



*Laborers' and Retirement Board Employees'  
Annuity and Benefit Fund of Chicago*

November 14, 2016

Dear Annuitant:

As you know, December 31, 2016 marks the end of the three-year phase out of City of Chicago ("City") retiree healthcare plan coverage. With the exception of those who retired prior to August 23, 1989, retirees will no longer be covered by a City-provided health plan and retirees must enroll in other insurance for 2017 to avoid a gap in coverage. As a convenience to its annuitants, the Laborers' Annuity and Benefit Fund of Chicago ("LABF") is providing the information contained in this letter regarding possible alternative healthcare options. **Please be advised that the LABF, as a matter of law, cannot and does not endorse any healthcare options.**

**A MESSAGE FROM LABORERS' LOCALS 1001, 1092 AND 76:**

LABF has been asked to inform you that Laborers' Locals 1001, 1092 and 76 have engaged the company Doyle Rowe LTD to assist annuitants with reviewing their health plan options this year. Doyle Rowe LTD has over twenty years of experience helping public sector retirees choose and understand their health plan options. The services of Doyle Rowe LTD are available at no cost to all annuitants of the LABF. Customer service experts at Doyle Rowe LTD can be reached by calling (866) 201-2524, by sending an email to [info@doyle Rowe.com](mailto:info@doyle Rowe.com), or by visiting their website at [www.doyle Rowe.com](http://www.doyle Rowe.com). Doyle Rowe is located at 1301 22nd St., Suite 101; Oak Brook, IL 60523. Doyle Rowe will hold the following informational meetings for all retirees:

Date: November 22, 2016

Times: 5:00 p.m. to 6:30 p.m. (non-Medicare meeting)  
6:30 p.m. to 8:00 p.m. (Medicare meeting)

Location: Plumbers Hall, 1340 W. Washington Blvd.

**INFORMATION PROVIDED BY THE CITY OF CHICAGO:**

You should have received mailings from the City of Chicago and Blue Cross Blue Shield of Illinois ("BCBSIL") regarding alternative healthcare options. The City would like to make you aware of the following:

*(Continued on back side)*

**Medicare Eligible City Retirees** who have Medicare Parts A and B will need to sign up for other supplemental insurance such as a Medicare Supplement, Part D Prescription Drug plan, or a Medicare Advantage Plan. The City made arrangements to help Medicare retirees find supplemental insurance and notified retirees of the following:

- BCBSIL is offering a Medicare Advantage Plan for Medicare eligible City retirees. Enrollment packets have been mailed to retirees. Call (877) 566-8520 to speak with a BCBSIL representative. **\*\*If you select this City option, you must have your monthly insurance premium deducted from your LABF monthly annuity payment. Therefore, you must sign and submit the enclosed Notification of Assignment form to LABF by Wednesday, December 14, 2016.**
- A Chicago-based company called GoHealth is available to help retirees explore and compare other options to supplement Medicare. Call (855) 785-7841 to speak with a GoHealth representative.
- For general Medicare information, retirees are directed to call 1-800-MEDICARE/(800) 633-4227 or visit [www.medicare.gov](http://www.medicare.gov).

For information regarding your eligibility for Medicare or to enroll, visit [www.ssa.gov/medicare](http://www.ssa.gov/medicare), call Social Security's national toll-free service at (800) 772-1213 or visit your local Social Security office. Failure to enroll in a timely manner may result in penalties.

**Non-Medicare Eligible Retirees** can enroll in plans available on the health insurance Marketplace (also known as the Exchange) at [www.healthcare.gov](http://www.healthcare.gov) or through private insurance companies.

The City made arrangements to help non-Medicare retirees find other insurance and notified retirees of the following:

- BCBSIL is offering City retirees two PPO plans that include a network of doctors and hospitals not available in the Marketplace. BCBSIL has mailed enrollment packets to retirees. For more information, call (800) 292-6398. **\*\*If you select this City option, you must sign and submit the enclosed Notification of Assignment form to LABF by Wednesday, December 14, 2016. You must have your monthly insurance premium deducted from your LABF monthly annuity payment provided that your annuity is sufficient to cover the entire premium amount. BCBSIL will only consider alternative payment options if your monthly annuity is not sufficient to cover your healthcare premium.**
- GoHealth is available to help non-Medicare retirees shop and compare benefits and costs of insurance plans on the Marketplace, and determine if they qualify for subsidies. GoHealth also helps explore non-Medicare coverage options with private insurance companies. To speak with a GoHealth representative, call (855) 785-7842.

We hope that you find this information helpful.

Sincerely,



Michael Walsh  
Executive Director & CIO

**\*\*COMPLETED FORM MUST BE RETURNED TO LABF BY WEDNESDAY, DECEMBER 14, 2016\*\***

Please return completed form by mail, fax or email to:

Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago  
Attention: Benefits Department  
321 North Clark Street, Suite 1300  
Chicago, IL 60654  
Fax: (312) 236-0574  
Email: insurance@labfchicago.org

## NOTIFICATION OF ASSIGNMENT

In compliance with Section 11-223.2 of the Illinois Pension Code (40 ILCS 5/11-223.2) which states:

***Sec. 11-223.2. Notification of assignment.***

*The annuitant or pensioner shall notify the board in writing of the assignment of his annuity or disability benefit for payment of health, hospital or medical insurance premiums. Such notification of assignment is authorization for the board to make insurance premium payments for the benefit of the annuitant or pensioner out of his annuity or disability benefit;*

I, \_\_\_\_\_, hereby authorize the board of the Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago to make medical insurance premium payments on my behalf through a deduction from my annuity benefit.

\_\_\_\_\_  
(Signature of Annuitant or Agent)

\_\_\_\_\_  
(Date)