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# 2012 BENEFITS WORKBOOK

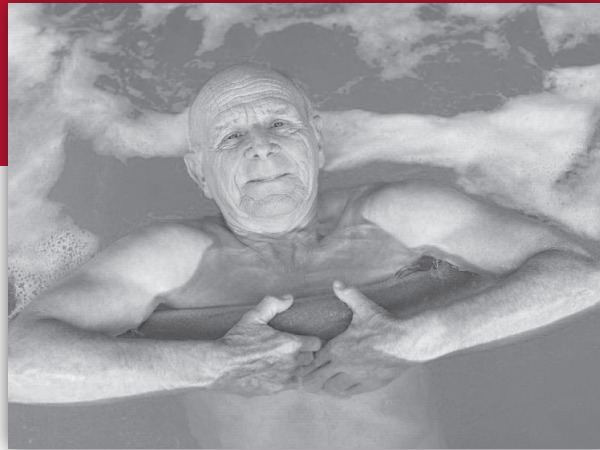
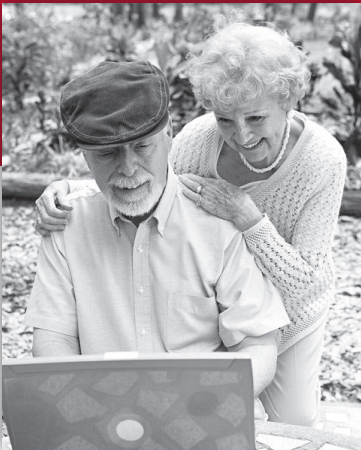
FOR RETIRED CARNEGIE MELLON FACULTY AND STAFF

## TAKE CHARGE OF YOUR BENEFITS

Carnegie Mellon provides medical benefit options for retirees of the university. You have the option of a Major Medical and Supplemental Prescription Drug plan (in conjunction with a Medigap and Medicare Part D plan or a Medicare Advantage plan with prescription coverage; these must be purchased elsewhere on your own) or one of three Medicare HMO plans offered by the university.

### OPEN ENROLLMENT FOR 2012 BENEFITS

October 31–December 7, 2011



For more information about 2012 benefits, go online to <http://www.cmu.edu/hr/benefits>.

**Carnegie Mellon**  
**HUMAN RESOURCES**

**Read This Workbook**

You should read this workbook thoroughly and select the medical benefit that best meets your needs. Please note the new contribution amounts. If you require more information, contact Human Resources at 412-268-2047.

Carnegie Mellon reserves the right to modify, amend, or terminate any or all of the provisions of these benefits at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases, University policies will govern.

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**Benefits - What's New for 2012?**

BENEFIT	CHOICES	RATE CHANGES FOR 2012	PAGE
Medical	HealthAmerica Advantra	Highmark SecurityBlue and UPMC for Life rates have increased. HealthAmerica Advantra rates have decreased. Highmark Major Medical with Supplemental Prescription rates have decreased.	4-9
	Medicare HMO		
	Highmark SecurityBlue		
	Medicare HMO		
	UPMC for Life		
	Highmark Major Medical		
	Opt-Out (no coverage)		
Prescription Drug	CVS/Caremark - for Major Medical and Medicare Part D participants	No changes.	10-11
	HMO Prescription Drug Coverage - for HMO participants		

## **Carnegie Mellon Retiree Benefits**

We are pleased to enable retired Carnegie Mellon faculty and staff to obtain medical and prescription drug benefits through the university. You may participate in our Medicare HMO or Retiree Major Medical health plans, all of which include prescription drug coverage.

### **Who is Eligible for Retiree Medical Benefits?**

Individuals who were eligible for employee health benefits at the time of their retirement may participate in the Retiree Medical Benefits program. You may also cover your dependents. Eligible dependents include:

- your spouse/registered domestic partner,
- your unmarried children of any age who are incapable of self-support due to total disability.

For further details about your eligibility for benefits, contact Human Resources at 412-268-2047 or [HRhelp@andrew.cmu.edu](mailto:HRhelp@andrew.cmu.edu).

