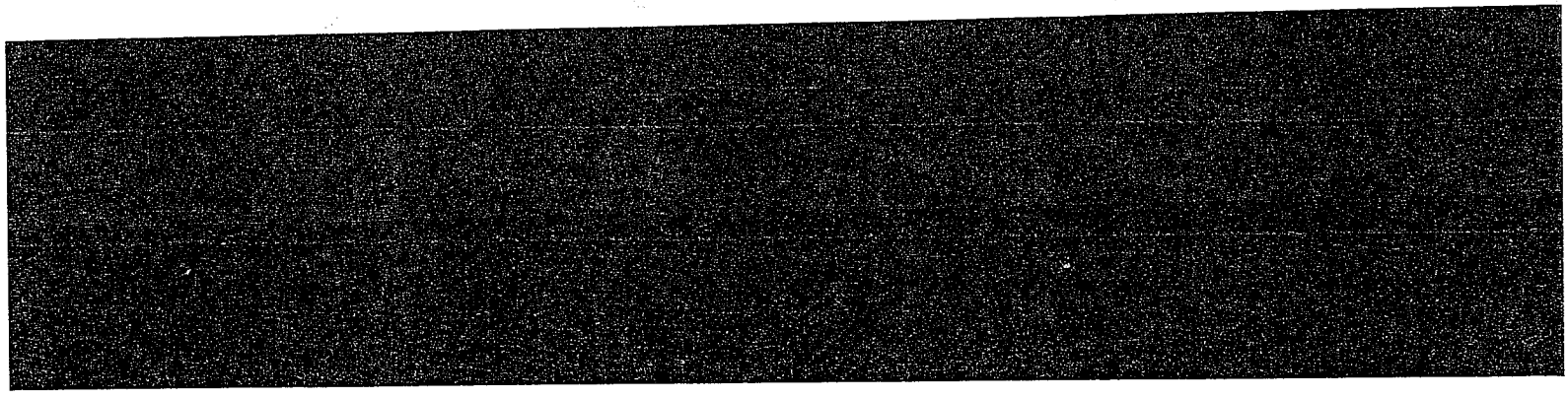
CTA RETIREE HEALTH CARE PLAN 2012 ENROLLMENT GUIDE

FOR MEDICARE ELIGIBLE RETIREES, DISABLED PENSIONERS, SURVIVING SPOUSES AND DEPENDENTS

Medical and Prescription Drug Coverage
from
January 1, 2012 through December 31, 2012



CONTACT INFORMATION

Retiree Health Care Plan Administration	Phone Number and Web Address
Group Administrators, Ltd.	1-866-997-3821 www.groupadministrators.com

Medicare Plans	Phone Number and Web Address
Medical Benefits Aetna	1-888-267-2637 TTY/TDD: 1-888-760-4748 www.aetnamedicare.com
Prescription Benefit SilverScript® Insurance Company	www.ctarhct.silverscript.com
Enrollment Questions	1-866-425-9750 TTY/TDD: 1-866-552-6288
Plan and Claims Questions After January 1, 2012	1-866-693-4623 TTY/TDD: 1-866-236-1069

General Retirement	Phone Number and Web Address
CTA Retirement Office	1-866-441-9694 or 1-312-441-9694 www.ctaretirement.org
Allsup, Inc. (SSDI and Medicare Advantage)	1-800-279-4357 www.allsup.com
Social Security Administration	1-800-772-1213 TTY/TDD: 1-800-325-0778 www.ssa.gov

YOU MUST ENROLL FOR BENEFITS BY NOVEMBER 15, 2011

THE COVERAGE YOU CHOOSE NOW WILL REMAIN IN EFFECT FOR 12 MONTHS
FROM JANUARY 1, 2012 THROUGH DECEMBER 31, 2012
SO MAKE YOUR SELECTIONS CAREFULLY

» Please read the information in this booklet thoroughly

» Complete the enclosed enrollment form and return it to Group Administrators in the envelope provided

OPEN ENROLLMENT MEETINGS

The CTA Retirement Office is hosting two open enrollment meetings on **November 8, 2011.** The location below has ample parking, access to public transportation, and is handicapped accessible:

Tuesday, November 8, 2011

Operating Engineers 399
Union Hall & Training Facility
2260 S. Grove Street
Chicago, Illinois

There will be a presentation to review the benefit changes for 2012 at each meeting. You will have an opportunity to submit questions during this time. After the presentation, you can visit representatives from the CTA Retirement Office and the service providers list on the previous page; you can gather more information and follow-up with specific questions.

CONFERENCE CALLS

If you can't attend the Open Enrollment meetings or have additional questions, dial-in to the scheduled conference calls conducted by Aetna. Each call will last up to 90 minutes.

Dates:	**November 9, 11, and 14**	
Times:	11:00 a.m. Central Time	2:00 p.m. Central time
Dial toll-free:	1-888-566-6129	1-800-779-2593
When requested, enter Passcode:	7494423	9388177

SEE THE ENCLOSED CREAM SHEET FOR A MAP, DIRECTIONS, AND INFORMATION ABOUT THE MEETINGS.

WHAT'S INSIDE

This guide highlights some features of the medical and prescription drug plans. If a conflict arises between this material and any Plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases. Any aspect of the Retiree Health Care Plan can be changed at any time, at the discretion of the Board of Trustees.

ABOUT THE PLAN

The CTA Retiree Health Care Plan (the Plan) includes medical and prescription drug benefits for CTA retirees/disabled pensioners, surviving spouses and dependents. The elections you make during the open enrollment period, November 1 through November 15, will become effective on January 1, 2012. These elections will remain in effect until December 31, 2012, unless you have a qualifying event as described on page 4. This guide describes the benefits available to those participants who are eligible for Medicare.

Benefit Changes for 2012

- The Plan has moved to a Medicare Advantage benefit for the 2012 calendar year. Under the new Medicare Advantage benefit, Aetna will coordinate, on your behalf, between provider and Medicare, removing you from the process of paperwork or up-front payment associated with coordination of benefits.
- The Plan is offering **two** Medicare Advantage benefit options - Aetna Plus and Aetna Basic.
- When you enroll in the Aetna Plus or Aetna Basic option, you are enrolling in Medicare Parts A, B, and D. Your eligibility for the Aetna options must be confirmed by CMS (Centers for Medicare and Medicaid Services) at the time of enrollment. When your enrollment is confirmed, you will receive an ID card from Aetna, which you will use when receiving care. Keep your Medicare Part A and B cards in a safe place; they show your Medicare Claim Number and the dates that Part A and Part B became effective.
- Silverscript, a CVS Caremark company, will be the prescription carrier for all Medicare eligible participants. The pharmacy benefit is included with your medical election.

