



Retiring *from* Penn

January 2012

Planning for Retirement

There are many things to consider when you're approaching retirement – from medical benefits to retirement plan distributions. If you're thinking about retiring from Penn, this brochure provides a brief overview of some important policies and benefits. For more detailed information, please visit the Human Resources website at www.hr.upenn.edu/benefits/retiring. For questions on eligibility for the retiree medical plan, call the Benefits Office in the Division of Human Resources at 215-898-3539.

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➤ ELIGIBILITY FOR RETIREE BENEFITS

Rule of 75

You are eligible to receive retiree health benefits if you meet the “Rule of 75”. This means that your age plus your years of service must total at least 75 with a minimum of age 55 and 15 years of service, or age 62 and 10 years of service. Service must be full-time and continuous.

Note that if you meet the age and service minimums (age 55 and 15 years of service, or age 62 and 10 years of service) by December 31, 2008, you can retire later than that date and not be required to meet the Rule of 75. You will then be eligible for retiree benefits when you actually retire/terminate from Penn.

The Rule of 75 applies to eligibility for all retiree benefits, including tuition, life insurance, and dental and vision plans. Please see the applicable sections for more details.

If you terminate employment and do not meet the eligibility requirements described above, you may be eligible to continue your existing medical, dental or vision benefit through COBRA for up to 18 months. For more information on COBRA, review Penn’s online Health and Welfare Summary Plan Description at www.hr.upenn.edu/benefits/spd_healthwelfare.pdf or contact the Penn Benefits Center at 1-888-PENNBEN (1-888-736-6236) and press Option #4.

Voluntary Phased Staff Retirement Program

If you’d prefer a gradual transition into retirement, consider participating in the Voluntary Phased Staff Retirement Program. If you’re approved for Phased Retirement, you’ll work reduced hours but still be eligible for the same benefits that you receive as a full-time staff member. Phased Retirement cannot last more than two years, at which point you’ll officially retire and be entitled to Penn’s retiree health benefits.

To participate in the Voluntary Phased Staff Retirement Program, you must meet the Rule of 75. Participation also depends on the business needs of your department. For more information, including basic provisions of the Phased Retirement Program, required forms, and a list of Frequently Asked Questions, visit the Human Resources website at www.hr.upenn.edu/Benefits/retiring/Phased_Retirement.aspx.

Dependents

Eligible dependents include your spouse/same-sex domestic partner and dependent children who meet the requirements for eligibility on your last day of service. You and your dependents do not need to be enrolled in a medical plan on your last day of service in order to be eligible for retiree health benefits. However, you must register your eligible dependents with Penn within the 90-day period prior to your last day of service in order to cover them under Penn’s retiree health benefits at a later date. Eligible dependents who are not registered by the above date will not qualify for any retiree health benefits at a later time.

Note the following about your dependent children:

Unmarried dependent children may continue to receive coverage up to the end of the month in which they turn age 26.

Here are additional details:

- Children are eligible for coverage regardless of their student, marital or IRS dependent status.
- Children do not have to live with you or depend on you for financial support to be eligible.
- Children over age 19 no longer have to be full-time college students to remain on coverage.
- Disabled children who are unable to earn a living may be covered beyond age 26, provided the disability began before age 26 and has been certified by your insurance carrier.
- The coverage **does not** extend to your child’s spouse/partner or children.

- If you have a dependent child who is disabled and has been approved and certified by your insurance carrier, that child may be covered under the University's retiree medical plan past the limiting age as described above as long as your carrier continues to consider him/her to be disabled. If your dependent child is collecting Social Security and is eligible for Medicare Parts A and B, then he/she must enroll for Medicare. Contact your insurance carrier for more information on coverage for disabled dependent children.

In the event of your death:

- Your surviving spouse/same-sex domestic partner may continue to receive coverage until remarriage/recertification or death.
- Your eligible unmarried dependent children may continue to receive coverage up to age 26.
- Your eligible unmarried disabled dependent children may continue to receive coverage past age 26 as long as your insurance carrier continues to consider them to be disabled.

For more information about eligibility rules for dependents, see the Retiree Health Plan Summary Plan Description (SPD) at www.hr.upenn.edu/benefits/spd.asp.

➤ ENROLLING, DEFERRING, AND MAKING CHANGES

When you decide to retire, you must first contact the Retirement Office in the Division of Human Resources to confirm that you're eligible for Penn's retiree health benefits. If you're interested in moving into retirement gradually through the Phased Staff Retirement Program, you then need to talk to your supervisor to see if that arrangement is a possibility. Regardless of whether you go through Phased Retirement or retire immediately, whenever you officially retire from Penn, you must elect or defer retiree medical coverage within the 90-day period prior to your last day of service.

Electing Coverage

To elect coverage under Penn's retiree health benefits, use Penn's online benefits enrollment site at www.pennbenefits.upenn.edu or call the Penn Benefits Center at 1-888-PENN-BEN (1-888-736-6236). You must list yourself and the eligible dependents you'd like to cover when you enroll. If you (and your eligible dependents) do not enroll in the medical/prescription drug program and do not defer within 90 days prior to your last day of service, you/they will be deemed to have permanently waived coverage and will not be able to enroll at a future date.

Deferring Coverage

You may choose to defer medical/prescription drug coverage for yourself and your existing dependents who meet the eligibility requirements on your last day of service. This means that you can postpone enrolling in Penn's medical/prescription drug coverage now and then elect it at a future date. If you or your eligible dependents do not wish to enroll at the time of your retirement because you/they have coverage under another plan, you can defer coverage using Penn's online benefits enrollment site. Note that in order for your dependents to enroll at some future date, you must also be enrolled at that same time. At that future date, you and/or your dependents will need to provide proof of your previous coverage prior to enrolling in Penn's plan. **Remember that if you don't enroll or defer within 90 days prior to your last day of service, you and your dependents will be deemed to have permanently waived coverage under the University's retiree medical/prescription plans.**

Changing Your Elections

Each year, retirees will have an Annual Selection Period during which election changes may be made. Otherwise, you can only make changes if you have a qualifying event, which includes moving to a residence outside a covered service area, divorce, termination of a domestic partnership or the death of a spouse/same-sex domestic partner. Use Penn's online benefits enrollment site when making changes to your elections. You have 30 days from the date of a qualifying event to make a change to your coverage.