## **Open Enrollment: Oct. 31–Dec. 7, 2011**

Each year, Open Enrollment (OE) provides you the opportunity to review your benefits coverage and make new elections, if desired, for the upcoming calendar year. Elections made during OE will become effective the following January 1. No changes will be accepted after the deadline of 5:00 p.m. on December 7, 2011. *Unless you experience a life or family status change, OE is the only time during the year when you may change your benefits.*

### **Review Your Benefits and Enroll Early**

It is important that you review your options to ensure that your coverage meets your needs and the needs of your family. You should make your elections early in the Open Enrollment period so that you have enough time to resolve any questions before the deadline.

If you choose not to do anything, your current plan elections will continue through 2012. New rates or plan requirements will apply to you, even if you do not actively enroll.

### **Complete University and Carrier Enrollment Forms**

If you are making any changes to your coverage, you must complete the University's enrollment/change form and return it to the Benefits Office.

- If you are newly enrolling in/changing HMO plans, you must also complete the carrier's enrollment form and return it directly to the carrier.
- If you are newly enrolling in/switching to the Major Medical and Supplemental Prescription plan, you must also complete the Highmark Major Medical enrollment form and return it to the Benefits Office.

Contact the Benefits Office at 412-268-2047 or [HRhelp@andrew.cmu.edu](mailto:HRhelp@andrew.cmu.edu) to obtain the carrier enrollment form. If you do not return the completed carrier enrollment form by the carrier due date, your election will not take effect.

### **Retirees Outside of Western Pennsylvania**

Out-of-town retirees are eligible for the Major Medical and Supplemental Prescription benefit plan through Carnegie Mellon.

However, the HMO plans do NOT provide coverage outside of the greater Western Pennsylvania area. If you are not living in the area and want to participate in a Carnegie Mellon retiree health plan, you cannot select a Medicare HMO plan.

### **Open Enrollment Period**

**October 31–December 7, 2011**

Enrollment may also take place at the time of retirement or when a qualified family or life status change takes place.

### **Switching Coverage**

You may move from our HMO coverage to our Retiree Major Medical coverage, or vice versa. Carnegie Mellon allows you to enroll in the Retiree Major Medical and Supplemental Prescription plan if you discontinue Medicare HMO coverage. Whenever you switch plans, you must notify Carnegie Mellon and also notify the carriers directly of your intention to do so.

However, Open Enrollment is your ONLY opportunity during the year to make changes to your health care election, unless you experience a qualified family or life status change (see page 12). Therefore, evaluate your options carefully and make new elections if necessary.

## Medical Options for Carnegie Mellon Retirees

Each person has different preferences when it comes to health care. Carnegie Mellon offers a variety of medical options to meet your needs. Enrollment is completely voluntary. *If you participate in a Carnegie Mellon option, your coverage becomes effective on January 1, 2012.*

### Major Medical/Supplemental Rx Coverage

Carnegie Mellon offers a Retiree Major Medical and Supplemental Prescription Drug plan to supplement the coverage for retirees who have enrolled in coverage outside the university. *In order to be eligible, you must enroll, on your own and at your own expense, in:*

- Medicare Part A and Part B
- A Medicare-approved Medigap or private (not Carnegie Mellon) Medicare Advantage plan
- A Medicare Part D plan (if drug coverage is not included in your Medigap/Advantage plan)

Our Major Medical coverage protects against the cost of catastrophic illness. Durable medical equipment coverage is also included. There is no annual deductible and a \$100,000 lifetime maximum. Major Medical covers 80% of eligible expenses.

This coverage also includes supplemental prescription coverage, administered by CVS/Caremark (see page 9). **This coverage covers 80% of expenses not covered by your primary Medicare prescription coverage** (including expenses in the donut hole or your copays/coinsurance responsibilities). *You must purchase a Medicare Part D plan on your own if your Medigap/Advantage plan does not include prescription drug coverage.*

### Medicare HMOs

Carnegie Mellon offers Pittsburgh-area retirees the opportunity to elect a Medicare HMO. *The HMO option is available as an alternative to the Medigap/Medicare Part D/Major Medical coverage.* Prescription drug coverage is provided by the HMO plan (see page 9).

