YOUR ADVANTAGE:
Having a plan designed to work for you.

Northwestern University Post-65 Retiree 2018 Benefit Plans
Welcome

1. Why We’re Here
2. Original Medicare Basics
3. Plan Benefits
4. Questions & Answers
5. How to Enroll
Why UnitedHealthcare®?

UnitedHealthcare is here for you.
At UnitedHealthcare, we are dedicated to providing you with the programs, resources and tools to help you live a healthier life. We help connect you to the care and coverage you may need, when you may need it. And we are dedicated to helping you understand how to make the most of your plan. Because we know that healthy lifestyles are easier with healthy connections.
Original Medicare Basics
The ABCs of Medicare

Medicare choices.
After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.

- **Original Medicare**
  - Provided by the government
  - **PART A** covers hospital stays
  - **PART B** covers doctor and outpatient visits

- **Medicare Supplement Insurance**
  - Offered by private companies
  - Covers some of the costs not paid by Original Medicare Parts A and B

- **Medicare Part D**
  - Offered by private companies
  - **PART D** covers prescription drugs

- **Medicare Advantage**
  - Offered by private companies
  - **PART C** combines Part A (hospital) and Part B (doctor)
  - Provides additional benefits, services and programs
  - **PART D** Most plans cover prescription drugs

© 2015 United HealthCare Services, Inc., Medicare Made Clear™ initiative
Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.
Medicare Parts A & B (Original Medicare)

Original Medicare
Provided by the government

PART A
Part A covers hospital stays

PART B
Part B covers doctor and outpatient visits
Option: 1

Keep Original Medicare and add: **Medicare supplement insurance plans**

**Medicare Part D (Prescription Drug Plans)**
Option 2:

Medicare Part C (Medicare Advantage Plans)

- Part C combines Parts A and B
- Provides additional benefits, services and programs
- Most plans cover prescription drugs
When are you eligible for Medicare?

You’re eligible for Original Medicare (Parts A and B) if:

✓ You’re 65 years old, or you’re under 65 and qualify on the basis of disability or other special situation.

AND

✓ You’re a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years.

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65—regardless of your income or health status.
Beginning in April 2018, Centers for Medicare and Medicaid Services (CMS) will begin mailing new cards to beneficiaries to comply with The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

MACRA requires (CMS) to remove Social Security numbers from Medicare cards. To comply with that requirement, CMS is implementing this fraud prevention initiative, which will replace Medicare beneficiaries’ Social Security-based Health Insurance Claim Number (HICN) with a Medicare Beneficiary Identifier (MBI).

CMS will complete the process of replacing beneficiaries’ cards by April 2019.
Step 1
LEARN ABOUT YOUR OPTIONS
Northwestern Plan Options

**Individual Plans:**
1. Individual Medicare Supplement Insurance Plan
2. Individual Medicare Prescription Drug Plans

**Group Plan:**
1. Northwestern Group Medicare Advantage NPPO (Part C) Plan
Individual Medicare Supplement Insurance Plans
What Does a Medicare Supplement Plan Do?

- Helps you limit the out-of-pocket costs that Medicare Parts A and B don’t pay, such as deductibles and co-insurance amounts.
- Plans offer the freedom to go to any hospital or physician accepting Medicare patients.
- No referral needed to see specialists, and no claim forms.
- Range of coverage options to best suit your health care needs.
- A 30-day “free look” period for you to decide if you want to keep the plan.
- When traveling, coverage goes with you 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 continue to pay your premium when due and you also do not make fraudulent statements or intentional misstatements of one or more material facts when you apply for this plan.
Why Choose an AARP® Medicare Supplement Insurance Plan, Insured by UnitedHealthcare Insurance Company?

Stability
• Annual rate increases have been 2.6% on average between 2012 and 2016, while varying by specific plan, state and year.*

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.

Choice
• Enjoy the flexibility to change to another AARP Medicare Supplement Plan at any time, if you qualify.***
• Offers 8 plans in all states.

Experience
• Trusted by more than 4 million members.*
• Backed by the experience and expertise of UnitedHealthcare Insurance Company ("UnitedHealthcare").
• The only Medicare supplement plans that carry the AARP name.

