CTPF UPDATE

Q: What is the best way to return forms?

The forms are available online for our members to print at home. Return all completed enrollment forms and required documentation to CTPF. Forms returned to an insurance carrier will not be processed. We encourage members to submit forms by fax or email, if possible, as U.S. Mail processing may be delayed. Send forms and documents by fax to 312.641.7185 or email an attachment (.pdf or .jpg format) to imaging@ctpf.org. Find information on scanning without a scanner on the Open Enrollment webpage at ctpf.org/open-enrollment.

HEALTH INSURANCE PLANS & COSTS

Q: What CTPF-sponsored Non-Medicare health insurance plans are available in 2024 and how do costs compare?

Three health plans for members under age 65 will be offered in 2024. Members currently enrolled in the plans listed below do not need to take any action to stay enrolled:

- Blue Cross and Blue Shield (BCBS) PPO
- Blue Cross and Blue Shield (BCBS) HMO Illinois
- UnitedHealthcare (UHC) Choice Plus PPO

Please refer to the 2024 Health Insurance Non-Medicare Handbook for the cost and benefit details of each plan.

Q: Will I receive a new ID card in 2024?

Health plan enrollees receive health insurance ID cards by mail directly from their health insurance plan. ID cards are normally issued at the time of enrollment or when a health plan change is made. If you need a replacement card, contact your health insurance plan directly. Find contact information in the 2024 Health Insurance Non-Medicare Handbook.

Q: How are the premium costs for CTPF Health Insurance plans determined each year?

Our health insurance premiums are based on the benefits offered and claims costs incurred by the plan. Premium costs are also affected by medical costs inflation.

Q: For the 2024 plan year, there is a 60% subsidy of health insurance premiums for CTPF-sponsored health insurance plans. Will the subsidy rate change in future years?

CTPF Trustees voted to provide a 60% subsidy for 2024. The subsidy is limited by state law and subject to change as directed by the Board of Trustees. The subsidy rate is set annually.

Q: If I am enrolled in non-CTPF-sponsored health insurance plan, am I eligible for a subsidy?

Members enrolled in non-CTPF-sponsored health insurance plans may be eligible for a subsidy subject to the maximum reimbursement amounts published annually under CTPF’s outside rebate program. In 2024, the maximum reimbursement amount will be based on CTPF’s most economical Medicare or Non-Medicare plan option. Every spring, applications with detailed instructions are sent to these members pertaining to the year prior.
Q: Why are the health insurance plan premiums for members with Medicare so much less than the plans for members under age 65?

A: When you become age 65 and enroll in Medicare Part A and Part B, Medicare becomes the primary payer of your health care costs. The plans offered by CTPF for members age 65 and over are designed to work with Medicare and help pay those costs not covered by Medicare.

Q: I worked 20 years with the Chicago Public Schools (CPS) and 3 years with Teachers Retirement System (TRS). However, TRS was my final system. I’m not eligible for insurance under TRS – but CTPF tells me I am not eligible to join their plan either. Why?

A: CTPF eligibility rules state that CTPF must be your final retirement system to be eligible to join a CTPF health insurance plan. TRS rules state you must have 8 years of service to be eligible for their health insurance program, whether or not they are the last retirement system. It is very important to understand the health insurance eligibility rules for each system before you retire.

Q: I canceled my CTPF-sponsored health insurance coverage last year. However, I am not happy with my new coverage and I now want to re-enroll in a CTPF-sponsored health insurance plan. Can I do that?

A: You can initially enroll when one of the following events occurs:

- within 30 days after COBRA continuation coverage under the Board of Education, Contract, or Charter School active employee group health program ends, unless coverage is canceled due to non-payment of premium
- within 30 days of the effective date of pension benefits
- during the annual Open Enrollment Period (once in a lifetime)
- within 30 days of first becoming eligible for Medicare
- when coverage is canceled by a former group plan through no fault of your own

You are also able to re-enroll in a CTPF plan if you experience a qualifying event. You have 30 days after a qualifying event to join a plan, change plans, or add an eligible dependent. Qualifying events may include:

- change in permanent address that affects the availability of an HMO or Medicare Advantage plan
- marriage/civil union or divorce/dissolution
- birth, adoption, or legal guardianship
- termination of a Primary Care Physician for HMO plan enrollees
- within 30 days of first becoming eligible for Medicare

One Time Opt-In Policy: The CTPF Board of Trustees voted to allow eligible members to re-enroll in a CTPF-sponsored health insurance plan one time without a qualified change in status. Previously, enrollment was only allowed once in a lifetime, unless the member experienced a qualifying event (marriage, birth, death, etc.). Individuals who want to rejoin a CTPF plan without experiencing a qualifying event, as described above, must do so during an open enrollment period. A member applying to re-enroll must have proof of insurance coverage (medical and prescription drug) as of the beginning of the open enrollment period (October 1), and maintain coverage through December 31 of that year. CTPF insurance coverage becomes effective the following January 1.
CPS COBRA

Q: My COBRA continuation coverage through my former employer expires shortly. How long do I have to get my enrollment application to CTPF to enroll in a CTPF-sponsored health insurance plan?

A: You are required to provide your insurance application no later than 30 days after the date your COBRA expires. However, we recommend you submit your enrollment application to CTPF at least one month prior to your COBRA continuation coverage expiring. If CTPF does not receive your application by that date, you will have to wait until CTPF’s next Open Enrollment period, which occurs from October 1 - 31 each year and your CTPF-sponsored health insurance plan coverage will be effective the following January 1.

Q: If my CPS COBRA coverage is ending this year and I choose not to enroll in a CTPF-sponsored health insurance plan at this time, can I enroll at a later date?