Our Medicare HMOs provide extensive benefits and do not require you to purchase supplemental coverage on your own. (You must still enroll in Medicare A and B, however). The out-of-pocket costs are very low and there are NO prescription annual limits or coverage gap (aka - donut hole). In addition, the HMO coordinates all care and claims payment with one card. *You cannot enroll in our Major Medical and Supplemental Prescription if you enroll in one of our HMO plans.*

**The three Carnegie Mellon Medicare HMOs are through:**

- HealthAmerica Advantra
- Highmark Blue Cross/Blue Shield SecurityBlue
- UPMC for Life

If you do not require extensive prescription coverage but still prefer the convenience and coverage of an HMO, *consider enrolling in a Medicare HMO on your own directly from an insurance carrier. If that plan has prescription limits, you can enroll in our Major Medical/Supplemental Prescription coverage (see left) to provide 80% coverage on prescription costs not covered by your HMO.* A private HMO plan must include a Part D prescription benefit in order to be eligible for our supplemental coverage, or you must enroll in a Part D plan on your own.

## 2012 Monthly Retiree Contributions/Costs

	Less than 15 Years of Service For Each Individual Covered	15 or More Years of Service For Each Individual Covered
HealthAmerica Advantra	\$349.00	\$329.00
Highmark Blue Cross/Blue Shield SecurityBlue	\$385.00	\$365.00
UPMC for Life	\$400.00	\$380.00
Retiree Major Medical and Supplemental Prescription*	\$33.89*	\$0.00*

\* Participants in the Major Medical/Supplemental Prescription Drug coverage must also purchase, on their own, a Medigap or Medicare Advantage policy and Medicare Part D coverage, if not included in the Medigap/Advantage plan. The costs for these plans vary—contact insurance carriers for rates. Our Medicare HMO participants need not purchase either of these policies.

## Medicare Coverage

Benefits	Medicare Parts A*, B**, and D
<b>Deductible</b>	Varies
<b>Inpatient care</b> (includes inpatient mental health and substance abuse care)	\$1,156 deductible per year. \$0 for first 60 days of each benefit period. Days 61 - 90, you pay \$289 per day. \$578 per lifetime reserve day after day 90 of each benefit period (up to a maximum of 60 days over your lifetime).
<b>Office visits</b> (primary, specialist, annual physical)	Covered at 80%.
<b>Lab services</b>	\$0 copay for Medicare-covered lab services.
<b>Prescription Drugs - Part D</b> Minimum Required Coverage listed. (The Part D plan you purchase may have greater coverage.) Supply allowed: <ul style="list-style-type: none"> <li>• retail - one month</li> <li>• mail order - 90 days</li> </ul>	Deductible of \$320. Medicare pays 75% until your total drug costs are \$2,930. No coverage until your out-of-pocket spending has reached \$4,700. (COVERAGE GAP - "Donut Hole") Medicare then pays 95%. Our Supplemental Prescription Drug plan covers 80% of all charges that are not covered by you Part D plan, including 80% of your coinsurance/ copay charges and uncovered expenses in the donut hole.
<b>Vision care</b>	Supplemental routine eye exams and glasses are not covered.
<b>Hearing care</b>	Supplemental routine hearing exams and hearing aides are not covered.
<b>Dental care</b>	Preventive dental services are not covered.
<b>Skilled nursing facilities</b>	Up to 20 days covered in full. Days 21 - 100 covered at up to \$144.50/day each benefit period.
<b>Durable medical equipment</b>	Covered at 80%.
<b>Home health care</b>	Covered in full.
* No cost if you paid into Social Security for 40 quarters of Medicare-covered employment. **The cost of Medicare Part B will be based on your income. The base premium rate is \$99.90/month. If you don't enroll on time, the premium increases 10% for every 12 months you could have enrolled but did not.	

### Medigap, Medicare HMO and Major Medical Coverage

A Medigap plan bridges the gap between where Medicare Part A & B stops paying and Retiree Major Medical begins. Coverage varies since retirees elect this coverage outside the university plan on their own. Price varies, although Medigap and Medicare Part D plans together typically cost over \$250/month.

