About this brochure

This Retiree Medical Plan Information brochure provides you with the information you need to understand your benefits for next year.

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4 Understanding Your Medical Benefits
6 Medical Benefits if You Are Eligible for Medicare
8 Medical Benefits if You Are NOT Eligible for Medicare
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If you and/or your dependent have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 13 for more details.
Eligibility

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

- Prior to January 1, 2005, in a continuous benefits-eligible position and were at least age 55 when employment terminated, or
- 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 terminated.

You may choose to cover your eligible family members, including:

- Same- or opposite-gender spouse or civil union partner, or same-gender domestic partner (registered with the University on or before December 31, 2016).
- Children under the age of 26, including natural children, stepchildren, adopted children, or wards; any child named in a court order for whom you are legally responsible for providing coverage under the terms of a qualified medical child support order; and your domestic partner’s child who depends on you for support and lives with you in a regular parent-child relationship.
- Unmarried children over age 26 if the child is incapable of self-sustaining employment due to a mental or physical disability that occurred before attaining age 26, is dependent on you or your domestic partner for primary support and maintenance, and is covered continuously by the plan prior to and beyond age 26.
- Military veteran dependent children up to age 30 if the child has established residency in Illinois, served in the active or reserve components of the U.S. Armed Forces, and received a release of discharge other than a dishonorable discharge.
Understanding Your Medical Benefits

The following chart shows medical plan coverage based on your Medicare eligibility.

<table>
<thead>
<tr>
<th></th>
<th>If You Are Eligible for Medicare</th>
<th>If You Are Not Eligible for Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who's Eligible</td>
<td>• Retirees and their eligible dependents age 65 or older</td>
<td>• Retirees and their eligible dependents younger than age 65</td>
</tr>
<tr>
<td></td>
<td>• Retirees and their eligible dependents who became disabled before age 65 and are determined to be Medicare-eligible</td>
<td></td>
</tr>
<tr>
<td>Medical Plan</td>
<td>• Retiree Medical Plan as a supplement to Medicare</td>
<td>• Retiree Medical Plan</td>
</tr>
<tr>
<td>For More Information</td>
<td>• See page 6</td>
<td>• See page 8</td>
</tr>
</tbody>
</table>

Medical coverage is administered by BlueCross BlueShield of Illinois (BCBSIL) and is a Preferred Provider Organization (PPO) plan. BCBSIL offers a large network of contracting doctors and hospitals to choose from when care is needed. The Retiree Medical Plan will pay for eligible expenses, such as outpatient prescription drugs, routine physical exams, and health care services provided outside the United States.

To find a network provider, call BCBSIL at 866.390.7772 or visit bcbsil.com/providers.

**Hospital Services**

If your doctor recommends an overnight hospitalization, call BCBSIL at 800.635.1928 for prior approval. **If you do not call in advance 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.

**24/7 Nurseline**

Call the Nurseline at 800.299.0274 for answers to your health-related questions, 24 hours a day, 7 days a week.
Care When Traveling Outside the U.S.
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 (BCW) 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 BCW Service Center. For non-emergency inpatient medical care, you must contact the BCW Service Center to arrange for care from a BCW hospital.

You pay 100% of the charges directly to the physician or hospital at the time services are received, and the Plan will reimburse you 80% for covered expenses.

You pay up front and then complete a BCW International claim form and send it with the itemized bill(s) for all services to the BCW Service Center. BCW claim forms are available at bcbs.com/bluecardworldwide. You are responsible for 100% of all non-covered services.
Medical Benefits if You Are Eligible for Medicare

If you and your covered dependents are age 65 and older or under age 65 and enrolled in Medicare, the Retiree Medical Plan is a supplement to Medicare. Medicare is your primary coverage and the Retiree Medical Plan is secondary. The Retiree Medical Plan supplements your existing Part A (hospital, skilled nursing facilities, hospice care, and some home health care) and Part B (doctor and outpatient care) coverage.

While Medicare provides your primary medical coverage, it does not pay your claims in full. BlueCross BlueShield of Illinois (BCBSIL) will process your claim under the terms of the Retiree Medical Plan once it knows the amount that Medicare has covered and paid. See the chart below.

