

2023 HEALTH BENEFITS OPEN ENROLLMENT



HEALTH PLAN FOR CCPF ANNUITANTS



UnitedHealthcare (UHC) provides medical and vision coverage for Cook County Pension Fund (CCPF) eligible annuitants enrolled in the Health Plan administered by CCPF.



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

FLU SHOTS and other immunizations are not covered at CVS/Target retail stores. Contact UHC customer service at 888-651-7313 to find another in-network provider.

OPEN ENROLLMENT PERIOD:

NOVEMBER 1 — NOVEMBER 30, 2022

New premium rates effective January 1, 2023.



WANT To Make Changes?

- Contact the Fund for an application. Your application form must be postmarked by November 30, 2022. Changes are effective **January 1, 2023.**



DO NOT Want To Make a Change?

- Do nothing and you will keep the same plan and coverage level, as modified by the new premium rates referenced in the brochure (page 2).



IF YOU Want To Suspend Health Coverage.

- Contact CCPF to request a suspension form by calling 312-603-1200 option #2 or visit our website to download form www.CookCountyPension.com.

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

2023 PREMIUM RATES

Employee and Survivor Annuitant 2023 Monthly Premium Rates

Your health premium is currently subsidized by The Cook County Pension Fund. The portion of the premium you pay each month for 2023 is shown in the table below.

COVERAGE LEVEL	CHOICE MONTHLY PREMIUM	CHOICE PLUS MONTHLY PREMIUM
Single, Non-Medicare	\$833	\$1,103
Two, Non-Medicare	\$1,666	\$2,206
Three or More, Non-Medicare	\$2,499	\$3,309
Single, Medicare	\$232	\$197
Two, One Medicare	\$1,065	\$1,300
Three or More, One Medicare	\$1,898	\$2,403
Two, Both Medicare	\$464	\$394
Three or More, Two Medicare	\$1,297	\$1,497
Three or More, Three Medicare	\$696	\$591

Ineligible for Free Medicare Part A 2023 Monthly Premium Rates

All plan participants who are ineligible for premium free Medicare Part A must purchase Medicare Part A and Part B to be covered by the Health Plan. CCPF provides a premium reduction of \$65 to members ineligible for free Medicare Part A.

COVERAGE LEVEL	CHOICE MONTHLY PREMIUM	CHOICE PLUS MONTHLY PREMIUM
Single, Medicare	\$167	\$132
Two, One Medicare	\$1,000	\$1,235
Three, One Medicare	\$1,833	\$2,338
Two with Medicare	\$399	\$329
Three, Two Medicare	\$1,232	\$1,432
Three, All Medicare	\$631	\$526

Important Notice: The Retirement Board reviews the health benefits rates at least annually. All aspects of the health benefits program are subject to change at any time at the discretion of the Retirement Board. The benefits described in the 2023 Open Enrollment materials from CCPF, UnitedHealthcare, CVS/Caremark and SilverScript, including plan design and rates, have been approved for the 2023 plan year only, and should not be taken as a guarantee of future rates or plan design.

PRESCRIPTION DRUG COPAYS

Non-Medicare Retirees



Prescription Copays	30-DAY SUPPLY at Retail Pharmacy	90-DAY SUPPLY at CVS or Caremark Mail Order
Generic	\$10	\$20
Preferred Brand	\$45	\$90
Non-preferred Brand	\$70	\$140



ATTENTION:

CCPF provides SilverScript, a prescription drug benefit to members enrolled in Medicare. CCPF automatically enrolls you in Medicare Part D, so **DO NOT** sign up for any other Medicare Part D prescription drug plan. If you enroll in a Medicare Part D program, you will be dropped from the Health Plan.

Medicare Retirees



Prescription Copays	30-DAY SUPPLY at Retail Pharmacy	90-DAY SUPPLY at CVS or Caremark Mail Order	90-DAY SUPPLY at Non-CVS Pharmacy
Generic	\$10	\$20	\$30
Preferred Brand	\$45	\$90	\$135
Non-preferred Brand	\$70	\$140	\$210

Voluntary Dental Insurance

CCPF has arranged for Guardian to offer voluntary dental insurance to CCPF annuitants and their family members. Call Risk Management Services of America at 1-877-522-2524 option # 1 to enroll directly in Guardian's dental plan. **CCPF does not handle billing or enrollment for Guardian dental plan coverage.**



	DENTAL PPO	DENTAL HMO
Annuitant	\$30.43	\$10.29
Annuitant & Family	\$58.02	\$27.20

CHOICE BENEFITS

UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. Prior authorization is required for certain health services, supplies and all hospital stays before care is received. Prior authorization does not apply to members enrolled in Medicare if the health care provider accepts Medicare and Medicare is the primary insurance.