A Medicare HMO plan provides extensive coverage, including expenses covered by Medicare A & B and Medigap plans along with many additional expenses. The plan will only cover expenses when you use in-network providers. Participants in a Medicare HMO do not need to purchase a Medigap policy. If the HMO includes prescription coverage, a Part D plan does not need to be purchased either.

Our Major Medical coverage protects against the cost of catastrophic illness. Durable medical equipment coverage is also included. There is no annual deductible, and a \$100,000 lifetime maximum. Major Medical covers 80% of eligible expenses. Our Major Medical and Supplemental Prescription plan is available only for those with a Medigap or private (not through Carnegie Mellon) HMO plan and primary Part D coverage.



## **Advantra HMO – Carnegie Mellon University 2012 Benefits Summary**

### **CAN I CHOOSE MY DOCTORS?**

HealthAmerica Advantra has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our number is listed at the end of this document.

### **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside our network, you must pay for these services yourself. Neither HealthAmerica Advantra nor the Original Medicare Plan will pay for these services.

<b>GENERAL INFORMATION</b>	
Your Annual Deductible	\$0
Out-of-Pocket Maximum	\$6,700
<b>BENEFITS</b>	
Physician Office Visits	\$10 copayment
Specialist Office Visits	\$10 copayment
Inpatient Hospital Care	Covered 100%
Inpatient Mental Health	Covered 100%
Skilled Nursing Care (100 days)	Covered 100%
Home Health Care	Covered 100%
Outpatient Mental Health & Substance Abuse	\$10 copayment
Outpatient Surgery Services	Covered 100%
Ambulance	Covered 100%
Emergency Care & Urgent Care	\$50 copayment Waived if admitted as an inpatient.
Outpatient Rehabilitation Services	\$10 copayment
Durable Medical Equipment	Covered 100%
Prosthetic Devices	Covered 100%
Diabetes Self-Monitoring Training and Supplies	Covered 100%
Diagnostic Tests, x-rays, and lab services	Covered 100%
<b>PREVENTIVE SERVICES</b>	
Bone Mass Measurement	Covered 100%
Colorectal Screening Exams	Covered 100%
Immunizations	Covered 100%
Prostate Cancer Screening Exam	Covered 100%
Pap Smears and Pelvic Exams	Covered 100%
Mammograms	Covered 100%

<b>ADDITIONAL BENEFITS</b>	
Routine Hearing Exam	\$10 copayment
Hearing Aids	\$500 allowance for the 1 <sup>st</sup> hearing aid \$500 allowance for the 2 <sup>nd</sup> hearing aid
Routine Eye Exam	\$10 copayment
Eyeglasses/Contacts (Every 2 years)	\$150 allowance
Transplant	\$1,500 copayment
Immunosuppressive drugs	20% coinsurance
Routine Physical Exams	\$10 office visit copayment
Health/Wellness Education	Covered 100% including health club membership and fitness classes.
<b>PRESCRIPTION DRUGS</b>	
Deductible	None
<b>Initial Coverage Limit</b>	<b>Up to \$2,930</b>
<b>Coverage Gap</b>	<b>Continuous coverage at tier copay. (No donut hole)</b>
<b>RETAIL/30-DAY SUPPLY</b>	
Tier 1 - Preferred Generic	\$10 copayment
Tier 2 - Preferred Brand	\$10 copayment
Tier 3 - Non-Preferred Brand	\$10 copayment
Tier 4 - Specialty Drugs	25% coinsurance
<b>MAIL-ORDER/90-DAY SUPPLY</b>	
Tier 1 - Preferred Generic	\$20 copayment
Tier 2 - Preferred Brand	\$20 copayment
Tier 3 - Non-Preferred Brand	\$20 copayment
Tier 4 - Specialty Drugs	<b>NOT AVAILABLE</b>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$4,700, you pay 5% coinsurance for all generic and brand drugs if the 5% coinsurance is greater than:</p> <ul style="list-style-type: none"> <li>• \$2.60 copayment for generic (including brand drugs treated as generic)</li> <li>• \$6.50 copayment for all other drugs</li> </ul>

**Advantra is a Medicare-approved Medicare Advantage Plan offered through HealthAmerica; who contracts with the Center for Medicare and Medicaid Services (CMS), a federal agency that administers Medicare.**