It is important that you carefully review this guide to understand these changes before making an election decision for yourself and your family.

OPEN ENROLLMENT

Open Enrollment is taking place between November 1, 2011 and November 15, 2011.

» You must make a choice and send in your enrollment form by November 15 or you will not have coverage on January 1, 2012.

» You must complete your enrollment form and it must be postmarked by Tuesday, November 15, 2011.

Important Information about the Enrollment Process

» The open enrollment period is **November 1, 2011 through November 15, 2011.** You must make an enrollment election.

» **If you do not enroll for the 2012 calendar year, you and your family will lose coverage.** This will count as an opt-out. See page 5 for the opt-out rules.

Use the enclosed envelope and return your completed enrollment form – postmarked no later than November 15, 2011.

» Please carefully review and understand how each of the two medical options work.

» Review the examples listed on pages 10 and 11 to learn about your out-of-pocket expenses under both options.

» Review the new monthly premiums listed on pages 14 and 15.

» Select the option that best meets your health needs. See the Comparison Chart on pages 8 and 9.

» Please review the enclosed 2011 Statement of Benefits. It shows your service (used to determine your premium) and lists your current covered dependents.

» Review the Plan's rules for dependent eligibility, changing benefits mid-year and opting out of coverage on pages 4 and 5.

Eligibility Rules for a Medicare Advantage Plan

» You must be enrolled in Medicare Parts A and B to be eligible to enroll in either of the Aetna Medicare Advantage options.

» All Medicare eligible family members that you are enrolling must be enrolled in the same Aetna option.

» Only Medicare eligible dependents (spouse and/or disabled child) may be enrolled under these Aetna options.

» **If you enroll for one of the Aetna options, you should not enroll for any other Medicare coverage.**

» If you elect one of the Aetna options, it will replace any existing Medicare Parts A, B, and D plan you currently have. You may have coverage under only one Medicare plan at a time.

» While most providers do accept Medicare, please ensure your provider does accept Medicare payment and is willing to accept these Aetna options. Any services from a provider who does not accept Medicare are outside of any network and are not covered by the Plan.

IMPORTANT INFORMATION ABOUT PLAN ELIGIBILITY

Eligibility

Retirees who elect health care coverage for themselves may also enroll their spouses and/or dependent children if the children meet the eligibility requirements.

Surviving spouses who elect health care coverage for themselves may also enroll their dependent children who meet the eligibility requirements.

Eligible Spouse

An eligible "spouse" includes your legally married spouse, same-sex domestic partner, or civil union partner, if he or she meets the eligibility requirements. If your spouse is enrolling in the Plan **after** July 1, 2009, your spouse is eligible if he or she was your spouse for at least one year prior to the date of your separation from employment with the CTA.

Eligible Dependent Children

Only eligible disabled children who are covered under Medicare are eligible for the Medicare Advantage options described in this guide. If you have a child that you would like to cover who is not eligible for Medicare, please call Group Administrators at 1-866-997-3821 to request the appropriate enrollment packet.

Changing Your Health Benefit

Open Enrollment

You **must** make changes to your benefit elections during the open enrollment period - November 1, 2011 through November 15, 2011. After November 15, the coverage you choose will be effective for the calendar year January 1, 2012 through December 31, 2012.

Qualifying Event

Once you enroll, your coverage will be effective for the calendar year January 1, 2012 through December 31, 2012. During this time, you or your dependents will be allowed to change your medical elections only if you have a qualifying event. Examples of qualifying events include, but are not limited to, the following:

- You lose coverage under another plan. You will be allowed to enroll yourself and any eligible dependents that were covered under the other plan, as applicable.
- Your eligible spouse and/or dependent child(ren) lose coverage under another plan. You will be allowed to add the dependent(s) and change to family coverage if necessary.

- Your eligible spouse (if you are a retiree) or dependent child(ren) becomes eligible for Medicare.
- You die. Your spouse will be able to convert to surviving spouse coverage, either with or without eligible dependents.
- Your dependent(s) are no longer eligible for coverage, or one of your dependent(s) dies.
- You or your spouse gives birth or adopts a child.

Voluntarily opting out of coverage under another medical plan, if you are still eligible for coverage under that plan, is not considered a qualifying event for enrolling in this Plan.

You or your dependent(s) must notify Group Administrators within 30 days of the qualifying event to be able to change your enrollment in the Plan. Anyone wishing to enroll in the medical plan must also provide documentation indicating he or she was covered under another medical plan immediately prior to the date he or she enrolls for coverage under this Plan.

If you or your dependent(s) do not have a qualifying event, you will only be allowed to change your health care elections during the next open enrollment period, for coverage effective January 1, 2013.

Opting Out of Coverage

Each eligible person (retiree, spouse, or dependent child) may opt out of coverage or drop coverage and return to the Plan ***once*** after January 1, 2010. In addition to open enrollment, the circumstances under which an eligible person can return to the Plan are described in the next section.

If a retiree or surviving spouse opts out of medical coverage, that person's dependents are not eligible for coverage under the medical plan.

After January 1, 2010, retirees and their dependents have only one opportunity to join or rejoin the health care plan.

Anyone who opts out of medical and then joins or returns to the Plan after January 1, 2010 must provide a certificate of Creditable Coverage indicating they were covered under another medical plan immediately prior (within 63 days) to having coverage under this Plan. Coverage will be effective on the first of the month following notification of the loss of coverage.

YOUR 2012 MEDICAL BENEFIT OPTIONS

The Medical Plan

The CTA RHCT offers two Medicare Advantage options through Aetna: the Aetna Medicare Advantage Plus Option (Aetna Plus Option) and the Aetna Medicare Advantage Basic Option (Aetna Basic Option). All Medicare eligible family members that you are enrolling must be enrolled in the same medical plan option. Each plan covers similar services, but they have different deductibles, copayments, and monthly premiums. In addition, a Prescription Drug Plan (PDP) is included with each Aetna Advantage option. Prescription drug coverage will be provided through the SilverScript® (Employer PDP), sponsored by CTA RHCT.