***If you choose to change plans, you may be underwritten and may not be accepted into the plan if you are outside of Open Enrollment or Guaranteed Issue Periods or, if you are accepted, your rates may change.

This presentation is for retirees of Northwestern University who reside in Illinois.
**AARP Medicare Supplement Plan Information**

The following plans are being highlighted for you: A-N

<table>
<thead>
<tr>
<th><strong>AARP Medicare Supplement Plans and Benefits</strong></th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan F</th>
<th>Plan G</th>
<th>Plan K</th>
<th>Plan L</th>
<th>Plan N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A (Hospitalization) co-insurance plus 365 additional hospital days after Medicare benefits end</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Medicare Part B (Medical) co-insurance or co-payment²</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>50%¹</td>
</tr>
<tr>
<td>Blood (first three pints each year)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Part A Hospice Care co-insurance or co-payment</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care co-insurance</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Part A Deductible</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Part B Annual Deductible</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Part B Excess Charges</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Foreign Travel emergency care up to plan limits³</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>80%</td>
</tr>
<tr>
<td>Annual Out-of-Pocket spending limit [plans K and L only].¹</td>
<td>$5,240</td>
<td>$2,620</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

* AARP Medicare Supplement Insurance Plan G is not offered in all states.

1 While most Medicare supplement insurance plans do not have an annual out-of-pocket maximum, 2018 Plan K has an out-of-pocket maximum of $5,240 and Plan L has an out-of-pocket maximum of $2,620. Services under Plan K and Plan L that do not count toward out-of-pocket maximums include Part B excess charges and any service not covered by Medicare. After you meet your out-of-pocket yearly limit and your yearly Part B deductible ($183 in 2018), the Medicare Supplement plans pay 100% of covered services for the rest of the calendar year. Exception: Plans K and L will pay 100% of Part B co-insurance for preventive services covered by Medicare.

2 Plan pays Part B co-insurance or co-payment except for a co-pay up to $20 for each doctor's office visit and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

3 Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the $250 annual deductible with a $50,000 lifetime maximum for medically necessary Foreign Travel Emergency Care received outside the U.S. that begins during the first 60 days of each trip.

Benefits and costs vary depending on the Plan chosen.

This presentation is for retirees of Northwestern University who reside in Illinois.
The Benefits of AARP Membership

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

- AARP membership provides:
  - A subscription to the award-winning publications including *AARP The Magazine* and *AARP Bulletin*, and free guides on financial planning and health.
  - Healthcare Products & Services - Access to health and dental insurance products, as well as vision and prescription discounts.
  - TRAVEL DISCOUNTS on hundreds of hotels, resorts, car rentals, tours, cruises and plane fares worldwide.
  - FINANCIAL SERVICES access to life, auto and homeowners insurance, AARP-endorsed credit card, plus investment program options.
  - PROTECTION OF YOUR RIGHTS in Washington and your state government to strengthen Medicare and Social Security, confront age discrimination and protect pension benefits.

- AARP membership is available to individuals age 50 and older. The Membership Fee includes a spouse or domestic partner* for free.

*Spouse includes same or opposite sex civil union partners.

This presentation is for retirees of Northwestern University who reside in Illinois.
Value-Added Services*

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.

This presentation is for retirees of Northwestern University who reside in Illinois.
How Do I Pick a Plan?

When it comes to choosing a plan, here are the types of questions you may want to consider:

- How often do I visit my doctors and providers?
- Do I plan to do any traveling outside of the country?
- Would I rather pay a higher premium and have less cost-sharing (deductibles, co-insurance), or would I prefer a lower premium each month with higher cost-sharing?

If the right plan choice isn’t clear to you, or you aren’t sure about your options, no problem! Licensed insurance agent/producers are available at our call centers and can provide a needs assessment to determine what plan would best suit you.
Don’t Miss Out on Premium Discounts!

Household Discount
You may be eligible to each take 5% off your monthly premiums if two members are enrolled under the same AARP membership number and each is insured under an AARP-branded supplemental insurance policy with UnitedHealthcare.