<table>
<thead>
<tr>
<th>Show both ID cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Present your red, white, and blue Medicare ID card and your BCBSIL Retiree Medical Plan ID card to providers.</td>
</tr>
<tr>
<td>• Your in-network provider will file your claim with Medicare. (BCBSIL cannot process your claim until it knows the amount Medicare has covered and paid.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare sends you a Summary Notice (this is not a bill)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You will receive a Medicare Summary Notice (MSN), showing how much Medicare pays and how much you may owe.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The claim submitted to Medicare is automatically sent to BCBSIL for processing and you receive a second statement (this is not a bill)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Then, the Retiree Medical Plan may help pay some or all of the costs not paid by Medicare.</td>
</tr>
<tr>
<td>• You will receive an Explanation of Benefits (EOB) showing how much the plan pays and how much you may owe.</td>
</tr>
</tbody>
</table>

If you are concerned whether BCBSIL is receiving your Medicare information, send a copy of your MSNs to BCBSIL along with a claim form to ensure that BCBSIL will process your claim.

<table>
<thead>
<tr>
<th>Wait for the bill from your provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>• After your claim has gone through both Medicare and BCBSIL, you will receive a bill for any remaining amount.</td>
</tr>
<tr>
<td>• Pay your provider directly for your portion of the cost (if any) only after you have received your MSN and EOB. Sometimes providers send bills right away, but wait for the next bill that comes after you have received your MSN and EOB.</td>
</tr>
</tbody>
</table>

Are You Eligible for Medicare?
If you answered no, turn to page 8 to read about your medical plan coverage.
## At a Glance: Retiree Medical Plan (Eligible for Medicare)

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>You pay $300 (per family member)</td>
<td>You pay $300 (per family member)</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>You pay $1,750</td>
<td>You pay $1,750</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care/Wellness</strong></td>
<td></td>
<td>You pay 0% (no deductible)</td>
</tr>
<tr>
<td><strong>Physician Office Visits</strong></td>
<td>You pay 50%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>You pay 50%&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Hospital Services</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>You pay 50%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>You pay 50%&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Hospital Admission</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>You pay 20%</td>
<td>You pay 20%</td>
</tr>
</tbody>
</table>

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

2 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.

3 If your doctor recommends overnight hospitalization, you must call BCBSIL 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.

### Prescription Drug Benefits

You are automatically enrolled in the Medicare Part D prescription drug program administered by Express Scripts. See page 10 for more information.

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Be sure to confirm your providers accept Medicare assignments before receiving services. If your physician does not accept Medicare assignments as payment in full, you will be responsible for 50% of the balance due after Medicare’s payment, plus 50% of “excess charges,” up to the annual out-of-pocket maximum.
Medical Benefits if You Are NOT Eligible for Medicare

If you are not eligible for Medicare, the Retiree Medical plan provides primary medical coverage. 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.

When you receive care from a BlueCross BlueShield of Illinois (BCBSIL) provider, your provider 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.

| Show your ID card | Present your BCBSIL Retiree Medical Plan ID card to providers. |
| The claim is automatically sent to BCBSIL for processing | • Your in-network provider automatically sends your claim to BCBSIL for processing.  
• You will receive an Explanation of Benefits (EOB) showing how much the plan pays and how much you may owe. |
| Wait for the bill from your provider | • After your claim has gone through BCBSIL, you will receive a bill from your provider for any remaining amount.  
• Pay your provider directly for your portion of the cost (if any) only after you have received your EOB. Sometimes providers send bills right away; however, you should wait to receive your EOB before you pay your bill. |
At a Glance: Retiree Medical Plan (Not Eligible for Medicare)

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>You pay $300 (per family member)</td>
<td>You pay $300 (per family member)</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>You pay $1,750</td>
<td>You pay $1,750</td>
</tr>
<tr>
<td>(does not include annual deductible or prescription copays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care/Wellness</strong></td>
<td>You pay 0% (no deductible)</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Office Visits</strong></td>
<td>You pay 20%</td>
<td>You pay 35%³</td>
</tr>
<tr>
<td>(non-preventive services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>You pay 20%</td>
<td>You pay 35%³</td>
</tr>
<tr>
<td>(inpatient and outpatient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Admission</strong></td>
<td>You pay 20%</td>
<td>35%³</td>
</tr>
<tr>
<td>(per admission)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Any expenses applied to your deductible during October, November, or December can carry over into the next year.
2If your doctor recommends overnight hospitalization, you must call BCBSIL 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.
3Plan pays 65% of the BCBSIL 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.

Prescription Drug Benefits

You are automatically enrolled in the prescription drug program with Express Scripts. See page 10 for more information.
Prescription Drug Coverage

Prescription drug coverage is administered by Express Scripts. Express Scripts has more than 68,000 participating network pharmacies nationwide for your retail prescription needs, plus convenient mail order/home delivery service.

Purchasing Your Prescriptions

The prescription drug plan classifies prescription drugs into four coverage tiers:

- **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 safe, effective alternatives to non-preferred brands. 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.

