University of Pennsylvania

Retiree & Long-Term Disability Annual Selection Guide 2026

Penn
University of Pennsylvania

Open Enrollment
October 27 – November 7, 2025

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QUESTIONS?

For more information about retiree or long-term disability health benefits, visit the Human Resources website at **www.hr.upenn.edu**.

If you have questions, please contact the University of Pennsylvania Benefits Solution Center at Health Advocate at **866-799-2329** weekdays from 8 a.m. to 10 p.m.

Have You Relocated? Let Us know!

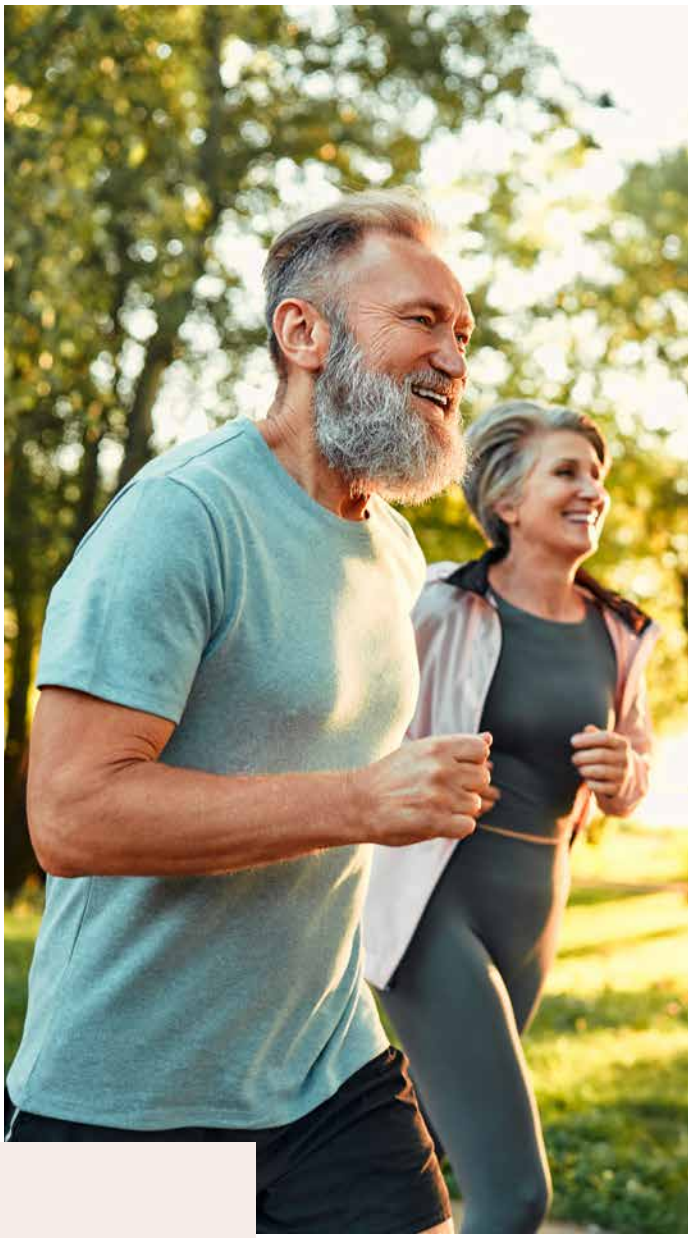
Keeping us informed about your new address will help us keep you informed about any changes to our benefits. More importantly, it will allow us to send accurate contact information to our insurance carriers.

Three easy ways to update your address:

- Log in to Workday with your PennKey and password at **www.myworkday.com/upenn/login.html**
- Call the Penn Benefits Solution Center at **866-799-2329**
- Send an email to **HRBenefits@HR.upenn.edu**

Please note: If you are enrolled under a Medicare Advantage plan and relocate to another state, please understand that not all service areas will cover you under this type of plan. Please check with your insurance carrier to confirm that your new service area is in the network.

If you do relocate outside of your current service area, Penn offers other flexible supplemental medical plan options.



Retiree and Long-Term Disability Annual Selection Period

Monday, October 27, 2025 – Friday, November 7, 2025

This annual event gives you an opportunity to review your current benefits and make changes for the upcoming calendar year.

Even if you're satisfied with your current healthcare coverage, it's important to understand what's new for the upcoming year.

All changes will be effective as of January 1, 2026.

Before You Enroll

Making Changes During Annual Selection

Annual Selection is your opportunity to determine if your current benefits still meet your needs or if you need to make a change, such as switching to a different medical plan or dropping a dependent from your benefits coverage.

Enrollment Deadline

The 2026 Retiree and Long-Term Disability Annual Selection Period will be held from Monday, October 27, 2025 through Friday, November 7, 2025.

You must enroll by November 7, 2025 at 5 p.m. Eastern Standard Time in order to make changes for your calendar year 2026 benefits.

If You Don't Make Any Changes

You and your eligible dependents will maintain your current coverage for plan year 2026. You'll only be allowed to make changes outside of the Annual Selection Period if you have a qualifying event. You have 30 days from the date of the qualifying event* to make a change.

** Note that if you've recently had a qualifying event, you may need to change your coverage during Annual Selection. Qualifying events include moving to a residence outside of a covered service area, divorce, termination of a domestic partnership or the death of a spouse.*

Prepare to Enroll

If you are Medicare-eligible and ready to enroll, you must provide your unique Member Beneficiary Identifier (MBI) number from your red/white/blue Medicare ID card.

