The University of Chicago
2015 Retiree Medical Plan Information
Effective January 1, 2015
**RETIREE MEDICAL PLAN**

The Retiree Medical Plan program is available to employees age 55 or older who retire from the University and their eligible dependents.

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

**RETIREE MEDICAL PLAN COVERAGE**

The Retiree Medical Plan is available to retired employees (who met retirement eligibility rules) 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 Parts A or B. For retirees and dependents age 65 and older, Medicare Parts A and B are 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 Parts A and B and not enrolled in Medicare Part D.

Medicare is also primary for retirees and dependents under age 65 who are enrolled in Medicare. Medicare is the federal health plan for individuals entitled to Social Security. Medicare has two parts: Part A covers certain hospital stays, in a skilled nursing facility, hospice care, and some home health. If you paid Medicare taxes while working, you may be eligible for Medicare Part A free of charge. If not, there is a monthly premium for Part A coverage. Medicare Part B covers certain doctors’ services, outpatient care, medical supplies, and some preventative services. If you are eligible for Medicare Part B, you must pay a monthly premium for coverage. You also may pay a deductible, coinsurance, and copayment for many Medicare covered services.

Although Medicare is your primary medical coverage, there are certain health care expenses that Medicare does not cover. Medicare only covers services and supplies considered medically necessary to treat a disease or condition. 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. The Retiree Medical Plan is a supplement to Medicare. All Medicare primary services are covered at 50% of the eligible amount.

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.

If you are eligible for Medicare, the Retiree Medical Plan will be a supplement to your Medicare coverage. The Retiree Medical Plan will provide primary medical coverage for retirees and eligible dependents under age 65 who are not enrolled in Medicare Parts A or B. 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. Medicare is the federal health plan for individuals entitled to Social Security. 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. If you paid Medicare taxes while working, you may be eligible for Medicare Part A free of charge. If not, there is a monthly premium for Part A coverage. Medicare Part B covers certain doctors’ services, outpatient care, medical supplies, and some preventative services. If you are eligible for Medicare Part B, you must pay a monthly premium for coverage. You also may pay a deductible, coinsurance, and copayment for many Medicare covered services.

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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.

Many physicians accept Medicare assignment. Always ask your doctors if they accept Medicare assignment to help keep your out-of-pocket costs down. Physicians who accept Medicare assignments are accepting the amount Medicare has approved for service in your geographical area (the “approved” charge) as payment in full and will only bill you for any deductible and coinsurance amounts. To find doctors or suppliers who accept assignments, visit medicare.gov, and click on the link “Find doctors & other health professionals.”
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. Physicians who do not accept Medicare assignments can only charge you up to 15% above Medicare approved charges as an “excess charge.” This does not apply to some supplies and durable medical equipment.

For more information about Medicare, please visit medicare.gov or call 800.633.4227.

Outside the United States
The 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. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor’s appointment or hospitalization, if necessary. 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. BlueCross BlueShield cannot pay foreign providers directly. 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. All bills in a foreign language must be translated into English. Reimbursements will be paid in U.S. currency using the exchange rate on the date of the claim.

Coverage for Prescription Drugs
The Retiree Medical Plan provides prescription drug coverage through Express Scripts to ensure that you receive the medicine you need to support your health and well-being. All retirees, spouses, and dependents under age 65 will be enrolled into an under 65 prescription drug program with Express Scripts until they turn age 65. 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, 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, or non-preferred brand
- 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 three tiers of drugs covered by this plan. Generic medications are therapeutically equivalent to brand-name medications, must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness, and cost less. Preferred brand drugs have been on the market for a time and are widely accepted. A preferred brand drug is one that is listed on the Express Scripts preferred list of prescription drugs. These medications are preferred because they 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.

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. 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

Questions? Contact Human Resources at benefits@uchicago.edu | 773.702.9634 | humanresources.uchicago.edu
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.

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 several 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.
  - A lump sum payment in the amount of $1,000 may be payable in the event of a retiree’s death.
  - Call 773.702.9634 to notify the Benefits Office of the death.