**If you have any questions regarding these benefits or how to enroll, please call 1-800-470-4272, M – F, 8AM – 5PM (TDD USERS CALL 1-800-207-1262).**



Highmark Blue Cross Blue Shield and Keystone Health Plan West are Independent Licensees of the Blue Cross and Blue Shield Association

**CMU**

Reference Code 12SB4266

**SecurityBlue HMO**  
**Your 2012 Benefits at a Glance**

<b>Plan Deductible</b>	None
<b>Plan Coinsurance</b>	No plan level coinsurance applied
<b>Plan Annual Out-of-Pocket Maximum</b>	\$3,400

**Outpatient Services**

<b>Doctor Office Visit</b>	\$10 PCP or \$20 Specialist cost sharing
<b>Preventive Testing/Screenings</b>	Covered in Full
<b>Diagnostic Testing including Lab, X-Rays and Advanced Imaging</b>	\$0 cost sharing
<b>Outpatient Surgery</b>	\$0 cost sharing

**Emergent & Urgent Services**

<b>Ambulance</b>	\$25 cost sharing
<b>Emergency Room</b>	\$50 cost sharing

**Inpatient Facility Services**

<b>Inpatient Hospital Stay</b>	\$0 cost sharing per stay
<b>Skilled Nursing Facility</b> (days 1-100 per benefit period)	\$0 cost sharing/day

**Supplies and Additional Services**

<b>Durable Medical Equipment</b>	15% coinsurance
<b>Eyeglasses or Contact Lenses</b> (covered every two years)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses.
<b>Hearing Aids</b> (covered every three years)	\$500 coverage

**Medicare Part D Drugs** (up to 34 day supply)

<b>Initial Coverage</b> (Up to \$2,930 in total drug costs)	<ul style="list-style-type: none"> <li>• \$15 cost sharing Generic</li> <li>• \$30 cost sharing Pref. Brand</li> <li>• \$60 cost sharing Non-Pref. Brand</li> <li>• \$60 cost sharing Specialty</li> </ul>
<b>Coverage Gap</b>	<ul style="list-style-type: none"> <li>• \$15 cost sharing Generic</li> <li>• \$30 cost sharing Pref. Brand</li> <li>• \$60 cost sharing Non-Pref. Brand</li> <li>• \$60 cost sharing Specialty</li> </ul>

Question? Call 1-800-227-8195 (TTY Users, call 711) 7 days a week between 8 a.m. - 8 p.m.  
Reference Code 12SB4266 Please have this number ready when you call.

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**UPMC for Life**  
**2012 Carnegie Mellon University HMO Plan**