Enrollment Instructions for Long-Term Disability Participants

If you are on Long-Term Disability, you must enroll by calling the University of Pennsylvania Benefits Solution Center at Heath Advocate at **866-799-2329**.

Information Session

You are invited to the Annual Selection Information Fair on October 28, 10 a.m. to 2 p.m. in the Golkin Room in Houston Hall.

New Plan Year Starts on January 1, 2026

Every year, Penn reviews the medical and prescription benefits offered to our retirees and Long-Term Disability recipients. Our goal is to continue to provide robust benefits while keeping costs relatively steady.

How to Enroll for Your 2026 Coverage

First, carefully review all the information in this enrollment guide. To view the materials online, visit the Human Resources website at **www.hr.upenn.edu/retirees**. You'll need your PennKey and password to log on. To reset your PennKey or password, visit the **PennKey Support webpage** for instructions. You can contact Health Advocate at **866-799-2329** to assist in enrolling. You can also contact the Penn Employee Solution Center at **215-898-7372** for any assistance.

Determine which benefit options best meet your needs and your eligible dependents' needs.

There are two ways to enroll or make changes to your benefits for the 2026 Annual Selection period. Call the University of Pennsylvania Benefits Solution Center at Health Advocate at **866-799-2329** (see page 29 for details) or use the Workday enrollment system and complete the following steps online.

Enroll Online or by Phone

Using your PennKey and password, log in to Workday at **www.myworkday.com/upenn/login.html**.

- From your home page, select the Inbox icon in the upper right corner or click "Go to Inbox."
- Select "Annual Selection" in your inbox.
- Click "Let's Get Started." Select manage under each benefit offering then click "Select" or "Waive" next to the corresponding benefit plan (your current coverage will be displayed for each benefits election).
- Click confirm and continue and save after each election.
- When you have completed all your elections, click "Review and Sign" and then "Submit."

Dependent Children Covered to Age 26

Penn extends medical, dental, and vision coverage to eligible adult children up to the end of the month in which they turn age 26. Note these important 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.
- Disabled children who are unable to earn a living may be covered beyond age 26, provided there is a documented history of the disability beginning before age 26 and has been certified by your insurance carrier.
- The coverage does not extend to your child's spouse/partner or children.

After You Enroll

If you make changes to your coverage during the Annual Selection period using the Workday system, you will be able to print a confirmation statement.

More Information

Learn more about your benefits and options from the following resources:

- Visit **www.hr.upenn.edu**.
- Attend the Annual Selection Information Fair on October 28, 10 a.m. to 2 p.m. in the Golkin Room in Houston Hall on the Penn campus.
- Contact plan providers directly using the contact information on page 30.
- Contact the Penn Benefits Solution Center at Health Advocate at **866-799-2329**, weekdays from 8 a.m. – 10 p.m., Eastern Time.
- Contact Human Resources at **HRbenefits@hr.upenn.edu**.

Medical and Prescription Coverage for Non-Medicare Participants/Dependents

Non-Medicare Medical Plans

Aetna Choice POS II

This plan offers more freedom—you don't need a Primary Care Provider (PCP) or referrals, even when using in-network providers. It has two components: in-network and out-of-network. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time.

- **In-Network Providers**: Use health care providers who are part of the Aetna Choice POS II network. Preventive care services are covered at 100%. Provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.
- **Out-of-Network Providers**: Use health care providers who are not part of the Aetna Choice POS II network. Most services, including preventive care, are covered at 60% after a deductible; you pay 40% of the covered charges.

Keystone/AmeriHealth HMO

This is a managed care plan administered by Independence Blue Cross. You must select and coordinate your care through a network Primary Care Physician (PCP). You must obtain referrals from your PCP if you need to see other network providers for care. This plan does not provide coverage if you go outside the HMO network of providers. Preventive care services are covered at 100%. Most other services are covered at 90% after deductible. You must live in a covered service area to be eligible for this plan.

PennCare/Personal Choice PPO

This Preferred Provider Organization (PPO) plan administered by Independence Blue Cross has three components. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time.

CVS/Caremark Prescription Drug Coverage

The Prescription Drug Plan is administered by CVS/Caremark for all non-Medicare medical plans. The amount you pay for prescription drugs depends on how you use your coverage and the type of prescription you fill (generic, brand name with or without a generic equivalent, or a maintenance medication).

- When you purchase a prescription at a retail pharmacy, you'll pay less if you use a participating in-network pharmacy.
- If you're able to take a generic drug, you'll save money—not only will you pay a lower coinsurance amount, but that lower coinsurance is a percentage of a lower base price for the drug.
- You can use the CVS/Caremark Mail Service for long-term maintenance medications. The mail order program offers several advantages including home delivery, three-month supplies, and lower minimum and maximum coinsurance amounts.

Prescription Drug Coverage

The Prescription Drug Plan is administered by CVS/caremark for all medical plans. **You will need to work with your provider to ensure that the medication being prescribed is on the approved formulary list.** Maintenance medication and 90-day retail pick up options are available at CVS pharmacies. You may use CVS/caremark Mail Service to receive maintenance medications at your address of choice. Please note: the plan structure for prescription coverage depends on which medical plan you select. Also, the chart on page 11 only applies to medications on the approved formulary list. If the medication does not appear on the approved formulary list, and a participant does not select an alternative, the drug will not be covered.

PennCare/Personal Choice, Aetna and Keystone/AmeriHealth plans

For these three plans, the amount you pay for prescription drugs depends on how you use your coverage and the type of prescription you fill (generic, brand name with or without a generic equivalent, or a maintenance medication).