Annual Payer Discount
You can take $24 off your annual household premium amount if you pay your full premium amount at once.

or...

EFT Discount
You can take $2 off the total monthly household premium if you pay your premium through EFT (electronic funds transfer).
Ready for the Next Step?

Call UnitedHealthcare at 1-877-791-9964 to speak with a licensed insurance agent/producer:

Get more information.
Find answers to your questions.
Get help with your application.
Enroll.

You may also send in a paper application, or enroll online* at aarpmedsuppretirees.com.

*Online enrollment availability may vary by state.
Individual Medicare Prescription Drug Plans
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

✓ Be sure to enroll in a Medicare Part D plan as soon as you are eligible. 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 (LEP) that is added to your monthly premium if you enroll later. Generally, you’ll pay this penalty for as long as you have Medicare prescription drug coverage.
Prescription Drug Plans (PDP)

Two ways to get covered

INCLUDED
Many Medicare Advantage plans include prescription drugs as a part of the standard plan coverage

OR

ADDED ON
A Medicare Part D plan can be added onto Original Medicare or to a Medicare supplement insurance plan.
Three 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.

✔ Pay $0 for a 90-day supply of most generic medications with OptumRx® home delivery.

<table>
<thead>
<tr>
<th>Plan Examples</th>
<th>Chicago Advocate PSP $0</th>
<th>Chicago A</th>
<th>Chicago B</th>
</tr>
</thead>
</table>

Call UHC Customer Service for more information on the details of each plan:

Annual deductible; Maximum out of pocket; PCP Visit; Specialist Visit; inpatient hospitalization; Outpatient services; Premium

1 $0 in 50 states and DC, all 5 U.S. Territories have full $400 deductible
2 Does not include U.S. Territories
Northwestern Group Medicare Advantage NPPO (Part C) Plan
Plan Benefits
Northwestern University
Group Medicare Advantage plan (NPPO)
Part C
Your Medicare Advantage plan

The advantages of a single plan.

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare. They include Part A and Part B coverage and often Part D — all in one plan. Medicare Advantage plans also generally offer additional benefits beyond doctor and hospital visits.

All the benefits of Part A
- Hospital stays
- Skilled nursing
- Home health

All the benefits of Part B
- Doctor’s visits
- Outpatient care
- Screenings and shots
- Lab tests

Prescription drug coverage
- Included in many Medicare Advantage plans

Additional benefits, programs and features
- May be bundled with the plan
Your plan overview NPPO
(National Preferred Provider Organization)

Getting the health care coverage you may need.

- Coverage for visiting doctors, clinics and hospitals in one plan
- Prescription drug coverage
- Typically, no referral needed to see a specialist
- You can see doctors outside the network without having to pay the entire cost yourself
- Depending on where you live, you may see doctors outside the network for the same cost share as in-network providers as long as the provider accepts Medicare and the plan
Your doctors NPPO
(National Preferred Provider Organization)

✓ This plan offers a large network of doctors, specialists and hospitals.

✓ There’s a chance your doctor is already part of our network. To find out, consult our online Provider Directory at www.UHCRetiree.com.

✓ If you need help finding a doctor, we’re here to help. Just call us.
### Northwestern Medicare Advantage NPPO

<table>
<thead>
<tr>
<th></th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$2,200</td>
</tr>
<tr>
<td>Benefit Coverage</td>
<td>Network Plan</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Primary care provider (PCP) office visit</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$35</td>
</tr>
<tr>
<td>Urgently needed care</td>
<td>$35</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$65</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>$225 days 1-8, $0 days 9-999</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>10%</td>
</tr>
</tbody>
</table>
Enjoy a clinical visit in the convenience of your own home.

UnitedHealthcare HouseCalls is an annual health and wellness program offered to you for no extra cost. The program sends an advanced practice clinician who will visit you at home. During the visit, the clinician will review your medical history and current medications. It can also give you a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that he/she has this additional information regarding your health. HouseCalls may not be available in all areas.