Prescription benefits are included in all plans. For information about participating pharmacies and mail order, call the number on the back of your prescription drug ID card.

AMOUNT YOU PAY	
	IN-NETWORK ONLY
Annual Deductible	\$0
Out-of-Pocket Maximum	\$1,500 individual / \$3,000 family
Annual Maximum	\$0
Doctors and Specialists	
• Primary Care Visit	\$15 Copay
• Specialist Visit	\$25 Copay
Preventive Care	
• Immunizations	\$0
Hospital Services	
• In-Patient Care, including Room & Board	\$100 Copay (<i>per admission</i>)
Outpatient Services	
• Outpatient Surgery	\$0
• Diagnostic Tests and X-rays	\$0
• Chemotherapy / Radiation	\$0
• Physical, Occupational and Speech Therapy	\$15 Copay (<i>60-combined limit visits per year</i>)
• Chiropractor	\$15 Copay (<i>30-visits limit per year</i>)
Behavioral Health Services	
• Mental Health-Outpatient	\$15 Copay
• Mental Health-Inpatient	\$100 Copay
• Substance Abuse-Outpatient	\$15 Copay
• Substance Abuse-Inpatient	\$100 Copay
Emergency Services	
• Emergency Room	\$100 Copay (<i>waived if admitted</i>)
• Ambulance	\$0
• Urgent Care Facility	\$40 Copay (<i>in-network only</i>)
Hospital Alternatives	
• Skilled Nursing Facility	\$100 Copay per admission (<i>90 days per year</i>)
• Home Health Care	\$0 (<i>60 visits per year</i>)
Vision Benefits	
• Eye (Once every 12 months)	\$15 Copay
• Frames (Once every 24 months)	\$75 allowance
• Lenses (Once every 12 months)	Standard scratch resistance covered in full
• Contact Lenses (in lieu of eyeglasses, once every 12 months)	\$75 allowance (Standard 4 boxes of disposable contacts)
Hearing Testing	\$0 Copay (in-network coverage only)
Hearing Aid	\$2,500 per ear per lifetime limit

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

CHOICE PLUS BENEFITS

UHC uses evidence based guidelines to evaluate care to determine if it is medically necessary. Prior authorization is required for certain health services, supplies and all hospital stays before care is received. Prior authorization does not apply to members enrolled in Medicare if the health care provider accepts Medicare and Medicare is the primary insurance.

Prescription benefits are included in all plans. For information about participating pharmacies and mail order, call the number on the back of your prescription drug ID card.

	AMOUNT YOU PAY	
	IN-NETWORK	OUT-OF-NETWORK*
Annual Deductible	\$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family
Out-of-Pocket Maximum	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family
Annual Maximum	\$1,250,000	\$1,250,000
Doctors and Specialists		
• Primary Care Visit	15% after deductible	40% after deductible
• Specialist Visit	15% after deductible	40% after deductible
Preventive Care		
• Immunizations	0% (no deductible)	40% after deductible
Hospital Services		
• In-Patient Care, including Room & Board	15% after deductible	40% after deductible
Outpatient Services		
• Outpatient Surgery	15% after deductible	40% after deductible
• Diagnostic Tests and X-rays	15% after deductible	40% after deductible
• Chemotherapy / Radiation	15% after deductible	40% after deductible
• Physical, Occupational and Speech Therapy	15% after deductible	40% after deductible
• Chiropractor	15% after deductible (30-visits per year)	40% after deductible (30-visits per year)
Behavioral Health Services		
• Mental Health-Outpatient	15% after deductible	40% after deductible
• Mental Health-Inpatient	15% after deductible	40% after deductible
• Substance Abuse-Outpatient	15% after deductible	40% after deductible
• Substance Abuse-Inpatient	15% after deductible	40% after deductible
Emergency Services		
• Emergency Room	\$100 Copay (waived if admitted) and 15% after deductible	\$100 Copay (waived if admitted) and 15% after deductible
• Ambulance	15% after deductible	15% after deductible
• Urgent Care Facility	15% after deductible	15% after deductible
Hospital Alternatives		
• Skilled Nursing Facility	15% after deductible (90 days per year)	40% after deductible (90 days per year)
• Home Health Care	15% after deductible (60 visits per year)	40% after deductible (60 visits per year)
Vision Benefits		
• Eye (Once every 12 months)	\$15 Copay	\$40 allowance
• Frames (Once every 24 months)	\$75 allowance	\$40 allowance
• Lenses (Once every 12 months)	Standard scratch resistance covered in full	\$40 to \$80 allowance depending on type of lens
• Contact Lenses (in lieu of eyeglasses, once every 12 months)	\$75 allowance (Standard 4 boxes of disposable contacts)	\$75 allowance
Hearing Testing	\$15% Copay (in-network coverage	40% coinsurance after \$1,000 annual deductible has been paid
Hearing Aid	only) \$2,500 per ear per lifetime limit	\$2,500 per ear per lifetime limit

*Choice Plus members may be responsible for all expenses relating to out-of-network care if services are not pre-authorized. Please note that this is a summary of benefits. If a discrepancy exists between this summary and the plan document, the plan document governs.

