Northwestern University
Post- 65 Retiree
Open Enrollment Meeting
Connector Model
September 2016
Why We’re Here

• There are multiple plans available to Northwestern University Retirees
  1. The first option we will discuss is called our Connector Model which offers various individual products within the model
  2. The second option is a group Medicare Advantage product (see separate presentation)
• You and your eligible post-65 spouse may each enroll in the option that best meets your needs
Step 1
LEARN ABOUT YOUR OPTIONS
The ABCs of Medicare

You must first be enrolled in Medicare Parts A and B to enroll in a Medicare Advantage or Medicare Supplement plan.

Medicare Supplement Insurance Plans
Why Choose a Medicare Supplement Plan?

Budgeting
- Helps you limit the out-of-pocket costs that Medicare Parts A and B don’t pay, such as deductibles and co-insurance amounts.

Convenience
- Plans offer the freedom to go to any hospital or physician accepting Medicare patients.
- No referral needed to see specialists.
- Range of coverage options to best suit your health care needs.
- Virtually no claim forms for you to file.
- A 30-day “free look” period for you to decide if you want to keep the plan.

Flexibility
- Coverage goes with you when you move or travel anywhere in the U.S.
- You have foreign travel coverage for emergency services [with some plans].
- Coverage is guaranteed to continue as long as you pay your premium when due and you have made no material misrepresentation on the application.
The Advantages of an AARP® Medicare Supplement Insurance Plan

Stability
• Annual rate increases have been 3.6% on average between 2010 and 2014, while varying by specific plan, state and year.*
• The only Medicare supplement plans that offer plans in all states.

Service
• 9 out of 10 plan holders surveyed would recommend their plan to a friend or family member.**
• Knowledgeable licensed insurance agents/ producers are available to assist you.
• Enjoy the flexibility to change to another AARP Medicare Supplement Plan at any time, if you qualify.***
• You benefit from exclusive member services – at no additional cost to you.†

Experience
• Trusted by more than 3.5 million members.*
• Backed by the experience and expertise of UnitedHealthcare Insurance Company (“UnitedHealthcare”).

***If you choose to change plans, you may be underwritten and may not be accepted into the plan.
†These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability, and may be discontinued at any time.

This presentation is for retirees of Northwestern University residing in Illinois.
## AARP Medicare Supplement Plan Options

<table>
<thead>
<tr>
<th>MEDICARE SUPPLEMENT PLANS</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>K</th>
<th>L</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A Co-insurance and Hospital Benefits</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part A Deductible</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>50%</td>
<td>75%</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part B Co-insurance or Co-payment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>50%</td>
<td>75%</td>
<td>Co-pay¹</td>
</tr>
<tr>
<td>Medicare Part B Deductible</td>
<td>--</td>
<td>--</td>
<td>--</td>
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<tr>
<td>Medicare Part B Excess Charges*</td>
<td>--</td>
<td>--</td>
<td>--</td>
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<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>Blood (First Three Pints)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>50%</td>
<td>75%</td>
<td>✓</td>
</tr>
<tr>
<td>Foreign Travel Emergency (up to plan limit)²</td>
<td>--</td>
<td>--</td>
<td>80%</td>
<td>80%</td>
<td>--</td>
<td>--</td>
<td>80%</td>
</tr>
<tr>
<td>Hospice Care Co-insurance or Co-payment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>50%</td>
<td>75%</td>
<td>✓</td>
</tr>
<tr>
<td>Skilled Nursing Facility Co-insurance</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>50%</td>
<td>75%</td>
<td>✓</td>
</tr>
<tr>
<td>2015 out-of-pocket limit (plans K and L only)³</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4,940</td>
<td>$2,470</td>
<td></td>
</tr>
</tbody>
</table>

¹Plan pays Part B co-insurance or co-payment except for an insured co-pay of up to $20 for each doctor’s office visit and up to $50 for each emergency room visit (emergency room co-pay waived if admitted as inpatient).

²Beneficiaries must pay a separate deductible for a foreign travel emergency ($250 per year) and a lifetime maximum benefit of $50,000 applies.

³The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible ($147 in 2015).