You may even be eligible for a reward when you complete a HouseCalls visit.
UnitedHealthcare’s Virtual Doctor Visits

See a doctor using your computer, tablet or mobile phone

UnitedHealthcare’s Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smartphone, from wherever you can access a strong Internet connection. These doctors are special providers that have the ability to offer virtual medical visits.

During a virtual visit you can ask questions, get a diagnosis and the doctor can even prescribe medication\(^1\) that, if appropriate, can be sent to your pharmacy.

You can find a list of participating virtual medical doctors online at www.UHCRetiree.com.

\(^1\)Doctors can’t prescribe medications in all states.
Fitness Program

Get active and have fun with SilverSneakers®*

Designed for all fitness levels and abilities, SilverSneakers® includes access to exercise equipment, classes and more at 13,000+ fitness locations. SilverSneakers® signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

At-home kits are offered for members who want to start working out at home or for those who can’t get to a fitness location due to injury, illness or being homebound.

*Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc.; and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.
Your Prescription Drug Coverage

✓ More than 68,000 network pharmacies nationwide — many national drugstore chains and independent neighborhood pharmacies are included.

✓ Thousands of covered brand name and generic prescription drugs.

✓ Bonus drug coverage in addition to Medicare Part D drug coverage.

✓ Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.
Drug Payment Stages – Full Coverage in the Gap

Northwestern PPO does not have an annual deductible. Your coverage begins in the initial coverage stage.

<table>
<thead>
<tr>
<th>Initial Coverage</th>
<th>Coverage Gap (Donut Hole)</th>
<th>Catastrophic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this drug payment stage:</td>
<td>Your plan provides additional coverage through the gap.</td>
<td>After your total out-of-pocket costs reach $5,000</td>
</tr>
<tr>
<td>You pay a copay or coinsurance (percentage of a drug’s total cost.) The plan pays the rest</td>
<td>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</td>
<td>You pay a small copay or coinsurance amount</td>
</tr>
<tr>
<td>You stay in this stage until your total drug costs reach $3,750</td>
<td>You stay in this stage until your total out-of-pocket costs reach $5,000</td>
<td>You stay in this stage for the rest of the plan year</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 2018. This does not include premiums.

**Out-of-Pocket costs**: The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2018. This does not include premiums, or the amount the group health plan, former employer, or plan sponsor pays for prescription drugs.
Your Part D plan (PDP) benefits

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription Drug Type</th>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail (30-day supply)</td>
<td>Preferred Mail Order (90-day supply)</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Generic and some Brands</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Preferred Brands and some generics</td>
<td>$35 co-pay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-Preferred Brands and some generics</td>
<td>$65 co-pay</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Specialty Drugs and some generics</td>
<td>$95 co-pay</td>
</tr>
</tbody>
</table>
Understanding Original Medicare’s Rules

✓ You must be entitled to Medicare Part A and enrolled in Medicare Part B and continue to pay your Medicare Part B premium.

✓ You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.

✓ You must inform us of any current prescription drug coverage or future enrollment that includes prescription drug coverage.

✓ If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare’s Late Enrollment Penalty.

✓ Medicare allows you to have different plans for medical (Medicare Advantage) and prescription drug coverage (Part D), but they must be from the same group-sponsored retiree health coverage. If you are enrolled in a group Medicare Advantage-only plan and need Part D coverage, you can not enroll in an individual Part D plan. You must enroll in a group-sponsored Part D prescription drug plan.

✓ When you are a member, you must read the plan’s Evidence of Coverage (EOC), including appeals and grievance rights which can be found www.UHCretiree.com or in the plan Annual Notice of Change.

• The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.

Please review the full text of the Statement of Understanding in your 2018 enrollment kit.
How to use your new Group PPO (Part C) plan after you have enrolled

It’s easy!

✓ On and after your effective date simply use your UnitedHealthcare® member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy.

✓ The back of your member ID card lists important phone numbers you may need throughout the year.

✓ Don’t discard your red, white and blue Medicare card; keep it in a safe place!

Store this card in a safe place in 2018

Use this card after you are enrolled
How to Enroll
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
Questions & Answers
Thank You

We look forward to welcoming you to our Medicare family.
Additional Information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor’s benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance 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.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

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.

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

Other pharmacies are available in our network.