You must be enrolled in Medicare Parts A and B to enroll for either of the Aetna Medicare Advantage options. Both Medicare Advantage options are Medicare offerings and include coverage through Medicare Parts A and B, and additional benefits not covered by traditional Medicare. Therefore, instead of the Medicare Parts A and B plan you currently have, you can enroll for one of the Medicare Advantage options offered. These options are **NOT** Medicare supplement plans.

You can only be enrolled in **ONE Medicare plan at a time. If you enroll for one of the Aetna options, you should not enroll for any other Medicare coverage, including prescription drug (Part D) coverage.** If you elect one of the Aetna options, it will replace the Medicare Part A & B plan you currently have.

Aetna Medicare Advantage Preferred Provider Network

Both options use Aetna's Medicare Advantage Preferred Provider Network (PPN). While the vast majority of our retirees have access to these network providers there are some areas that do not. If you live in an area that does not have providers in the PPN, your enclosed 2011 Statement of Benefits will have the message "You live outside the Aetna Medicare Advantage Preferred Provider Network; you can only enroll in the Aetna Plus Option." If you live at a different address for a portion of the year, please call Aetna at 1-888-267-2637 to ensure that you have access to Preferred Provider Network physicians and facilities throughout the year.

With either option, you are not limited to receiving your care from a provider that participates in the PPN network. You can seek care from any doctor and/or hospital that accepts Medicare. Services from providers that do not accept Medicare are outside of any network and are not covered by either option.

The two options treat non-PPN provider services differently. The next section highlights the differences between the Aetna Plus and Basic options.

Aetna Plus or Basic: Determining Which is Right for You

Here are some things to consider when deciding whether to enroll in the Aetna Plus Option or the Aetna Basic Option.

OPTION	YOU MAY WISH TO CONSIDER IF...
AETNA PLUS	▪ You and/or your dependents need to be able to receive medical services in areas that do not have PPN providers. ▪ Being able to choose any provider is important to you. ▪ You would rather pay a higher monthly premium for better coverage. ▪ You want to limit the amount you would have to pay out-of-pocket annually for medical services. ▪ You need to see providers regularly and want to minimize your cost for office visits.
AETNA BASIC	▪ Your doctors and other providers are in the PPN network. ▪ You are willing to pay higher out-of-pocket costs when you seek medical care, but want first dollar coverage (no deductible for PPN providers). ▪ You are aware of the different deductible and coinsurance levels for PPN and non-PPN care, but feel these can work to your advantage because you intend to use mainly PPN providers. ▪ You do not want to have to pay deductibles or coinsurance; you would rather have to pay a copayment of a pre-determined amount at the time of service. ▪ You would rather pay a lower premium, even if you have to pay more when you use services.

Please see the Comparison Chart on pages 8 and 9 and the examples on pages 10 and 11 that illustrate how the options pay for common types of services to gain a better understanding of the differences between the two options.

Comparison Chart

	AETNA MEDICARE ADVANTAGE OPTIONS		
	Aetna Plus	Aetna Basic	
		PPN Provider	Non-PPN Provider
Individual Annual Deductible	$322	$0	$500
Individual Annual Out-of-Pocket Maximum	$3,217	$6,700	$10,000 (Combined PPN and Non-PPN)
Out-of-pocket limit does not apply to Hearing Aid Reimbursement, Vision Reimbursement, and prescription drugs.			
OUTPATIENT SERVICES			
Physician Office Visits Primary Care Physician Specialist Surgery, Allergy	90%	100%, after $20 copay 100%, after $40 copay 100%, after $40 copay	60%, after deductible
Diagnostic Services (lab tests and x-rays)	90%	100%, after $40 copay	60%, after deductible
Outpatient Surgery	90%	100%, after $200 copay	60%, after deductible
Routine Physical Examinations	100%	100%	60%, after deductible
Injections and Immunizations	100%	100%	60%, after deductible
Routine Eye Exam - annually	100%	100%	60%, after deductible
Routine Hearing Exam - annually	100%	100%	60%, after deductible
HOSPITAL INPATIENT SERVICES			
Limit on Days	Unlimited	Unlimited	
Hospital Expenses	$200 per day copay for days 1-7	$265 per day copay for days 1-5	60%, after deductible
Surgery and Anesthesia	100%	100%	60%, after deductible
Doctor and Specialist Services	100%	100%	60%, after deductible
EMERGENCY SERVICES			
Urgently Needed Care	100% after $50 copay	100%, after $50 copay	100%, after $50 copay
Emergency Room (worldwide; waived if admitted)	100% after $65 copay	100%, after $65 copay	100%, after $65 copay
Ambulance	90%	100%, after $150 copay per trip	100%, after $150 copay per trip

Comparison Chart (Con't)

	AETNA MEDICARE ADVANTAGE OPTIONS		
	Aetna Plus	Aetna Basic	
		PPN Provider	Non-PPN Provider
BEHAVIORAL HEALTH SERVICES			
Mental Health or Chemical Dependency—Inpatient	100%	100%, after $265 per day copay for days 1-5	60%, after deductible
Mental Health or Chemical Dependency—Outpatient	90%	100%, after $40 copay	60%, after deductible
OTHER SERVICES			
Skilled Nursing Facility	90% for days 1-100 (maximum period)	100% for days 1-10;100%, after $100 copay per day, days 11-100 (maximum period)	60%, after deductible
Home Healthcare	100%	100%	60%, after deductible
Physical Therapy	90%	100%, after $40 copay per visit	60%, after deductible
Podiatry Services	90%	100%, after $40 copay per visit	60%, after deductible
Diabetic Supplies	100% for strips, lancets and glucometer	100% for strips, lancets, and glucometer	80%, after deductible for strips, lancets, and glucometer
Vision Eyewear Allowance	Lens discount available; call Aetna at 1-888-267-2637	$100 reimbursement every 24 months	
Hearing Aid Reimbursement	Not Available	$800 reimbursement every 36 months	
PRESCRIPTION BENEFIT			
Generic			
Retail (each 30 day supply, up to 90 days)	$5 copayment	$5 copayment	
Mail Order (1-90 day supply)	$11 copayment	$11 copayment	
Brand Name Drugs on the Formulary List (if no generic)			
Retail (each 30 day supply, up to 90 days)	$11 copayment	$11 copayment	
Mail Order (1-90 day supply)	$21 copayment	$21 copayment	
Brand Name Drugs Not on the Formulary (if no generic)			
Retail (each 30 day supply, up to 90 days)	$27 copayment	$27 copayment	
Mail Order (1-90 day supply)	$54 copayment	$54 copayment	

Payment Examples

AETNA PLUS EXAMPLE 1: OUTPATIENT SERVICES

Sam needed an outpatient hospital procedure in January and the procedure cost $1,800. This was Sam's first medical expense during the year. Here is how the Aetna Plus Option paid:

Any Provider Who Accepts Medicare	
Covered Expense	$1,800.00
Sam's Deductible	- $322.00
Sam's Copay	-$0.00
Remaining Expense	$1,478.00
Plan Pays 90%	-$1,330.20
Sam Pays 10%	$147.80
Sam's total cost ($322.00+147.80)	**$469.80**

AETNA PLUS EXAMPLE 2: INPATIENT SERVICES

Jane had a hospital bill as the first expense of the year. The hospital bill is for $10,000 for the three-day stay. Here is how the Plan paid.