- When you purchase a prescription at a retail pharmacy, you'll pay less if you use a participating in-network pharmacy.
- If you're able to take a generic drug, you'll save money—not only will you pay a lower coinsurance amount, but that lower coinsurance is a percentage of a lower base price for the drug.
- You can use the CVS/caremark Mail Service for long-term maintenance medications. The mail order program offers several advantages including home delivery, three-month supplies, and lower minimum and maximum coinsurance amounts.

PennCare/Personal Choice, Aetna, and Keystone/AmeriHealth plans			
	Generics****	Preferred Brand****	Non-Preferred Brand****
	Coinsurance; Minimum and Maximum Payment		
Non-Maintenance			
30-day supply (any network retail pharmacy)	10% ($7.50 min, $20 max)	15% ($15 min, $75 max)	30% ($25 min, $100 max)
Maintenance			
30-day supply (any network retail pharmacy, up to 3 fills)**	10% ($7.50 min, $20 max)	15% ($15 min, $75 max)	30% ($25 min, $100 max)
30-day supply (any network retail pharmacy, after 3 fills)**	20% ($15 min, $40 max)	30% ($30 min, $150 max)	60% ($50 min, $200 max)
90-day supply (Select Participating Pharmacies* or CVS Mail Service) To find a participating pharmacy, visit Caremark.com/PharmacyLocator	10% ($15 min, $40 max)	15% ($30 min, $150 max)	30% ($50 min, $200 max)
Annual Out-of-Pocket Maximum	$2,000 individual/$6,000 family*		
Specialty* **			
Non-Proudent Rx Drugs	Applicable Cost Share based on above drug tier		
Prudent Rx Drugs	30% coinsurance if not enrolled in Prudent Rx $0 member cost share if enrolled in Prudent Rx		
	Specialty Medication must be filled at CVS Specialty or a PENN Pharmacy.		

** When a generic is available but the pharmacy dispenses the brand per your request or your physician's, you will pay the cost difference between the brand and generic plus the brand copay. The cost difference between the brand and generic will not apply towards the Maximum Out of Pocket.*

*** After three 30-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 filling a 90-day supply at select participating pharmacies or CVS/Caremark Mail Service. To find a participating pharmacy, visit www.Caremark.com/PharmacyLocator.*

**** Specialty drugs must be filled at CVS/Specialty Pharmacy or one of the following PENN pharmacies: HUP Pharmacy, PENN Presbyterian Medical Center, PENN Outpatient, PENN Medicine at Radnor, PENN Presbyterian Apothecary, PENN Med University City Apothecary, PENN Home Infusion Therapy, and PCAM Pharmacy.*

***** The rates only apply if your drug is on the approved formulary list.*

2026 Medical Plan Comparison Chart for Non-Medicare Participants/Dependents

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible**	$250 individual/$750 family	$450 individual/$1,350 family	$600 individual/$1,800 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	$1,100 individual/$3,300 family	$2,600 individual/$7,800 family	$3,600 individual/$10,700 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$25 copay	$30 copay	40% after deductible
Specialist	$45 copay	$55 copay	40% after deductible
Retail Clinic	N/A	$35 copay	40% after deductible
Urgent Care Center	N/A	$50 copay	40% after deductible
Preventive Screenings			
Routine physicals	$0 copay	$0 copay	40% no deductible
Routine dermatology	With diagnosis code Z12.83 Screening for Neoplasm of the skin		
Routine hearing screenings	$0 copay	$0 copay	40% no deductible
Pediatric immunizations	$0 copay for children under 18	$0 copay for children under 18	40% no deductible for children under 18
Annual GYN exam/Pap smear	$0 copay	$0 copay	40% no deductible
Mammography	$0 copay	$0 copay	40% no deductible
Pregnancy Services			
First OB visit	$40 copay	$50 copay	40% after deductible
Prenatal care	$0 copay	$0 copay	40% after deductible
Delivery and hospital inpatient services	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$30 copay	$30 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
Fertility Services			
Administered through Carrot Fertility *($30,000 lifetime max)*	100% up to max	100% up to max	100% up to max

** Precertification needed for certain services*

*** Covers medical and behavioral health/substance abuse services*

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Outpatient Services			
Surgery	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$30 copay	$30 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
Hospitalization *(semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)*	10% after deductible	20% after deductible	40% after deductible; limited to 70 days
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance	$0 copay for emergency; 10% after deductible for non-emergency	$0 copay for emergency; 20% after deductible for non-emergency	$0 copay for emergency; 40% after deductible for non-emergency
Therapy Services *** *(physical, speech and occupational; 60 visits per year)*	$15 copay	$25 copay	40% after deductible
Spinal Manipulation*** *(60 visits per year)*	Not available	$50 copay	40% after deductible
Home Health Care***	10% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	Provider not currently available	20% after deductible	40% after deductible
Hearing Aids	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years

	In Network-Quest Penn Preferred Providers	In Network-Quest Quest Regional Providers	Out-of-Network
Behavioral Health and Substance Abuse			
Outpatient	$10 copay per visit; unlimited visits if medically necessary	$15 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary
Inpatient	10% after $150 individual/$450 family deductible; unlimited days if medically necessary	10% after $150 individual/$450 family deductible; unlimited days if medically necessary	40% after $500 individual/$1,500 family deductible; unlimited days if medically necessary