*Under Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Chart reflects 2015 data.

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The Benefits of AARP Membership

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

- AARP membership provides:
  - Access to exclusive discounts, such as pharmacy, travel, dining and vision discounts.
  - A subscription to the award-winning AARP The Magazine and AARP Bulletin.
  - Important information on health, Medicare, Social Security and much more.
- AARP membership is available to individuals age 50 and older and can include up to two members in one household.
24-hour Nurse HealthLine

- Speak directly with registered nurses, toll-free, 24 hours a day, 7 days a week.
- Get treatment decision support and prescription and medication information, and have your symptoms reviewed.

Vision discounts

- Save on eye exams, eyeglasses and contact lenses.

SilverSneakers® Fitness Program

- Live healthier with free access to fitness centers and classes. Get a free gym membership at participating locations with amenities like exercise equipment and fitness classes included.

*These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability, and may be discontinued at any time.

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Medicare Prescription Plans (Part D)
Medicare Prescription Drug Plans (Part D)

• Medicare Part D is a government program that helps cover the costs of many prescription drugs.

• Original Medicare Parts A & B do not include prescription drug coverage.

• Medicare Part D plans are available to those eligible for Medicare.

• You can enroll in a Medicare Part D plan through a private insurance company like UnitedHealthcare or other companies contracted with Medicare.

• If you don’t join a Medicare Part D plan when you’re first eligible, you may have to pay the Medicare late-enrollment penalty if you enroll later.
Medicare Prescription Drug Plans (Part D)

Two ways to get covered.

**Added on.**
A Medicare Part D plan can be added onto Original Medicare, a Medicare Supplement insurance plan or certain Medicare Advantage plan that doesn’t include prescription drug coverage.

**OR**

**Included.**
Many Medicare Advantage plans include prescription drugs as a part of the standard plan coverage.
UnitedHealthcare Prescription Drug Plans (Part D)

Coverage on thousands of brand name and generic drugs

• **Choice of plans** so you can choose the plan with the right coverage for you

• **Predictable copays as low as $1 - $2** with our Preferred Retail Pharmacy Network¹

• **As low as $0 copay for a 90-day supply of Tier 1 medications (typically preferred generic drugs)** through our Preferred Mail Service Pharmacy²

• **65,000+ convenient pharmacy locations** including large retailers and local drugstores
UnitedHealthcare Prescription Drug Plans (Part D)

Costs
All Medicare Part D plans are set up in drug payment stages. Each stage tells you the amount you pay and the amount your plan pays for covered medications.

Annual deductible
If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.

<table>
<thead>
<tr>
<th>Initial Coverage</th>
<th>Coverage Gap</th>
<th>Catastrophic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay co-pay or co-insurance for each covered drug, depending on plan. You stay in this stage until your total drug costs reach $3,700</td>
<td>You pay 40% of brand name drug prices and no more than 51% generic drug prices. You stay in this stage until your total out-of-pocket costs reach $4,950</td>
<td>You pay $3.30 for generics and $8.25 for all other drugs - or 5% of the retail drug cost, whichever is higher.</td>
</tr>
</tbody>
</table>

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs, starting January 2017. This does not include premiums.

Out-of-Pocket Costs: The amount you pay (or others pay on your behalf) for prescription drugs, starting January 2017. This does not include premiums.
## Two Plans That May Fit Your Needs

Most prescription drug plans divide their list of drugs into tiers or levels. Generally the lower the tier, the lower the cost you pay. If you have a drug in a higher tier, you may want to talk to your doctor to see if a drug in a lower tier will work just as well and save you money.

