificate showing annuitant as parent or DNA test results if parent is not on birth certificate; Social Security card
Adopted child under age 26 **	Legally adopted or placed in the home for adoption***	Legal adoption papers, birth certificate when available; Social Security card

*The cost of document certification along with any DNA tests required is the annuitant's expense

**Coverage ends on the last day of the month following the child's 26th birthday.

***Excludes a foster child, grandchild, or a ward child under guardianship

Who Can Enroll?	Eligibility Rules	Documents Needed
<p>Disabled Child -</p> <p>No age limitation</p>	<p>Annuitant's biological or adopted child</p> <p>Financially dependent on annuitant for more than one-half of support for calendar year</p> <p>Eligible to be claimed as annuitant's dependent for income tax purposes</p> <p>Disability onset pre-dated age 26</p> <p>Enrolled in another employer health plan prior to 26th birthday and continuously covered since age 26.</p> <p>Applied for government disability benefits, or has been awarded government disability benefits</p>	<p>Contact CCPF Health Benefits to request an application for disabled dependent coverage 90 days before dependent's 26th birthday; Social Security card if not already submitted.</p>
<p>Unmarried child over age 26 and under 30 who served in the US Armed Forces</p>	<p>Biological or adopted child</p> <p>A resident of Illinois</p> <p>Served as a member of the active or reserve component of any branch of the US Armed Forces</p> <p>Received an honorable discharge from the Armed Forces</p>	<p>Birth Certificate or adoption papers showing annuitant as parent; Social Security card</p> <p>Proof of current residency in Illinois</p> <p>Discharge papers</p>

Annual Open Enrollment

Open enrollment during the month of November is the time of year when you can:

- Enroll in the CCPF Health Plan, if not already enrolled
- Cancel your CCPF health coverage
- Switch to a different UHC plan offered by CCPF
- Add family members to your CCPF health coverage
- Enroll in voluntary dental insurance (optional, not included with Health Plan enrollment and at the member's expense)

All changes made during the open enrollment period become effective the following January 1.

Adding Dependents

Annuitants enrolled in the CCPF Health Plan can also add family members to their coverage within 30 days of a qualifying event such as marriage, civil union partnership, birth, adoption, or placement of adopted child in the home.

Documents proving relationship between annuitant and a spouse, civil union partner and/or dependent children must be submitted and approved by CCPF before coverage can begin (see what documents are required on pages 10 and 11). Coverage will be retroactive to the qualifying event date if the required documentation is submitted within 30 days. Coverage will not be approved if documentation is not submitted within 30 days of the qualifying event.

DELAYING ENROLLMENT

Health Plan enrollment can be delayed by postponing or suspending coverage. Reinstatement of coverage is possible at a later date, depending on the reason why coverage was delayed.

Postponing Enrollment at Retirement

An annuitant can choose to waive enrollment at the time of retirement and enroll in the CCPF Health Plan during a November open enrollment period for coverage effective January 1 the following year.

Suspending Enrollment at Any Time

An annuitant may elect to cancel enrollment at any time by submitting a Suspension of Health Coverage form. Coverage terminates at the end of the month if CCPF receives the form before the 15th of the month. Re-enrollment is available later during the November open enrollment period for coverage effective January 1 the following year. When an annuitant elects to suspend coverage, dependent coverage will also be suspended. Dependents have no right to elect to suspend coverage.

Suspending Coverage if enrolled in an Employer's Plan

If an annuitant or spouse is employed and has other health coverage through an employer's plan, the annuitant may elect to suspend CCPF coverage until enrollment in the employer's health plan is involuntarily terminated. Reinstatement of coverage for annuitants and dependents will be effective on the 1st of the month after the employer's coverage terminates if the annuitant submits an enrollment application to CCPF within 30 days and a completed CCPF *Loss of Employer's Health Coverage* form.

PAYING FOR HEALTH COVERAGE

The monthly premium amount, which may change from time to time, is determined by the Retirement Board of the Cook County Pension Fund at its sole discretion. CCPF will make reasonable efforts to communicate any adjustment in the monthly Health Plan premium amount before a new rate goes into effect.

The cost of the annuitant's monthly premium is based on the number of dependents enrolled and is determined by each enrollee's Medicare or non-Medicare eligibility. Rates for a spouse or child(ren) are multiples of the single premium. For example the monthly premium for an annuitant and spouse who both have Medicare is the "Two with Medicare" rate; whereas the monthly premium for an annuitant with Medicare who also covers a spouse and child who are non-Medicare is the "Three, one with Medicare, two non-Medicare" rate.

Premium Payments

Health premiums are deducted from the annuitant's monthly pension check. If the monthly pension check is not enough to cover the cost of the health premium, the annuitant will need to pre-pay premiums by check directly to CCPF. Annuitants who pre-pay premiums by check are subject to the following rules:

- No personal checks will be accepted by the Fund before the Retirement Board approves the annuitant's application for an annuity.
- An annuitant's monthly premium must be received by the Fund no later than the first day of the month prior to the coverage month. For example, the payment must be received by June 1 for coverage beginning on July 1.
- Coverage will terminate if payment is not received by the 10th day of the month prior to the coverage month. Coverage termination is effective at midnight the last day of the month for which payment was received. For example, if the payment for July is not received by June 10, the member will not have CCPF health coverage on or after July 1.