** Precertification needed for certain services*

*** Gender confirmation surgery coverage available under all plans*

**** Visit maximums are a combination of in-network and out-of-network services*

2026 Medical Plan Comparison Chart
for Non-Medicare Participants/Dependents, cont'd

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Deductible**	$400 individual/$1,200 family	$900 individual/$2,500 family	$200 individual/$400 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	$1,300 individual/$3,900 family	$2,400 individual/$7,200 family	$1,300 individual/$2,600 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$35 copay	40% after deductible	$30 copay
Specialist	$55 copay	40% after deductible	$50 copay with referral
Retail Clinic	$35 copay	40% after deductible	$30 copay
Urgent Care Center	$50 copay	40% after deductible	$50 copay
Preventive Screenings			
Routine physicals	$0 copay	40% after deductible	$0 copay
Routine eye exams	$0 copay	40% after deductible	$45 copay***
Routine hearing screenings	$0 copay	40% after deductible	$0 copay for hearing screenings
Pediatric immunizations	$0 copay	40% after deductible	$0 copay
Annual GYN exam/Pap smear	$0 copay	40% after deductible	$0 copay
Mammography	$0 copay	40% after deductible	$0 copay
Pregnancy Services			
First OB prenatal visit	$0 copay	40% after deductible	$35 copay
Prenatal care	$0 copay	40% after deductible	$0 copay
Delivery and hospital inpatient services	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$35 copay	40% after deductible	$30 copay
X-rays/radiology	$50 (routine1) or $100 (complex2)	40% after deductible	$50 (routine1) or $100 (complex2) copay with referral
Fertility Services			
Administered through Carrot Fertility *($30,000 lifetime max)*	100% up to max	100% up to max	100% up to max

** Precertification needed for certain services and medical devices*

*** Covers medical and behavioral health/substance abuse services*

**** $45 allowed for contacts or prescription eyeglasses every two years (Keystone); see member handbook for vision exam benefit schedule*

1 Routine radiology procedures are those that do not require prior authorization (e.g., chest x-ray)

2 Complex radiology procedures are those that require prior authorization (e.g., MRI, CT scan, PET scan)

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Outpatient Services			
Surgery	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$35 copay	40% after deductible	$30 copay
X-rays/radiology	$50 (routine1) or $100 (complex2) copay with referral	40% after deductible	$45 (routine1) or $100 (complex2) copay with referral
Hospitalization *(semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)*	20% after deductible	40% after deductible	10% after deductible with referral; no limit if medically necessary
Emergency Room	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Ambulance	20% after deductible	40% after deductible	$0 copay for emergencies; 10% after deductible for non-emergencies
Therapy Services*** *(physical, speech and occupational; 60 visits per year)*	$25 copay	40% after deductible	$20 copay
Spinal Manipulation*** *(60 visits per year)*	$50 copay	40% after deductible	$45 copay
Home Health Care***	20% after deductible	40% after deductible	10% after deductible with coordination by patient management department
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible when medically necessary; pre-approval required
Hearing Aids *(requires prior authorization)*	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years

	In Network-Quest Penn Preferred Providers	In Network-Quest Quest Regional Providers	Out-of-Network
Behavioral Health and Substance Abuse			
Outpatient	$15 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary	$10 copay per visit; unlimited visits if medically necessary
Inpatient	20% after deductible; unlimited days if medically necessary	40% after deductible; unlimited days if medically necessary	10% after deductible per admission with referral; unlimited days if medically necessary

** Precertification needed for certain services*

*** Gender confirmation surgery coverage available under all plans*

**** Visit maximums are a combination of in-network and out-of-network services*

Medical and Prescription Coverage for Medicare-Eligible Participants/Dependents

Medicare-Eligible Medical Plans

Aetna Medicare Plan (PPO) (Aetna's Medicare Advantage PPO)

This plan has two components. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time. If you stay within the Aetna Medicare network, most services are covered at 100% after applicable copays. Otherwise, most services are covered at 80%. You don't need a Primary Care Provider (PCP) or referrals for this plan. 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 Medigap Security 65 plans administered by Independence Blue Cross combine the benefits of traditional Medicare and the features of a private health plan. They help pay expenses that Medicare doesn't fully cover, such as copayments, coinsurance and emergency care outside the U.S. You must file a major medical claim form for consideration; a deductible will apply. You don't need a Primary Care Provider (PCP) or referrals for these plans. You may choose between the Standard and Premium plans. The major differences are: 1) the Standard plan does not reimburse the Medicare Part B deductible while the Premium plan does, but you will be responsible for the Major Medical deductible that is listed on the comparison chart on page 18, and 2) the Standard plan has copays for office visits and the emergency room while there are no copays under the Premium plan.

** The Medigap Security 65 Standard plan is no longer available to the Long-Term Disability group.*

Independence Blue Cross (IBC) 65 Special (Medicare Supplement Plan)

This plan is closed to new participants. If a participant switched to another plan they will be unable to re-enter this plan in the future.

This is a traditional indemnity plan administered by Independence Blue Cross. You may receive your care through any participating provider you choose at any time. You don't need a Primary Care Provider (PCP) or referrals for this plan. This coverage coordinates with Medicare and pays the remaining 20%, less your required deductible(s). Expenses that are not reimbursed in full may be eligible under the Major Medical benefit. Under Major Medical, most services are covered at 80% after a deductible. There is no out-of-pocket maximum on major medical expenses, because most expenses are covered in full under the hospital and medical/surgical aspects of the plan. It is recommended that you visit Medicare participating providers to maximize your benefits.