Any Provider Who Accepts Medicare	
Covered Expense	$10,000
Jane's Deductible	- $322
Jane's Copay ($200 per day for 3 days)	-$600
Remaining Expense	$9,078
Plan Pays 100%	-$9,078
Jane Pays 0%	$0
Jane's total cost ($322.00+600.00)	**$922**

AETNA PLUS EXAMPLE 3: OFFICE VISIT

Henry met his deductible for the year. Here is how the Aetna Plus Option would pay for an office visit if Henry used a PPN provider and if he used a non-PPN provider.

PPN Provider	
Covered Expense (negotiated rate)	$85.00
Henry's Deductible (previously met)	- $0.00
Henry's Copay	-$0.00
Remaining Expense	$85.00
Plan Pays 90%	-$76.50
Henry Pays 10%	$8.50
Henry's total cost ($0+$8.50)	**$8.50**

NON-PPN Provider	
Medicare-Allowable Amount	$90
Henry's Deductible (previously met)	- $0
Henry's Copay	-$0
Remaining Expense	$90
Plan Pays 90%	-$81
Henry Pays 10%	$9
Henry's total cost ($0+$9)	**$9**

Payment Examples

AETNA BASIC EXAMPLE 1: OUTPATIENT SERVICES

Sam needed an outpatient hospital procedure in January. The procedure cost $1,800. This was Sam's first medical expense during the year. Here is how the Plan paid:

PPN Provider	
Covered Expense (negotiated rate)	$1,800
Sam's Deductible	- $0
Sam's Copay	-$200
Remaining Expense	$1,600
Plan Pays 100%	-$1,600
Sam Pays 0%	$0
Sam's total cost ($200+0)	**$200**

Non-PPN Provider	
Medicare-Allowable Amount	$1,800
Sam's Deductible	- $500
Sam's Copay	-$0
Remaining Expense	$1,300
Plan Pays 60%	-$780
Sam Pays 40%	$520
Sam's total cost ($500+$520)	**$1,020**

AETNA BASIC EXAMPLE 2: INPATIENT SERVICES

Jane had a hospital bill as the first expense of the year. The hospital bill was $10,000 for the three-day stay. Here's how the Plan paid, if she used a in-network hospital versus a non-network hospital:

PPN Provider	
Covered Expense (negotiated rate)	$10,000
Jane's Deductible	- $0
Jane's Copay ($265 per day for 3 days)	-$795
Remaining Expense	$9,205
Plan Pays 100%	-$9,205
Jane Pays 0%	$0
Jane's total cost ($795+$0)	**$795**

Non-PPN Provider	
Medicare-Allowable Amount	$10,000
Jane's Deductible	- $500
Jane's Copay	-$0
Remaining Expense	$9,500
Plan Pays 60%	-$5,700
Jane Pays 40%	$3,800
Jane's total cost ($500+$3,800)	**$4,300**

AETNA BASIC EXAMPLE 3: OFFICE VISIT

Henry met his deductible for the year. Here is how the Aetna Basic Option would pay for an office visit if Henry used a PPN provider and if he used a non-PPN provider.

PPN Provider	
Covered Expense (negotiated rate)	$85
Primary Care Physician	
Henry's Copay	$20
Plan Pays	$65
Specialists	
Henry's Copay	$40
Plan Pays	$45

Non-PPN Provider	
Medicare-Allowable Amount	$90
Henry's pays 40%	$36
Plan Pays 60%	$54

PRESCRIPTION DRUG COVERAGE

Through your enrollment into either Aetna Plus or Aetna Basic, you will receive a prescription drug benefit through SilverScript, a CVS Caremark company.

Your enrollment into SilverScript (Employer PDP) through either Aetna Plus or Aetna Basic will cancel any other Part D prescription drug coverage you have because you can only be enrolled in one Medicare PDP at a time.

DO NOT ENROLL in another Medicare Prescription Drug benefit, doing so will cancel your eligibility for the medical and prescription benefit through this Plan.

A SilverScript 2012 Summary of Benefits brochure is enclosed for additional information.

Assistance Paying Your Premium

People with limited incomes may be able to receive assistance with their prescription drug costs through Social Security's Extra Help program.

This program could pay for 75% or more of your drug costs. Additionally, those who qualify will not have a coverage gap or a late enrollment penalty.

To receive more information and determine if you qualify for this program, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778. You can also apply for Extra Help online at **www.socialsecurity.gov/prescriptionhelp.**

Alternate Languages and/or Formats

To receive prescription drug information in an alternate language and/or format, such as Spanish, Braille, audio tape, or large print, please contact us at:

1-866-693-4623, 24 hours a day, 7 days a week

TTY: 1-866-236-1069

Esta información está disponible en un formato diferente, incluyendo en español, en letras grandes, en Braille y en cinta de audio. Llame a la oficina de Servicio al Cliente a los números indicados arriba si necesita información sobre el plan en otro formato o en otro idioma.

DETERMINING YOUR MONTHLY CONTRIBUTION FOR MEDICAL COVERAGE

In addition to your choice of medical options, there are two factors you must consider when determining the amount of your premiums:

Years of Premium service

The cost you must pay depends on how many years of premium service you, or the retiree if you are a surviving spouse, accrued with the CTA before retiring. The longer the premium service, the lower the monthly premium cost will be. The years of premium service category is shown on your enclosed 2011 Statement of Benefits.

