

Traditional Medicare Supplement

Sponsored by
Chicago Police Sergeants' Association



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 all year!

Rx Plan

United Healthcare Company offers three AARP Part D prescription drug plans to members. The plans are optional and can be used with any Traditional Medicare Supplement plan. The AARP Walgreen's Part D plan is one of the three options. To get more help on which AARP drug plan best meets your prescription needs please call United Healthcare Company at 888-556-7049 and mention you're with the Chicago Police group program.

Resources and Enrollment for the Medical Plan

For questions about the plan or to enroll, call Health Insurance Services at (888) 344-2522. After eligibility is confirmed and your questions are answered, you will be connected to a United American representative to complete the enrollment. Our local broker is Mike Marron with Integrated Financial Concepts in Park Ridge, IL. Mike Marron has 30 years of experience in the specific challenges and obstacles that police officers and their families face. Mike Marron can be reached at (312) 802-0587. He will be available to answer questions that you may have concerning this plan.

James Calvino, 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.

Email or fax the application to:

Dayna Zaks

(262) 241-3435

daynazaks@hismi.com

Mike Marron

(773) 589-4080

mikem@ifcplanners.com

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?

General Enrollment is open throughout the year; no medical questions and guarantee renewable.

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 Integrated Financial Concepts, 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 (United American Premium only) (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, 2023.



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

2023 Medicare Supplement Plans for Chicago Police Officers Options and Rates

	Option 1	Option 2	Option 3
Part A Deductible	\$0	\$0	\$0
Part B Deductible	\$0	\$226	\$226
Part B Coinsurance Amount	0%	0%	20%
Annual Maximum Out of Pocket	\$0	\$226	\$1,000
Monthly Premium Schedule			
Ages 65-69	\$ 236.00	\$ 218.00	\$ 150.00
Ages 70-74	\$ 254.00	\$ 236.00	\$ 170.00
Ages 75-79	\$ 318.00	\$ 300.00	\$ 233.00
Ages 80+	\$ 333.00	\$ 326.00	\$ 258.00

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



Sponsored By

Chicago Police Sergeants' Association

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



EJ KECI Q'RQNEG'UGTI GCP VU)'CUUQEK VIKP 'R F K&K WCN'GP TQNN GP V'HQTO "

[QWOC['GPTQNN'D['ECNNPI 'J gcnj 'Kpuwtcepg'Ugtxlegu'Kpe'cv*: : +566/4744 "

qt'd{ 'Hcz'Cwp00 kng'O cttqp'cv*773+589/4080

LAST Name:		FIRST Name:	MIDDLE Initial:	Mr. Mrs. Ms.						
Birth Date: (__ __/__ __/__ __ __ __) (M M / D D / Y Y Y Y)		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:										
E-mail Address: [Optional]										
Emergency Contact: [Optional]										
Phone Number: [Optional]_____ Relationship to You [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 (or both) to join a Medicare prescription drug plan.</p>		<p>Name: _____</p> <p>Medicare Number _____ - _____ - _____</p> <table><tr><td>Is Entitled To</td><td>Effective Date</td></tr><tr><td>HOSPITAL (Part A)</td><td>_____</td></tr><tr><td>MEDICAL (Part B)</td><td>_____</td></tr></table>			Is Entitled To	Effective Date	HOSPITAL (Part A)	_____	MEDICAL (Part B)	_____
Is Entitled To	Effective Date									
HOSPITAL (Part A)	_____									
MEDICAL (Part B)	_____									

**2023 Plan Offerings Designed Exclusively
for Chicago Police Sergeants' Association**

	Option 1	Option 2	Option 3
Part A Deductible	\$0	\$0	\$0
Part B Deductible	\$0	\$226	\$226
Part B Coinsurance Amount	0%	0%	20%
Annual Maximum Out of Pocket	\$0	\$226	\$1,000
Monthly Premium Schedule			
Ages 65-69	\$ 236.00	\$ 218.00	\$ 150.00
Ages 70-74	\$ 254.00	\$ 236.00	\$ 170.00
Ages 75-79	\$ 318.00	\$ 300.00	\$ 233.00
Ages 80+	\$ 333.00	\$ 326.00	\$ 258.00

See Benefit Grids for Complete Description

Premiums are ISSUE AGE. Your premium age bracket is locked in at today's age.

Future premiums may increase because of inflation but will never increase because you have aged.

Please select your plan option:

☐ Option 1 - Plan F

☐ Option 2 - Plan G

☐ Option 3 - Plan F, High Deductible

Print Name

 X
Signature

Today's Date

YOU MAY ALSO ENROLL BY CALLING Health Insurance Services Inc at (888) 344-2522 or by Fax
Attn. Mike Marron at (773) 589-4080

SEE SIDE ONE TO COMPLETE ENROLLMENT. BOTH SIDES MUST BE COMPLETED & SIGNED

PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2023

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1600 All	\$1600 (Part A Deductible)	\$0
61st thru 90th day	but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$200 a day	Up to \$200 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2023

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$ 226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	100% of the amount not paid by Medicare	\$0 \$0 \$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs 100% of the amount not paid by Medicare	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 100% of the amount not paid by Medicare	\$0 \$0 \$0
---	----------------------------	--	-----------------------

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
--	------------	--	---

PLAN G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2023

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1600 All but \$400 a day	\$1600 (Part A Deductible) \$400 a day	\$0 \$0
61st thru 90th day			
91st day and after:	All but \$800 a day	\$800 a day	\$0
– While using 60 lifetime reserve days			
Once lifetime reserve days are used:	\$0	100% of Medicare Eligible Expenses	\$0 **
– Additional 365 days			
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$200 a day	Up to \$200 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2023

* Once you have been billed \$226 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 until you reach your \$226 per calendar year Part B deductible, then 100% of the amount not paid by Medicare	100% until you reach your \$226 per calendar year Part B deductible, then \$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 until you reach your \$226 per calendar year Part B deductible, then 100% of the amount not paid by Medicare	\$0 100% until you reach your \$226 per calendar year Part B deductible, then \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$217 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 until you reach your \$226 per calendar year Part B deductible, then 100% of the amount not paid by Medicare	\$0 100% until you reach your \$226 per calendar year Part B deductible, then \$0
---	------------------------	---	--

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
---	------------	--	---

PLAN F with \$1,000 Medicare Part B Deductible Rider
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2023

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1600	\$1600 (Part A Deductible)	\$0
61st thru 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$200 a day	Up to \$200 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F with \$1,000 Medicare Part B Deductible Rider
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2023

* Once you have been billed \$226 of Medicare-Approved amounts for covered services (which are noted with an asterisk), Medicare Part B Deductible will have been met for the calendar year.

(1) Your certificate has a \$1,000 deductible on Medicare Part B services. Depending upon the order in which the claims are submitted to us, your calendar year certificate deductible may be met by the Medicare Part B Deductible, Medicare Part B Coinsurance, and/or Excess Charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 until your \$1,000 per calendar year deductible is met (1), then 100% of the amount not paid by Medicare	100% until your \$1,000 per calendar year deductible is met(1), then \$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0	All Costs \$0 until your \$1,000 per calendar year deductible is met (1), then 100% of the amount not paid by Medicare	\$0 100% until your \$1,000 per calendar year deductible is met(1), then \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 until your \$1,000 per calendar year deductible is met (1), then 100% of the amount not paid by Medicare	\$0 100% until your \$1,000 per calendar year deductible is met (1), then \$0
---	------------------------	---	--

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
--	------------	--	---