

Traditional Medicare Supplement

Sponsored by
Chicago Police Sergeants' Association



September 29, 2017

Dear Retired Member of the Chicago Police Department,

Thanks to the input of many retirees, the Chicago Police Sergeants' Association is sponsoring a Group Medicare Supplement option open to all retired Chicago police (of any rank) and their spouses over age 65. This plan is similar to the Medicare supplement that was offered in the past by the City of Chicago.

Medical Plan

United American Insurance Company provides the Group Retiree Medical coverage. Highlights include:

- ✓ Plan premiums can be deducted from your pension check
- ✓ Freedom to choose providers and hospitals for medical care anywhere within the United States
- ✓ Over 94% of providers and more than 99% of hospitals accept Medicare
- ✓ Members can self-refer to any medical provider that accepts Medicare
- ✓ Plans cover Medicare excess charges
- ✓ Foreign travel benefits
- ✓ No medical questions on the application, and guaranteed renewable
- ✓ No paperwork or claim forms

United American works seamlessly with Medicare; claims are processed electronically so you will never need to submit claim forms.

Enrollment is open now through December 7, 2017.

Rx Plan

Members who need a prescription drug plan may contact GoHealth at (855) 785-7841. GoHealth can assist you with your prescription drug insurance options.

Resources and Enrollment for the Medical Plan

For questions about the plan or to enroll, call Health Insurance Services at (888) 344-2522. You may also call United American directly to enroll by phone at (855) 454-5623 Monday through Friday 7am to 5pm CST. Our local broker is Mike Marron with MAF Companies of Oak Brook, IL. MAF is expert in the specific challenges and obstacles that police officers and their families face. MAF can be reached at (800) 979-9393 and will be available to answer questions that you may have concerning this plan.

James Ade, President

Chicago Police Sergeants' Association, Police Benevolent & Protective Association

Enrollment Questions and Directions

1. How do I enroll in this plan?

Simply call (888) 344-2522 Monday through Friday from 8 a.m. to 5 p.m. (CST) to enroll by phone. After eligibility is confirmed and your questions are answered, you will be connected to a United American representative to complete the enrollment. If a spouse is applying, they must complete their own separate enrollment.

If you wish to enroll by mail, complete and sign the attached form on pages 5 and 6, being sure to indicate which plan option each enrollee desires. Mail the application to:

United American Insurance Company
Attn: Groups/Special Markets
P.O. Box 8080
McKinney, TX 75070-9922
Telephone: (855) 454-5623

2. What do I need to do to qualify for this plan?

You must be a retired CPD officer, or spouse, age 65 and enrolled in Medicare Parts A and B.

3. When can I enroll in this plan?

Enrollment is open now through December 7, 2017.

4. What if my spouse is under age 65?

If your spouse is under age 65, they are not eligible for this plan. Check with your current carrier for more details, or contact our local broker at MAF Companies, Mike Marron, at (312) 802-0587.

5. How do I pay for this plan?

There are three payment options: 1) deducted from your pension check, 2) paid through an electronic funds transfer from your checking account, or 3) billed to you.

6. Who can I contact with questions?

Questions regarding enrollment, coverage, or eligibility, call (888) 344-2522 8 a.m. to 5 p.m. (CST) Monday through Friday, or contact our local broker, Mike Marron, at (312) 802-0587.

7. Will my rates remain the same throughout the year?

Yes, the attached plan rates are effective through December 31, 2018.



Group Benefits. Individual Service.

Choose all the advantages of a group health plan with the United American Medicare Supplement sponsored by the Chicago Police Sergeants' Association.

Nationwide Coverage

Choose coverage that meets your needs with benefits available only to retired Chicago police officers and their spouses, aged 65 or more.

Keep your Medicare card and choose care from 94% of physicians and 99% of hospitals nationwide.

Pay From Your Pension: Tax Deductible

Enroll in Medicare coverage with all the tax advantages of premiums conveniently deducted from your pension check.

Use the public safety officer tax advantages you have earned.

Exclusive Rates

Enjoy rates that are available only to retired Chicago police officers and their spouses.