➤ COST OF MEDICAL AND PRESCRIPTION DRUG COVERAGE

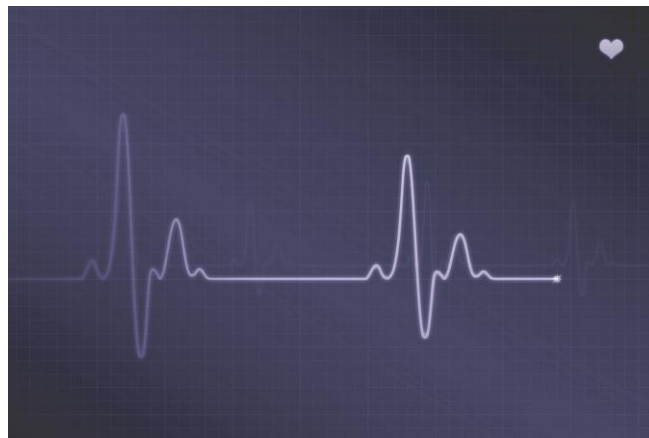
Penn will pay 60% of the lowest cost premium for the under age 65 and age 65 and over medical plans respectively. You will pay the balance of 40% plus any cost difference between the lowest cost plan and the plan you select. Penn will also pay 60% of the cost of the prescription drug plan (CVS/Caremark for retirees under age 65 and SilverScript for retirees age 65 and over).

For retirees hired on or after January 1, 2006, Penn will pay 30% of the lowest cost premium for dependent coverage (for both Medicare-eligible and non-Medicare-eligible dependents). Penn will also pay 30% of the cost of the CVS/Caremark and SilverScript prescription drug plans.



➤ MEDICAL AND PRESCRIPTION DRUG BENEFITS FOR RETIREES/DEPENDENTS UNDER AGE 65

When you retire and move from an active plan to a retiree plan, any deductibles and out-of-pocket maximums you met under the active plan will not be credited under the retiree plan. You will be required to meet any deductibles and out-of-pocket maximums under the retiree plan as of the effective date you retire.



Medical Plan Options

The medical plan options available to retirees and dependents under age 65 are listed below. For detailed information about these plans, please see the Medical Plan Comparison Chart on the Human Resources website at www.hr.upenn.edu/benefits/retiring/medicalbenefits.aspx. Retirees and dependents under age 65 who elect medical coverage through Penn will automatically be covered under Penn's retiree prescription plan through CVS/Caremark.

Aetna HMO

This is a Health Maintenance Organization (HMO) administered by Aetna. You must select and coordinate your care through a Primary Care Physician (PCP) and obtain referrals when you go to specialists. Your providers must be part of the HMO network and you must live in a covered service area to be eligible for this plan. Preventive care services are covered at 100%. Most other services are covered at 100% after applicable copays.

- Use providers in the HMO network
- Select a PCP and obtain referrals

IMPORTANT NOTE: As of January 1, 2013, this plan will no longer be available.

Keystone/AmeriHealth HMO

This is a Health Maintenance Organization (HMO) administered by Keystone Health Plan East/AmeriHealth. You must select and coordinate your care through a Primary Care Physician (PCP) and obtain referrals when you go to specialists. Your providers must be part of the HMO network and you must live in a covered service area to be eligible for this plan. Preventive care services are covered at 100%. Most other services are covered at 100% after applicable copays.

- Use providers in the HMO network
- Select a PCP and obtain referrals

PENNCare/Personal Choice Preferred Provider Organization (PPO)

This is a Preferred Provider Organization (PPO) administered by Independence Blue Cross. You may use any provider you wish, and you do not need to select a Primary Care Physician (PCP) or obtain referrals. Benefits differ according to the health care provider you use:

- *PENNCare Preferred Providers* – If you use health care providers who are part of or affiliated with the PENNCare network **and** the Personal Choice network, most services are covered at 100% after applicable copays.
- *Personal Choice Preferred Providers* – If you use health care providers

- Use any provider you wish
- No PCP or referrals needed
- Use PENNCare or Personal Choice providers to pay less out of your pocket

who are part of the Personal Choice network but not the PENNCare network, services are generally covered at 100% or 80% after applicable deductibles, copays and coinsurance.

- *Non-Preferred Providers* – If you use health care providers who are not part of either the PENNCare or Personal Choice networks, most services are covered at 60% after applicable deductibles and coinsurance.

Prescription Drug Plan

Retirees and dependents under age 65 who select medical coverage through Penn are automatically covered under Penn's prescription drug plan through CVS/Caremark. As a CVS/Caremark subscriber, you may fill prescriptions at the pharmacy of your choice. Your prescription drug costs will depend on what type of prescription you get and whether you use retail or mail order.

Costs

Your costs for prescriptions are shown in the chart below. The amount you'll pay out of your own pocket is limited by the maximum per prescription limits show below, in addition to an out-of-pocket maximum of \$2,000 per individual and \$6,000 per family.

	Generics	Brand Names With No Generic Equivalents	Brand Names With a Generic Equivalent*
Coinsurance; Minimum and Maximum Payment			
<i>Non-maintenance</i>			
34-day supply (any network retail pharmacy)	10%; \$5 min/\$20 max	30%; \$15 min/\$75 max	10%+; \$15 min/\$100 max*
<i>Maintenance</i>			
34-day supply (any network retail pharmacy, up to 3 fills)**	10%; \$5 min/\$20 max	30%; \$15 min/\$75 max	10%+; \$15 min/\$100 max*
34-day supply (any network retail pharmacy, after 3 fills)**	20%; \$10 min/\$40 max	60%; \$30 min/\$150 max	20%+; \$30 min/\$200 max*
90-day supply (CVS pharmacy or mail order)	10%; \$10 min/\$40 max	20%; \$20 min/\$100 max	10%+; \$30 min/\$200 max*
Annual Out-of-Pocket Maximum	\$2,000 individual/\$6,000 family*		

*For brand names with a generic equivalent, you pay a percentage of the brand name cost PLUS the cost difference between brand name and generic. The cost difference between brand name and generic does not count toward the minimums and maximums.

**After three 34-day fills, you will pay double the normal coinsurance amount as well as double the minimum and maximum coinsurance payments. You can save money by ordering 90-day supplies through the mail order program.

Retail vs. Mail Order

You can fill your prescriptions in two ways through CVS Caremark: at a drugstore (retail) or through the CVS Caremark Mail Order Service Program.

- Retail – Go to the retail pharmacy of your choice to fill your prescriptions. Participating CVS Caremark pharmacies offer discounted prices for prescription drugs. There are over 55,000 CVS Caremark participating pharmacies nationwide, including 22,000 independent community pharmacies as well as the pharmacy at the Hospital of the University of Pennsylvania. To locate a CVS Caremark participating retail network pharmacy, visit www.caremark.com (click on “Find Local Pharmacy”) or call a CVS Caremark Customer Care representative at 1-800-378-0802.
- Mail Order – The CVS Caremark Mail Order Service Program is very convenient – and it’s easy to sign up. In addition to convenience, mail order offers deeper discounts and lower coinsurance than retail. To sign up, simply request an original paper prescription from your doctor and mail it, along with the Mail Order Service Form, to CVS Caremark. Before submitting a prescription through the Mail Order Service Program, please refer to your CVS Caremark booklet or call CVS Caremark directly at 1-800-378-0802 for more information and detailed instructions.

