

University of Pennsylvania

2021 Retiree & Long-Term Disability

Annual Selection Guide



Penn
Human Resources

Enrollment Period

Monday, October 26, 2020 – Friday, November 20, 2020

Table of Contents

- Have You Relocated? Let Us Know! 2
- Before You Enroll 3
- What’s Changing as of January 1, 2021 3
- How to Enroll 4
- Medical and Prescription Coverage for Non-Medicare Participants/Dependents 5
- Prescription Drug Coverage Cost 6
- Medical Plan Comparison Chart: Non-Medicare Participants/Dependents 7
- Medical and Prescription Coverage for Medicare-Eligible Participants/Dependents . . . 11
- SilverScript Medicare Part D Prescription Drug Coverage 12
- Medical Plan Comparison Chart: Medicare-Eligible Participants/Dependents 13
- Dental and Vision Coverage 15
- Life Insurance Coverage 15
- Enrollment Rates 16
- Contact Information 21

Retiree and Long-Term Disability Annual Selection Period

Monday, October 26, 2020 – Friday, November 20, 2020

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, 2021.

Questions?

For more information about retiree or Long-Term Disability health benefits, visit the Human Resources retirement website at www.hr.upenn.edu/retiree.

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

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 Employee Solution Center at 215-898-7372
- | Send an email to hcmsolutioncenter@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.



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 2021 Retiree and Long-Term Disability Annual Selection Period will be held from Monday, October 26, 2020 – Friday, November 20, 2020 at 5:00 PM.

You must enroll by November 20, 2020 at 5:00 PM Eastern Standard Time in order to make changes for your calendar year 2021 benefits. This year we are extending our normal two-week enrollment for an additional week.

What's Changing as of January 1, 2021

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. This year, Penn is realigning the rates to reflect changes in the health care market. As a result, there will be a slight increase in the medical plan, but a slight reduction in the Part D prescription plan rate. The combined costs will remain the same as in 2020.

If You Don't Make Any Changes

You and your eligible dependents will maintain your current coverage for plan year 2021.

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.

How to Enroll for Your 2021 Coverage

Review all materials. Carefully review the information in this enrollment kit. To view the materials online, visit the Human Resources website at www.hr.upenn.edu/retiree. You'll need your PennKey and password to log on. To obtain or reset your PennKey or password, visit the PennCard Center or call **215-417-2273**. You can also contact the Penn Employee Solution Center at **215-898-7372**.

Consider and decide. 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 2021 Annual Selection period. Call the University of Pennsylvania Benefits Solution Center at Health Advocate at **866-799-2329** or use the Workday enrollment system and complete the following steps online.

With 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 "Open Enrollment -- Event" in your inbox.
- | Click "Elect" or "Waive" next to the corresponding benefit plan (your current coverage will be displayed for each benefits election).
- | When you have completed all your elections, click "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. 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.
- | 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.
- | Contact plan providers directly using the contact information on pages 21 and 22.
- | Contact the University of Pennsylvania 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.

This year's enrollment deadline is Friday, November 20, 2020 at 5:00 PM

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 Cost

The Prescription Drug Plan is administered by CVS/Caremark for all non-Medicare medical plans. Maintenance medication and 90-day retail pick-up options are available at CVS pharmacies.

Specialty drugs can be dispensed at CVS Pharmacies, CVS Specialty Mail Service, pharmacies at the Hospital of University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital, Penn Medicine Radnor, Penn Medicine at University City-Apothecary, Perelman Center for Advanced Medicine Pharmacy, and Penn Medicine at Valley Forge.

