2015 Retiree Medical Program

November 12, 2014

Today's Discussion

• Retiree Annual Enrollment
• What's New in 2015
• Medical Plan Options
• Monthly Contributions
Retiree Annual Enrollment

- The Enrollment period for retirees begins mid-October and ends December 5th (Medicare OE period ends December 7th)
- Enrollment materials mailed and posted on the University website mid-October
- No action required if you are not making changes

http://hr.columbia.edu/benefits/retirees

Information for Retirees

2016 Retiree Medical Information

2015 Retiree Medical Costs, Plan Comparisons and Election Forms
- 2016 Retiree Medical Costs, Plan Comparisons and Election Forms (PDF)
- 2015 Annual Enrollment Guide for Retirees (PDF)
- 2015 Annual Enrollment Guide for Retirees (Spanish) (PDF)
- 2015 Open Enrollment Guide for Retirees (PDF)
- 2015 Open Enrollment Guide for Retirees (Spanish) (PDF)
- 2015 Medicare Advantage Plans brochure for Retirees (PDF)
- Medicare Advantage Plans brochure for Retirees (PDF)

2016 Medicare Advantage Plans for Retirees 65 and Over
- Medicare Advantage Plans brochure for Retirees (PDF)
- Medicare Advantage Plans brochure for Retirees (Spanish) (PDF)
- Medicare Advantage Plans brochure for Retirees (PDF)
- Medicare Advantage Plans brochure for Retirees (Spanish) (PDF)
- Medicare Advantage Plans brochure for Retirees (PDF)
- Medicare Advantage Plans brochure for Retirees (Spanish) (PDF)

Benefits Contents
- Benefits Highlights Annual Benefits Guide
- Tuition Refunds
- Employee Assistance Program (EAP)
- FAQs & Glossary
- Information for Retirees
- Patient Protection and Affordable Care Act (PPACA)
- Protective Plans, Medical Benefits
- CBP’s Officers and Support Staff
- Adoption Assistance Program
- Summaries of Benefits & Coverage
- Summary Plan Descriptions & Retirement Plan Disclosure Statements
- Summary Annual Reports (EISB) and Form 5500s (Annual Reports)

Highlights
- External Resources
What's New in 2015 for pre-65 retirees?

- Health plans consolidated with UHC for all (but post-65)
- Options
  - Choice Plus 100
  - Choice Plus 90
  - New Choice Plus 80
- Vision benefits aligned
- Autism exclusion removed
- Out-of-pocket limits increased (in and out-of-network)

Out of pocket limits: Choice Plus Plans

- All plans currently include an in-network out-of-pocket (OOP) maximum, as required by ACA
- Rx copays in addition to medical copays now count towards the in-network OOP maximum on all medical plans
  - Choice Plus 100: $4,000/individual and $8,000/family [post-65 retiree]
  - Choice Plus 90: $2,500/individual and $5,000/family [pre-65 retiree]
  - Choice Plus 80: $3,000/individual and $6,000/family [pre-65 retiree]
- Consequently, the out-of-network OOP maximums have increased to $4,500 individual/$9,000 family
Medical Plan Options - Post-65

- Supplemental
  - UHC Indemnity Plan replaces Cigna Plan B
  - UHC Choice Plus 100

- Medicare Advantage
  - UHC HMO in NY and NJ
  - Aetna PPO in CA, DC, FL, MA, MD, ME, NC, NJ, NY, PA
  - Aetna PPO Extended Service Area (ESA) in other states

Post-65 Supplemental Plans
(in-network benefits)

<table>
<thead>
<tr>
<th>UHC Indemnity Plan</th>
<th>UHC Choice Plus 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible: $250/$500</td>
<td>Deductible: none</td>
</tr>
<tr>
<td>Preventive care: not covered</td>
<td>Preventive care: 100%</td>
</tr>
<tr>
<td>Physician office visit: 80%</td>
<td>Physician office visit: $30 copay</td>
</tr>
<tr>
<td>Inpatient: R&amp;B 100%</td>
<td>Inpatient: $500 copay per admission</td>
</tr>
<tr>
<td>Ambulatory: 80%</td>
<td>Ambulatory: $150 copay (lab, rad)</td>
</tr>
<tr>
<td>Annual OOP max: $1,250/$2,500</td>
<td>Annual OOP max: $4,000/$8,000</td>
</tr>
<tr>
<td>Vision: none</td>
<td>Vision: none</td>
</tr>
<tr>
<td>Outpatient MH/SA: 80%</td>
<td>Outpatient MH/SA: $30 copay</td>
</tr>
</tbody>
</table>