- Annuitants will be charged \$25 if a premium check is returned due to insufficient funds and future payments must be made via money order or cashier's check.

If an annuitant's coverage is terminated because of failure to pay the premium on time, the annuitant, spouse and/or dependent child(ren) must wait until the next open enrollment period to re-enroll.

Refund Policy

It is the responsibility of the annuitant or survivor to let CCPF know immediately of changes in Health Plan enrollment eligibility due to marriage, divorce, birth, adoption, or death.

Corrections to Health Plan enrollment will be retroactive to the appropriate effective date based upon proper documentation of the life change event. If the retroactive correction results in a premium difference, one month's premium will be refunded provided no claim was made during the refund period. A maximum of six months of premium may be refunded if the retroactive correction is due to a death.

TERMINATION OF COVERAGE

In the event the Health Plan is terminated, coverage automatically terminates for all CC PF annuitants, spouses and dependents enrolled in the Plan.

Annuitant Coverage Termination

Coverage will terminate for annuitants and any covered dependents on the last day of the month if any of the following occur:

- The annuitant terminates coverage before the 15th day of the month
- A direct payment of health premium is not made on a timely basis
- Annuity payments terminate
- The annuitant enrolls in a Medicare Part D Prescription Drug Plan or Medicare Advantage Plan that includes prescription drug coverage

Spouse and Dependent Child Coverage Termination

A spouse and/or dependent child of an annuitant will lose Health Plan coverage at the end of the month if any of the following occur:

- The annuitant's coverage under the Health Plan terminates
- The annuitant dies
- The spouse or dependent child no longer meets the eligibility criteria described in this Handbook
- The spouse or disabled dependent enrolls in a Medicare Part D Prescription Drug Plan or Medicare Advantage Plan that includes prescription drug coverage

Divorce

In the event of divorce, coverage for the ex-spouse terminates at the end of the month the divorce was effective. The annuitant is responsible for notifying CCPF of the divorce within 30 days of the divorce date and must submit a copy of the divorce decree. If the annuitant fails to notify CCPF of the divorce, then the annuitant will be personally liable for the cost of any healthcare claims submitted by the ex-spouse, and any related administrative costs incurred, after the end of the month following the date of divorce.

Civil Union

In the event of dissolution of a civil-union, coverage for the former civil-union partner will terminate at the end of the month the union was legally dissolved. The annuitant is responsible for notifying CCPF of the dissolution and must submit a copy of the judgment. If the annuitant fails to notify CCPF of the dissolution, then the annuitant will be personally liable for the cost of any healthcare claims submitted by the ex-civil union partner, and any related administrative costs incurred after the end of the month following the date of dissolution.

Fraud

If an annuitant or dependent falsifies information in connection with obtaining coverage or health services, then coverage may terminate immediately or on such other date as determined by CCPF, and the annuitant will be held liable for any healthcare claims and related administrative costs incurred. A person who knowingly made any false statement in an attempt to defraud CCPF is guilty of a Class 3 felony. 40 ILCS 5/1-135.

Once coverage terminates, other than through suspension or postponement described above, the annuitant is not eligible to re-enroll in the Health Plan. No benefits will be paid by the CCPF Health Plan for health services provided after the date coverage terminates.

CERTIFICATE OF CREDITABLE COVERAGE

An annuitant, spouse or dependent child who is no longer enrolled in the CCPF Health Plan has the right to request a certificate of creditable medical coverage from UnitedHealthcare, and a certificate of pharmacy creditable coverage from CCPF. These certificates provide evidence of prior medical and pharmacy coverage under the CCPF Health Plan. You may need to furnish such certificates in order to enroll in other health insurance, including another Medicare Part D prescription drug plan. You also have the right to request a certificate of creditable coverage for any other reason.

RIGHT OF RECOVERY

UnitedHealthcare has the right to recover payments made to health care providers for services received by you or your dependents which were covered by another insurance company (e.g. auto insurance or medical malpractice insurance company); included in a legal settlement (e.g. product liability or personal injury suit); or paid by workers' compensation.

CHANGE OF ADDRESS

In order to protect your family's rights, you should keep CCPF informed of any changes in address and telephone numbers for you and your family members. You should also keep a copy of any notices you send to the CCPF.

Medicare enrollees should inform the Social Security Administration of an address change to make sure all Medicare bills are received and paid on time.

COBRA CONTINUATION COVERAGE

Spouses and dependent children enrolled in the CCPF Health Plan can elect COBRA if they leave the Health Plan voluntarily or coverage is lost due to a qualifying event such as the annuitant's death, divorce or legal separation, or because an enrolled dependent child reaches age 26 or is otherwise ineligible. COBRA coverage is not available to annuitants.

Cost of COBRA coverage

COBRA premiums are the full cost of CCPF and annuitant's share plus an additional 2%. For COBRA premium rates or to request COBRA enrollment, call CCPF Health Benefits.