SilverScript Medicare Part D Prescription Drug Coverage

The Prescription Drug Plan is administered by SilverScript for all Medicare-eligible medical plans. This is a Medicare Part D prescription plan that coordinates benefits through the primary Medicare Part D plan and the secondary Wrap plan. Claims are first paid under the Medicare Part D plan (primary) based on the formulary status and plan design. Then the Wrap plan (secondary) pays the remaining cost minus the applicable copay. You always pay the lesser of the primary or secondary copayments.

You are now able to receive your 90-day prescription drug supply at any CVS pharmacy location or have it shipped to your home. Please note that you cannot enroll in Penn's SilverScript 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 a change in Medicare policy adversely affects your coverage. But more importantly, if you are enrolled under the University's Medicare Advantage program, you cannot elect an individual Part D plan. This would adversely affect your group coverage. Medicare will cancel both your supplemental and Part D plan through the University's Supplemental and Prescription Drug Plan.

If you are enrolling in SilverScript for the first time, you may call the pre-enrollment number to review your medications with a SilverScript representative at **888-613-7038**. If you are already a SilverScript member, you may review your medications with a SilverScript representative by calling **888-494-9829**.

Specialty Medications under the SilverScript plan are only available in a 30-day supply.

Silverscript is only available to current enrolled or deferred participants. If you have previously waived coverage, you cannot enroll in the plan.

	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)
Preferred Brands	30% ($75 max)	20% ($100 max)	30% ($75 max)	20% ($100 max)
Non-Preferred Brands	10% ($100 max)	10% ($200 max)	10% ($100 max)	10% ($200 max)
Catastrophic Coverage	Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of $2,100 for covered Part D prescription drugs is reached. You will pay $0 for covered prescription drugs for the remainder of the plan year.		$0 cost share if the primary (CMS determined) out of pocket is met. Penn has a $2,100 maximum out of pocket for Non Part D prescription drugs.	

2026 Medical Plan Comparison Chart for Medicare-Eligible Participants/Dependents

	Aetna Medicare Plan (PPO)		IBC 65 Special (Medicare Supplement)	Medigap Security 65 Standard (Medicare Supplement)	Medigap Security 65 Premium (Medicare Supplement)
	In-Network	Out-of-Network			
Calendar Year Deductible	None	None	$150 individual/ $300 family (major medical)†, ††	$150 individual/ $300 family (major medical)*, †	$150 individual/ $300 family (major medical)†
Out-of-Pocket Maximum	$3,500 individual	$3,500 individual	None	None	None
Maximum Lifetime Benefit	None	None	None	None	None
Primary Care Office Visits	$15 copay	20%	$0 copay	$20 copay	$0 copay
Specialist Office Visits	$25 copay	20%	$0 copay	$20 copay	$0 copay
Immunizations	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Routine Physical	$0 copay	20%	$0 copay	$0 copay	$0 copay
Routine Eye & Hearing Exams	$0 copay	20%	Not covered	Not covered	Not covered
Hearing Aid	$4,000 per person every 3 years	$4,000 per person every 3 years	$4,000 per person every 3 years	$4,000 per person every 3 years	$4,000 per person every 3 years
Prescription Eyeglasses	$70 allowance per 24 months	$70 allowance per 24 months	Not covered	Not covered	Not covered
Routine GYN, Pap Smear, Mammography	$0 copay	20%	$0 copay	$0 copay	$0 copay
Emergency Room	$50 copay (worldwide)	$50 copay (worldwide)	$0 copay	$50 copay (waived if admitted)	$0 copay
Hospitalization (semi-private room, board)	$100 copay (per stay)	20%	$0 copay; 365 additional lifetime days**	$0 copay; 365 additional lifetime days**	$0 copay; 365 additional lifetime days**

	Aetna Medicare Plan (PPO)		IBC 65 Special (Medicare Supplement)	Medigap Security 65 Standard (Medicare Supplement)	Medigap Security 65 Premium (Medicare Supplement)
	In-Network	Out-of-Network			
In-Hospital Surgeon and Provider Fees	$0 copay	20%	$0 copay	$0 copay	$0 copay
Surgery	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
X-ray and Lab	$25 copay	20%	$0 copay	$0 copay	$0 copay
Physical, Speech, Occupational Therapy	$25 copay	20%	$0 copay	$20 copay	$0 copay
Durable Medical Equipment	20%	20%	$0 copay	$0 copay	$0 copay
Immuno- suppressive Drug Therapy	$0 copay	20%	$0 copay	$0 copay	$0 copay
Ambulance	$20 copay	$20 copay	$0 copay	$0 copay	$0 copay
Home Health Care/Home IV	$0 copay	20%	$0 copay	$0 copay	$0 copay
Skilled Nursing Facility	$0 (days 1-10), $25 (days 1120), $50 (days 21-100); max of 100 days	20%; max of 100 days per Medicare period	$0 copay; max of 100 days per Medicare period; 365 lifetime days for hospital or skilled nursing facility	$0 copay; max of 100 days per Medicare period	$0 copay; max of 100 days per Medicare period
Mental Health/ Substance Abuse Inpatient §	$100 copay per stay	20%	$0 copay; subject to Medicare approval & payments; lifetime max of 190 days; additional 30 days to Medicare lifetime	$20 copay; subject to Medicare approval & payments; lifetime max of 190 days	$0 copay; subject to Medicare approval & payments; lifetime max of 190 days
Mental Health/ Substance Abuse Outpatient §	$25 copay	20%	$0 copay; subject to Medicare approval & payments	$20 copay; subject to Medicare approval & payments	$0 copay; subject to Medicare approval & payments