<b>Benefits</b>	<b>Custom HMO</b>
<b>Annual Out-of-Pocket Limit<sup>1</sup></b>	\$3,400
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital<sup>2</sup></b>	\$100 copay per admission \$300 annual maximum
<b>Inpatient Mental Health<sup>2</sup></b>	\$100 copay per admission \$300 annual maximum
<b>Skilled Nursing Facility<sup>2</sup></b>	\$0 copay (100 day benefit period limit)
<b>Home Health Care</b>	\$0 copay
<b>Hospice</b>	Medicare-covered
<b>OUTPATIENT CARE</b>	
<b>PCP Visits</b>	\$10 copay
<b>Specialist Visits</b>	\$20 copay
<b>Chiropractic Services</b>	\$20 copay
<b>Routine Chiropractic</b>	\$20 copay - 6 visits per year
<b>Podiatry Services</b>	\$20 copay
<b>Routine Podiatry Services</b>	\$20 copay - 4 visits per year
<b>Outpatient Mental Health/Substance Abuse</b>	\$20 copay
<b>Partial Hospitalization Services</b>	\$0 copay
<b>Outpatient Surgery/ASC</b>	\$25 copay \$75 annual limit
<b>Ambulance Services</b>	\$50 copay
<b>Emergency Care</b>	\$65 copay copay waived if admitted
<b>Urgent Care (out-of-area)</b>	\$65 copay
<b>Outpatient Rehab Services</b>	\$20 copay
<b>Cardiac and Pulmonary Rehab Services</b>	\$0 copay
<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
<b>Durable Medical Equipment/ Prosthetics<sup>2</sup></b>	\$0 copay
<b>Oxygen &amp; related equipment</b>	\$0 copay
<b>Diabetes Supplies</b>	\$10 copay per item - 31 day supply \$30 copay per item - 90 day retail & mail-order supply
<b>Part B Drugs<sup>2</sup></b>	\$5 per drug, per visit/injection for Part B drugs \$10 copay - 31-day supply self-administered Part B drugs
<b>Diagnostic Tests, X-Rays, Labs</b>	\$0 copay
<b>PREVENTIVE SERVICES</b>	
<b>Immunizations<sup>3</sup> (flu, pneumonia, Hepatitis B)</b>	\$0 copay
<b>Annual Wellness Exam<sup>3</sup></b>	\$0 copay - 1 exam per year
<b>Preventive Screening Exams<sup>3</sup></b> Includes: bone mass measurement, mammograms, Pap & pelvic exam, colorectal screenings, prostate exam, and HIV screening.	\$0 copay
<b>ADDITIONAL BENEFITS</b>	
<b>Dental Services</b>	
<b>Medicare-covered Dental</b>	\$20 copay
<b>Routine Oral Exam &amp; Cleaning</b>	\$20 copay - every 6 months
<b>Restorative Services &amp; X-rays</b>	Not Covered
<b>Hearing Services</b>	
<b>Medicare-covered Hearing Exams</b>	\$20 copay
<b>Routine Hearing Exam</b>	\$20 copay - 1 exam per year
<b>Hearing Aid Fitting &amp; Evaluation</b>	\$20 copay - 1 fitting every 3 years
<b>Hearing Aid(s)</b>	\$1,000 allowance - every 3 years

# UPMC for Life

## 2012 Carnegie Mellon University HMO Plan

Benefits	Custom HMO
<b>Vision Services</b>	
Medicare-covered Vision Exams	\$20 copay
Glaucoma Screening Exam/Diabetic Retinal Eye Exam	\$0 copay
Routine Eyewear and Routine Exam <sup>4</sup>	\$250 allowance every two years
Health/Wellness includes fitness benefit (Silver&Fit™)	\$0 copay
Assist America® (worldwide emergency travel benefit)	\$0 copay
<b>Prescription Drugs</b>	
Deductible	No Deductible
Tier 1: Generic Drugs	\$5 copay - 31 day \$15 copay - 90 day retail & mail-order
Tier 2: Preferred Brand Drugs	\$25 copay - 31 day \$75 copay - 90 day retail & mail-order
Tier 3: Non-Preferred Brand Drugs	\$50 copay - 31 day \$150 copay - 90 day retail & mail-order
Tier 4: Specialty Drugs	\$50 copay - 31 day only
Initial Coverage Limit	<b>\$2,930</b>
<b>Coverage Gap Cost-Sharing</b> <ul style="list-style-type: none"> <li>During the Coverage Gap Stage the member will pay 50% of the copay/coinsurance for brand drugs and the drug manufacturer will pay 50% of the copay/coinsurance amount.</li> <li>The member will continue to pay the same copay for generic drugs.</li> </ul>	<b>31-day Supply</b> Once the member's yearly drug costs reach <b>\$2,930</b> and until the member's yearly out-of-pocket costs reach <b>\$4,700</b> , the prescription drug copay/coinsurance amounts are: \$5 copay for Generic Drugs \$12.50 copay for Preferred Brand Drugs ( <i>drug mfg also pays \$12.50</i> ) \$25 copay for Non-Preferred Brand Drugs ( <i>drug mfg also pays \$25</i> ) \$25 copay for Specialty Drugs ( <i>drug mfg also pays \$25</i> )
	<b>90-day Supply</b> Once the member's yearly drug costs reach <b>\$2,930</b> and until the member's yearly out-of-pocket costs reach <b>\$4,700</b> , the prescription drug copay/coinsurance amounts are: \$15 copay for Generic Drugs \$37.50 copay for Preferred Brand Drugs ( <i>drug mfg also pays \$37.50</i> ) \$75 copay for Non-Preferred Brand Drugs ( <i>drug mfg also pays \$75</i> )
Out-of-Pocket Maximum (TrOOP)	<b>\$4,700</b>
Catastrophic Coverage Copays	\$2.60 for generic, \$6.50 for all other drugs, or 5% coinsurance

<sup>1</sup> Member's cost-sharing accumulates toward the OOP limit (excludes Part D drugs, routine dental, routine hearing, and routine vision services). Once the annual out-of-pocket maximum is met, additional covered services are paid at 100%.