<table>
<thead>
<tr>
<th>At a Glance</th>
<th>AARP® MedicareRx Saver Plus (PDP)</th>
<th>AARP® MedicareRx Preferred (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug List</td>
<td>Includes most generic drugs covered by Medicare Part D and many commonly used brand-name drugs.</td>
<td>Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$400</td>
<td>$0</td>
</tr>
<tr>
<td>Average Monthly Premium</td>
<td>$29.80</td>
<td>$64.60</td>
</tr>
<tr>
<td>Tier 1 Copay</td>
<td>$1-3</td>
<td>$1-7</td>
</tr>
<tr>
<td>Tier 2 Copay</td>
<td>$2-6</td>
<td>$2-12</td>
</tr>
<tr>
<td>Tier 3 Copay</td>
<td>$20-45</td>
<td>$35-45</td>
</tr>
<tr>
<td>Tier 4 Copay</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 5 Coinsurance</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>Preferred Pharmacy Network</td>
<td>Copays as low as $1 when you fill your prescription at a preferred retail pharmacy.</td>
<td>Copays as low as $2 when you fill your prescription at a preferred retail pharmacy.</td>
</tr>
</tbody>
</table>
More ways you can save

1. **Review your medications.** Review your prescription drugs with your doctor at least once a year. Ask, “Do I still need them all? Can I stop taking the ones I don’t need?”

2. **Use your member ID card.** Show your member ID card at the pharmacy to get the plan’s discounted rates.

3. **Use participating network pharmacies.** You may get great benefit if you use in-network pharmacies.

4. **Take advantage of our Pharmacy Saver Program** Prescriptions as low as $1.50¹.

5. **Consider using OptumRx® Home Delivery Pharmacy.** You could save time and trips to the pharmacy.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.
Medicare Advantage Plans (Part C)
Medicare Advantage Plans (Part C)

Coverage
Medicare Advantage plans combine coverage for hospital stays with coverage for doctor visits, outpatient care, preventive care and often extra benefits like vision, dental, wellness and hearing exams. Many plans include Part D prescription drug coverage, too. Certain Medicare Advantage plans allow you to add a standalone prescription drug plan.

Medicare Part A  
Hospital

Medicare Part B  
Doctor and outpatient

Medicare Part D  
Prescription drug coverage is included in some plans

Additional Benefits  
Vision, hearing, dental and wellness programs are often included
Individual Medicare Advantage Plans (Part C)

Choices and Savings

- With UnitedHealthcare Medicare Advantage plans, we help connect you to the care you may need. You’ll have access to local networks of doctors, hospitals and other health care professionals — all with the convenience of one plan.
- If your UnitedHealthcare plan includes prescription drug coverage our Pharmacy Saver™ program offers prescriptions as low as $23.
- Some plans offer lower cost mail-order prescription drug programs that you can get sent right to your mailbox and other programs to help you save.

Costs

- Plans may have a $0 or low monthly premium.
- You must keep paying your Medicare Part B premium, if you have one.
- You pay for the services you use.
- All Medicare Advantage plans come with a limit on how much you pay out of pocket for covered services.
A Closer Look at the Individual Medicare Advantage Plans offered through the Connector Model

All of our plans:
- Use a **network** of doctors, hospitals and other health care professionals
- You must get routine care from one of our many plan providers
  - Typically do not provide coverage outside the contracted service area except for emergencies
  - Urgent care and renal dialysis are available out of network

**Point of Service (POS):**
- A type of HMO that allows you to receive certain services outside the network, generally at a higher cost

**Preferred Provider Organizations (PPOs):**
- You can go out of network for any covered services, generally at a higher cost
- Allow you to see a specialist without a referral
Step 2
CONSIDER YOUR CHOICES
Choosing a Plan That’s Right for You

Ask yourself:

How often do you visit your doctor?

Do you take prescription medications regularly? If so, what ones and their doses?

Would you rather:

• Pay a lower premium and copay for services as you use them or
• Pay a higher premium and have little to no cost for services

Would you change doctors or providers if it meant you could save on your healthcare costs?

Do you travel out of state? Out of country?
Choosing a Plan That’s Right for You

We are here for you every step of the way. As a UnitedHealthcare member, you get more than just a plan.

You also get:

• Experienced call center representatives ready to answer any questions you may have
• Educational materials in the mail throughout the year to help you make the most of your plan
• Online resources to learn about and compare your plan options
Step 3
ENROLL IN A PLAN
Questions?

We’re here to help.

All our Customer Service representatives are trained to identify your specific needs and match them to UnitedHealthcare’s portfolio of health plan options. Our easy-to-use website provides education on Medicare and other health plan options.