Lock in your current age for life. Rate changes will not be based on aging.

Call Today to Ask Questions and to Enroll

Toll free: (888) 344-2522 or (312) 802-0587



2018 Medicare Supplement Plans

Chicago Police Officers

Options and Rates

Option 1 (Plan G)*	
	You Pay
Part A Deductible	\$0
Part B Deductible	\$183
Part B Coinsurance Amount	0%
Annual Maximum Out of Pocket	\$183
Monthly Premium Schedule*	
Ages 65 – 69	\$198
Ages 70 – 74	\$214
Ages 75 – 79	\$272
Ages 80+	\$295

Option 2 (Plan F)*	
	You Pay
Part A Deductible	\$0
Part B Deductible	\$183
Part B Coinsurance Amount	20%
Annual Maximum Out of Pocket	\$1000
Monthly Premium Schedule*	
Ages 65 – 69	\$136
Ages 70 – 74	\$153
Ages 75 – 79	\$211
Ages 80+	\$234

*Premiums listed are issue age. Premiums may increase due to inflation, but will never increase because you have aged. Lock in your rate by enrolling today.



Sponsored By




Chicago Police Sergeants' Association

Police Benevolent & Protective Association
1616 W. Pershing Road, Chicago, IL 60609
(773) 376-7272 www.chicagosergeants.org



**INDIVIDUAL ENROLLMENT FORM
SPONSORED GROUP PLAN ADMINISTERED BY UNITED AMERICAN**

LAST name:	FIRST Name:	Middle Initial:	Mr. Mrs. Ms.
Birth Date: (___/___/___) (MM/DD/YYYY)	Sex: M F	Social Security Number:	Home Phone Number: ()
Permanent Residence Street Address:			
City:	State:	ZIP Code:	
Mailing Address (only if different from your Permanent Residence Address):			
Street Address:		City:	State: ZIP Code:
Emergency contact: [Optional]			
Phone Number: [Optional] _____		Relationship to You [Optional] _____	
E-mail Address: [Optional]			
Please Provide Your Medicare Insurance Information			
<p>Please take out your Medicare Card to complete this section.</p> <ul style="list-style-type: none"> Please fill in these blanks so they match your red, white and blue Medicare card. <p>- OR -</p> <ul style="list-style-type: none"> Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board. <p>You must have Medicare Part A or Part B to join a Medicare supplement plan.</p>	 <p>SAMPLE ONLY</p> <p>Name: _____</p> <p>Medicare Claim Number _____ - _____ - _____ Sex ____</p> <p>Is Entitled To _____ Effective Date _____</p> <p>HOSPITAL (Part A)</p> <p>MEDICAL (Part B)</p>		
Signature:	Today's Date:		

SEE REVERSE TO SELECT YOUR PLAN

**2018 Medicare Supplement Plans
Chicago Police Officers
Options and Rates**

Option 1 (Plan G)*	
	You Pay
Part A Deductible	\$0
Part B Deductible	\$183
Part B Coinsurance Amount	0%
Annual Maximum Out of Pocket	\$183
Monthly Premium Schedule*	
Ages 65 – 69	\$198
Ages 70 – 74	\$214
Ages 75 – 79	\$272
Ages 80+	\$295

Option 2 (Plan F)*	
	You Pay
Part A Deductible	\$0
Part B Deductible	\$183
Part B Coinsurance Amount	20%
Annual Maximum Out of Pocket	\$1000
Monthly Premium Schedule*	
Ages 65 – 69	\$136
Ages 70 – 74	\$153
Ages 75 – 79	\$211
Ages 80+	\$234

*Premiums listed are issue age. Premiums may increase due to inflation, but will never increase because you have aged. Lock in your rate by enrolling today.

Please select your plan option:

[] Option 1 (Plan G)

[] Option 2 (Plan F)

Print Name: _____

Signature:	Today' Date:
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**FAX BOTH SIDES OF THIS COMPLETED FORM TO: (630) 834-2297
OR, FOR EXPEDITED ENROLLMENT CALL: (888) 344-2522**