<sup>2</sup> These services require prior authorization.

<sup>3</sup> A separate copay may apply if additional medical services are performed during the same visit as a preventive service.

<sup>4</sup> This is a combined allowance that must be used for both an eye exam and eyewear.

**NOTE: UPMC Health Plan, Inc., has determined that the prescription drug coverage offered by these employer group plans for 2012 is creditable coverage.**

*This grid is not intended to provide a full description of benefits. Please refer to the Evidence of Coverage for complete benefit information.*

## Prescription Drug Benefits

Our prescription drug carriers provide access to over 64,000 in-network pharmacies. They help control costs, while eliminating claims filing. The mail order services save you even more money, while increasing the convenience of filling your maintenance medications.

### CVS/Caremark: For Major Medical/Supplemental Drug Plan

CVS/Caremark is the supplemental prescription administrator for our Major Medical coverage. It must be paired with a primary Medicare Part D plan. Medicare Part D plans vary, but have a minimum level of coverage (see page 5) that may include a deductible, member coinsurance responsibility, and a coverage gap. The Caremark Supplemental Prescription Drug coverage pays 80% coinsurance of any costs not covered by your Medicare Part D plan.

#### When you need a prescription (re)filled at a participating pharmacy:

- Present your card for your primary Part D coverage AND your Caremark card (not your medical plan card) along with your prescription.
- If you do not present your Caremark and Medicare Part D cards, you will be required to pay for the drug in full and then file for reimbursement. Reimbursement of your prescription could take up to several weeks to be processed. If you have questions about your reimbursement, please call CVS/Caremark at 877-347-7444.
- *If you use an out-of-network pharmacy, you will need to pay for the drug in full and file a reimbursement claim.*

### Medicare HMO Prescription Coverage

Participants in Carnegie Mellon's retiree HMOs have prescription coverage through their medical plan. *To fill a prescription, you must go to a participating pharmacy. Present your HMO member card along with your prescription.* You'll pay the designated copay, based on the drug's generic or formulary status. If you do not present your medical card at the time of your first purchase, you will have to pay for the medication in full and later file a request for reimbursement.

#### Medicare HMO - Prescription Drug Participant Copays

Our Medicare HMO plans have no deductible, annual maximum or coverage gap. A copay is required with each prescription, based on the formulary status of the medication. The chart below lists the copays for each formulary status for retail and mail order purchases.

Medicare HMO Copays	HealthAmerica Advantra	Highmark SecurityBlue	UPMC for Life
<b>Retail</b>	(30-day supply)	(34-day supply)	(31-day supply)
Generic (automatic substitution)	\$10.00	\$15.00	\$5.00
Formulary medications	\$10.00	\$30.00	\$25.00
Non-formulary medications	\$10.00	\$60.00	\$50.00
<b>Mail Order</b> (Up to 90-day supply)			
Generic (automatic substitution)	\$20.00	\$37.50	\$15.00
Formulary medications	\$20.00	\$75.00	\$75.00
Non-formulary medications	\$20.00	\$150.00	\$150.00

### Participating Pharmacies

Many chain and independent pharmacies participate in the prescription carrier networks. A partial list of participating pharmacies includes:

CVS	Medicine Shoppe
Costco	RiteAid
Target	K-Mart
Wal-Mart	Giant Eagle

### Major Medical Participants: Enroll in Medicare Part D

In order to receive Carnegie Mellon's supplemental prescription coverage (which provides benefits for the Medicare Part D coverage gaps), you must enroll in Medicare Part D plan or a Medigap/Advantage plan with drug coverage through a participating carrier of your choice.

Participants in one of our Medicare HMOs need not enroll in Medicare Part D, as these plans include credible coverage.

