

Benefit Highlights

Chicago Teachers' Pension Fund 12830

Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$175 for this 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 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$0 copay
Outpatient mental health	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay
Diagnostic radiology services such as MRIs, CT scans	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

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

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Foot care - routine	\$0 copay, 6 visits per plan year*
Over-the-counter (OTC) products card Healthy Benefits Plus	\$0 copay for \$60 credit per quarter to use on approved health products from network retail locations or through your OTC Products Catalog.
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing - routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision - routine eye exam	\$0 copay, 1 exam every 12 months*
Vision - routine eyewear	Plan pays \$300 combined allowance for eyeglasses and contact lenses every 12 months.*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
Telephonic nurse services	Receive access to nurse consultations and additional clinical resources at no additional cost.
Rally Coach™ Programs	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program *Refer to your Evidence of Coverage for eligibility requirements.

*Benefits are combined in and out-of-network