Jot down your premium years of service here: _____

The coverage level you elect

If you are a retiree, you can elect either single coverage or family coverage. Retiree family coverage includes spouse only, dependent children only, or spouse plus dependent children. Surviving Spouse coverage includes dependent children. **You must enroll ALL Medicare eligible family members in the same Medicare medical option.**

There are three coverage levels – Retiree Only, Family, and Surviving Spouse (premium includes dependent children).

The following steps and tables will help you determine your monthly contribution for medical and prescription drug coverage.

1. Find the table that includes your coverage on pages 14 and 15:
   - » **Table I:** Medicare only – Retiree only, Family or Surviving Spouse.
   - » **Table II:** Retiree on Medicare, at least one dependent not Medicare eligible.
   - » **Table III:** At least one dependent Medicare eligible; retiree not Medicare eligible.
   - » **Table IV:** Surviving Spouse and/or dependent child not eligible for Medicare.
2. **Identify your years of premium service in the far-left column.** Your Years of Premium Service Category is shown on your enclosed 2011 Statement of Benefits.
3. **Find the column for the medical plan option in which you want to enroll.** If you want to enroll in the Aetna Plus Option, for example, your rates will be under the column labeled "Aetna Plus." If you do not know which plan you want to enroll in, you can use the table to compare the monthly premium rates if that will be a factor in your decision. If you are enrolling in Family Combined coverage because one or more of your family members are not Medicare eligible, you will also need to identify the non-Medicare option your non-Medicare eligible family members will elect (BCBS PPO or HMOI).
4. Circle the premium rate for the plan you have selected.

2012 Monthly Premiums

The following tables will help determine your monthly premium cost.

TABLE I MEDICARE ONLY	RETIREE ONLY		FAMILY		SURVIVING SPOUSE*	
Retiree's Years of Premium Service	Aetna Plus	Aetna Basic	Aetna Plus	Aetna Basic	Aetna Plus	Aetna Basic
35 or more years	$12	$8	$128	$90	$116	$82
30 to less than 35 years	$23	$16	$139	$98	$116	$82
25 to less than 30 years	$70	$49	$221	$156	$151	$107
20 to less than 25 years	$93	$66	$244	$173	$151	$107
15 to less than 20 years	$151	$107	$314	$222	$163	$115
10 to less than 15 years	$175	$123	$350	$246	$175	$123
Less than 10 years	$210	$148	$420	$296	$210	$148

*If, as a Surviving Spouse, you or any of your dependents are not eligible for Medicare, you will pay the Non-Medicare Surviving Spouse monthly premium rate in Table IV.

TABLE II	FAMILY COMBINED - MEDICARE RETIREE, PLUS SPOUSE AND/OR DEPENDENT(S) NOT ON MEDICARE			
Retiree or Surviving Spouse =	Aetna Basic		Aetna Plus	
Spouse/Dependent(s) =	HMO	PPO	HMO	PPO
Retiree's Years of Premium Service				
35 or more years	$356	$413	$360	$417
30 to less than 35 years	$364	$421	$371	$428
25 to less than 30 years	$513	$590	$534	$611
20 to less than 25 years	$569	$652	$596	$679
15 to less than 20 years	$648	$738	$692	$782
10 to less than 15 years	$703	$799	$755	$851
Less than 10 years	$844	$959	$906	$1,021

TABLE III	FAMILY COMBINED - RETIREE NOT ON MEDICARE, PLUS SPOUSE AND/OR DEPENDENT(S) ON MEDICARE			
Retiree =	HMO		PPO	
Spouse/Dependent(s) =	Aetna Plus	Aetna Basic	Aetna Plus	Aetna Basic
Retiree's Years of Premium Service				
35 or more years	$152	$118	$158	$124
30 to less than 35 years	$187	$153	$199	$165
25 to less than 30 years	$352	$308	$385	$341
20 to less than 25 years	$445	$401	$493	$449
15 to less than 20 years	$666	$618	$749	$701
10 to less than 15 years	$755	$703	$851	$799
Less than 10 years	$906	$844	$1,021	$959

TABLE IV	SURVIVING SPOUSE AND/OR ANY DEPENDENT CHILD NOT MEDICARE ELIGIBLE	
Retiree's Years of Premium Service	HMO	PPO
35 or more years	$348	$405
30 to less than 35 years	$348	$405
25 to less than 30 years	$464	$541
20 to less than 25 years	$503	$586
15 to less than 20 years	$541	$631
10 to less than 15 years	$580	$676
Less than 10 years	$696	$811

Your Medicare Part B Premiums

Both of your Aetna medical benefit options are Medicare benefits and include Medicare Part B; however, you must continue to pay your Part B premium in addition to the Plan premium shown on these two pages. The Medicare Part B premium is typically deducted from your monthly Social Security benefit check.

COMPLETING THE ENROLLMENT FORM

To have medical coverage through the Plan effective January 1, 2012, you must mail in your completed enrollment form by November 15, 2011. Please follow the enrollment form instructions carefully.

1. **Complete the *Participant Information* section completely.** Remember to include your Medicare information, if you have it. Include your telephone number(s) and/or email address so someone can contact you if there are any problems or questions.
2. **Complete the *Dependent Information* section completely.** Be sure to include each dependent's relationship to you, his or her date of birth, and his or her Social Security Number. Be sure to include all dependent Medicare information as applicable.
3. **Indicate whether you are declining or electing medical coverage.** If you are electing medical coverage, be sure to indicate the medical option you want and level of coverage.
4. **Answer the questionnaire for each person you are covering.**
5. **Review the form when you finish, to be sure it is complete and accurate.**
6. **Sign the *Authorization, Certification, Agreement* section.**

AFTER YOU ENROLL

Confirmation Statement

In December, you will receive a confirmation statement indicating your medical benefit enrollment effective January 1, 2012. The statement details will depend on whether your enrollment form was received by the November 15, 2011 deadline. Specifically:

» If your enrollment form was postmarked by the deadline, the confirmation statement will show the coverage you selected, the list of dependents you enrolled, and your monthly premium.

» If you did not return the enrollment form, or it was postmarked after the deadline, the confirmation statement will indicate that you are not covered under the medical plan as of January 1, 2012.

Paying for Coverage

Your total monthly premium will be deducted from your pension check, beginning with the January 2012 pension checks. If your pension check is not sufficient to pay the entire premium, the Trust will bill you directly for the entire amount, payable to the CTA RHCT. Your first bill for January 2012 will be sent in December 2011 with your confirmation statement. If you are not paying with your pension check, your first payment will be due by January 1, 2012. If you are paying with your pension check, your first payment will be deducted from your January 2012 pension check.