Generic vs. Brand Name Drugs

- Both generic and brand name drugs are covered under Penn’s CVS Caremark plan. If you take a brand name drug, you might want to ask your doctor about using a generic equivalent which costs you less.
- If you opt to use a brand name drug when a generic is available, you’ll pay more out of your pocket than if you chose the generic. You’ll pay the difference in price between the brand name and generic drug as well as 10% of the cost of the brand name drug.
- CVS Caremark has a preferred drug list, meaning that drugs on this list are generally offered at a lower cost. If the drugs your doctor prescribes are included in this preferred drug list, you’ll generally pay less for them.
- If you fill a prescription for a brand name drug that has a generic equivalent, CVS Caremark may contact your doctor to ask if the generic drug may be substituted.

➤ MEDICAL AND PRESCRIPTION BENEFITS FOR RETIREES/DEPENDENTS AGE 65 AND OVER

Medical Plan Options

The medical plan options available to retirees and dependents age 65 and over are listed below. For detailed information about these plans, please see the Medical Plan Comparison Chart on the Human Resources website at www.hr.upenn.edu/benefits/retiring/medicalbenefits.aspx. Retirees and dependents age 65 and over who elect medical coverage through Penn have options regarding prescription drug coverage; please see pages 8-9 for more information.

Aetna Medicare Plan (PPO)

This is a Medicare-Advantage (PPO) plan administered by Aetna. You may use any provider you wish, and you do not need to select a Primary Care Physician (PCP) or obtain referrals. Benefits differ according to the health care provider you use. If you use health care providers who are part of the Aetna Medicare network, most services are covered at 100% after applicable copays. If you use health care providers who are not part of the Aetna Medicare network, most services are covered at 80%. You must live in a covered service area to be eligible for this plan.

- Use any provider you wish
- No PCP or referrals needed
- Use Preferred Providers to pay less out of your pocket
- Full preventive care coverage

Keystone/AmeriHealth 65 Medicare-Advantage (HMO) Plan

This is a Medicare-Advantage (HMO) plan administered by Keystone Health Plan East/AmeriHealth. Medicare-Advantage plans manage health services for people with Medicare. You must select and coordinate your care through a Primary Care Physician (PCP) and obtain referrals when you go to specialists. Your providers must be part

- Use providers in the Medicare-Advantage (HMO) network
- Select a PCP and obtain referrals
- Full preventive care coverage
- No deductible, coinsurance, or out-of-pocket maximum
- Virtually no paperwork necessary

of the Medicare-Advantage (HMO) network. Preventive care services are covered at 100%. Most other services are covered at 100% after applicable copays. You must live in a covered service area to be eligible for this plan.

Independence Blue Cross (IBC) Medigap Security 65: Standard and Premium Plans (Medicare Supplement Plans)

The IBC Medigap Security 65 plans combine the benefits of traditional Medicare and features of a private health plan by helping to pay expenses that Medicare doesn't fully cover, such as copayments and coinsurance. These plans offer freedom and flexibility with no referrals and virtually no claim forms. They also provide coverage for services when traveling throughout the U.S. and emergency coverage when traveling outside of the U.S. You may choose between the Standard and Premium plans. The Standard plan offers a lower premium, but higher out-of-pocket costs. For instance, the Standard plan does not reimburse the Medicare Part B deductible while the Premium plan does. In addition, the Standard plan has a \$20 copay for office visits and a \$50 copay for the emergency room (waived if admitted), while there are no copays for the Premium plan.

- No referrals needed
- Virtually no paperwork necessary
- Emergency care covered when traveling outside the U.S.

Coordination with Medicare

Retirees and dependents who are Medicare-eligible must be enrolled in Medicare Parts A and B in order to enroll in a Penn medical plan for Medicare-eligible retirees/dependents. Penn's medical plans are secondary to Medicare. You should apply for Medicare at your local Social Security office 90 days prior to reaching age 65 in order to give Social Security time to process the application. For information about contacting the Social Security Office directly, please see the Directory on page 22 of this booklet.

Retirees age 65 and over with dependents who are not eligible for Medicare should note that your dependents will be enrolled in a pre-65 retiree medical plan until becoming eligible for Medicare. Then the dependents must enroll in Medicare Parts A and B and you must select a Medicare-eligible plan for them. Social Security should be contacted 90 days prior to the dependent's 65th birthday to avoid coverage delays and late enrollment penalties.

Medicare Part A. Eligibility for premium-free Medicare Part A starts when you are: (1) age 65 or over and (2) eligible for Social Security. If you are receiving Social Security, enrollment in Medicare Part A is automatic. If you are eligible for Social Security but have opted not to start receiving the benefit, perhaps because you have decided to continue working, you may still enroll in Medicare Part A. This enrollment establishes your entitlement with the Social Security Administration (SSA).

Medicare Part B. If you are covered by a group health plan sponsored by your employer or your spouse/partner's employer while either of you are in active employment, you need not enroll in Medicare Part B. When you enroll in Medicare Part A, you must notify the SSA that you want to decline Part B because of your coverage. When your coverage ends under the group health plan, the SSA will allow you to sign up for Part B during a Special Enrollment Period without any penalty.

Prescription Drug Plan

Retirees and dependents age 65 and over who elect medical coverage through Penn have a choice when it comes to prescription drug coverage. Generally, you can choose among three options: 1) elect Penn's prescription drug coverage through SilverScript, 2) opt out of Penn's prescription drug coverage, or 3) elect a non-Penn sponsored Medicare Part D plan.

Members who are enrolled in SilverScript will have the same coverage and services for prescription drugs as in the CVS Caremark plan for those under age 65. All members must be Medicare-eligible with a permanent and valid street address in the U.S. or a U.S. territory.

Costs

	Medicare Part D Plan (primary)		Wrap Plan (secondary)	
	Retail	Mail	Retail	Mail
Deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic	10% (\$20 max)	10% (\$40 max)	10% (\$20 max)	10% (\$40 max)
Single Source / Specialty	30% (\$75 max)	20% (\$100 max)	30% (\$75 max)	20% (\$100 max)
Multi-Source Brand	10% (\$100 max)	10% (\$200 max)	10% (\$100 max)	10% (\$200 max)
Coverage Gap				
Generic	10% (\$20 max)	10% (\$40 max)	10% (\$20 max)	10% (\$40 max)
Single Source / Specialty	\$0	\$0	30% (\$75 max)	20% (\$100 max)
Multi-Source Brand	\$0	\$0	10% (\$100 max)	10% (\$200 max)
Catastrophic Coverage	Greater of 5% or \$2.60 (generic or preferred multi-source drugs)/\$6.50 (brand drugs)		\$2,000 maximum out of pocket	

**For brand names with a generic equivalent, you pay a percentage of the brand name cost PLUS the cost difference between brand name and generic. The cost difference between brand name and generic does not count toward the minimums and maximums.*

More information regarding the SilverScript plan can be found at <http://upenn.silverscript.com>.