- **Specialty drugs** are used to treat a specific condition and may require member-specific dosing, medical devices to administer the medication, and/or special handling and delivery.

Mail Order: Save Time and Money

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. Using the Home Delivery/Mail Order Service Pharmacy means you will take fewer trips to the pharmacy and save money on your prescriptions.

Take note

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.
What you pay for prescription drugs will depend on the type of drug (generic, preferred brand, non-preferred brand, or specialty), whether you buy your prescriptions at a retail pharmacy or through home delivery/mail order service, and whether you use an in-network pharmacy.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Express Scripts Retail Pharmacy (31-day supply)</th>
<th>Express Scripts Retail Pharmacy (90-day supply)</th>
<th>Express Scripts Home Delivery/ Mail Order Pharmacy (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Copay</strong></td>
<td>You pay $10</td>
<td>You pay $30</td>
<td>You pay $20</td>
</tr>
<tr>
<td><strong>Preferred Brand Copay</strong></td>
<td>You pay $30</td>
<td>You pay $90</td>
<td>You pay $60</td>
</tr>
<tr>
<td><strong>Non-Preferred Brand Copay</strong></td>
<td>You pay $45</td>
<td>You pay $135</td>
<td>You pay $90</td>
</tr>
<tr>
<td><strong>Specialty Copay</strong></td>
<td>You pay $75</td>
<td>You pay $225</td>
<td>You pay $150</td>
</tr>
</tbody>
</table>

**Prescription Drug ID Cards**

You will receive a separate Express Scripts ID card for your prescription drug benefits.

- Each member enrolled in the Medicare Part D program will 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.

**Where to fill your prescriptions**

<table>
<thead>
<tr>
<th>Retail pharmacy</th>
<th>Generally used to fill short-term prescriptions for temporary conditions. Short-term prescriptions are for a 31-day supply or less. Visit a participating retail pharmacy and present your ID card and prescription. To find an Express Scripts participating retail network pharmacy in your area, visit express-scripts.com.</th>
</tr>
</thead>
</table>
| Home Delivery/ Mail Order Service                           | Generally used to fill long-term maintenance prescriptions for ongoing conditions, such as asthma, diabetes, and high blood pressure. Home delivery/mail order service is a convenient and cost-effective way to order up to a 90-day supply. To use home delivery/mail order:  
  • Complete a home delivery order form and submit it along with a 90-day prescription from your doctor. Register as a member at express-scripts.com to print a copy of the form.  
  • If your doctor is submitting the mail order prescription 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. |
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 as shown below:

| When you take the following actions (premiums reflect the lower, 65-and-older rate) | • Call 800.772.1213 to enroll in Medicare Parts A and B three months prior to your 65th birthday; and  
• Send a copy of your Medicare card showing Part A and Part B coverage to:  
  Mail: Human Resources – Benefits  
  Attention: Retiree Medical Plan  
  6054 S. Drexel Ave.  
  Chicago, IL 60637  
  Email: retiree@uchicago.edu  
  Fax: 773.834.0996 |
| --- | --- |
| Upon the death of a retired employee or dependent | • Call 855.822.8901 to notify the Benefits Office of the death.  
• Premium adjustment will become effective the first of the month following the date of death. |

### Monthly Premiums Effective January 1, 2018

<table>
<thead>
<tr>
<th>Level of coverage</th>
<th>Monthly premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person under age 65</td>
<td>$619.00</td>
</tr>
<tr>
<td>One person age 65 or older</td>
<td>$241.00</td>
</tr>
<tr>
<td>One person age 65 or older and one person under age 65</td>
<td>$860.00</td>
</tr>
<tr>
<td>Two persons under age 65</td>
<td>$1,238.00</td>
</tr>
<tr>
<td>Two persons age 65 or older</td>
<td>$482.00</td>
</tr>
<tr>
<td>Three or more persons all under age 65</td>
<td>$1,857.00</td>
</tr>
<tr>
<td>Three or more persons, including one person age 65 or older</td>
<td>$1,479.00</td>
</tr>
<tr>
<td>Three or more persons, including two persons age 65 or older</td>
<td>$1,101.00</td>
</tr>
</tbody>
</table>

**Take note**

Faculty 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.
**Medicare Part D Creditable Coverage**

Important Notice from the University of Chicago about Your Prescription Drug Coverage and Medicare. Please read this notice carefully and keep it where you can find it. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The University of Chicago has determined that the prescription drug coverage offered by your University of Chicago medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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**When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan your current University of Chicago prescription drug coverage will be affected.