**Medigap Standard plan does not reimburse Medicare Part B deductible*

† Applies to medical expenses listed under Major Medical Benefits

†† Blue Cross pays up to the amount of the Medicare Part B deductible and 20% of the balance which would be owed by you for covered emergency care, minor surgery, diagnosis or therapy in the hospital's outpatient department

*** The lifetime maximum is non-renewable and the plan reimburses the deductible under Medicare during the first 60 days*

§ Mental health and substance abuse benefits are available for unlimited days or visits per year under most plans, subject to Medicare rules and medical necessity guidelines

Legal Disclaimer: These comparison charts provide a brief summary of the key benefits provided through the University of Pennsylvania Health Plan. More details about the Plan can be found in governing Plan documents. In the event of a discrepancy between the applicable Plan documents and this chart, the relevant Plan documents govern. This chart describes the benefits currently available through the Plan; the University reserves the right to modify, amend, or terminate the Plan or any benefits provided through the Plan at any time and for any reason.

Retiree Vision Plan - VSP

	In-Network	Out-of-Network
Benefit Frequency	Exam, lenses, and frame once per plan year. Plan year begins in January.	Exam, lenses, and frame once per plan year. Plan year begins in January.
Exam	WellVision Exam® with $10 copay. Routine retinal screening covered after a no more than $39 copay.	Up to $45 reimbursement
Lenses	Single vision, lined bifocal, lined trifocal and standard progressives	• Single vision – Up to $30 reimbursement with $20 copay. • Lined bifocal – Up to $50 reimbursement • Lined trifocal – Up to $65 reimbursement
Frames	$150 frame allowance. Receive an extra $20 on featured frame brands.	Up to $70 reimbursement
Contact Lenses	$150 allowance. Contact lens fitting – up to $20 copay.	Up to $105 reimbursement (fitting, evaluation and contact lenses)
VSP Diabetic Eyecare Plus Program	$0 Copay Retinal screening for members with diabetes. Additional exams and services for $20 per exam members with diabetic eye disease, glaucoma, or age-related macular degeneration.	Not Covered

All retiree and LTD participants continue to be eligible to enroll in the vital savings program offered through Aetna. If you chose this vision coverage option, you must enroll directly with Aetna. For more information, contact Aetna at **866-368-4825** or **www.vitalsavingsbyaetna.com**. Be sure to mention that you are a Penn retiree/LTD participant and the Promotional Code Number 882016015.

MetLife Retiree Dental

Retirees can select from two levels of dental coverage: Standard and Premium. Once you elect this coverage you must stay enrolled in the plan for three years. You can only elect one of the plans if you are newly retired or have a qualifying life event. The Premium plans out of network benefit has been enhanced.

Standard Dental Coverage

The MetLife standard plan maximum is $1,500, with Basic Restorative services paid at 80%. The plan is only open to new participants every three years.

Premium Dental Coverage

The MetLife Premium plan maximum is $2,000, with Basic Restorative service paid at 90%. The plan will only be open to new participants every three years.

	Plan Option 1: Standard		Plan Option 2: Premium	
	In-Network % of Negotiated Fee*	Out-of-Network % of Maximum Allowable Charge**	In-Network % of Negotiated Fee*	Out-of-Network % of R&CFee***
Coverage Type				
Type A: Preventive (cleaning, exams)	100%	100%	100%	100%
Type B: Basic Restorative	80%	80%	80% & 90% for fillings	80% & 90% for fillings
Type C: Major Restorative (bridges, dentures)	25%	25%	50%	50%
Type D: Orthodontia	Not covered		Not covered	
Deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$0	$0
Annual Maximum Benefit				
Per Person	$1,500	$1,500	$2,000	$2,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

**Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.*

***Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.*

****R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's actual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.*

†Applies only to Type B & C Services.

