



Talent Development & Human Resources
Office of Benefits Administration
Akron, OH 44325-0602
t: 330-972-7090 | f: 330-972-2336
e: UnivofAkron_Benefits@uakron.edu
<http://www.uakron.edu/hr/benefits/>

November 10, 2016

Name

Address

Dear Retiree Dependent(s):

Open Enrollment is your opportunity to review, renew, and make changes to your retiree dependent benefit plan election. Enclosed you will find benefit information and election form. **If you do not wish to make any changes, you do not need to do anything. If you wish to make changes, you must complete and return the Dependent Enrollment Form to Benefits Administration by November 30, 2016.** All changes are effective January 1, 2017. If you are currently enrolled in the Pre-65 plan and will turn 65 on or before January 1, you will automatically be enrolled in the Medicare Supplement Plan for 2017 unless we receive the election form indicating your wish to waive coverage. This plan requires that you are enrolled in Medicare Parts A & B in order to participate in this plan.

The University is pleased to announce that your Medicare supplemental medical coverage for retiree dependents over age 65 will be offered through Anthem. The University plan will continue to offer the Medicare maintenance of benefits model. Please see the maintenance of benefits section of this letter for more information.

The prescription plan remains available with the medical plan. For calendar year 2017, The University continues to contract with CareMark to provide prescription benefit coverage. You will continue to have access to a large network of local pharmacies and mail order services as well as the option to obtain a 90 day supply of medications at a local CVS pharmacy or by mail order. If you have prescription benefit questions, please contact **CareMark at 1-888-202-1654.**

You will receive new identification cards in the mail from Anthem that will be effective beginning January 1, 2017. You will only receive a new CareMark card if you make changes.

Retiree dependents will pay 16% of the premium for their combined medical and prescription coverage in 2017. The monthly premium rates are listed on the Dependent Enrollment Form. Monthly premium invoices will be mailed to your address of record by Chard Snyder. For January 2017, the invoice may be received closer to the end of the month. We will provide you with more updated billing information shortly.



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If you have specific questions about your medical benefits please contact Anthem customer service at 844-653-7397. For pharmacy questions, please contact CareMark at 888-202-1654. Any other questions can be directed to Benefits Administration at 330-972-7090.

Sincerely,

Benefits Administration
Talent Development and Human Resources



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Medicare Enrollment Information

Medicare is the federal health insurance program for people age 65 and over and certain disabled individuals under the age of 65. There are a few basic parts to Medicare: **Medicare Part A** or hospital insurance, **Medicare Part B** or medical insurance, **Medicare Part C** or Medicare Advantage and **Medicare Part D** or prescription drug insurance.

Medicare is administered by individual states and the federal government. For general Medicare information, please contact 1.800.MEDICARE (1.800.633.4227).

Maintenance of Benefits with Medicare

Maintenance of benefits with Medicare affects plan participants who are age 65 and over. Under maintenance of benefits with Medicare, also called “Medicare Carve Out,” the secondary plan (Anthem Blue Cross Blue Shield) calculates the benefit that would be paid as though it were the primary plan, then subtracts the payment of the primary plan (Medicare Part A or B) and pays the difference, if any. No payment will be made by Anthem if the Anthem benefit is equal to or less than the Medicare benefit.

If a plan participant is age 65 or older and does not have Medicare A and/or B, the plan will continue to pay secondary as if you have Medicare Part A and/or B. You, or your other insurance in accordance with its rules, will pay the portion Medicare would have paid.

Examples:

1. Your eligible dependent has a surgery costing \$1,000 and Medicare pays \$800 or 80% of the allowed cost. If the University plan would *normally pay* 80% or \$800 for the same service, no further benefit is paid for this claim and the claimant will be responsible for the remaining 20% or \$200.
2. Your eligible dependent has a surgery costing \$1,000 and Medicare pays \$560 or 80% of the allowed amount of \$700. If the University plan allows \$1,000 and *normally pays* 80% or \$800 for the same service, the University plan will pay an additional \$240 towards the claim. Your dependent will then be responsible for \$0 because the Medicare payment of \$560 and the secondary payment of \$240 will equal the \$800 allowed for the claim under secondary.



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Notices

Women's Health and Cancer Rights Act (WHCRA): In 1998, the Women's Health and Cancer Rights Act was signed into law. Group health plans offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. This coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to present a symmetrical appearance, prostheses and treatment of physical complications at all stages of the mastectomy procedure, including lymphedemas (swelling of the hand and arm on the operated side).

The University of Akron is required to notify employees and retirees of these provisions annually. Despite the name of the act, nothing in the law limits WHCRA entitlements to women only. If you have any questions about this or other healthcare benefits, please contact your healthcare provider by calling the Customer Service number listed on your insurance identification card.

Summary of Benefits and Coverage (SBC) and Uniform Glossary: Under the Affordable Care Act, group health plans and insurance companies must provide participants with SBCs and a uniform glossary of terms commonly used in health insurance coverage. All group health plans and insurance companies use the same standard SBC and glossary. The University's SBC documents are enclosed in this communication.

Health Insurance Marketplace Coverage Options and Your Health Coverage: In 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. The enclosed notice provides basic information about the Marketplace and the health coverage offered to employees and retiree dependents of the University.

Notice of Creditable Coverage for: The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. The annual Important Notice from The University of Akron About Your Prescription Drug Coverage and Medicare was previously mailed to you under separate cover.