

# THE UNIVERSITY OF CHICAGO **2017 RETIREE MEDICAL PLAN INFORMATION**

Effective January 1, 2017



THE UNIVERSITY OF  
**CHICAGO**

Human  
Resources

## RETIREE MEDICAL PLAN

The Retiree Medical Plan is available to employees who retire from the University, who were either:

- Employed prior to January 1, 2005, in a continuous benefits-eligible position and are at least age 55 when employment terminates, or
- Employed on or after January 1, 2005, are at least age 55, and have completed at least 10 years of continuous benefits-eligible service when employment terminates.

## RETIREE MEDICAL PLAN COVERAGE

The Retiree Medical Plan is available to retired employees (who meet eligibility) and their eligible dependents. Medicare-eligible individuals must be enrolled in both Medicare Part A and Medicare Part B and not enrolled in Medicare Part D to be enrolled in the Retiree Medical Plan. Medical coverage is administered by BlueCross BlueShield of Illinois (BCBSIL), and prescription drug coverage is administered by Express Scripts.

The Retiree Medical Plan is primary for retirees and eligible dependents under age 65 who are not enrolled in Medicare. For retirees and dependents age 65 and older, Medicare is the primary hospital and medical coverage and the Retiree Medical Plan is secondary. Medicare is also primary for retirees and dependents under age 65 who are enrolled in Medicare.

### COVERAGE FOR MEDICAL AND HOSPITAL SERVICES

The BCBSIL Preferred Provider Option (PPO) plan offers a large network of contracting doctors and hospitals to choose from when care is needed. When a contracting network provider is used, the care is considered “in-network,” out-of-pocket costs will be less, and the highest level of benefits is received. If a doctor outside the network is used, the care is considered “out-of-network” and coverage is still provided, but the out-of-pocket costs will be significantly higher. To find a network provider, you may contact BCBSIL at **866.390.7772** or visit their website at **bcbsil.com/providers**. PPO members have access to care anywhere they live or travel, across the country and around the world.

Remember to call BCBSIL, if your doctor recommends overnight hospitalization, at **800.635.1928**, in advance for approval. **If you do not call and receive approval, you will pay an additional \$200 for that admission.** In case of an emergency, you or a family member must make the call within two days.

### Without Medicare

The Retiree Medical Plan will provide **primary** medical coverage for retirees and eligible dependents under age 65 who are not enrolled in Medicare. Your in-network physician will file your claims with BCBSIL. BCBSIL will process your medical claims and then send you an Explanation of Benefits, explaining the total amount billed by the provider for services, the benefits approved and paid by BCBSIL, and the remainder you may owe. This coverage may continue until you become eligible for Medicare, at which time your coverage under the Retiree Medical Plan becomes a supplement to your Medicare coverage.

### With Medicare

The Retiree Medical Plan is **secondary** and Medicare is the primary medical coverage for retirees and dependents age 65 and older. Medicare is also primary for retirees and dependents under age 65 who are enrolled in Medicare. **The Retiree Medical Plan is a supplement to Medicare.** All Medicare primary services are covered at 50% of the eligible amount. Medicare has two parts: Part A and Part B. Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Medicare Part B covers certain doctors' services, outpatient care, medical supplies, and some preventive services.

The Retiree Medical Plan will pay for non-covered Medicare expenses, such as outpatient prescription drugs, routine physical exams, and health care services provided outside the United States.

Although Medicare will provide your primary medical coverage, it does not pay your claims in full. Your care is coordinated, which means that Medicare determines what it will pay before the Retiree Medical Plan does. Your in-network physician will file your claims with Medicare. BCBSIL cannot process your claim until it knows the amount that Medicare has covered and paid. Medicare will send Medicare Summary Notices, explaining what Medicare has or has not covered. In addition, Medicare may simultaneously send the Medicare Summary Notices to BCBSIL for secondary claims processing. Or, your doctor or hospital may send BCBSIL the Medicare information. If you are concerned whether BCBSIL is receiving your Medicare information, you should send a copy of your Medicare Summary Notices to BCBSIL along with a claim form to ensure that BCBSIL will process your claim.

Always ask your doctors if they accept Medicare assignment to help keep your out-of-pocket costs down.

If your physician does not accept Medicare assignments as payment in full, you will pay more out of pocket. You will pay 50% of the balance due after Medicare's payment, plus 50% of “excess charges,” up to the annual out-of-pocket maximum.

## Outside the United States

The Retiree Medical Plan provides medical assistance services, doctors, and hospitals when traveling outside the United States. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at **800.810.2583** or call collect at **804.673.1177**, 24 hours a day, 7 days a week.

In an emergency, go directly to the nearest hospital. If hospitalized (admitted), call the BlueCard Worldwide Service Center. For non-emergency inpatient medical care, you must contact the BlueCard Worldwide Service Center to arrange for care from a BlueCard Worldwide hospital.

You pay 100% of the charges at the time services are received directly to the physician or hospital, and the Plan will reimburse you 80% for covered expenses up to the out-of-pocket annual limit. You are responsible for 100% of all non-covered services. You pay up front and then complete a BlueCard Worldwide International claim form and send it with the itemized bill(s) for all services to the BlueCard Worldwide Service Center. BlueCard Worldwide claim forms are available at [bcbs.com/bluecardworldwide](http://bcbs.com/bluecardworldwide).