Retiree Life Insurance Coverage

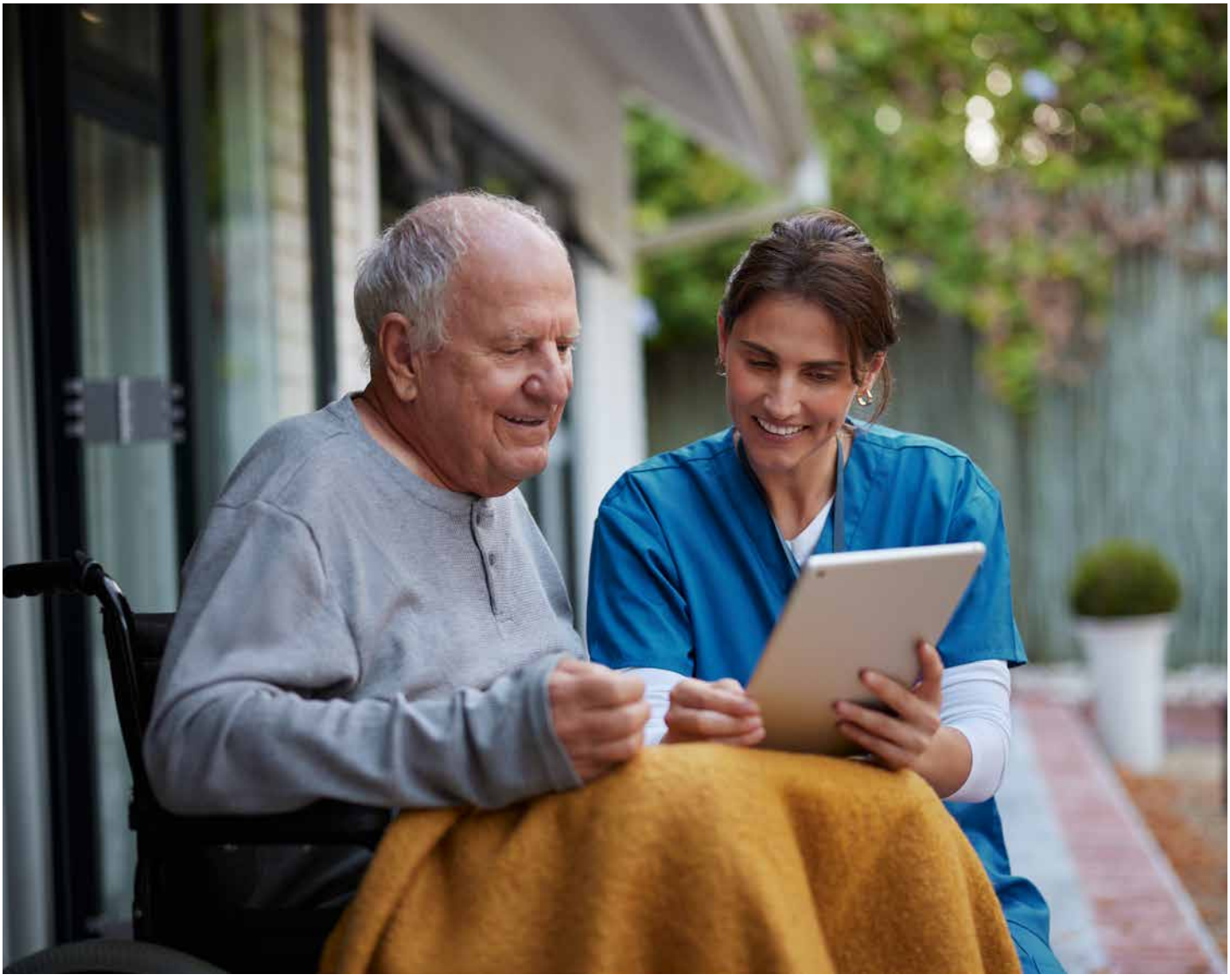
Penn's MetLife retiree life insurance benefit is a flat $10,000. If you haven't recently done so, you should review your life insurance beneficiary designation in Workday (and update it if necessary) to ensure it reflects your current wishes. You can make changes using the Workday@Penn portal or by contacting the University of Pennsylvania Benefits Solution Center at Health Advocate at **866-799-2329**.

Long-Term Disability Life Insurance Coverage

Basic life insurance continues while you are receiving LTD benefits. If you were enrolled in supplemental life as an employee, you may continue this benefit at the same level of coverage in effect prior to your disability, unless you elect to reduce the level of coverage or cancel coverage. Once you reduce the coverage level or cancel supplemental life coverage, you cannot increase the coverage level or reenroll for coverage.

You pay for Supplemental Life Insurance through direct bill; the cost of coverage is based on your age at the time of enrollment and the amount of coverage you elect. Age based cost increases occur based on your age as of January 1 of the new plan year.

If you haven't recently done so, you should review your life insurance beneficiary designation in Workday (and update it if necessary) to ensure it reflects your current wishes. You can make changes using the Workday@Penn portal or by contacting the University of Pennsylvania Benefits Solution Center at Health Advocate at **866-799-2329**.



2026 Enrollment Rates

Review your rate chart for your Medicare and Non-Medicare Plan options. For family coverage where one of your family members is not yet 65, you must select a non-Medicare plan for one participant, and select a Medicare plan for the other participant. You will select single coverage for each.

Retirees Hired Before January 1, 2006

Your Monthly Contribution

MEDICAL

Non-Medicare Participants and Dependents – Billed Monthly

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
Retiree (single)	$272	$217	$329
Retiree +1	$544	$434	$658
Retiree +2 or more	$816	$651	$987

Medicare-Eligible Retirees and/or Dependents

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)	MediGap 65 Special (Medicare Supplement)
Single				
Medical Only	N/A	$51	$100	$100
Medical & Prescription	$295	$170	$219	$219
Family*				
Medical Only	N/A	$102	$200	$200
Medical & Prescription	$590	$340	$438	$438

DENTAL

MetLife Preferred Dental Program		
	Standard Plan	Premium Plan
Retiree (Single)	$31.20	$58.53
Retiree +1	$62.64	$117.52
Retiree +2 or More	$93.86	$176.09

VISION

VSP Vision Plan	
Retiree (Single)	$6.53
Retiree +1	$13.09
Retiree +2 or More	$15.39

Vital Savings by Aetna	
Single	$4.00
Family	$7.00

**Family rate is for Retiree plus 1.*

2026 Enrollment Rates, continued

Retirees Hired After January 1, 2006

Your Monthly Contribution

MEDICAL

Non-Medicare Participants and Dependents – Billed Monthly

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
Retiree (single)	$272	$217	$329
Retiree +1	$544	$434	$658
Retiree +2 or more	$816	$651	$987

Split Contract – Combination of Medicare Eligible and Non-Medicare Eligible Family Members

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
1 Dependent	$272	$217	$329
2+ Dependent	$544	$434	$658