Before you call:

• Have your Medicare ID card on hand
• Think about how much you want to spend on your new plan(s)
• Have your doctors’ names and addresses ready
• Have a list of your prescription drugs
• Know the date you need to make a decision by to insure you don’t have a gap in coverage
Questions?

Call us at the following toll-free number:
1-877-791-9964, TTY 711
8 a.m. – 8 p.m. local time, 7 days a week

✔ Search for plans where you live, and even check to see if your prescription drugs are covered

✔ Visit medicare.gov or call 1-800-MEDICARE.gov or 1-800-633-4227 TTY users should call 1-877-486-2048 24 hours a day/7 days a week

✔ medicaremadeclear.com
Disclaimers

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, co-payments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

1Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.
Additional Information

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

**AARP does not employ or endorse agents, brokers or producers.**

Insured by UnitedHealthcare Insurance Company, Horsham, PA 19044. Policy Form No. GRP 79171 GPS-1 G-36000-4. In some states, plans may be available to persons eligible for Medicare by reason of disability or End-Stage Renal Disease.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

CALL TO RECEIVE COMPLETE INFORMATION (INCLUDING OUTLINES OF COVERAGE) SHOWING BENEFITS, COSTS, ELIGIBILITY REQUIREMENTS, EXCLUSIONS, AND LIMITATIONS.

EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. **These are not insurance programs and may be discontinued at any time.** These discounts cannot be combined with any other discounts, promotions, coupons, or vision care plans. All decisions about medications and vision care are between you and your health care provider. Products or services that are reimbursable by federal programs including Medicare and Medicaid are not available on a discounted or complimentary basis.

EyeMed pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store. Eye exam discount applies only to comprehensive eye exams and does not include contact lens exams or fitting. Contact lens purchase requires valid contact lens prescription. At LensCrafters locations, contact lenses are available by participating independent Doctors of Optometry or at LensCrafters locations. Cannot be combined with any other offer, previous purchases, or vision and insurance plans. Some restrictions apply. Some brands excluded. See store for details. Void where prohibited. Valid at participating locations. The Sears trademark is registered and used under license from Sears Brands LLC. Target Optical® is a registered mark of Target Brands, Inc. used under license.

Optum is the provider of Nurse HealthLine. Optum nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. **These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) and are not part of insurance coverage and may be discontinued at any time. AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

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Disclaimers

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-658-0539. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

Materials for MA and MAPD: Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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You must continue to pay your Medicare Part B premium.
Disclaimers cont.

1. Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

2. You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan’s Preferred Mail Service Pharmacy. Prescription orders sent directly to OptumRx from your doctor must have your approval before OptumRx can send your medications. This includes new prescriptions and prescription refills. OptumRx will contact you, by phone, to get your approval. At that time you may also tell OptumRx to automatically fill any future prescriptions they receive directly from your doctor(s) for up to one year. If OptumRx is unable to reach you for approval your prescription will not be sent to you. Refunds may be available for prescriptions you did not approve and did not want. You may request a refund or cancel your approval by calling OptumRx at 1-800-791-7658, (TTY 711), 8 a.m.–8 p.m. CT, Monday – Friday. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

3. Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

4. Plans are underwritten by Golden Rule Insurance Company and administered by Dental Benefit Providers, Inc. Availability varies by state.

5. As of 12/2012, Dental Benefit Providers Inc. and Spectera, Inc.’s Network availability may vary by state, and a specific dental care and/or vision care provider’s contract status can change at any time. Therefore, before you receive care, it is recommended that you verify with the dental or vision care provider that he or she is still contracted with the network.

6. You will receive a $130 retail frame allowance towards the purchase of any frame at an in-network provider.

7. Contacts chosen from the Covered Contact Lens Selection at a Preferred Provider. Non-Selection lenses will receive an allowance. No co-pay for non-selection Contact Lenses. For costs, benefits, exclusions, limitations, eligibility and renewal terms, contact 1-800-444-8990. Policy form number SA-S-1384 and state variations. Optional benefits require additional premium.

8. Savings compared to Network Retail Pharmacy and apply during the initial coverage period, which begins after the payment of your required deductible (if any) and ends when the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches $2,960.