WHO MUST ENROLL IN MEDICARE?

- Annuitants and spouses turning age 65
- Annuitants with a retirement date after age 65
- A spouse over the age of 65 married to a retired or retiring annuitant enrolling in the health plan
- Disabled annuitants or spouse under age 65
- Disabled dependent children who qualify for Medicare due to disability



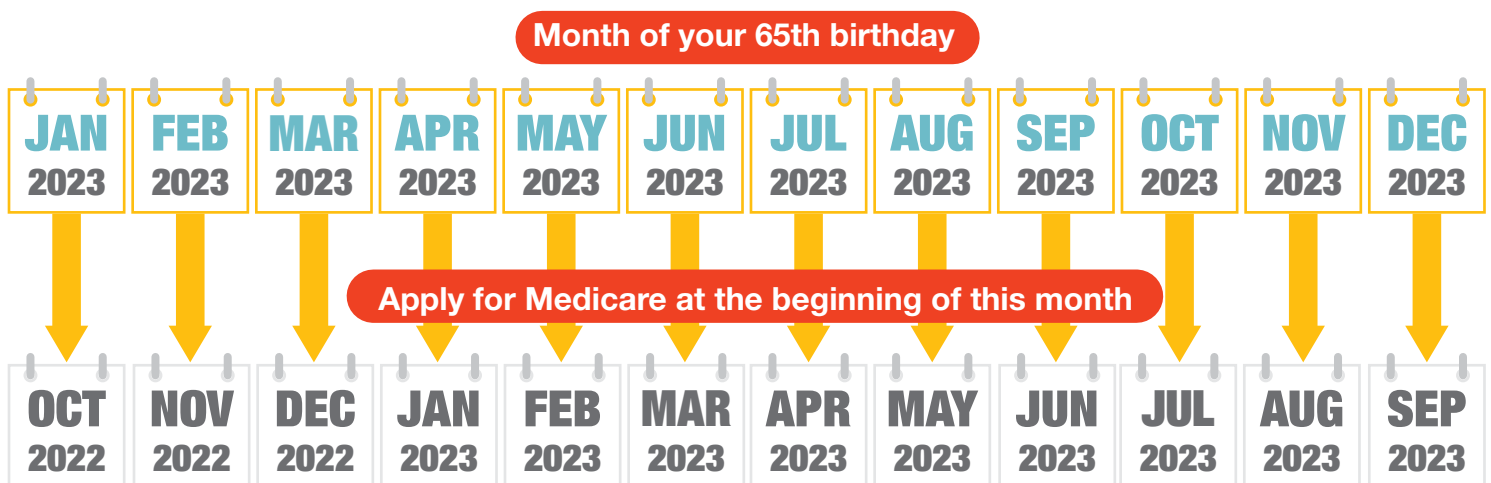
If you want health coverage under the Health Plan administered by the Cook County Pension Fund and you are eligible for Medicare, you must be enrolled in Medicare. Do not enroll in Medicare Part D.

HOW TO APPLY FOR MEDICARE:

Medicare enrollment is handled by the Social Security Administration (SSA). Call SSA at 1-800-772-1213 to sign up for Medicare Part A and Medicare Part B. Apply online at www.medicare.gov or at your local Social Security Office (call 1-800-772-1213 to make an appointment.)

WHEN TO APPLY FOR MEDICARE:

Contact Social Security 3 months **before** the month you turn age 65.



INELIGIBLE FOR PREMIUM FREE MEDICARE PART A?

If you want health coverage under the Health Plan administered by the Cook County Pension Fund and you are ineligible for Medicare, you must enroll in and purchase Medicare Part A and Medicare Part B.

Medicare Part A is free for people who paid into Medicare and have 40 credits, who qualify under a spouse's or ex-spouse's work record, or who are disabled. Medicare charges a monthly premium for Part B. If you receive Social Security or Railroad Retirement Benefits, Medicare Part B premiums will be deducted from your monthly Social Security checks. If your monthly benefit is not enough to cover the cost of Medicare Part B premiums, SSA sends a bill to your home address.

Premiums for Health Plan members who must buy Medicare Part A will be reduced. You must submit a copy of your bill from Social Security to show you pay for Medicare Part A. View monthly premium rates on page 2 or visit www.CookCountyPension.com/retireehealthbenefits, or call **Health Benefits at 312-603-1200 option #2** for additional information about coverage guidelines.



