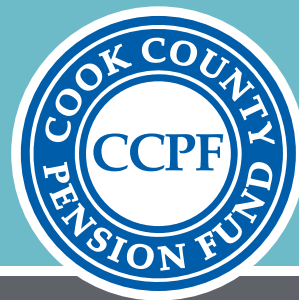


# 2024 HEALTH BENEFITS PLANS AND RATES



## 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.

*(No Dental benefits offered by CCPF. Dental insurance can be purchased directly from Guardian. See page 6.)*



Compare plan benefits and out-of-pocket costs (pages 4 and 5) and monthly premiums (page 2) before you enroll.

There are two UHC plans to choose from. Both have the same network of doctors and hospitals. Contact UHC to find in-network doctors and hospitals in your area or visit [www.CookCountyPension.com](http://www.CookCountyPension.com).

CHOICE or CHOICE PLUS? Compare the difference between plan benefits and monthly cost	
CHOICE	CHOICE PLUS
UHC's nationwide network	UHC's nationwide network
No deductible	Deductible before benefits are paid
Copays for doctor visits	Coinsurance for doctor visits
No referrals required	No referrals required
No coverage out-of-network	Coverage out-of-network, member responsible for prior authorization

## Who Can Enroll?

Annuitants can enroll and add a spouse or civil union partner, biological children, and disabled dependent children. Dependents must enroll in the same plan.

## When Will My Health Insurance Begin?

Coverage is effective the same day your retirement begins. For example, if your pension is approved to begin on August 1, your health insurance coverage begins on August 1.

## How Do I Pay Health Premiums?

Health premiums are deducted from your monthly pension payment. If your pension is not enough to cover the monthly premium cost, you will be notified and be required to make direct payments to CCPF by check.

## Read and Review:

Premium Rates.....	2	Vision, Hearing, Dental Benefits .....	6
Prescription Drug Benefit .....	3	Medicare Enrollment .....	7
Medical Plan Benefit Comparisons .....	4-5		

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

# HEALTH PLANS & RATE

## Employee and Survivor Annuitant 2024 Monthly Premium Rates

Your health premium is currently subsidized by Cook County Pension Fund. The portion of the premium you pay each month for 2024 is shown in the table below.

COVERAGE LEVEL	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Non-Medicare	\$891	\$1,127
Two, Non-Medicare	\$1,782	\$2,254
Three or More, Non-Medicare	\$2,673	\$3,381
Single, Medicare	\$240	\$197
Two, One Medicare	\$1,131	\$1,324
Three or More, One Medicare	\$2,022	\$2,451
Two, Both Medicare	\$480	\$394
Three or More, Two Medicare	\$1,371	\$1,521
Three or More, Three Medicare	\$720	\$591

The Cook County Pension Fund (CCPF) will mail information about Medicare enrollment and Health Plan premium rates 90 days before the annuitant/spouse's 65th birthday to the address on record at CCPF.

## Ineligible for Medicare Part A 2024 Monthly Premium Rates

All plan participants who are ineligible for premium Medicare Part A must purchase Medicare Part A and Part B in order to be covered by the Health Plan. CCPF provides a premium reduction of \$60 to members ineligible for Medicare Part A. You must submit a copy of your Medicare Part A bill in order to qualify for the reduced premium.

COVERAGE LEVEL	CHOICE	CHOICE PLUS
	MONTHLY PREMIUM	MONTHLY PREMIUM
Single, Medicare	\$180	\$132
Two, One Medicare	\$1,071	\$1,264
Three, One Medicare	\$1,962	\$2,391
Two with Medicare	\$420	\$334
Three, Two Medicare	\$1,311	\$1,461
Three, All Medicare	\$660	\$531

**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 this document, including plan design and rates, have been approved for the 2024 plan year only, and should not be taken as a guarantee of future rates or plan design.

# PRESCRIPTION DRUG BENEFITS

## 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

## 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



### ATTENTION:

CCPF provides SilverScript, a prescription drug benefit to members enrolled in Medicare. CCPF automatically enrolls you in Medicare Part D, **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 CCPF Health Plan.

# 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 healthcare 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
<b>Annual Deductible</b>	\$0
<b>Out-of-Pocket Maximum</b>	\$1,500 individual / \$3,000 family
<b>Annual Maximum</b>	\$0
<b>Doctors and Specialists</b>	
• Primary Care Visit	\$15 Copay
• Specialist Visit	\$25 Copay
<b>Preventive Care</b>	
• Immunizations	\$0
<b>Hospital Services</b>	
• In-Patient Care, including Room & Board	\$100 Copay <i>(per admission)</i>
<b>Outpatient Services</b>	
• 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-visit limit per year)</i>
<b>Behavioral Health Services</b>	
• Mental Health-Outpatient	\$15 Copay
• Mental Health-Inpatient	\$100 Copay
• Substance Abuse-Outpatient	\$15 Copay
• Substance Abuse-Inpatient	\$100 Copay
<b>Emergency Services</b>	
• Emergency Room	\$100 Copay <i>(waived if admitted)</i>
• Ambulance	\$0
• Urgent Care Facility	\$40 Copay <i>(in-network only)</i>
<b>Hospital Alternatives</b>	
• Skilled Nursing Facility	\$100 Copay per admission <i>(90 days per year)</i>
• Home Health Care	\$0 <i>(60-visits limit per year)</i>
<b>Other Services</b>	Contact UnitedHealthcare at 1-888-651-7313 or visit <b>myuhc.com</b>