You must notify CCPF within 60 days after the COBRA qualifying event occurs. The notice must be sent to:

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

IMPORTANT NOTICES

The CCPF health benefits are not constitutionally protected and can be revoked at any time.

Applicable Law Controls.

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

CONTACT INFORMATION

Cook County Pension Fund	70 W. Madison St, Suite 1925 Chicago, IL 312-603-1200 health@countypension.com	www.cookcountypension.com/retirees/about-health-benefits/
United Healthcare <i>Medical and vision benefits administrator</i>	1-888-651-7313	www.welcometouhc.com/CCPFretirees www.myuhc.com www.healthcarelane.com/CCPFretirees
CVS/Caremark <i>Pharmacy benefit administrator for non-Medicare eligible members</i>	1-888-752-7231	www.caremark.com
SilverScript <i>Pharmacy benefit administrator for Medicare-eligible members</i>	1-877-878-1670	www.cookcountypensionfund.silverscript.com
Guardian Insurance Co <i>Dental plan administrator</i>	1-877-522-2524 Option #1	

DEFINITIONS

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

Annuitant: *a retiree; a person receiving an annuity from CCPF. See definition of “annuitant” in Section 9-239(a) of the Illinois Pension Code [40 ILCS 5/9-239(a). Forest Preserve District employees and annuitants receive the same benefits provided to County employees and annuitants. See 40 ILCS 5/10-101. Any citation to benefits are referenced under Article 9 and apply equally to County and Forest Preserve District employees and annuitants.*

Annuity: *a pension; the payment made by CCPF to a person who has withdrawn from service with the County or the Forest Preserve District that is based upon the person’s years of service, salary, age and other factors as provided in Articles 9 and 10 of the Illinois Pension Code.*

Administrator: *an entity retained by CCPF to administer the CCPF Health Plan, i.e. to review and pay the annuitants’ claims and to address customer service issues. The administrators for the CCPF Health Plan are:*

Plan	Claim Administrator
UHC Choice Plan	United Healthcare
UHC Choice Plus Plan	United Healthcare
Prescription Drug Plan	
– Non-Medicare members	CVS/Caremark
– Medicare members	SilverScript

Child: *The natural child or legally adopted child of an annuitant; See Section 9-115 of the Illinois Pension Code.*

CCPF: *Cook County Pension Fund; collectively the County Employees’ and Officers’ Annuity and Benefit Fund of Cook County and the Forest Preserve District Employees’ Annuity and Benefit Fund of Cook County*

Claim: *a request for payment for health services received by an annuitant or an eligible dependent that has been submitted to the Administrator.*

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 Active Employees' health plan: *Cook County Government's health plan offered to Cook County or the Forest Preserve District employees.*

Civil Union: *a legal arrangement which governs property rights, similar to marriage*

Copay: *an amount paid by a member for using the medical, vision or pharmacy services as required under the CCPF Health Plan*

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

Coverage: *insurance*

Dependent: *Annuitant's spouse, civil union partner or child(ren) (see page 4)*

Disabled Dependent Child: *a child over the age of 26 who meets the disability criteria outlined on pages 4 & 5.*

Deductions: *an amount taken from the monthly annuity to pay for health coverage*

Dissolution of Civil Union: *a way to end a civil union which determines property rights, similar to the way a divorce ends a marriage.*

Eligible or Eligibility: *qualified to enroll in the CCPF Health Plan*

Enrollment: *registration for coverage under the CCPF Health Plan*

Family Coverage: *health insurance coverage for an annuitant and eligible dependents*

Financial Penalties: *an amount of money to be paid by the annuitant if the annuitant or spouse fails to enroll in Medicare in the time required by the Social Security Administration under applicable laws and regulations.*

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.].*

Group Health Benefit: *The Health Plan currently offered by CCPF*

Incur: *to become responsible for a charge that has to be paid*

Ineligible: *not qualified to enroll in the CCPF Health Plan*

Premium: *an amount to be paid each month for health coverage under the CCPF Health Plan*

Open Enrollment: *The time period when individuals eligible for health coverage may freely enroll or change health plans without restrictions.*

Primary Payor: *the health insurance plan that pays first for claims when an annuitant is covered by two or more health plans; i.e. the annuitant has Medicare and is enrolled in the CCPF Health Plan*

Prior Approval: *a request by a physician for approval of a prescription for specific medication, medical services or procedures.*

Mail Order: *long-term prescription medications provided through the mail at a lower cost. Some medications can be filled at the mail order cost through a CVS pharmacy*

Qualifying Event: *an event such as marriage, birth, divorce or death which qualifies the annuitant to make enrollment changes at any time rather than waiting for the Open Enrollment Period.*

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.*

Retroactive: *goes back to a prior date*

Rx: *prescription for medication or medical equipment*

Self-insured: *an insurance arrangement where the health plan carries the financial risk and pays the cost of all approved claims.*

SPD: *a summary description of what the CCPF Health Plan covers*

Survivor: *The surviving spouse or child of a deceased annuitant.*

Termination of Coverage: *health plan enrollment ends and no more claims are paid after that date*