**DO NOT SIGN UP FOR MEDICARE PART D.
CCPF AUTOMATICALLY ENROLLS YOU IN MEDICARE PART D.**

PAY MEDICARE PREMIUM BILLS ON TIME

Medicare will cancel your Medicare enrollment if you do not pay your Medicare bills or pay them late. If you lose your Medicare coverage, you will be responsible for any health care expenses Medicare would have paid in addition to Health Plan copayments, or deductibles and coinsurance.

IRMAA

The Income Related Adjustment Amount (IRMAA) is an additional Medicare premium amount Medicare enrollees must pay if their income exceeds a certain threshold (for example \$88,000 in 2022). Medicare uses the income information reported on IRS tax returns from two years prior to determine if you need to pay IRMAA premiums. Contact the SSA if you have questions about IRMAA.

To pay your bill online – Contact your bank for information on how to sign up for their Online Bill Pay Service and pay your premiums directly from a bank account. For more information on paying your bill online, visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). Teletypewriter (TTY) users should call 1-877-486-2048.

If you use Medicare Easy Pay to pay your premiums, and the box on the front in the upper right says "This is not a bill from your bank account around the 20th of the month. Keep this bill." When you receive a check from your bank account, please return it to the office, and Assistance Medicare.

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

MEDICARE PREMIUM BILL

DATE: _____

YOUR MEDICARE NUMBER: _____

Ways to pay your bill:

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to "CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover

Send payment with the coupon at the bottom to:
Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	IRMAA Part D	Total Amount
Amount due for Part A and/or Part B				
Past due amount for Part A and/or Part B				
Amount due for IRMAA Part D				
Past due amount for IRMAA Part D				
Part A termination date:				
Part B termination date:				
Part D termination date:				
[Total amount due:				
Payment in full due by:				

Please send your full payment by _____ Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.
We got your last payment of \$ _____ on _____

See other side for important information, including who to contact if you have questions.

Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment.

Check here if your name or address has changed or is wrong, and complete the back of this paper.

Check here if the person has died.

Amount you are paying: \$ _____

Visa/MasterCard/American Express/Discover Number: _____

Expiration Date: (MM/YYYY) _____

Credit/Debit Card Billing ZIP Code: _____

Signature: _____

Medicare Number: _____

Write your Medicare number on your check or money order.

Amount due: _____ Due in full by: _____

Don't send cash. **Make check/money order payable to: CMS Medicare Insurance**

Send payment to:
MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

(over)

GET THE ANSWERS YOU NEED

Limited member appointments are available at the Fund office. These appointments must be scheduled in advance. Protecting the health of our members and their families during this challenging time remains a top priority.

- **How to See a Health Counselor in Person** — Contact 312-603-2238 for appointment scheduling and availability.
- **Arrival** — You must arrive for your appointment on time. If you arrive late to your scheduled appointment, you may have to reschedule.
- **Visitor Restrictions** — At this time, your counseling session should be limited to one person. Please do not bring a guest with you. If you DO NOT have a scheduled appointment you will NOT be seen. Walk-in or unscheduled appointments are suspended until further notice.
- **Universal Masking** — Visitors to the office will be required to always wear a mask, for your safety and ours. Your counselor will also be wearing a mask throughout your counseling session.
- **Health** — Anyone feeling sick, such as a fever, cough, or flu-like illness please refrain from visiting our office or otherwise meeting with any of the Fund staff.

Please be aware, the Fund may add to the protocols for visitors as the situation changes. Should any changes be adopted after you schedule an appointment, you will be contacted and advised.

Note that phone counseling appointments continue to be available, offering great flexibility and convenience to fully accommodate your needs.



TO SPEAK TO A HEALTH BENEFIT COUNSELOR CALL 312-603-1200 Option #2

YOUR HEALTH BENEFITS CONTACT LIST

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical Plan	UnitedHealthcare	888-651-7313	myuhc.com
Non-Medicare Prescription Plan	CVS / Caremark	888-752-7231	caremark.com
Medicare Prescription Plan	SilverScript	877-878-1670	cookcountypensionfund.silverscript.com
Vision Plan	UnitedHealthcare	800-638-3120	myuhc.com
Hearing Plan	UnitedHealthcare	855-523-9355	uhchearing.com
Cancer Support Program	UnitedHealthcare	866-936-6002	myuhc.com/cancerprograms
Dental Plan	Risk Management	877-522-2524 option #1	guardianlife.com
Social Security Administration		800-772-1213	ssa.gov/medicare
Medicare		800-633-4227	medicare.gov
Cook County Pension Fund		312-603-1200	CookCountyPension.com



Cook County Pension Fund
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