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 healthcare 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*
<b>Annual Deductible</b>	\$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family
<b>Annual Maximum</b>	\$1,250,000	\$1,250,000
<b>Doctors and Specialists</b>		
• Primary Care Visit	15% after deductible	40% after deductible
• Specialist Visit	15% after deductible	40% after deductible
<b>Preventive Care</b>		
• Immunizations	0% (no deductible)	40% after deductible
<b>Hospital Services</b>		
• In-Patient Care, including Room & Board	15% after deductible	40% after deductible
<b>Outpatient Services</b>		
• 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-visit limit per year)	40% after deductible (30-visit limit per year)
<b>Behavioral Health Services</b>		
• 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
<b>Emergency Services</b>		
• 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
<b>Hospital Alternatives</b>		
• Skilled Nursing Facility	15% after deductible (90 days per year)	40% after deductible (90-days limits per year)
• Home Health Care	15% after deductible (60 visits per year)	40% after deductible (60-visits limits per year)
<b>Other Services</b>	Contact UnitedHealthcare at 1-888-651-7313 or visit <a href="http://myuhc.com">myuhc.com</a>	

\* 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.

# VISION BENEFITS

UnitedHealthcare (UHC) Choice and Choice Plus members automatically get vision benefits through UHC's Vision Plan. This includes coverage for eye glasses, contact lenses and routine eye exams. Call **1-800-638-3120** or visit **www.myuhcvision.com** for more information about vision coverage and to find out if your eye doctor is in UHC's network.

UHC VISION PLAN SUMMARY		
BENEFIT	IN-VISION NETWORK	OUT-OF-VISION NETWORK
<b>Eye exam</b> (once every 12 months)	\$15 copay	\$40 allowance
<b>Frames</b> (once every 24 months)	\$75 allowance; 30% discount for frames that exceed allowance	\$40 allowance
<b>Lenses</b> (once every 12 months)	Standard scratch resistance covered in full, discounts for upgrades	\$40 to \$80 allowance depending on type of lens
<b>Contact lenses</b> (in lieu of eyeglasses, once every 12 months)	Standard 4 boxes of disposable contacts or \$75 allowance	\$75 allowance

Discounts are available for laser vision correction ([uhclasilk.com](http://uhclasilk.com)) or for additional contact lenses not covered by the Vision Plan ([uhcontacts.com](http://uhcontacts.com)).

# HEARING AID BENEFITS

The UHC Choice and Choice Plus plans cover hearing aids with a written recommendation from a doctor such as an audiologist or an ear, nose and throat doctor. There is a life-time limit of \$2,500 for each ear. Plan benefits apply, this means there is no coverage for Choice members who use a non-network provider; Choice Plus members have coverage out-of-network but pay more.

UHC's network of hearing providers offer routing testing, consultation and follow-up support at no charge. Call **1-855-523-9355** or visit **www.UHChearing.com** for more information.

Hearing Aid, Fitting and Testing \$2,500 per Ear per Lifetime Limit		
	IN-NETWORK	OUT-OF-NETWORK
<b>CHOICE PLUS</b>	15% coinsurance after \$500 annual deductible has been paid	40% coinsurance after \$1,000 annual deductible has been paid
<b>CHOICE</b>	\$0 copay	You pay the full amount. No coverage out-of-network

# 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. **IMPORTANT: CCPF does not handle billing or enrollment for Guardian.**

DENTAL PLAN MONTHLY PREMIUM		
	DENTAL PPO	DENTAL HMO
<b>Annuitant</b>	\$30.43	\$10.29
<b>Annuitant &amp; Family</b>	\$58.02	\$27.20

# YOU MUST ENROLL IN MEDICARE

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.

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.



## WHO HAS TO 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 spouses under age 65
- Disabled dependent children who qualify for Medicare due to disability

# HOW TO APPLY FOR MEDICARE

Medicare enrollment is handled by the Social Security Administration (SSA). Call SSA at 1-800-772-1213 for confirmation of your Medicare eligibility and to sign up for Medicare Part A and Medicare Part B.

Apply for Medicare three months before your 65th birthday. Apply online at [www.medicare.gov](http://www.medicare.gov) or at your local Social Security Office (call **1-800-772-1213** to make an appointment). You can find your local office at [www.ssa.gov/locator](http://www.ssa.gov/locator). Send a copy of your Medicare A and B Card to CCPF Health Benefits to complete your Health Plan Enrollment.



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

# WHEN TO SIGN UP FOR MEDICARE

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

Annuitants and spouses turning age 65, and new annuitants and spouses older than age 65 must have Medicare Parts A and B in order to be enrolled in the Health Plan. Annuitants and spouses under age 65 who have Medicare Part A due to disability must also have Medicare Part B. If you are retiring after age 65, contact the Social Security Administration to find out how to sign up for Medicare Part B and avoid penalties for late enrollment.

# GET THE ANSWERS YOU NEED



## Questions?

- Call 312-603-1200 option #2
- Leave a voice mail message and a Health Benefits Counselor will return your call
- Or, request an appointment to speak with a Health Benefits Counselor
- Or, send an email to [health@countypension.com](mailto:health@countypension.com)

## IMPORTANT PHONE NUMBERS

Reach out to any of the following with your benefits questions.

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



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70 W. Madison St, Suite 1925  
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