*Only change from 2014*
Post-65 Supplemental Plans

UHC Indemnity Plan
- Rx retail/mail copays
  - $10/$15 generic
  - $25/$50 single source brand
  - $45/$90 multi source brand

UHC Choice Plus 100
- Rx retail/mail copays
  - $10/$15 generic
  - $25/$50 single source brand
  - $45/$90 multi source brand

Post-65 Medicare Advantage Plans

Aetna PPO in-network
- Deductible: none
- Preventive care: 100%
- Physician office visit: $30 copay
- ER copay: $65
- Inpatient: $500 per admission
- Ambulatory: $120
- OOP max: $6,700
- Vision/hearing: yes
- Outpatient MH/SA: $30 copay

UHC HMO
- Deductible: none
- Preventive care: 100%
- Physician office visit: $20 copay
- ER copay: $50
- Inpatient: $200 per admission
- Ambulatory: $100
- OOP max: $6,700
- Vision/hearing: yes (eye exam only)
- Outpatient MH/SA: $20 copay
Post-65 Medicare Advantage Plans

Aetna PPO
- Rx retail/mail copays
  - $10/$15 generic
  - $25/$50 single source brand
  - $45/$90 multi source brand

UHC HMO
- Rx retail/mail copays
  - $10/$20 generic
  - $25/$50 single source brand
  - $50/$100 multi source brand

These Medicare Advantage plans have no “donut hole” (Rx coverage gap); therefore, no need to enroll in Medicare Part D

2015 Monthly Premiums
Retired on or before December 31, 2011

<table>
<thead>
<tr>
<th>Medical Plan Option</th>
<th>Under Age 65 Retiree</th>
<th>Under Age 65</th>
<th>Over Age 65 Retiree</th>
<th>Over Age 65 Spouse/Same Sex Domestic Partner</th>
<th>Child(ren) (under-age 65 retirees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC Choice Plus 80</td>
<td>$486</td>
<td>$718</td>
<td>N/A</td>
<td>N/A</td>
<td>$279</td>
</tr>
<tr>
<td>UHC Choice Plus 90</td>
<td>$531</td>
<td>$762</td>
<td>N/A</td>
<td>N/A</td>
<td>$301</td>
</tr>
<tr>
<td>UHC Choice Plus 100</td>
<td>$656</td>
<td>$888</td>
<td>$415</td>
<td>$487</td>
<td>$364</td>
</tr>
<tr>
<td>UHC Indemnity</td>
<td>N/A</td>
<td>N/A</td>
<td>$343</td>
<td>$415</td>
<td>N/A</td>
</tr>
<tr>
<td>Aetna Medicare Advantage PPO</td>
<td>N/A</td>
<td>N/A</td>
<td>$219</td>
<td>$291</td>
<td>N/A</td>
</tr>
<tr>
<td>UHC HMO</td>
<td>N/A</td>
<td>N/A</td>
<td>$151</td>
<td>$223</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### 2015 Monthly Premiums
Retired after December 31, 2011