## COVERAGE FOR PRESCRIPTION DRUGS

Prescription drug coverage is administered by Express Scripts. All retirees, spouses, and dependents under age 65 will be enrolled into an under-65 prescription drug program with Express Scripts. All Medicare-eligible retirees, spouses, and dependents will be enrolled into a Medicare Part D program administered by Express Scripts. The University does not require a separate prescription drug premium. However, the Social Security Administration may require an Income Related Monthly Adjustment Amount, as required under the Affordable Care Act, for some retirees based on their income from two years ago. If you have to pay an extra amount, Social Security will send a letter telling you what the extra amount will be and how to pay it.

A separate ID card for prescription drugs will be issued by Express Scripts. Retirees, spouses, and dependents enrolled in the Medicare Part D program will each have a unique member ID number and card. Spouses and dependents who are under age 65 will receive a separate ID card addressed to the retiree with the retiree's name on the ID card.

The Express Scripts Prescription Drug Plan will provide prescription benefits including home delivery/mail order service. The benefits you receive and the copayment amount you pay for prescription drugs will differ depending upon:

- The type of drug—generic, preferred brand, non-preferred brand, or specialty
- Which pharmacy the drug was purchased at—in-network or out-of-network
- Where the drug was purchased—a retail pharmacy or through the home delivery/mail order service.

There are four tiers of drugs covered by this plan. Generic drugs are therapeutically equivalent to brand-name drugs, must be approved by the US Food and Drug Administration (FDA) for safety and effectiveness, and cost less. Preferred brand drugs are listed on the Express Scripts preferred list and are safe, effective alternatives to other brands that may be more expensive. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any change limits your ability to fill a prescription, you will be notified before the change is made. Non-preferred brand drugs are typically higher-cost and/or newer drugs that have recently come on the market and are more expensive. A specialty drug is used to treat a specific condition and may require member-specific dosing, medical devices to administer the medication, and/or special handling and delivery.

There are more than 68,000 participating pharmacies nationwide in the Express Scripts network to fill your prescriptions. When you choose to go to a participating pharmacy, you simply pay the applicable copay, but if you choose a non-participating pharmacy, you will pay the full prescription price. If you use a non-participating pharmacy, you will need to submit a paper claim form along with your original prescription receipt directly to Express Scripts for reimbursement of covered expenses. To locate an Express Scripts participating retail network pharmacy in your area, simply go to [express-scripts.com](http://express-scripts.com). You will need to register on the Express Scripts website. All the information you need to complete the online registration can be found on your member ID card.

For your immediate and short-term medication needs, you should use a retail pharmacy. Simply visit a participating retail pharmacy and present your ID card and prescription. The pharmacist will tell you the amount you owe depending on the type of drug. For your long-term maintenance medication needs, you should use the home delivery/mail order service. The Express Scripts Home Delivery/Mail Order Service Pharmacy is a convenient and cost-effective way to order up to a 90-day supply. You can have your long-term medication delivered to your home, office, or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy while saving money on your prescriptions.

You can get started by mail or fax. By mail, you will need to complete a home delivery order form and submit it along with a 90-day prescription from your doctor. This form also has space for you to provide information regarding any medication allergies or health conditions you have, as well as other pertinent information to ensure that all of your medications will work together safely. If your doctor is submitting the mail order script on your behalf, your doctor will need to fax your 90-day prescription along with your member ID number, which is located on the front of your member ID card, to Express Scripts at **800.837.0959**. If your doctor needs instructions on faxing your prescription, Express Scripts can be contacted at **888.327.9791**.

## RETIREE MEDICAL PLAN PREMIUMS

Monthly rates for the Retiree Medical Plan vary depending on the number of people who are being covered, their ages, and whether or not they are enrolled in Medicare Parts A and B.

Faculty emeriti who retired under the Faculty Retirement Incentive Program Early Retirement Option do not pay premiums for themselves or dependents over age 65 enrolled in Medicare.

### Monthly premiums will be adjusted:

- **to reflect the lower, 65-and-older rate when you take the following actions:**
  - Call **800.772.1213** to enroll in Medicare Parts A and B three months prior to your 65th birthday; and
  - Send a photocopy of your Medicare card showing Part A and Part B coverage to Human Resources-Benefits, Attention: Retiree Medical Plan, 6054 S. Drexel Ave., Chicago, IL 60637.
- **upon the death of a retired employee or dependent.**
  - Adjustment will become effective the first of the month following the date of death.
  - Call **773.702.9634** to notify the Benefits Office of the death.