Some important points to note:

- You cannot enroll in Penn's prescription plan if you enroll in a non-Penn sponsored Medicare Part D plan.
- Opting out of Penn's prescription drug coverage is considered permanent unless you meet certain conditions as explained below.
- You will need to provide your Health Information Claim Number (HICN) from your Medicare card.

Based on the medical plan elected, Medicare-eligible retirees and dependents have the following prescription drug coverage options:

Medical Plan	Penn's Rx Coverage	Opt Out of Penn's Rx Coverage	A Non-Penn Sponsored Medicare Part D Plan
<i>Aetna Medicare Plan (PPO)</i>	Yes	Yes	No
<i>Keystone/AmeriHealth 65 Medicare-Advantage Plan (HMO)</i>	Yes	Yes	No
<i>Medigap Security 65 Plans</i>	Yes	Yes	Yes

Opting Out of Penn's Prescription Drug Coverage

If you're eligible for and have decided to enroll in a non-Penn sponsored Medicare Part D plan, you must opt out of Penn's prescription drug coverage. You cannot enroll in Penn's prescription plan if you enroll in an individual Medicare Part D plan. If this occurs, the Centers for Medicare & Medicaid Services (CMS) will disenroll you from Penn's prescription coverage.

You also cannot enroll in one of Penn's Medicare-Advantage plans (HMO and PPO plans) if you elect a non-Penn sponsored Medicare Part D plan. If you do this, CMS will cancel both your medical and prescription coverage as of the date you enrolled in both plans.

Opting out of Penn's prescription drug coverage is considered permanent. This means you will not be able to obtain this coverage in the future unless Medicare's change in policy adversely affects your coverage. Under this circumstance, you must notify the Penn Benefits Center immediately.

Medicare Part D

Through Medicare Part D, Medicare beneficiaries have access to prescription drug benefits administered by private companies such as health insurers. Beneficiaries can get the prescription drug benefit in one of two ways: (1) as a separate policy for prescription drugs, or (2) as part of private health plans that also provide overall medical coverage. Similar to Medicare Part B, there is a monthly premium for Medicare Part D. Changes may be made annually to Medicare Part D deductibles and thresholds. For more information about 2011 Medicare Part D changes, you are encouraged to contact Medicare at 1-800-633-4227 or visit www.medicare.gov. If you are hearing-impaired, please call 1-877-486-2048.

Split Family Coverage

Split family coverage occurs when one person is under age 65 (not eligible for Medicare) and enrolled in an under age 65 medical plan, and one person is age 65 and older and enrolled in a Medicare-eligible plan for retirees. Certain rules apply:

- Retiree under age 65 / dependent age 65 and older—If the retiree enrolls in Penn's medical coverage, prescription drug coverage is automatically provided through Penn. The dependent must also enroll in Penn's prescription drug plan even though he/she is eligible for Medicare Part D.
- Retiree age 65 and older / dependent under 65—If the retiree elects not to enroll in Penn's prescription drug coverage, the dependent can remain covered under Penn's prescription drug plan only until he/she reaches Medicare-eligible age.

➤ DENTAL COVERAGE

There are two plans offered to retirees. There is no University subsidy for these plans. Retirees pay the entire cost.

Vital Savings by Aetna Dental Program

The Vital Savings by Aetna Dental Program provides discounts (an average discount of 28%) on dental care when you use participating providers. You will automatically have access to the Aetna Vision One discount program (see below) when you enroll in this plan. Contact Aetna at 1-866-368-4825 for more information; be sure to mention Promotional Code Number 882016015.

MetLife Preferred Dentist Program (PDP)

Enrollment in the MetLife dental plan is usually only available to: 1) new retirees transitioning from an active employee dental plan to a retiree dental plan, or 2) retirees who elected dental coverage under COBRA at the time of retirement and either entitlement is ending or the individual opts out of COBRA coverage. However, open enrollment into this plan will take place every three years beginning with the 2011 plan year.

The MetLife PDP provides coverage when you receive treatment from any dentist or specialist you wish. Use MetLife preferred providers to save on out-of-pocket expenses since participating dentists agree to charge fees typically 10%-35% lower than the average charges in your area. For more information, contact MetLife at 1-800-GET-MET8 (1-800-438-6388).

It's important to note that the dental offerings for retirees (MetLife PDP and Aetna Vital Savings) are not identical to the dental benefits for active employees. You should carefully review the benefits covered and premium costs for both offerings.

➤ VISION COVERAGE

Retirees who enroll and pay the premiums for the Vital Savings by Aetna Dental Program will automatically have access to the Aetna Vision One discount program. Under this program, participants have access to providers in nearly 13,000 participating Vision Centers, including Sears Optical, Target Optical, Lenscrafters and private-practice providers. Contact Aetna at 1-800-793-8616 for more information.

➤ LIFE INSURANCE

If you meet the eligibility requirements for retirement, the University provides (at no cost to you) a life insurance benefit of \$5,000. In addition, within 31 days of your retirement date, you may convert your basic, supplemental and/or dependent life insurance coverage (but not your AD&D coverage) to an individual policy that is equal to or less than the amount of your coverage prior to retirement. This coverage is currently provided through Aetna. Your converted policy as a retiree combined with the University-provided coverage cannot exceed the amount of your coverage prior to retirement. You must apply for conversion to an individual policy within 31 days of your retirement date. You can receive a conversion application by contacting the Penn Benefits Center at 1-888-PENNBEN (1-888-736-6236) and pressing option #2.

It is suggested that you review your beneficiary information for life insurance. If you would like to make a change, please visit www.pennbenefits.upenn.edu or contact the Penn Benefits Center at 1-888-736-6236 to request a beneficiary form.

You also have access to funeral planning services through the University's life insurance benefit. Aetna has partnered with Everest Funeral Planning and Concierge Service to offer pre-planning and at-need services for you, your spouse/partner, and your children—at no additional cost to you. These services include online planning tools as well as 24-hour assistance throughout the funeral process. You may also access services for your parents, in-laws or other relatives through Everest at a fee. For more information on Everest, or to create an online profile and use their planning tools, visit their website and enter the Enrollment Verification Code: AETNA0003.

➤ PRE-TAX EXPENSE ACCOUNTS

Your participation in the Pre-Tax Expense Accounts ends when you retire. Your contributions end with your final paycheck. You may continue to submit requests for reimbursements after you terminate employment through the end of the three-month grace period after the end of the plan year (September 30th). All eligible expenses must have been incurred prior to your retirement date. For more information, contact the Penn Benefits Center at 1-888-PENNBEN (1-888-736-6236) and press option #3.