<table>
<thead>
<tr>
<th>Medical Plan Option</th>
<th>Under Age 65 Retiree</th>
<th>Under Age 65 Spouse/Same Sex Domestic Partner</th>
<th>Over Age 65 Retiree</th>
<th>Over Age 65 Spouse/Same Sex Domestic Partner</th>
<th>Child(ren) (under age 65 retirees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC Choice Plus 80</td>
<td>$662</td>
<td>$806</td>
<td>N/A</td>
<td>N/A</td>
<td>$367</td>
</tr>
<tr>
<td>UHC Choice Plus 90</td>
<td>$707</td>
<td>$850</td>
<td>N/A</td>
<td>N/A</td>
<td>$389</td>
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<tr>
<td>UHC Choice Plus 100</td>
<td>$832</td>
<td>$976</td>
<td>$487</td>
<td>$523</td>
<td>$452</td>
</tr>
<tr>
<td>UHC Indemnity</td>
<td>N/A</td>
<td>N/A</td>
<td>$415</td>
<td>$451</td>
<td>N/A</td>
</tr>
<tr>
<td>Aetna Medicare Advantage PPO</td>
<td>N/A</td>
<td>N/A</td>
<td>$291</td>
<td>$327</td>
<td>N/A</td>
</tr>
<tr>
<td>UHC HMO</td>
<td>N/A</td>
<td>N/A</td>
<td>$223</td>
<td>$259</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Change in Monthly Contributions (Post-65)
Retired on or before December 31, 2011

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retiree</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHC Med Advantage</td>
<td>$114</td>
<td>$130</td>
<td>$151</td>
<td>$21</td>
</tr>
<tr>
<td>Aetna Medicare Advantage</td>
<td>$159</td>
<td>$189</td>
<td>$219</td>
<td>$30</td>
</tr>
<tr>
<td>Cigna Plan B/UHC</td>
<td>$287</td>
<td>$343</td>
<td>$343</td>
<td>$0</td>
</tr>
<tr>
<td>UHC POS 100</td>
<td>$351</td>
<td>$415</td>
<td>$415</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHC Med Advantage</td>
<td>$186</td>
<td>$202</td>
<td>$223</td>
<td>$21</td>
</tr>
<tr>
<td>Aetna Medicare Advantage</td>
<td>$231</td>
<td>$261</td>
<td>$291</td>
<td>$30</td>
</tr>
<tr>
<td>Cigna Plan B/UHC</td>
<td>$359</td>
<td>$415</td>
<td>$415</td>
<td>$0</td>
</tr>
<tr>
<td>UHC POS 100</td>
<td>$423</td>
<td>$487</td>
<td>$487</td>
<td>$0</td>
</tr>
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</table>
Change in Monthly Contributions (Post-65)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHC Med Advantage</td>
<td>186</td>
<td>202</td>
<td>223</td>
<td>223</td>
<td>21</td>
</tr>
<tr>
<td>Aetna Medicare Advantage</td>
<td>231</td>
<td>261</td>
<td>291</td>
<td>291</td>
<td>30</td>
</tr>
<tr>
<td>Cigna Plan B/UHC</td>
<td>359</td>
<td>415</td>
<td>415</td>
<td>415</td>
<td>0</td>
</tr>
<tr>
<td>UHC POS 100</td>
<td>423</td>
<td>487</td>
<td>487</td>
<td>487</td>
<td>0</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHC Med Advantage</td>
<td>222</td>
<td>238</td>
<td>259</td>
<td>259</td>
<td>21</td>
</tr>
<tr>
<td>Aetna Medicare Advantage</td>
<td>267</td>
<td>297</td>
<td>327</td>
<td>327</td>
<td>30</td>
</tr>
<tr>
<td>Cigna Plan B/UHC</td>
<td>395</td>
<td>451</td>
<td>451</td>
<td>451</td>
<td>0</td>
</tr>
<tr>
<td>UHC POS 100</td>
<td>459</td>
<td>523</td>
<td>523</td>
<td>523</td>
<td>0</td>
</tr>
</tbody>
</table>

Where to go for Information

- **Columbia Benefits Service Center**: 212-851-7000
  615 West 131st Street, MC 8703
  Studebaker 4th Floor
  New York, NY 10027
  fax: (212) 851-7025 (*SECURE*)
  hrbenefits@columbia.edu
  Monday through Friday
  9:00 a.m. - 4:00 p.m.

- **UnitedHealthcare Member Services**: 800-232-9357

- **UHC web site (for pre-65 retirees)**: [http://columbia.welcometouhc.com/home](http://columbia.welcometouhc.com/home)
UnitedHealthcare is Columbia University's single health care plan vendor for the employee medical benefit plans, effective January 1, 2015.

Questions, please call one of their Health Advisors at 800-232-9357.
2015 Health Plan Election Form for Retirees Age 65 and Older

Please print all information and sign and date the form.