Medicare-Eligible Retirees and/or Dependents

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)
Single			
Medical Only	N/A	$51	$100
Medical & Prescription	$295	$170	$219
Family*			
Medical Only	N/A	$177	$275
Medical & Prescription	$755	$505	$603

Split Contract – Combination of Medicare Eligible and Non-Medicare Eligible Dependent(s)

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)
Dependent (Single)			
Medical Only	N/A	$126	$175
Medical & Prescription	$460	$335	$384
Family			
Medical Only	N/A	$252	$350
Medical & Prescription	$920	$670	$768

**Family rate is for Retiree plus 1.*

DENTAL

MetLife Preferred Dental Program		
	Standard Plan	Premium Plan
Retiree (Single)	$31.20	$58.53
Retiree +1	$62.64	$117.52
Retiree +2 or More	$93.86	$176.09

VISION

VSP Vision Plan	
Retiree (Single)	$6.53
Retiree +1	$13.09
Retiree +2 or More	$15.39

Vital Savings by Aetna	
Single	$4.00
Family	$7.00

2026 Enrollment Rates, continued

Long-Term Disability Participants

Your Monthly Contribution

MEDICAL

All Family Members – Non-Medicare Eligible – Billed Monthly

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
LTD (single)	$140	$140	$140
LTD +1	$300	$300	$300
LTD +2 or more	$500	$500	$500

All Family Members – Medicare-Eligible

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Premium
LTD (single)	$140	$140
LTD + 1	$300	$300
LTD + 2 or more	$500	$500

Split Contract – Combination of Medicare Eligible and Non-Medicare Eligible Family Members

Coverage	Aetna Medicare (PPO) Aetna POS II	MediGap Security 65 Premium (Medicare Supplement) PennCare/Personal Choice PPO / Keystone HMO
1 Dependent	$160	$160
2+ Dependents	$360	$360

DENTAL

Coverage	Penn Dental	MetLife
LTD (single)	$45.17	$27.34
LTD +1	$88.62	$54.62
LTD +2 or More	$140.95	$82.03

VISION

Coverage	Davis Vision	VSP
LTD (single)	$4.73	$7.83
LTD +1	$10.21	$16.90
LTD +2 or More	$13.01	$21.56

Health Advocate

University of Pennsylvania Benefits Solution Center

Understanding your benefits and navigating the healthcare system can be challenging. The University of Pennsylvania Benefits Solution Center at Health Advocate **(866-799-2329)** is there to help.

Benefits Support

Their Benefits Specialists are familiar with your entire benefits package. They can:

- Explain your coverage and answer questions
- Connect you to the right benefit
- Help with enrollment and assist with changes in Workday

Healthcare Help

The same number also connects you to help for a full range of healthcare and insurance issues. Health Advocate's experienced Personal Health Advocates can:

- Answer questions about diagnoses and treatments
- Research the latest treatment options
- Find the right in-network doctors and make appointments
- Coordinate second opinions and transfer medical records
- Review medical bills and resolve claims and billing issues
- And much more

Member Website and App

The Health Advocate member website, **HealthAdvocate.com/upenn**, has information about all of your Health Advocate services. You can also download their free app at the App Store and Google Play.

Need Help?

Retirees can contact Health Advocate by phone, email, or the Health Advocate Member Engagement Portal.

- Call **866-799-2329**.
- Email **pennretirees@healthadvocate.com**.These cases will be assigned to the Health Advocate Penn Retirement Team for follow-up.
- Visit **www.healthadvocate.com/upenn** or log in with your PennKey at **www.hr.upenn.edu/healthadvocate**.

Contact Information

Plan and Administrator	Member Services
Health Advocate	1-866-799-2329 **HealthAdvocate.com/upenn**
Medical and Prescription — Non-Medicare Plans	
Aetna Choice POS II	888-302-8742 | 859-455-8650 (fax) **www.aetna.com**
Keystone HMO	800-ASK-BLUE (800-275-2583) **www.ibx.com**
PennCare/Personal Choice — Medical	800-ASK-BLUE (800-275-2583) **www.ibx.com**
PennCare/Personal Choice — Behavioral Health	Quest Behavioral Health 1-800-364-6352 **www.questbh.com**
CVS/Caremark Prescription plan	844-833-6390 **www.caremark.com**
Medical and Prescription — Medicare-Eligible Plans	
To find out more about your Social Security retirement benefit, begin Social Security income, or enroll in Medicare, visit www.socialsecurity.gov or call 800-772-1213.	
Aetna Medicare Plan (PPO)	800-282-5366 (Member Services) | 800-307-4830 (Pre-Enrollment Information) **www.aetna.com**
IBC Medigap Security 65 Plans & IBC 65 Special	800-ASK-BLUE (800-275-2583) **www.ibx.com**
SilverScript Medicare Part D	866-494-9829
Direct Billing & COBRA	
BRI	855-479-4004
Dental and Vision	
MetLife Dental	800-942-0854 **www.metlife.com/dental**
Aetna Vital Savings Dental and Aetna Visions Discounts	877-698-4825 Promotional Code # 882016015 **www.vitalsavingsbyaetna.com**
VSP Plan	800-877-7195 **www.vsp.com**
Life Insurance	
MetLife	800-638-6420
Long-Term Care	
Genworth	800-416-3624 **www.genworth.com/groupltc**

For questions visit **www.hr.upenn.edu** or call the University of Pennsylvania Benefits Solution Center at Health Advocate, from 8 a.m–10 p.m. ET, at **866-799-2329**

Penn
Human Resources

www.hr.upenn.edu/retirees