➤ LONG-TERM CARE INSURANCE

Penn's current Long-Term Care Insurance vendor, John Hancock, will stop accepting enrollment applications as of December 31, 2011. Applications postmarked after December 31, 2011 will not be processed. Those who have existing contracts with John Hancock will retain their coverage. Eligible faculty and staff (including all new hires as of Jan. 1, 2012) will have the opportunity to enroll with Penn's new Long-Term Care Insurance vendor during a special enrollment period in Spring 2012. Full details will be announced at that time. For questions on current policies with John Hancock, contact John Hancock at 1-800-711-2899.

➤ TUITION BENEFITS

Retired University faculty and staff who meet University eligibility requirements and retirement criteria are eligible for the faculty and staff, spouse/same-sex domestic partner and dependent scholarship benefits as outlined in Policies 406, 407, 408 and 409. Benefit details and coverage are based upon the policies in place at the time of use. Visit www.hr.upenn.edu/benefits/tuition to view Penn's tuition policies.

➤ DISABILITY BENEFITS

Coverage under the short-term disability (STD) program and the long-term disability (LTD) program stops after your final day of employment. If you are disabled on or before your final day of employment, LTD payments to you will continue as follows:

- If your disability started on or after your 60th birthday, and you are receiving disability benefits, these payments may continue for up to a maximum of 60 months.
- If your disability started before your 60th birthday, LTD payments will continue while you are disabled, but not beyond the month in which you reach age 65.

In all cases, LTD benefit payments will stop when you are no longer totally disabled, or you fail to furnish proof of your continuing total disability to Aetna, our carrier who determines continued eligibility for payments.

➤ TRANSITION FROM LONG-TERM DISABILITY TO RETIREMENT

The eligibility rules when transitioning from Long-Term Disability (LTD) to retirement are the same as if you were still working; you receive the same years of service credit while a participant in the LTD plan. If you meet the Rule of 75, including the time you were on LTD, you are eligible for retiree benefits.

If you are approaching the end of your benefit period and you are not already enrolled in Medicare Parts A & B, you will be contacted by the Benefits Office in the Division of Human Resources before your benefit ends. Aetna will also send you a notice, approximately one month before the termination date. You will be reminded that you should contact Social Security at least 90 days prior to your 65th birthday to enroll. If eligible for retiree medical benefits, you will have an opportunity to select a different Penn plan for yourself and your dependent(s) since retirement is considered a qualifying event.

All other benefits for active employees, i.e., dental, vision, life insurance, and long-term care, change with your retirement. You have the same options as other retirees available to you at this time.

➤ RETIREMENT PLAN CONSIDERATIONS

As an active faculty or staff member, you were either eligible to participate in Penn's Tax-Deferred Retirement Plan (TDR) or the Retirement Allowance Plan (RAP). You may also have been contributing to the Supplemental Retirement Annuity (SRA) Plan.

When you decide to retire, you will have to make choices regarding your pension plan accounts. If you were participating in the TDR or SRA Plans, you may elect to receive a distribution of your account. If you were investing in TIAA-CREF, you should call the Retirement Call Center at 1-877-736-6738 to discuss your distribution options and request the applicable forms. If you were investing with Vanguard, you should call Vanguard at 1-800-523-1188 to request the distribution forms and discuss your options. You will be required to complete these forms and have them signed by a representative in the Human Resources/Benefits Office. Please contact the Benefits Office at 215-898-7282 to arrange for this signature.

If you have a benefit under the RAP, you must contact the Human Resources/Benefits Office at 215-898-7282 approximately 90 days prior to your retirement date. A final benefit will be calculated and all of your payment options will be discussed at that time.

➤ OTHER RETIREE BENEFITS

When you retire, you may still be eligible for numerous other special benefits including the following. You will be responsible for any fees or membership dues. For more information, please use the contact information below.

Benefit	Phone Number	Website
Use the Penn libraries	215-898-7556	www.library.upenn.edu
Use the Hutchinson Gym	215-898-6100	www.upenn.edu/recreation
Join exercise classes and health seminars	215-898-6100	www.upenn.edu/recreation
Join the Credit Union	800-888-2413	www.uofpfcu.com/about.htm#level1
Join the University Club at Penn (formerly the Faculty Club)	215-898-4618	www.upenn.edu/universityclub/membership.shtml
Purchase a subscription to the Almanac	215-898-5274	www.upenn.edu/almanac/about/subscrib.html
Request information about parking permits	215-898-8667	www.upenn.edu/parking

➤ PENNCARD

Retired faculty and staff of the University of Pennsylvania are entitled to a PennCard under most circumstances. To obtain your Retired Faculty/Staff PennCard, get a form confirming your status as retired from the Division of Human Resources. Human Resources will verify your form and complete any missing information. When completed, bring this form, along with your current PennCard (or if your last card has already expired, some valid form of photo ID) to the PennCard Center in the Franklin Building at 3451 Walnut St. You will then be issued a Retired Faculty/Staff card good for 5 years. There is no charge for the card providing you turn in your unexpired PennCard. Call the PennCard Center at 215-417-CARD or visit www.upenn.edu/penncard for more information.

➤ RETIRED FACULTY MEMBERS

Though no faculty member acquires new rights or privileges in the University upon retirement, certain of those rights and privileges to which he or she was entitled to prior to retirement are still extended:

- *Office Space* – When a retired faculty member is actively engaged in productive scholarship, the University will try to furnish office space as well as assistance from the departmental secretarial pool. Such aid can be granted only if it is available. Prior consideration must be given to the Standing and Associated Faculties. Office space, if provided, may be shared or rescinded. Note that you must provide an annual update of your continuing productive scholarship to your Department Chair and Dean.
- *Research or travel grant applications* – You may file research or travel grant applications. The consent of the relevant Department Chair or Dean must be obtained prior to submission to the Vice Provost for Research. Such applications will be transmitted further only if the Vice Provost believes the project to be of significance, if there is a probability of its being completed and if necessary office and laboratory space is available.
- *Faculty Meetings* – You may attend meetings of your school's faculty and may participate in the work of faculty committees if invited.
- *Faculty Senate Meetings* – The right to attend is extended by the by-laws of the Senate.
- *Faculty Studies in the Library* – You may apply if such facilities are required.

- *Telephone Directory* – You may be listed in the directory if desired.
- *Mail/Email* – Upon approval from your department, you may receive mail at the University and maintain a University email address.

➤ AFTER YOU RETIRE

Be sure to keep your address current by submitting any changes in writing to the Human Resources Benefits Office at 3401 Walnut St., Suite 527A, Philadelphia, PA, 19104-6228.