Applies to those enrolled in the PennCare/Personal Choice PPO, Aetna Choice POS II, and Keystone/AmeriHealth HMO plans				
	Generics	Brand Names with No Generic Equivalent	Brand Names with Generic Equivalent*	Specialty
Coinsurance; Minimum and Maximum Payment:				
Non-Maintenance				
30-day supply (any network retail pharmacy)	10%; \$20 min/ \$20 max	30%; \$100 max	10%; \$15 min/ \$100 max*	N/A
Maintenance				
30-day supply (any network retail pharmacy, up to 3 fills)†	10%; \$20 max	30%; \$100 max	10%; \$15 min/ \$100 max*	30%; \$15 min/ \$100 max
30-day supply (any network retail pharmacy, after 3 fills)†	20%; \$40 max	60%; \$150 max	20%; \$30 min/ \$200 max*	N/A
90-day supply (CVS pharmacies or CVS Mail Service)	10%; \$40 max	20%; \$100 max	10%; \$30 min/ \$200 max*	30%; \$20 min/ \$100 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 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 ordering 90-day supplies through the CVS/Caremark Mail Service program or at CVS pharmacies.

Medical Plan Comparison Chart: Non-Medicare Participants/ Dependents 2021

Plan Name	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible[†]	\$150 individual/\$450 family	\$350 individual/\$1,500 family	\$500 individual/\$1,500 family
Out-of-Pocket Maximum[†]			
• Copay, coinsurance, and deductible	\$1,000 individual/\$3,000 family	\$2,500 individual/\$7,200 family	\$3,500 individual/\$10,500 family
Maximum Lifetime Benefit[†]	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
• Primary care	\$20 copay	\$25 copay	40% after deductible
• Specialist	\$40 copay	\$50 copay	40% after deductible
Retail Clinic	N/A	\$25 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 eye exams	N/A	N/A	N/A
• 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
Maternity			
• 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	\$25 copay	\$25 copay	40% after deductible
• X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
• In vitro fertilization (limit two cycles per lifetime at HUP only)*	\$40 copay for first visit; then 10% after deductible	Not covered	Not covered

* Pre-certification needed for certain services and medical devices

† Covers medical and behavioral health/substance abuse

Plan Name	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	\$25 copay	\$25 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)	\$30 copay	\$40 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
Behavioral Health and Substance Abuse			
• Providers	In-Network (Quest Behavioral Health)	In-Network (Quest Behavioral Health)	Out-of-Network
• Outpatient	\$20 copay per visit; unlimited visits if medically necessary	\$20 copay per visit; unlimited visits if medically necessary	40% after deductible; 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

* Pre-certification needed for certain services

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

Legal Disclaimer: This comparison chart provides 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.

Plan Name	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	(based on reasonable and customary fees)	In-Network
Deductible†	\$300 individual/\$900 family	\$800 individual/\$2,400 family	\$100 individual/\$200 family
Out-of-Pocket Maximum†			
• Copay, coinsurance, and deductible	\$1,200 individual/ \$3,600 family	\$2,400 individual/ \$7,200 family	\$1,200 individual/ \$2,400 family
Maximum Lifetime Benefit†	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
• Primary care	\$30 copay	40% after deductible	\$25 copay
• Specialist	\$50 copay	40% after deductible	\$45 copay with referral
Retail Clinic	\$30 copay	40% after deductible	\$25 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
Maternity			
• 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
• In vitro fertilization (limit two cycles per lifetime at HUP only)*	\$50 copay for first visit; then 20% after deductible	N/A	\$45 copay for first visit; then 10% after deductible
• Laboratory/pathology	\$30 copay	40% after deductible	\$25 copay
• X-rays/radiology	\$50 (routine ¹) or \$100 (complex ²) copay with referral	40% after deductible	\$50 (routine ¹) or \$100 (complex ²) copay with referral
Outpatient Services			
• Surgery	20% after deductible	40% after deductible	10% after deductible
• Laboratory/pathology	\$30 copay	40% after deductible	\$25 copay
• X-rays/radiology	\$50 (routine ¹) or \$100 (complex ²)	40% after deductible	\$45 (routine ¹) or \$100 (complex ²) copay with referral

Plan Name	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
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)	\$40 copay	40% after deductible	\$35 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
Behavioral Health and Substance Abuse			
• Providers	In-Network (Aetna Behavioral Health Network)	Out-of-Network	Keystone HMO providers
• Outpatient	\$30 copay per visit; unlimited visits if medically necessary	40% after deductible; unlimited visits if medically necessary	\$25 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

* Pre-certification needed for certain services.