- If you decide to KEEP your University of Chicago prescription drug coverage and enroll in a Medicare prescription drug plan, your University of Chicago coverage generally will be your primary coverage. You may be required to pay a Medicare Part D premium in addition to your University of Chicago medical plan contributions.

- If you do decide to join a Medicare drug plan and DROP your current University of Chicago prescription drug coverage—by dropping your medical plan, be aware that you and your dependents may not be able to get this coverage back.

**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the University of Chicago and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.
For More Information about This Notice or Your Current Prescription Drug Coverage
Contact the Benefits Office at 855.822.8901 for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the University of Chicago changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more Information about Medicare Prescription Drug Coverage:
• Visit medicare.gov.
• Call your state health insurance assistance program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
• Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Newborns’ and Mothers’ Health Protection Act Notice
Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have questions or would like more information, please contact your medical plan provider. See page 19 for contact information.

Women’s Health and Cancer Rights Act Notice
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:
• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance;
• Prostheses; and
• Treatment of physical complications of the mastectomy.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. The amounts are shown on the chart on pages 7 and 9. If you have questions or would like more information, please contact your medical plan provider. See page 19 for contact information.

Health Insurance Portability And Accountability Act of 1996 (HIPAA)
The University of Chicago takes the protection of your health information seriously. Federal law requires your health plans to provide a Notice of Privacy Practices, which describes how your health information is safeguarded, the circumstances in which your health information may be used and your legal rights. For your convenience, you may request a copy by contacting the Benefits Office at 855.822.8901.
HIPAA notice of special enrollment rights

THIS NOTICE DESCRIBES SPECIAL CIRCUMSTANCES WHICH MAY ALLOW YOU AND YOUR ELIGIBLE DEPENDENTS TO ENROLL IN GROUP HEALTH COVERAGE DURING THE YEAR. PLEASE REVIEW IT CAREFULLY.

The University of Chicago sponsors a group health plan (the “Plan”) to provide coverage for health care services for our employees and their eligible dependents. Our records show that you are eligible to participate, which requires that you complete enrollment in the Plan and pay your portion of the cost of coverage through payroll deductions or decline coverage. A federal law called HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in the Plan under “special enrollment provisions” described below.

Special enrollment provisions
Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents’ other coverage. You must request enrollment within 30 days after you or your dependents’ other coverage ends, or after the other employer stops contributing toward the other coverage. Please contact the Benefits Office at 855.822.8901 for details, including the effective date of coverage added under this special enrollment provision.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in the Plan. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. In the event you acquire a new dependent by birth, adoption or placement for adoption, you may also be able to enroll your spouse in the Plan, if your spouse was not previously covered. Please contact the Benefits Office at 855.822.8901 for details, including the effective date of coverage added under this special enrollment provision.

Enrollment Due to Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents in the Plan if: (i) you or your dependents lose coverage under a state Medicaid or children’s health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. Please contact the Benefits Office at 855.822.8901 for details, including the effective date of coverage added under this special enrollment provision.

Contact information
If you have any questions about this Notice or about how to enroll in the Plan, please contact the Benefits Office at 855.822.8901 or by writing to:

The University of Chicago
6054 South Drexel Avenue
Chicago, IL 60637
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Alabama - Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

Alaska - Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

Arkansas - Medicaid
Website: http://myArkHIPP.com/
Phone: 1-855-MyArkHIPP (855-692-7447)

Colorado - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus

Florida - Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

Georgia - Medicaid
Website: http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

Indiana - Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid Website: http://www.indianamedicaid.com
Phone: 1-800-403-0864

Iowa - Medicaid
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

Kansas - Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

Kentucky - Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>Medicaid Phone</th>
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<tbody>
<tr>
<td>Louisiana</td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">Website</a></td>
<td>1-888-695-2447</td>
<td></td>
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<tr>
<td>Maine</td>
<td><a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">Website</a></td>
<td>1-800-442-6003</td>
<td>TTY: Maine relay 711</td>
</tr>
<tr>
<td>Massachusetts</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/masshealth">Website</a></td>
<td>1-800-862-4840</td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td><a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">Website</a></td>
<td>1-800-657-3739</td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">Website</a></td>
<td>1-573-751-2005</td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td><a href="http://dpdhs.mt.gov/MontanaHealthcarePrograms/HIPP">Website</a></td>
<td>1-800-694-3084</td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
<td>1-855-632-7633</td>
<td>Lincoln: 1-402-473-7000</td>
</tr>
<tr>
<td>Nevada</td>
<td><a href="https://dwss.nv.gov/">Website</a></td>
<td>1-800-992-0900</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">Website</a></td>
<td>1-800-541-2831</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td><a href="https://dma.ncdhhs.gov/">Website</a></td>
<td>1-919-855-4100</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">Website</a></td>
<td>1-844-854-4825</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td><a href="http://www.insureoklahoma.org">Website</a></td>
<td>1-888-365-3742</td>
<td></td>
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<tr>
<td>Oregon</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">Website</a></td>
<td></td>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">Website</a></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">Website</a></td>
<td>1-800-699-9075</td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td><a href="http://www.eohhs.ri.gov/">Website</a></td>
<td>1-855-697-4347</td>
<td></td>
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<tr>
<td>South Carolina</td>
<td><a href="http://www.scdhhs.gov">Website</a></td>
<td>1-888-549-0820</td>
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<tr>
<td>South Dakota</td>
<td><a href="http://dss.sd.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">Website</a></td>
<td>1-888-828-0059</td>
<td></td>
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<tr>
<td>Texas</td>
<td><a href="http://gethipptexas.com/">Website</a></td>
<td>1-800-440-0493</td>
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</tbody>
</table>
To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