➤ RETURNING TO WORK AT PENN

Retirees who return to work at Penn in a full-time capacity will be treated as active employees. All benefits and policies in effect for active employees will apply. If you are enrolled in Medicare Parts A and B, you also need to contact Medicare at 1-800-633-4227 to inform them of your return to active employment. Upon subsequent retirement, the policies, procedures, and premiums in effect at that time will apply.

Retirees who return to work at Penn on a temporary assignment are not eligible to participate in the medical program for active employees and will therefore remain in the retiree medical plan.

➤ WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains the most important provisions of the Act. Please review this information carefully. If your spouse is covered under any of the University of Pennsylvania healthcare plans, please make certain that she or he also has the opportunity to review this information.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment for physical complications of the mastectomy, including lymphedema.



The Act requires that coverage be provided in a manner determined to be in consultation with the attending physician and the patient. The Coverage may be subject to annual deductibles and co-insurance provisions consistent with those established for other benefits under the plan.

The Act prohibits any group health plan from:

- denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- penalizing, reducing, or limiting reimbursement to the attending provider (e.g., physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and
- providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

The Women's Health and Cancer Rights Act of 1998 will apply to University of Pennsylvania health care plans on effective dates of coverage subsequent to July 1, 1999.

Please keep this information with your other group health plan documents. If you have any questions about this Plan's coverage of mastectomies and reconstructive surgeries, please call your medical plan carrier.

➤ NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The terms of this Notice of Privacy Practices apply to the University of Pennsylvania's Health and Welfare Program (the Program) and the Retiree Health Plan.

Individually identifiable information about your past, present, or future health or condition, the provision of healthcare to you, or payment for healthcare is considered "protected health information." We are committed to safeguarding your protected health information as required by law, and we will not use or disclose your protected health information except for certain permitted or required purposes.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure) so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. All notices will be posted on our web site (www.hr.upenn.edu), or you may receive a paper copy at the Division of Human Resources, 3401 Walnut Street, 5th Floor. You have the right to obtain a copy by completing the request form and mailing it to us at the "Contact Us" address below.

Uses and Disclosures of Your Protected Health Information

The following categories detail the various ways in which we may use or disclose your protected health information. For each category of uses or disclosures we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

Uses and Disclosures with Authorization

Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a Health Insurance Portability and Accountability Act (HIPAA) authorization form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Uses And Disclosures Without Authorization

- *Uses and Disclosures for Treatment.* We are permitted by law to make uses and disclosures of your protected health information as necessary for your treatment. However, in the ordinary course of business, such disclosures are not expected to occur.
- *Uses and Disclosures for Payment.* We will make uses and disclosures of your protected health information as necessary for payment-related purposes. For instance, the Program may provide information to the Plan sponsor or its Agents in order to assist in resolving disputes for the payment for services provided to you or an eligible covered dependent.
- *Uses and Disclosures for Health Care Operations.* We will use and disclose your protected health information as necessary, and as permitted by law, for our operations. For instance, this information may be used or disclosed for the purposes of utilization review, cost analysis and designing the Program for your health benefits.
- *Persons Involved in Your Care.* Unless you object, we may disclose to a family member, a close friend, or any other person you identify, your protected health information that relates to that person's involvement in payment for your health care. We may use or disclose protected health information to assist in notifying a family member, personal representative or any other person that is responsible for your care and general condition. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

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- *Health Products and Services.* We may from time to time use your protected health information to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.
 - *Disclosures to the Plan Sponsor.* We may disclose protected health information to the Plan sponsor for plan administration purposes. The information disclosed will not be used by the University for any employment-related purposes. We may also disclose a summary of your health information to the Plan sponsor so that the Plan sponsor may solicit premium bids from other health plans. Your summary health information may be disclosed to the Plan sponsor to modify, amend or terminate the Plan. Summary health information is information that does not contain identifying information except that certain geographic information may be included. Summary health information can contain a summary of claims history, claims expenses, or type of claims experienced by you for which a Plan sponsor has provided health benefits under a group health plan. In addition to summary health information, we may disclose information to the Plan sponsor about whether you are enrolled or have disenrolled in a health insurance plan offered by us and/or information about your participation in the Plan.
 - *Other Uses and Disclosures.* We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. Subject to conditions specified by law:
 - We may release your protected health information for any purpose when required by federal, state or local law;
 - We may release your protected health information for public health activities, such as required reporting of certain communicable diseases, injuries, birth and death, and for required public health investigations;
 - We may release your protected health information to certain governmental agencies if we suspect child abuse or neglect; we may also release your protected health information to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence;
 - We may release your protected health information to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
 - We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions;
 - We may use or disclose protected health information in emergency circumstances;
 - We may use or disclose protected health information to avert a serious threat to health or safety to law enforcement or other persons who can reasonably prevent or lessen the threat of harm;
 - We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
 - We may release your protected health information to law enforcement officials;
 - We may release your protected health information to coroners, medical examiners, and/or funeral directors;
 - We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
 - Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, and legal services. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we contract with and require these outside persons or organizations to appropriately safeguard the privacy of your information;
 - We may release your protected health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your protected health information if necessary for national security, intelligence, or protective services activities; and
 - We may release your protected health information if necessary for purposes related to your workers' compensation benefits.
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Rights That You Have

- ***Access to Your Protected Health Information.*** Generally, you have the right to access, inspect, and/or copy protected health information that we maintain about you. All requests for access must be made in writing and signed by you or your representative. If we deny your request, we will give you written reasons for the denial and explain any rights you may have to have the denial reviewed. We may charge you for copying services if the quantity of information to be copied and mailed is high. A determination of any applicable charges will be made after your request has been submitted and you will be advised of any such charges in advance.
- ***Amendments to Your Protected Health Information.*** If you believe that there are errors or missing information in your records that are maintained by us, you have the right to request that this protected health information about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. Any denial will state the reasons for the denial, your rights to have the denial reviewed, and your right to attach your objection to our denial to your record. If an amendment or correction you request is made by us, we will also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- ***Accounting for Disclosures of Your Protected Health Information.*** You have the right to receive an accounting of certain disclosures made by us of your protected health information. Your request must include the time period for which you are requesting an accounting that may not exceed six years and may not include dates prior to April 14, 2003. This accounting will tell you what protected health information was disclosed, to whom, and for what purpose. You do not have the right to receive an accounting of disclosures made for purposes of treatment, payment and health care operations or for certain other limited purposes. Requests for an accounting must be made in writing and signed by you or your personal representative.
- ***Restrictions on Use and Disclosure of Your Protected Health Information.*** You have the right to request restrictions on certain of our permitted uses and disclosures of your protected health information for treatment, payment, or health care operations, though we cannot agree to restrict or limit any use or disclosure that is required by law. We will consider your request, but are not legally required to agree to it. However, we will attempt to accommodate reasonable requests where appropriate, and if we agree to accommodate your request, we will abide by it. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. Requests for restriction(s) must be made in writing and signed by you or your personal representative.
- ***Confidential Communications.*** You have the right to request to receive communications regarding your protected health information from us by alternative means or at alternative locations. You must request such confidential communication in writing. We will attempt to accommodate all reasonable requests.
- ***Paper Copy of Notice.*** You retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.
- ***Complaints.*** If you believe your privacy rights have been violated, you can file a complaint by calling the Penn Benefits Center at 1-888-736-6236. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

For Further Information

If you have any questions or need further assistance regarding this notice, please consult our website for forms (www.hr.upenn.edu) or contact the Penn Benefits Center at 1-888-736-6236.

