

Benefit Highlights

Chicago Teachers' Pension Fund 12830

Effective January 1, 2021 to December 31, 2021

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$175 each plan year.	
Annual out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay	Specialist: \$0 copay
	Virtual Doctor Visits: \$0 copay	Virtual Doctor Visits: \$0 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 copay	\$0 copay
Mental health (outpatient and virtual)	Group therapy: \$0 copay	Group therapy: \$0 copay
	Individual therapy: \$0 copay	Individual therapy: \$0 copay
	Virtual visits: \$0 copay	Virtual visits: \$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$0 copay (Up to 6 visits per plan year)*	\$0 copay (Up to 6 visits per plan year)*
FirstLine Essentials+	\$0 copay; Members receive \$60 each quarter (\$240 each year) to use on approved health care products as shown in the catalog or website. Dollars may be carried over from month to month.	
Hearing - routine exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
Hearing aids	Through UnitedHealthcare Hearing, the plan pays up to a \$1,000 allowance for hearing aids every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Vision - eyewear	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*	Plan pays up to \$300 combined allowance for eyewear and contact lenses every 2 years.*
Fitness program through SilverSneakers®	You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center. To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.	
NurseLine	Receive access to nurse consultations and additional clinical resources at no additional cost.	

	In-Network	Out-of-Network
Quit For Life® Tobacco Cessation Program	\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use.	

* Benefits are combined in and out-of-network

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The provider network may change at any time. You will receive notice when necessary.