



Health Care Open Enrollment - 2025

Open enrollment is an annual opportunity for annuitants to evaluate their health care options and make any changes for the upcoming year.

IF NO CHANGES ARE NEEDED, NO ACTION IS REQUIRED

Open enrollment for the 2025 benefit plan year will be from October 21, 2024 through November 15, 2024.



This is the **only period** that annuitants have the chance to change their health care coverage (if under age 65) or, if eligible, enroll themselves and/or their dependents in one of the **District sponsored health care plans**.

Any changes to your benefits for 2025 must be made during this open enrollment period.

If you would like to switch your District sponsored health care plan, you may call (312) 751-3222 and request that an enrollment form be sent to you.

Health Insurance Premium Rates 2025

The insurance premium rates as determined by the District, effective January 1, 2025, are:

Annuitants without Medicare	<u>BCBS of IL PPO</u>	<u>BCBS HMO IL</u>
Member	\$ 723.46	\$ 497.96
Couple	\$1,446.93	\$ 995.91
Family (3 or more)	\$1,808.66	\$1,244.89
Annuitants with Medicare*	<u>UHC MAPD</u>	
Member	\$ 117.50	
Couple, both with Medicare	\$ 235.00	
Rates for those covering at least 1 with Medicare* and at least 1 without	<u>UHC MAPD & BCBS of IL PPO</u>	<u>UHC MAPD & BCBS HMO IL</u>
Couple, one with Medicare	\$ 840.96	\$ 615.46
Family (3 or more), one with Medicare	\$1,202.70	\$ 864.44
Family (3 or more), two with Medicare	\$ 596.73	\$ 483.98

*Must have Parts A and B to qualify for the MAPD plan.

The new annuitant rates will be deducted starting with your January 1, 2025, annuity payment. These rates reflect a 50% subsidy provided by the District.

If You Decide to Switch Your Medical Plan or Re-enroll

If you decide to change your medical plan, the Retirement Fund will need to receive your enrollment form no later than November 15, 2024 to ensure that the correct amount is being deducted from your annuity.

Applications will not be accepted after November 15, 2024. The Retirement Fund will forward your enrollment form to the proper Medical Plan Carrier.

Medical Plans Offered by The District

The medical plans the District offers to retirees who meet the insurance eligibility requirements are Blue Cross Blue Shield PPO, HMO Illinois, and United Healthcare (UHC) Medicare Advantage Plan. Movement between Blue Cross Blue Shield PPO and HMO Illinois is only available for non-Medicare eligible retirees and dependents.

Blue Cross Blue Shield PPO

For retirees and dependents who don't qualify for Medicare. Coverage is nationwide.

Customer Service: 1-800-772-6895

Blue Cross Blue Shield HMO Illinois

For retirees and dependents who don't qualify for Medicare and live in Illinois.

Customer Service: 1-800-892-2803

United Healthcare (UHC) Medicare Advantage PPO Plan

For Medicare eligible retirees **enrolled** in Medicare Part A and Part B who continue to pay for their Medicare Part B premiums.

Customer Service: 1-800-457-8506

Blue Cross Blue Shield Plan Changes

The following changes for the medical and pharmacy benefits take effect **January 1, 2025**.

PPO Out-of-Network Deductible	Current	New
Individual	\$ 350	\$ 700
Employee/Dependent	\$ 700	\$1,400
Family	\$1,050	\$2,100

Important – There is no change to the PPO In-Network deductibles.

HMO & PPO Prescription Drug Co-Pays	Current	New
Generic	\$ 9	\$ 10
Preferred	\$ 25	\$ 30
Non-preferred	\$ 45	\$ 50
Specialty	\$100	\$100

You can get your 90-day prescription supply at your local retail pharmacy just as you can through the mail order program and only pay the cost of a 60-day supply. Call your local pharmacy to learn more.

United Healthcare Medicare Advantage PPO Plan Changes

The out-of-pocket limit for prescription drugs effective **January 1, 2025** is \$2,000. Once you meet the limit, you will not pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

Important Life Events

When important life events occur, such as divorce from or death of a spouse, or dependent, please notify the Retirement Fund as soon as possible. If a qualifying life event occurs, changes to your plan must be made within 30 days of the event. Submission of supporting documents such as a divorce decree or death certificate is required.