Effective Date

This Notice of Privacy Practices is effective April 14, 2003.

➤ APPENDIX A: FREQUENTLY ASKED QUESTIONS

ALL RETIREES

General Questions

1. ***Please explain the statement: “You are eligible to receive retiree health benefits if you meet the Rule of 75.”***

The above statement means that your age plus your years of service must total at least 75. Service must be full-time and continuous.

The minimum age for retirement is 55. Employees retiring between the ages of 55 and 62 must have at least 15 years of service and must meet the Rule of 75. For example, if you retire at age 55 you must have at least 20 years of service to meet the Rule of 75. Employees retiring at age 62 or older must have at least 10 years of service and must meet the Rule of 75. For example, if you retire at age 62 you must have at least 13 years of service to meet the Rule of 75.

Note that if you meet the age and service minimums (age 55 and 15 years of service, or age 62 and 10 years of service) by December 31, 2008, you can retire later than that date and not be required to meet the Rule of 75. You will then be eligible for retiree benefits when you actually retire/terminate from Penn.

The Rule of 75 applies to all retiree benefits, including tuition, life insurance and dental plans.

2. ***When I retire, will the University contact Social Security on my behalf?***

No. It's your responsibility to contact the Social Security Administration (SSA) about starting your benefits. You should contact the SSA 90 days before you retire (see the Retiree Health Plan Directory for contact information). You should also contact the Benefits Office in the Division of Human Resources to advise them of your actual retirement date and coordinate your enrollment under the Medicare program.

Once you coordinate your appointment with the SSA, you should receive two forms:

- Application for Enrollment in Medicare (you should complete this form)
- Request for Employment Information Form (you should send this form to the Benefits Office in the Division of Human Resources for completion)

The completion and submission of these forms to Social Security will protect you against any penalty and validate your retirement date.

3. ***If my spouse/same-sex domestic partner retires before I do, can he/she continue under my active medical plan?***

Yes, your spouse/same-sex domestic partner may continue under your health plan while you are working.

Dental Benefits

1. ***I'm not currently enrolled in a dental program. Will I be able to enroll in the MetLife Dental Plan during the next Annual Selection period?***

No. Open enrollment in the MetLife PDP will only take place every three years (beginning with the 2011 Annual Selection Period). Therefore, your next opportunity to enroll in the MetLife plan is 2014. Keep in mind that surviving spouses and surviving dependent children are not eligible for this coverage.

2. *I currently have coverage under my spouse's/same-sex domestic partner's dental plan. If he/she loses this benefit, will I be able to join the MetLife retiree dental plan outside of the Annual Selection Period?*

Yes. If your spouse loses his/her dental coverage, this would be considered a qualifying event and you would be allowed to enroll in the MetLife retiree dental plan within 30 days of the date your prior coverage ended. You would be required to provide proof of prior coverage in order to enroll.

3. *I am enrolled in the Vital Savings by Aetna Dental Program. How is this program different from the MetLife retiree dental plan?*

The Vital Savings by Aetna Dental Program provides discounts (an average discount of 28%) on dental care when you use participating providers. Retirees who are enrolled in this program will automatically have access to the Aetna Vision One discount program. You may enroll in this program at any time by contacting Aetna directly. The MetLife Preferred Dentist Plan (PDP) provides coverage when you receive treatment from any dentist or specialist you wish. Please see question 1 above for information about enrolling in this plan.

RETIREES/DEPENDENTS AGE 65 AND OVER

Medical Benefits

1. *If my spouse/same-sex domestic partner turns 65 and is covered under my active medical plan, is he/she required to enroll under Medicare Part B?*

No. As long as your spouse/same-sex domestic partner is enrolled under your active plan, he/she may continue to receive coverage under that plan.

2. *I'm currently a Long-Term Disability recipient and my spouse/same-sex domestic partner is turning 65. How will this impact the medical benefits for me and my dependents?*

Because of the specialized nature of these benefits, we suggest that you contact the Long-Term Disability (LTD) Administrator in the Benefits Office of the Division of Human Resources at (215) 898-1326.

3. *If I elect either the Keystone/AmeriHealth 65 HMO or the Aetna Medicare Plan (PPO), can I enroll in a non-Penn sponsored Medicare Part D plan?*

No. The Centers for Medicare & Medicaid Services (CMS) state that you cannot enroll in one of Penn's Medicare-Advantage plans (HMO and PPO plans) if you elect a non-Penn sponsored Medicare Part D plan. If you do this, CMS will cancel both your medical and prescription coverage as of the date you enrolled in both plans.

4. *When I reach age 65, I intend to continue to work full-time at the University and maintain enrollment in the University's medical plan for active employees. Will I have to enroll for Medicare Parts A and B?*

You are not required to enroll under the Medicare program under these circumstances. However, you may elect Medicare Part A at no cost to you. You may do so by contacting Social Security 90 days prior to your 65th birthday. You should also state at that time that you are not applying for Medicare Part B benefits because you're already covered by Penn's plan. (Part B has a premium and is mandatory when you actually retire.)

5. *What are the differences between the Standard option and the Premium option in the Medigap Security 65 plan?*

The Standard option offers a lower premium, but there are more out-of-pocket costs than under the Premium option such as a \$20 copay for office visits and a \$50 copay for emergency visits. In addition, the Standard option does not reimburse the Medicare Part B deductible. For detailed information on these new plans, please refer to the Medical Plan Comparison Chart or contact IBC at 1-800-ASKBLUE (1-800-275-2583) with questions. IBC may refer to the Standard Plan as the Medigap Security Plan N and to the Premium Plan as the Medigap Security Plan C.

Prescription Drug Benefits

1. I'm enrolled in the SilverScript prescription plan. Where can I get my prescriptions filled?

The plan has a network of more than 64,000 pharmacies nationwide. The pharmacy at the Hospital of the University of Pennsylvania (HUP) is included in the network. You must use a network pharmacy to receive full plan benefits. For a pharmacy directory, please contact SilverScript at 1-866-494-9829 or click here.

2. What information should I expect to receive from SilverScript?

In addition to your new membership card, SilverScript will send you an Explanation of Benefits (EOB) on a monthly basis if you used the benefit during the previous month. This report will include a list of prescriptions that you filled during the month along with the amount you paid for them.