† Covers medical and behavioral health/substance abuse

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

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

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)

Legal Disclaimer: This comparison chart provides 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.

Medical and Prescription Coverage for Medicare-Eligible Participants/Dependents

Medicare-Eligible Medical Plans

Aetna Medicare Plan (PPO) — Aetna’s Medicare Advantage PPO 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 13, 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 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, as the majority of expenses are covered in full under the hospital and medical/surgical aspects of the plan. It is recommended that you visit Medicare participating providers in order to maximize your benefits. **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.**

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.

For the 2021 plan year, the University’s SilverScript Medicare Part D prescription plan will be enhanced to include more prescription drugs. The remainder will be covered under the Wrap Plan (see chart below).

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.

	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)
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	Generic - Greater of 5% (not to exceed initial coverage limit copays or stepping logic) or \$3.70. All other brands – Greater of 5% (not to exceed initial coverage limit copays or stepping logic) or \$9.20		\$2,000 maximum out of pocket	

Medical Plan Comparison Chart: Medicare-Eligible Participants/ Dependents 2021

Plan Name	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	Reimburse up to \$500, every 36 months	Reimburse up to \$500, every 36 months	Not covered	Not covered	Not covered
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¶

Plan Name	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	\$20 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 11-20), \$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

MetLife Retiree Dental 2021

In-Network	Coverage
Type A Services (Preventive)	100%
Type B Services (Basic Restorative)	80%
Type C Services (Major Restorative)	25%
Deductible (Applies to Type B and C Services)	\$50/\$150
Annual Maximum	\$1500

Dental and Vision Coverage

The retiree dental coverage under MetLife was enhanced beginning January 1, 2020. The plan maximum will remain \$1,500, with Basic Restorative services paid at 80%. The plan is only open to new participants every three years, so you will not be able to enroll or drop this coverage for the next plan year. The next dental enrollment period will be in 2021 for the 2022 plan year.

All retirees and LTD participants are eligible to enroll in the Vital Savings by Aetna program. This program provides discounts on dental and vision care when you use participating providers. You must enroll directly with Aetna. For more information, contact Aetna at **1-866-368-4825** or **www.vitalsavingsbyaetna.com**.

Be sure to mention that you are a Penn retiree/LTD participant and the Promotional Code Number 882016015.

Life Insurance Coverage

Penn's MetLife retiree life insurance benefit increased to 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**.



Legal Disclaimer: The comparison chart on pages 13-14 provides 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.

2021 Enrollment Rates

Review your rate chart for your Medicare and Non-Medicare Plan options. For Family coverage where one of your family 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)	\$210	\$168	\$255
Retiree +1	\$420	\$336	\$510
Retiree +2 or more	\$630	\$504	\$765

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
Single				
Medical Only		\$43	\$86	\$86
Medical & Prescription	\$214	\$129	\$172	\$172
Family				
Medical Only		\$86	\$172	\$172
Medical & Prescription	\$428	\$258	\$344	\$344

DENTAL

MetLife Preferred Dental Program	
Retiree (Single)	\$29.71
Retiree +1	\$59.66
Retiree +2 or More	\$89.39

VISION

Vital Savings by Aetna	
Single	\$4.00
Family	\$7.00

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)	\$210	\$168	\$255
Retiree +1	\$664	\$636	\$712
Retiree +2 or more	\$1,117	\$1,105	\$1,169

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

	Aetna Choice POS II	Keystone / AmeriHealth HMO	PennCare / Personal Choice (PPO)
1 Dependent	\$454	\$468	\$457
2+ Dependent	\$907	\$937	\$914