**Utah - Medicaid and CHIP**
- **Medicaid Website:** [https://medicaid.utah.gov/](https://medicaid.utah.gov/)
- **CHIP Website:** [http://health.utah.gov/chip](http://health.utah.gov/chip)
- **Phone:** 1-877-543-7669

**Vermont - Medicaid**
- **Website:** [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)
- **Phone:** 1-800-250-8427

**Virginia - Medicaid and CHIP**
- **Medicaid Website:** [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
- **Medicaid Phone:** 1-800-432-5924
- **CHIP Website:** [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
- **CHIP Phone:** 1-855-242-8282

**Washington - Medicaid**
- **Website:** [https://www.hca.wa.gov/](https://www.hca.wa.gov/)
- **Phone:** 1-800-562-3022 ext. 15473

**West Virginia - Medicaid**
- **Website:** [http://mywvhipp.com/](http://mywvhipp.com/)
- **Toll-free Phone:** 1-855-MyWVHIPP (1-855-699-8447)

**Wisconsin - Medicaid and CHIP**
- **Website:** [https://www.dhs.wisconsin.gov/publications/pl/pl0095.pdf](https://www.dhs.wisconsin.gov/publications/pl/pl0095.pdf)
- **Phone:** 1-800-362-3002

**Vermont - Medicaid**
- **Website:** [https://www.greenmountaincare.org/](https://www.greenmountaincare.org/)
- **Phone:** 1-800-250-8427

**ロシオン - Medicaid**
- **Website:** [https://www.hca.wa.gov/](https://www.hca.wa.gov/)
- **Phone:** 1-800-562-3022 ext. 15473

**Wyoming - Medicaid**
- **Website:** [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
- **Phone:** 1-307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**
- **Employee Benefits Security Administration**
- [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)
- 1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**
- **Centers for Medicare & Medicaid Services**
- [www.cms.hhs.gov](http://www.cms.hhs.gov)
- 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)
## Contacts

<table>
<thead>
<tr>
<th></th>
<th><strong>Customer Service Number</strong></th>
<th><strong>Address</strong></th>
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<tbody>
<tr>
<td>University of Chicago</td>
<td><strong>Phone:</strong> 855.822.8901</td>
<td>6054 S. Drexel Ave. Chicago, IL 60637</td>
</tr>
<tr>
<td>Human Resources Benefits Office</td>
<td><strong>Fax:</strong> 773.834.0996</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Email:</strong> <a href="mailto:benefits@uchicago.edu">benefits@uchicago.edu</a></td>
<td></td>
</tr>
<tr>
<td>BlueCross BlueShield of Illinois — Medical Plan</td>
<td><strong>Customer Service (24 hours):</strong> 866.390.7772</td>
<td>Claims Processing PO Box 1220 Chicago, IL 60690-1220</td>
</tr>
<tr>
<td></td>
<td><strong>Nurseline:</strong> 800.299.0274</td>
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<tr>
<td></td>
<td><strong>PPO Provider Finder:</strong> bcbsil.com/providers</td>
<td></td>
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<tr>
<td>WageWorks (Retiree Medical Plan payments)</td>
<td><strong>Customer Service:</strong> 877.822.9091</td>
<td>PO Box 660212 Dallas, TX 75266-0212</td>
</tr>
<tr>
<td>Express Scripts — Prescription Plan</td>
<td><strong>Under Age 65 Customer Service:</strong> 800.935.7189</td>
<td>PO Box 2858 Clinton, IA 52733-2858</td>
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<tr>
<td></td>
<td><strong>Over Age 65 Customer Service:</strong> 866.838.3979</td>
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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.