Materials to Expect from Aetna and SilverScript

Aetna

- Confirmation letter to inform approval of your enrollment with Aetna by CMS (Centers for Medicare and Medicaid Services)
- Identification Cards
- Invitation to participate in a voluntary Health Risk Survey (this will be a phone call)
- Plan Documents including your evidence of coverage, schedule of copayments and directory

You will use your Aetna and SilverScript ID cards rather than your Medicare cards when seeking care.

SilverScript

- Identification Cards
- Prescription Formulary List

NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, the Plan may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the Plan chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and the Plan chooses to use the reimbursements for this purpose. The Plan may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

Directions

International Union of Operating Engineers
Local 399
Union Hall and Training Facility
2260 South Grove Street
Chicago, IL 60616

November 8, 2011

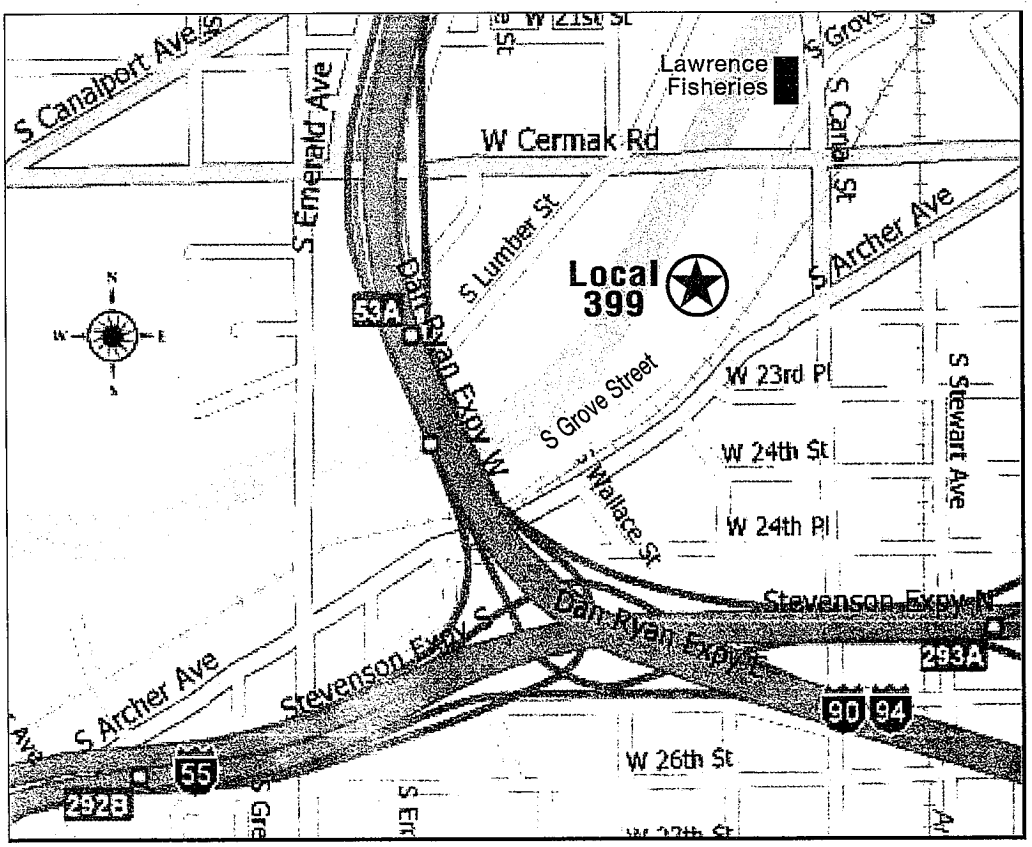
	Morning Meeting	*Afternoon Meeting*
Doors Open	8:45 a.m.	12:45 p.m.
Presentation and Questions & Answers	9:00 – 10:00 a.m.	1:00 – 2:00 p.m.
Visiting with Service Providers	10:00 – 11:30 a.m.	2:00 – 3:30 p.m.

Driving Directions

From the Northwest:
Take 90/94 East to Roosevelt Road Exit. Turn left on East Roosevelt Road. Turn right on South Canal Street. At Lawrence Fisheries Restaurant, merge right onto South Grove Street and follow to Union Hall.

From the South:
Take 1-57 to 1-94 West. Exit 22nd/Cermak Street (Chinatown) exit. Take Cermak Road West. Turn left on South Grove Street (just past Canal Street) and follow to Union Hall.

From the Far West:
Take 1-88 East (toll) and merge onto 1-290 East. Exit 90/94 East to Roosevelt Road Exit. Turn left on East Roosevelt Road. Turn right on South Canal Street. At Lawrence Fisheries Restaurant, merge right onto South Grove Street and follow to Union Hall



c/o Group Administrators, Ltd.
915 National Parkway, Suite F
Schaumburg, Illinois 60173
1-866-997-3821
www.ctaretirement.org

October 2011

Dear Medicare Eligible CTA Retiree or Surviving Spouse:

Enclosed is your open enrollment packet for your CTA RHCT coverage for the calendar year January 1, 2012 through December 31, 2012. The packet contains:

- Your Personalized 2011 Statement of Benefits;
- A SilverScript® Employer PDP 2012 Summary of Benefits booklet; and
- The open enrollment guide for Medicare Eligible participants, which contains the directions to the **meetings on November 8** (cream sheet) and your enrollment form and return envelope.

Please read the information in the packet carefully as there have been changes to the options and to the premiums. The **open enrollment period will be November 1 through November 15**.

Changes for 2012

The program for Medicare-eligible participants has been totally restructured so that Aetna will coordinate benefit payments between the provider and Medicare. You won't need to deal with paperwork or up-front payments associated with coordination of benefits. The new program includes a choice of two Medicare Advantage options. These options are Medicare Advantage plans through Aetna and include coverage under Medicare Parts A and B, as well as additional benefits not offered through traditional Medicare. In addition, prescription drug coverage will be through the SilverScript® Insurance Company, a CVS Caremark company.

Read the enclosed enrollment guide carefully so that you understand the differences between the options before you select one. You may also decline CTA RHCT medical coverage; however, if you have coverage for 2011, this will count as an opt out of coverage. See page 5 of the enrollment guide for rules on opt outs.