A: Yes, you can enroll in a CTPF-sponsored health insurance plan. However, you must wait for an Open Enrollment period (every October) or you can enroll within 30 days of experiencing a qualifying event. See the 2024 Health Insurance Non-Medicare Handbook or the 2024 Health Insurance Medicare Handbook.

Q: I am currently enrolled in CPS COBRA coverage; should I stay on COBRA for the full 18 months allowed?

A: Typically, you should stay on CPS COBRA coverage for the 18 months you are allowed unless you turn age 65 in the interim. Your CPS COBRA coverage is less expensive than CTPF’s non-Medicare health insurance coverage because active teacher premiums are less than retiree premiums. CTPF is adding a 60% subsidy (2024 subsidy rate) of your CPS COBRA premium to your pension benefit every month.

Q: I am turning 65 before my 18 months of CPS COBRA coverage expires. Do I need to do anything?

A: If you are turning 65 before your 18 months of CPS COBRA expires, your COBRA coverage will end the month prior to your 65th birthday. You should enroll in Medicare Part A and Part B and decide whether to enroll in supplemental health insurance coverage through CTPF. CTPF will send you an invitation for an enrollment webinar called a “Medicare Birthday Party” approximately three months before the month of your 65th birthday. See the 2024 Health Insurance Non-Medicare Handbook for more information.

DENTAL INSURANCE

Q: Does CTPF offer dental insurance to retirees and/or survivors?

A: No, CTPF does not offer dental insurance. Dental plans are available from the Retired Teachers Association of Chicago (RTAC), or a private insurance carrier. Contact information can be found in the 2024 Health Insurance Non-Medicare Handbook.
BECOMING MEDICARE-ELIGIBLE

Q: I am turning 65 in 2024. What should I do?

A: CTPF offers bimonthly Medicare “Birthday Parties” designed to help members turning 65 evaluate their health insurance options. You will receive a personal invitation to this event if you or your dependent are currently covered on a CTPF-sponsored health insurance and are turning 65 in 2024. You should begin the Medicare enrollment process by contacting your local Social Security Administration (SSA) office or by going to www.Medicare.gov. We suggest you start the enrollment process at least three months prior to your 65th birthday. If you are already collecting SSA retirement benefits, your enrollment in Medicare is automatic. See the 2024 Health Insurance Non-Medicare Handbook for more information.

Q: I am turning 65 in 2024. However, I am currently covered on my spouse’s health insurance through his/her employer. Do I have to enroll in Medicare Part A and Part B when I turn 65?

A: Members who are covered under a group health plan based on current employment of a spouse can delay enrollment in Medicare without a penalty (note: COBRA coverage is NOT based on current employment). Once your active group coverage ends, Medicare allows you to enroll without penalty with proof that you were covered under a group plan offered through employment.

Q: I am turning 65 in 2024 and my spouse is over 65 and enrolled in AARP UHC Plan F through CTPF. Can I join my spouse and also enroll in Plan F?

A: Due to a change in Federal legislation, enrollment in AARP Plan F is limited to Medicare recipients who turned 65 prior to 2020. If you still would like to have your spouse covered under a CTPF plan, you need to choose among the Medicare Advantage plans currently offered: the UHC Medicare Advantage PPO or the Humana Medicare Advantage HMO plan. All of these plans include prescription drug coverage. Both the member and spouse need to be enrolled in the same plan.

PRESCRIPTION DRUG COVERAGE

Q: Where can I find prescription benefit details?

A: The 2024 Health Insurance Non-Medicare Handbook provide cost and benefit details for the prescription coverage associated with each CTPF-sponsored health insurance plan.

Q: Do I pay less for my prescriptions if I use the mail order up to 90-day supply option?

A: Yes, the mail order option will save you money. In general, you will pay less in copays for the same amount of medication by using mail order. There is also a retail up to 90-day supply option available with some of our plans – in general, there are some savings when you use a retail up to 90-day supply, but even greater savings when you use a mail order up to 90-day supply.
What is the Health Insurance Marketplace, and does it affect me?

The Health Insurance Marketplace, or “Health Insurance Exchanges,” were created by the Affordable Care Act to make health insurance accessible to the 57 million people under age 65 who did not have health insurance. Those who already have health insurance coverage are not required to utilize the Health Insurance Marketplace.

If I choose to dis-enroll from CTPF-sponsored health insurance plan coverage and enroll in a Marketplace plan, can I return to a CTPF-sponsored health insurance plan in the future?

You can initially enroll when one of the following events occurs:
• within 30 days after COBRA continuation coverage ends unless coverage is canceled due to non-payment of premium.
• within 30 days of the effective date of pension/survivor benefits
• during the annual Open Enrollment Period (once in a lifetime)
• within 30 days of first becoming eligible for Medicare
• when coverage is canceled by a former group plan through no fault of your own
• If COBRA coverage ends December 31, 2023, you may enroll in a CTPF plan during the Open Enrollment Period, October 1 - 31, 2023. Coverage becomes effective January 1, 2024.

You are also able to re-enroll in a CTPF plan if you experience a qualifying event. You have 30 days after a qualifying event to join a plan, change plans, or add an eligible dependent. Qualifying events include:
• change in permanent address that affects the availability of current coverage.
• marriage/civil union or divorce/dissolution
• birth, adoption, or legal guardianship
• termination of a Primary Care Physician for HMO plan enrollees
• becoming eligible for Medicare

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2024 HEALTH INSURANCE OPEN ENROLLMENT PERIOD
OCTOBER 1-31, 2023