☐ Open Enrollment  
☐ New Enrollment  
☐ Qualified Life Status Change

Fax or mail this form to:
EBPA  
37 Industrial Drive  
Exeter, NH 03833-4593  
Secure Fax: (603) 773-4410

Last Name:  
First Name:  

Social Security Number:  
Date of Birth:  
Mailing Address:  

Telephone Number:  
Retirement Date:  

I elect the following Retiree Medical Plan to be effective January 1, 2015

☐ UnitedHealthCare Group (Medicare Advantage – HMO) Complete UHC Enrollment Application  
☐ Indemnity Plan (UHC)  
☐ Aetna Medicare (Medicare Advantage – PPO or ESA) Complete Aetna Enrollment Application  
☐ Choice Plus 100  
☐ I waive coverage at this time

COVERAGE LEVEL:
☐ Yourself  
☐ Spouse/Domestic Partner  
☐ Surviving Dependent of University Retiree

If you require split coverage because your spouse or eligible dependent is under age 65 and not eligible for the same plan as you, please complete and return the Medical Plan Election Form for Retirees Under Age 65.

Dependent Information

Please Note: Only the spouse/same-sex domestic partner who was your dependent when you retired will be eligible for medical benefits after you retire. However, you may continue to add new dependent children to your coverage. Enter information for all dependents you will cover. You must be prepared to provide proof of each dependent’s eligibility if you are selected for an audit.

Dependent #1: Name:  
Social Security Number:  
Relationship:  
Date of Birth:  

Dependent #2: Name:  
Social Security Number:  
Relationship:  
Date of Birth:  

Dependent #3: Name:  
Social Security Number:  
Relationship:  
Date of Birth:  

I understand that when I and any dependents become eligible for Medicare, we must enroll in Medicare Part A and Part B as our primary insurer.
I understand that if I waive my Columbia University Retiree Medical Coverage at this time, future eligibility will be determined upon the terms of the retiree medical plan in effect at the time and I must be able to provide proof of continuous medical coverage.

Retiree Signature:  
Date (mm/dd/yyyy):  

Columbia University HR Benefits • 2015 Retiree Benefit Election Form 10/2014
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Indemnity Plan (UHC)</th>
<th>Choice Plus 100</th>
<th>In-Network</th>
<th>Out-of-Network *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$250</td>
<td>$600 per person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Family</td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance/Plan Pays</td>
<td>80% after deductible</td>
<td>100%</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-pocket</td>
<td>$1,250 (includes deductible)</td>
<td>$4,000</td>
<td>$4,500</td>
<td></td>
</tr>
<tr>
<td>Maximum Individual</td>
<td>$2,500 (includes deductible)</td>
<td>$8,000</td>
<td>$9,000</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Not covered</td>
<td>100%</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>80% after deductible</td>
<td>$30 copay</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Emergency Room - Copay</td>
<td>80% after deductible</td>
<td>$150 copay</td>
<td>$150 copay; waivered if admitted</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>Pre-certification required Room &amp; Board: 100% after deductible Surgeon: 80% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>Pre-certification required Surgery: 80% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Surgeon's fee: 80% after deductible Non-surgical: 80% after deductible Laboratory/Radiology including pre-admission testing: 80% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Inpatient care</td>
<td>Pre-certification required 100% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient programs</td>
<td>Pre-certification required 80% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient counseling</td>
<td>80% after deductible</td>
<td>$500 copay per admission</td>
<td>$150 copay;waivered if admitted</td>
<td></td>
</tr>
<tr>
<td>Vision Care</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Hearing Care</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Laboratory/Radiology</td>
<td>80% after deductible</td>
<td>None</td>
<td>60% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

**Important note:** Many services require pre-certifications from Medicare. If you use a network provider, your participating network doctor or hospital generally takes care of the pre-certification process for you. However, it's always good to double-check that your provider has obtained the necessary authorizations from Medicare.

* Out-of-network coinsurance reimbursement is based on 190% of the Medicare Maximum Allowable Charge (MAC).

** No copay for Lab and Radiology at certain designated NYP locations.