IMPORTANT!
If you plan to enroll in one of the CTA RHCT Medicare options, do not enroll for any other Medicare Parts A, B or D plans. We know you are receiving many advertisements to enroll in other plans, but you can only be in one Medicare plan at a time. If you want CTA RHCT coverage, **DO NOT ENROLL IN ANY OTHER MEDICARE, MEDICARE SUPPLEMENT, MEDIGAP, OR MEDICARE PRESCRIPTION DRUG PLANS.**

Missing the November 15 Deadline or Declining Coverage

If you miss the November 15 mailing deadline or you decline coverage, you and your dependents will not have coverage through the CTA RHCT at 12:01 am Central Time on January 1, 2012. If you had coverage for 2011, this will count as an opt out under the Plan. Please see page 5 of the enrollment guide for information about opt outs.

NEW: Dental Over Age 65

As we mentioned in our previous letter, we have arranged for MetLife to offer dental coverage for participants over age 65; however, surviving spouses who are already over age 65 are not eligible. This is a voluntary benefit, independent of CTA RHCT. To participate in the program, you must enroll with MetLife directly and pay premiums directly to MetLife. CTA RHCT will not subsidize or administer this program in any way.

You should have received a separate enrollment packet from MetLife for the Voluntary Dental Plan for participants age 65 and older. If you did not receive this packet, call MetLife **immediately** at 1-800-GET-MET8 (1-800-438-6388).

If You Need to Enroll Non-Medicare Participants

This packet is for Medicare eligible retirees, surviving spouses, and dependents only. If you or any of your dependents will not be eligible for Medicare on January 1, 2012, please call Group Administrators at 1-866-997-3821 **immediately** to request the appropriate enrollment packet.

Sincerely,

Board of Trustees –
CTA Retiree Healthcare Trust

CHICAGO TRANSIT AUTHORITY—RETIREE HEALTH CARE TRUST
c/o Group Administrators, Ltd. • 915 National Parkway, Suite F, Schaumburg, IL 60173

HEALTH CARE ENROLLMENT FORM - MEDICARE ELIGIBLE
FOR RETIREES, DISABLED PENSIONERS, SURVIVING SPOUSES AND DEPENDENTS

2012 OPEN ENROLLMENT
for coverage from January 1, 2012 through December 31, 2012

INSTRUCTIONS

- Please complete all sections of this form. You must type or print all information.
- Sign the form and return it with all required documentation to Group Administrators using the envelope provided.
- **Do not send any money with this form.** If your monthly pension is not sufficient to cover your premium cost, you will receive a bill for the first month's premium along with your enrollment confirmation in December.
- If you need assistance, contact Group Administrators at 866.997.3821 or help@ctaretirement.org.
- **Enrollment forms must be mailed no later than November 15, 2011.**
- After your enrollment form is received, you will be notified if further information is required.

RETIREE OR SURVIVING SPOUSE INFORMATION

Name: _____ _____ _____
First Middle Last

Home Address: _____ _____
Street/Unit Number **(NOT P.O. Box)** City/State/Zip Code

Home Phone: _____ Cell phone: *(optional)* _____ Email: *(optional)* _____

Status: ☐ Retiree ☐ Surviving Spouse Social Security #: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ Date of Retirement: ____ ____ ____
Month Day Year Month Day Year

MEDICARE HEALTH INSURANCE

Use your Medicare card to complete this section.

- Fill in these blanks so they match your red, white and blue Medicare card;

OR

- Attach a copy of your Medicare card or your letter from Social Security.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Claim Number _____

Is Entitled to: Effective Date (mm/yy)

Hospital (Part A) _____ Medical (Part B) _____

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DEPENDENT INFORMATION

Please list only those dependents who are eligible for Medicare and that you are currently enrolling. If you have more than two dependents, please list the additional dependents on a separate sheet of paper. If you are adding your eligible spouse or dependent for the first time, you must provide the necessary documentation. **Please note that the term "spouse" includes legally married spouse, same-sex domestic partner, or civil union partner.** You must provide Medicare Part A and Part B information for each person.

ELIGIBLE SPOUSE OF CTA RETIREE

Name: _____ _____ _____
First Middle Last

Relationship to Retiree: _____ Gender: ☐ Male ☐ Female

Date of Birth: ____ ____ ____ Social Security #: _____
Month Day Year

SPOUSE MEDICARE HEALTH INSURANCE

Use your Medicare card to complete this section.

- Fill in these blanks so they match your red, white and blue Medicare card;

OR

- Attach a copy of your Medicare card or your letter from Social Security.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Claim Number _____

Is Entitled to: Effective Date (mm/yy)

Hospital (Part A) _____ Medical (Part B) _____

MEDICARE ELIGIBLE DISABLED CHILD

Name: _____ _____ _____
First Middle Last

Relationship to Retiree: _____ Gender: ☐ Male ☐ Female

Date of Birth: ____ ____ ____ Social Security #: _____
Month Day Year

DISABLED CHILD MEDICARE HEALTH INSURANCE

Use your Medicare card to complete this section.

- Fill in these blanks so they match your red, white and blue Medicare card;

OR

- Attach a copy of your Medicare card or your letter from Social Security.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Claim Number _____

Is Entitled to: Effective Date (mm/yy)

Hospital (Part A) _____ Medical (Part B) _____

AUTHORIZATION, CERTIFICATION, AGREEMENT– Read this section carefully

- I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using preferred providers can cost less than using non-preferred providers, except for emergency or urgently needed services or out-of-area dialysis services. I understand that I can go to doctors, specialists, or hospitals who are preferred or non-preferred providers. I understand that providers must be licensed and eligible to receive payment under the Federal Medicare program and agree to accept the Aetna plans. I also understand that I may have to pay more for services that I receive from non-preferred providers. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLANS WILL PAY FOR THESE SERVICES.**
- I understand that the providers in the Aetna networks are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates.

Release of Information: By joining this Medicare health plan, I acknowledge that Aetna or its affiliates will release my information to Medicare and other plans as is necessary for treatment, payment of claims and health care operations. I also acknowledge that Aetna Medicare and SilverScript Insurance Company will release my information to Medicare, who may release it for research and other purposes, which follow all applicable Federal statutes and regulations.