## RATES EFFECTIVE JANUARY 1, 2017

LEVEL OF COVERAGE	MONTHLY PREMIUM
One person under age 65	\$563
One person age 65 or older	\$219
One person age 65 or older and one person under age 65	\$782
Two persons under age 65	\$1,126
Two persons age 65 or older	\$438
Three or more persons all under age 65	\$1,689
Three or more persons, including one person age 65 or older	\$1,345
Three or more persons, including two persons age 65 or older	\$1,001

RETIREE MEDICAL PLAN BENEFIT HIGHLIGHTS

PLAN FEATURES	IN BLUECROSS BLUESHIELD NETWORK		OUT OF BLUECROSS BLUESHIELD NETWORK	
	Without Medicare	With Medicare	Without Medicare	With Medicare
<b>Annual Deductible*</b>	You pay \$300 (per family member)	You pay \$300 (per family member)	You pay \$300 (per family member)	You pay \$300 (per family member)
<b>Annual Out of Pocket Maximum</b> (does not include annual deductible or prescription copays)	You pay \$1,750	You pay \$1,750	You pay \$1,750	You pay \$1,750
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Care/Wellness</b>	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%
<b>Physician Office Visits</b> (non-preventive services)	You pay 20%; Plan pays 80%	You pay 50%; Plan pays 50%****	You pay 35%; Plan pays 65%***	You pay 50%; Plan pays 50%****
<b>Hospital Services**</b> (inpatient & outpatient)	You pay 20%; Plan pays 80%	You pay 50%; Plan pays 50%****	You pay 35%; Plan pays 65%***	You pay 50%; Plan pays 50%****
<b>Hospital Admission**</b> (per admission)	You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80%	You pay \$200 + 35%; Plan pays 65%***	You pay 20%; Plan pays 80%
<b>Nurse Advice Line</b>	Call the Nurseline at 800.299.0274 for answers to your health-related questions 24 hours a day, 7 days a week.			

PRESCRIPTION DRUGS	Express Scripts Retail Pharmacy (31-day supply)	Express Scripts Retail Pharmacy (90-day supply)	Express Scripts Home Delivery/ Mail Order Pharmacy (90-day supply)
<b>Generic Copay</b>	You pay \$10	You pay \$30	You pay \$20
<b>Preferred Brand Copay</b>	You pay \$30	You pay \$90	You pay \$60
<b>Non-Preferred Brand Copay</b>	You pay \$45	You pay \$135	You pay \$90
<b>Specialty Copay</b>	You pay \$75	You pay \$225	You pay \$150
<b>Web Services</b>	Register at <a href="http://express-scripts.com">express-scripts.com</a> to access tools that can help you save money and manage your prescriptions benefits.		

\*Any expenses applied to your deductible during October, November, or December can carry over into the next year.

\*\*If your doctor recommends overnight hospitalization, you must call BCBSIL in advance for approval. If you do not call and receive approval, you will pay an additional \$200 for that admission. In case of an emergency, you or a family member must make the call within two days. BCBSIL can be reached at 800.635.1928.

\*\*\*Plan pays 65% of the BCBS prevailing fee schedule for out-of-network providers. In addition to the 35% you pay for out-of-network providers, you are also responsible for 100% of the charges in excess of the prevailing fee schedule.

\*\*\*\*The Plan will determine payment for services eligible under Medicare by deducting from the total eligible charges the amount paid by Medicare. (If you are eligible for Medicare, the amount that is available from Medicare will be deducted whether or not you have enrolled and/or received payment from Medicare.) The resulting amount will be paid under the Plan up to the eligible charge or Medicare-approved amount.

# Contact Information

	CUSTOMER SERVICE NUMBER	ADDRESS
<b>University of Chicago Human Resources Benefits Office</b>	<b>Phone:</b> 773.702.9634 <b>Fax:</b> 773.834.0996 <b>Email:</b> <a href="mailto:benefits@uchicago.edu">benefits@uchicago.edu</a>	6054 S. Drexel Ave. Chicago, IL 60637
<b>BlueCross and BlueShield of Illinois Medical Plan</b>	<b>Customer Service</b> (24 hours): 866.390.7772 <b>Nurseline:</b> 800.299.0274 <b>PPO Provider Finder:</b> <a href="http://bcbsil.com/providers">bcbsil.com/providers</a>	Claims Processing PO Box 1220 Chicago, IL 60690-1220
<b>CONEXIS</b> (Retiree Medical Plan payments)	<b>Customer Service:</b> 877.822.9091	PO Box 14225 Orange, CA 92863
<b>Express Scripts – Prescription Plan</b>	<b>Under Age 65 Customer Service:</b> 800.935.7189 <b>Over Age 65 Customer Service:</b> 866.838.3979	PO Box 2858 Clinton, IA 52733-2858





THE UNIVERSITY OF  
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**Human  
Resources**

**Benefits Office**

6054 South Drexel Avenue  
Chicago, Illinois 60637

**How to Contact the Benefits Office**

**Phone:** 773.702.9634

**Fax:** 773.834.0996

**Email:** [benefits@uchicago.edu](mailto:benefits@uchicago.edu)

**Web:** [humanresources.uchicago.edu](http://humanresources.uchicago.edu)

**Office hours:** 8:30 a.m.–4:30 p.m., weekdays

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This brochure provides an overview of your University of Chicago Retiree Medical Plan. If there is a discrepancy between this brochure and the plan document, the plan document will govern. In addition, the plan described in this brochure is subject to change without notice. Continuation of benefits is at the University's discretion.

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