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person under age 65</td>
<td>$479</td>
</tr>
<tr>
<td>One person age 65 or older</td>
<td>$188</td>
</tr>
<tr>
<td>One person age 65 or older and one person under age 65</td>
<td>$666</td>
</tr>
<tr>
<td>Two persons under age 65</td>
<td>$957</td>
</tr>
<tr>
<td>Two persons age 65 or older</td>
<td>$375</td>
</tr>
<tr>
<td>Three or more persons all under age 65</td>
<td>$1,435</td>
</tr>
<tr>
<td>Three or more persons, including one person age 65 or older</td>
<td>$1,144</td>
</tr>
<tr>
<td>Three or more persons, including two persons age 65 or older</td>
<td>$853</td>
</tr>
</tbody>
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**RATES EFFECTIVE JANUARY 1, 2015**
**RETIREE MEDICAL PLAN BENEFIT HIGHLIGHTS**

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>In BlueCross BlueShield Network Without Medicare</th>
<th>With Medicare</th>
<th>Out of BlueCross BlueShield Network Without Medicare</th>
<th>With Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>You pay $200 (per family member)</td>
<td>You pay $200 (per family member)</td>
<td>You pay $200 (per family member)</td>
<td>You pay $200 (per family member)</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong> (does not include annual deductible or prescription copays)</td>
<td>You pay $1,100</td>
<td>You pay $1,100</td>
<td>You pay $1,100</td>
<td>You pay $1,100</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care/ Wellness</strong></td>
<td>You pay 0%; Plan pays 100%</td>
<td>You pay 0%; Plan pays 100%</td>
<td>You pay 0%; Plan pays 100%</td>
<td>You pay 0%; Plan pays 100%</td>
</tr>
<tr>
<td><strong>Physician Office Visits</strong> (non-preventive services)</td>
<td>You pay 20%; Plan pays 80%</td>
<td>You pay 50%; Plan pays 50%***</td>
<td>You pay 35%; Plan pays 65%***</td>
<td>You pay 50%; Plan pays 50%****</td>
</tr>
<tr>
<td><strong>Hospital Services ** (inpatient &amp; outpatient)</strong></td>
<td>You pay 20%; Plan pays 80%</td>
<td>You pay 50%; Plan pays 50%***</td>
<td>You pay 35%; Plan pays 65%***</td>
<td>You pay 50%; Plan pays 50%****</td>
</tr>
<tr>
<td><strong>Hospital Admission ** (per admission)</strong></td>
<td>You pay 20%; Plan pays 80%</td>
<td>You pay 20%; Plan pays 80%</td>
<td>You pay $200 + 35%; Plan pays 65%***</td>
<td>You pay 20%; Plan pays 80%</td>
</tr>
</tbody>
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**Nurse Advise Line**

Call the Nurseline at 800.299.0274 for answers to your health-related questions 24 hours a day, 7 days a week.

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### Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>Express Scripts Retail Pharmacy</th>
<th>Express Scripts Retail Pharmacy</th>
<th>Express Scripts Home Delivery/ Mail Order Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Copay</strong></td>
<td>You pay $8</td>
<td>You pay $24</td>
<td>You pay $16</td>
</tr>
<tr>
<td><strong>Preferred Brand Copay</strong></td>
<td>You pay $20</td>
<td>You pay $60</td>
<td>You pay $40</td>
</tr>
<tr>
<td><strong>Non-Preferred Brand Copay</strong></td>
<td>You pay $35</td>
<td>You pay $105</td>
<td>You pay $70</td>
</tr>
</tbody>
</table>

### Web services

Register at express-scripts.com to access tools that can help you save money and manage your prescription benefits.

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

**If you 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.
<table>
<thead>
<tr>
<th>Customer Service Number</th>
<th>Address</th>
</tr>
</thead>
</table>
| **University of Chicago**  
Human Resources  
Benefits Office | Phone: 773.702.9634  
Fax: 773.834.0996  
Email: benefits@uchicago.edu | 6054 S. Drexel Ave.  
Chicago, IL 60637 |
| **BlueCross and BlueShield of Illinois**  
Medical Plan | Customer Service (24 hours): 866.390.7772  
Nurseline: 800.299.0274  
PPO Provider Finder: bcbsil.com/providers | Claims Processing  
P.O. Box 1220  
Chicago, IL 60690-1220 |
| **CONEXIS**  
(Retiree Medical Plan payments) | Customer Service: 877.822.9091 | P.O. Box 14225  
Orange, CA 92863 |
| **Express Scripts –**  
Prescription Plan | Under Age 65 Customer Service: 800.935.7189  
Over Age 65 Customer Service: 866.838.3979 | P.O. Box 2858  
Clinton, IA 52733-2858 |
| **Medicare** | Customer Service (24 hours): 800.633.4227  
To Enroll/for Replacement Card: 800.772.1213  
Primary/Secondary Claim Issues: 800.999.1118  
TTY: 877.486.2048 | www.medicare.gov |
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.