SIGNATURES – ALL ENROLLEES MUST SIGN

Retiree or Surviving Spouse

Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information

Representative's Name	Address
Phone Number	Relationship to Enrollee

Spouse of CTA Retiree

Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information

Representative's Name	Address
Phone Number	Relationship to Enrollee

Medicare Eligible Dependent Child

Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information

Representative's Name	Address
Phone Number	Relationship to Enrollee

Make A Copy For Your Records and Return As Per Instructions

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MEDICARE ELIGIBLE RETIREE OR SURVIVING SPOUSE

❑ Yes ❑ No **Do you work?**

❑ Yes ❑ No **Do you have End-Stage Renal Disease (ESRD)?** If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor indicating such, otherwise we may need to contact you to obtain additional information If yes, what is the date of your first dialysis treatment: Date (Month)_____ (Year)_____

❑ Yes ❑ No **Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible?**

❑ Yes ❑ No **Are you a resident in a long-term care facility, such as a nursing home?**
If yes, provide the following information:
Name of Institution: _____ Phone number: (__) _____
Address: _____ State: _____ Zip: _____

❑ Yes ❑ No **Are you enrolled in your state Medicaid program?**
If yes, provide your Medicaid number: _____

Please check the box if you would prefer Aetna to send you information in Spanish. ❑ Spanish

MEDICARE ELIGIBLE SPOUSE OF CTA RETIREE

❑ Yes ❑ No **Do you work?**

❑ Yes ❑ No **Do you have End-Stage Renal Disease (ESRD)?** If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor indicating such, otherwise we may need to contact you to obtain additional information If yes, what is the date of your first dialysis treatment: Date (Month)_____ (Year)_____

❑ Yes ❑ No **Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible?**

❑ Yes ❑ No **Are you a resident in a long-term care facility, such as a nursing home?**
If yes, provide the following information:
Name of Institution: _____ Phone number: (__) _____
Address: _____ State: _____ Zip: _____

❑ Yes ❑ No **Are you enrolled in your state Medicaid program?**
If yes, provide your Medicaid number: _____

Please check the box if you would prefer Aetna to send you information in Spanish. ❑ Spanish

MEDICARE ELIGIBLE DISABLED CHILD

❑ Yes ❑ No **Do you work?**

❑ Yes ❑ No **Do you have End-Stage Renal Disease (ESRD)?** If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor indicating such, otherwise we may need to contact you to obtain additional information If yes, what is the date of your first dialysis treatment: Date (Month)_____ (Year)_____

❑ Yes ❑ No **Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible?**

❑ Yes ❑ No **Are you a resident in a long-term care facility, such as a nursing home?**
If yes, provide the following information:
Name of Institution: _____ Phone number: (__) _____
Address: _____ State: _____ Zip: _____

❑ Yes ❑ No **Are you enrolled in your state Medicaid program?**
If yes, provide your Medicaid number: _____

Please check the box if you would prefer Aetna to send you information in Spanish. ❑ Spanish

IF YOU NEED ANOTHER FORMAT OR LANGUAGE

Please contact Aetna Medicare at 1-888-267-2637 if you need information in another format or language than what is listed above (audio tape, Braille, or large print). TTY users should call 1-888-760-4748 OR 711. Our office hours are 7 days a week — 8:00 a.m. to 8:00 p.m.

ELECTING MEDICARE MEDICAL COVERAGE

I am electing coverage under the following plan for myself or my dependents who are eligible for Medicare:

☐ Aetna Plus ☐ Aetna Basic

I am electing the following coverage for myself and my dependent(s) who are eligible for Medicare:

☐ Retiree Only
(includes disabled pensioners)

☐ Surviving Spouse
(includes surviving spouse and/or dependent children)

☐ Family
(includes retiree, spouse, and/or dependent children)

DECLINING MEDICAL COVERAGE

If you are declining medical coverage for yourself, your spouse, and/or your dependent children, please indicate which coverage you are declining. ***Check all that apply.***

☐ **I am declining medical coverage for MYSELF at this time.** I understand that if I do this, I only have ***one*** opportunity to enroll – *either* when I lose coverage under another plan or during an annual open enrollment period. I also understand that I must provide documentation indicating that I was covered under another plan immediately prior to the date I want to join this plan. Finally, I understand that if I am a retiree/surviving spouse and I opt out of coverage at any time, I cannot elect coverage for my dependents.

☐ **I am declining medical coverage for MY SPOUSE at this time (retirees only).** I understand that if I do this, my spouse only has ***one*** opportunity to enroll – *either* when he/she loses coverage under another plan, during an annual enrollment period or in the event of my death. I also understand that I must provide documentation indicating that he/she was covered under another plan immediately prior to the date he/she wants to join this plan.

☐ **I am declining medical coverage for MY ELIGIBLE DEPENDENT CHILDREN at this time.** I understand that if I do this, they only have ***one*** opportunity to enroll – *either* when they lose coverage under another plan, during an annual open enrollment period or in the event of my death if my eligible spouse converts to surviving spouse coverage (retirees only). I also understand that I must provide documentation indicating that they were covered under another plan immediately prior to the date they want to join this plan.

AUTHORIZATION, CERTIFICATION, AGREEMENT– Read this section carefully

I authorize Group Administrators to enroll me in the medical plans I have indicated above. I understand that I am responsible for paying the total premium each month and I authorize the CTA Retirement Plan to deduct the premiums from my monthly pension check if it is sufficient to cover the premium. If my monthly pension check is less than the total monthly premium, I understand I will receive a bill and I agree to pay the full premium directly to the CTA Retiree Health Care Trust.

I certify that, to the best of my knowledge, the information provided on this form is true and accurate and that any dependents listed are eligible for coverage under the criteria described in the Enrollment Guide. I understand that I must notify Group Administrators within 30 days of the date any dependent ceases to be eligible for coverage.

By completing this enrollment application, I agree to the following:

- The Aetna Medicare™ Plus and the Aetna Medicare™ Basic options are Medicare Advantage plans and have contracts with the Federal government. SilverScript Insurance Company offers Medicare drug plans and has a contract with the Federal government. I can only be in one Medicare Advantage plan at a time and only one Medicare prescription drug plan (PDP) at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health and PDP plan. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or under certain special circumstances.
- The Aetna Medicare Advantage Preferred Provider Network serves a specific service area. If I move out of that service area, I need to notify the plan and CTA Retiree Health Care Trust so I can disenroll and find a new plan in my new area.
- Once I am a member of the Aetna Medicare Advantage plans, I have the right to appeal plan decisions about payment or service if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Original Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I may also be disenrolled if I do not pay any applicable plan premiums within the grace period. The effective date of disenrollment is in accordance with Federal requirements.