➤ APPENDIX B: RETIREE HEALTH PLAN GLOSSARY

Centers for Medicare & Medicaid Services (CMS)

The government agency that administers Medicare Parts A and B; CMS contracts with private health plans to administer Parts C and D, as well as with Medicare-Advantage Plans (HMOs) to provide comprehensive medical benefits.

Coinsurance

After you meet the deductible, your health plan pays a specified percentage of the charges for covered services. You pay the remaining charges, called coinsurance.

Copay

A flat per-service charge that you pay for services such as doctor visits or prescriptions.

Eligible Dependent

For purposes of the Plan, an "eligible dependent" shall include:

- your spouse (including a spouse of a common law marriage) or same-sex domestic partner
- your or your spouse's dependent child up to age 26..

Here are additional details:

- Children are eligible for coverage regardless of their student, marital or IRS dependent status.
- Children do not have to live with you or depend on you for financial support to be eligible.
- Children over age 19 no longer have to be full-time college students to remain on coverage.
- Disabled children who are unable to earn a living may be covered beyond age 26, provided the disability began before age 26 and has been certified by your insurance carrier.
- The coverage **does not** extend to your child's spouse/partner or children.
- your same-sex domestic partner's unmarried child (subject to the same age, student status and disability rules described above) provided the child resides in your household for more than one-half of the year (temporary absences due to special circumstances, including absences due to illness, education, business, vacation or military service are not treated as absences) and receives more than one-half of his/her support and maintenance from your same-sex domestic partner.

Note that special rules may apply to dependent children. Please see the Retiree Health SPD for more information at www.hr.upenn.edu/benefits/RetireeMedicalSPD.pdf.

Full-time Employee

A faculty or staff member working a minimum of 35 hours per week.

Generic Drug

A drug product in place of a brand name drug which: 1) contains the same active ingredients; 2) is identical in dose, form and administrative method; 3) has the same indications, cautions and instructions; and 4) is produced under the same FDA Good Manufacturing Practices.

Medicare

A health insurance program for people age 65 or older, people under age 65 with certain disabilities and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare Part A

This benefit covers hospital insurance (i.e., inpatient hospital care, skilled nursing facility care, home health services and hospice care).

Medicare Part B

This benefit covers medical services (i.e., doctor/specialist/x-ray services).

Medicare Part D

A federal program to subsidize the cost of prescription drugs for Medicare beneficiaries.

Part-time Employee

A faculty or staff member working between 17½ and 28 hours per week.

➤ APPENDIX C: RETIREE HEALTH PLAN DIRECTORY

The Penn Benefits Center	P.O. Box 26745 Salt Lake City, UT 84126-0745	1-888-PENNBEN (1-888-736-6236)
MEDICAL—Medicare-Eligible Retirees (Age 65 and Over)		
Aetna Medicare Plan (PPO)	P.O. Box 981106 El Paso, TX 79998-1106	(800) 282-5366 Member Service (800) 307-4830 Pre-Enrollment Information Line www.aetna.com
Keystone 65 Medicare-Advantage Plan (HMO)	P.O. Box 69353 Harrisburg, PA 17106-9353	(215) 241-2365 or (800) 645-3965 www.ibx.com
AmeriHealth 65 Medicare Advantage Plan (HMO)	P.O. Box 41574 Philadelphia Pa. 19101-1574	
IBC Medigap Security 65 Plan	Independence Blue Cross Attention: Claims Dept. 1901 Market Street Philadelphia, PA 19103-1480 Independence Blue Cross Major Medical Claims Dept. P.O. Box 13497 Philadelphia, PA 19101-3497	(800) ASK-BLUE or (800) 275-2583 www.ibx.com
<p>Medicare: To find out more about your Social Security retirement benefit, to begin Social Security income, or to enroll in Medicare, visit www.socialsecurity.gov or call (800) 772-1213.</p>		
MEDICAL—Retirees Under Age 65		
Aetna HMO	P.O. Box 981106 El Paso, TX 79998-1106	(800) 323-9930 (California) (888) 287-4296 www.aetna.com
Keystone/AmeriHealth HMO	P.O. Box 69353 Harrisburg, PA 17106-9353	(800) ASK-BLUE or (800) 275-2583 www.ibx.com
PENNCare/Personal Choice	Non-Preferred Providers: P.O. Box 69352 Harrisburg, PA 17106-9352	(800) ASK-BLUE or (800) 275-2583 www.ibx.com

PRESCRIPTION DRUG			
CVS Caremark	<u>For Paper Claims</u> Caremark, Inc. Attn. Paper Claims Dept. P.O. Box 52196 Phoenix, AZ 85072-2196	<u>For Mail Order</u> CVS Caremark P.O. Box 2110 Pittsburgh, PA 15230-2110	(800) 378-0802 www.CVS-Caremark.com Specialty Pharmacy Call Center 1-800-237-2767
SilverScript	<u>For Paper Claims</u> Med D Paper Claims P.O. Box 52066 Phoenix, AZ 85072-2066	<u>For Mail Order</u> Caremark P.O. Box 94467 Palatine, IL 60094-4467	1-866-494-9829
BEHAVIORAL HEALTH—Mental Health & Substance Abuse			
PENNCare/Personal Choice	Penn Behavioral Health 3535 Market St, 4 th Floor Philadelphia, PA 19104	(888) 321-4433 Claims/Fax: (215) 746-7454	
All other plans		Contact the carrier	
GROUP LIFE INSURANCE			
Aetna	Aetna Life Insurance Co. P.O. Box 14549 Lexington, KY 40512-4549	(800) 523-5065	
DENTAL			
MetLife www.metlife.com/dental	Group Dental Claims P.O. Box 981282 El Paso, TX 79998-1282	(800) GET-MET8 (800) 438-6388	
DENTAL AND VISION THROUGH AETNA			

Aetna Vital Savings and Aetna Visionsm Discounts www.vitalsavingsbyaetna.com	7400 Gaylord Parkway Frise, TX 75034	(877) 698-4825 Promotional Code # 882016015
LONG-TERM CARE		
John Hancock http://penn.jhancock.com Username: penn Password: mybenefit	John Hancock Place B-6 P.O. Box 111 Boston, MA 02117	(800) 711-2899 Outside US: (617) 572-0048

Non-Discrimination Policy Statement

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age disability, or veteran status in the administration of educational policies, programs, or activities; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. Questions or complaints regarding this policy should be directed to: Executive Director, Office of Affirmative Action and Equal Opportunity Programs, 3600 Chestnut Street, Sansom Place East, Suite 228, Philadelphia, PA 19104-6106 or (215) 898-6993 (voice) or (215) 898-7803 (TDD).

Statement on Collective Bargaining Agreements

The provisions of applicable collective bargaining agreements govern the Health & Welfare benefits of employees in collective bargaining units.