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		\$43	\$86
Medical & Prescription	\$214	\$129	\$172
Family			
Medical Only		\$150	\$236
Medical & Prescription	\$557	\$387	\$473

Retirees Hired After January 1, 2006, continued

YOUR MONTHLY CONTRIBUTION

MEDICAL, continued

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

	Aetna Medicare Plan (PPO)	Medigap Security 65 Standard (Medicare Supplement)	Medigap Security 65 Premium (Medicare Supplement)
Dependent (Single)			
Medical Only	N/A	\$107	\$150
Medical & Prescription	\$343	\$258	\$301
Family			
Medical Only	N/A	\$214	\$300
Medical & Prescription	\$662	\$516	\$602

DENTAL

MetLife Preferred Dental Program	
Retiree (Single)	\$29.71
Retiree +1	\$59.66
Retiree +2 or More	\$89.39

VISION

Vital Savings by Aetna	
Single	\$4.00
Family	\$7.00



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)	\$100	\$100	\$100
LTD +1	\$225	\$225	\$225
LTD +2 or more	\$350	\$350	\$350

All Family Members – Medicare-Eligible

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard	MediGap Security 65 Premium
LTD (single)	\$100	\$100	\$100
LTD + 1	\$225	\$225	\$225
LTD + 2 or more	\$350	\$350	\$350

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

Coverage	Aetna Medicare (PPO) Aetna POS II	MediGap Security 65 Standard (Medicare Supplement) PennCare/Personal Choice PPO	MediGap Security 65 Premium (Medicare Supplement) PennCare/Personal Choice PPO
LTD (single)	\$100	\$100	\$100
LTD +1	\$225	\$225	\$225
LTD + 2 or more	\$350	\$350	\$350

DENTAL

Coverage	Penn Dental	MetLife
LTD (single)	\$38.02	\$27.34
LTD +1	\$74.59	\$54.62
LTD +2 or More	\$118.63	\$82.03

VISION

Coverage	Davis Vision	VSP
LTD (single)	\$4.73	\$6.82
LTD +1	\$10.22	\$14.74
LTD +2 or More	\$13.01	\$18.79

Health Advocate

University of Pennsylvania Benefits Solutions Center

Understanding your benefits and navigating the healthcare system can be challenging. The University of Pennsylvania Benefits Solutions 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.



Contact Information

Plan and Administrator	Member Services
Health Advocate	866-799-2329 <i>HealthAdvocate.com/upenn</i>
MEDICAL AND PRESCRIPTION—Non-Medicare Plans	
Aetna Choice POS II	888-302-8742 859-455-8650 (fax) <i>www.aetna.com</i>
Keystone HMO	800-ASK-BLUE (800-275-2583) <i>www.ibx.com</i>
PennCare/Personal Choice — Medical	800-ASK-BLUE (800-275-2583) <i>www.ibx.com</i>
PennCare/Personal Choice — Behavioral Health	Quest Behavioral Health 1-800-364-6352 <i>www.questbh.com</i>
CVS/Caremark Prescription plan	844-833-6390 <i>www.caremark.com</i>
MEDICAL AND PRESCRIPTION—Medicare-Eligible Plans	
Aetna Medicare Plan (PPO)	<i>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.</i> 800-282-5366 (Member Services) 800-307-4830 (Pre-Enrollment Information) <i>www.aetna.com</i>
IBC Medigap Security 65 Plans & IBC 65 Special	800-ASK-BLUE (800-275-2583) <i>www.ibx.com</i>
SilverScript Medicare Part D	866-494-9829



Contact Information, continued

Plan and Administrator	Member Services
DIRECT BILLING	
WageWorks	1-888-678-4881
DENTAL AND VISION	
MetLife Dental	800-942-0854 www.metlife.com/dental
Aetna Vital Savings Dental and Aetna Visionsm Discounts	877-698-4825 Promotional Code # 882016015 www.vitalsavingsbyaetna.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 at

866-799-2329