## Formulary List

You are encouraged to print off the formulary list before going to the doctor if you expect to be prescribed a medication.

See your Medicare D carrier or HMO carrier web site for a complete list of the drugs on its formulary. The formulary can be modified at any time by the carrier, so refer to the web site for the most up-to-date information.

## Getting Caremark Payment with Mail Order

- Send the prescription to your Part D carrier's mail order service.
- Pay the amount billed and keep your receipts.
- Complete the Caremark Prescription Claim in its entirety. (Complete all questions, even if the receipt contains some of the information requested.)
- Send a copy of the receipt and the completed claim form to Caremark.
- Caremark will reimburse you for 80% of your costs.

## Writing Prescriptions for Mail Order

For the quickest service and best prices, submit mail order prescriptions correctly:

- Your doctor should write the prescription for a 90-day supply, (not 30-days) with the appropriate number of refills.
- Be sure the prescription is signed and written legibly.
- New prescriptions take up to two weeks to fill (refills generally take less time). If you need the drug immediately, ask for samples or a script for a short-term supply that can be filled at your pharmacy.

## Generic Drugs

The CVS/Caremark and HMO plans require that generic drugs be substituted automatically for brand-name medications, when available, unless a medical necessity waiver has been submitted by your physician and approved in advance. Generic drugs have been tested by the FDA to ensure that they contain equivalent active ingredients. Utilizing a brand-name drug when a generic substitution can be made will result in additional costs to you.

## Formulary

Our retiree HMO plans and most Medicare Advantage and Part D plans utilize a formulary. A formulary is a list of preferred medications that have been selected for treating various conditions. The medications on the formulary are based on effectiveness, cost, and demand.

You should consider trying a formulary medication before a non-formulary option in order to maximize your cost savings. It is wise to bring the formulary list with you to the doctor's office to ensure that a formulary medication has been selected before going to get the prescription filled.

## Mail Order Prescriptions: Convenience and Affordability

CVS/Caremark and the retiree HMOs all provide mail order services for medications you will be taking for more than two months. When you order long-term use or maintenance medications through mail order, you get

- **Any Time, Any Place Ordering:** Your nearest pharmacy is as close as your phone, computer or mailbox.
- **Don't Get Caught Empty Handed:** You only need to order refills every few *months*, instead of heading to the pharmacy every few weeks.

In addition, you generally save money with lower copays or coinsurance based on bulk prices. The forms and instructions for using the mail order services can be found on the carrier web sites.

## Maintenance Medications for Retiree Major Medical CVS/Caremark Participants: Use Mail Order or Pay More

The CVS/Caremark Maintenance Medication Prescription Plan applies to all medications designated as "maintenance medications." The first three times you go to the retail pharmacy to fill the same maintenance medication, your prescription will be filled according to the retail costs.

**Beginning with the fourth fill at a retail pharmacy, you will be charged the difference in price between the retail cost and the mail-order cost of the medication,** in addition to your copay/coinsurance responsibility. If you continue to utilize retail pharmacies for maintenance medications, you will spend much more money.

**If your primary Medicare Part D coverage allows you to get a 90-day supply from a retail pharmacy, then the CVS/Caremark plan also allows 90-day fills at a retail pharmacy without the penalty.**

## Family or Life Status Changes

The elections that you make will remain in effect for the entire calendar year. During that time, if your life or family status changes according to the events listed below, you are permitted to revise your benefits coverage to accommodate your new situation. All changes must be consistent with the life change. In most cases, you cannot change your benefit plan, but may modify the level of your coverage. Any changes in benefit levels must be completed within 30 days of the event.

### Qualifying Life and Family Status Changes Under the Retiree Benefits Program

Marital/Domestic Partnership Status Changes <ul style="list-style-type: none"> <li>• marriage/registration of domestic partnership</li> <li>• death of spouse/domestic partner</li> <li>• divorce/termination of domestic partnership</li> </ul>
Number of Covered Dependent Children Changes
Spouse/Domestic Partner Gains or Loses Coverage from Another Source
Significant Change in Cost of Plan
Significant Change in Coverage of Plan <ul style="list-style-type: none"> <li>• new or improved plan is offered</li> <li>• significant reduction in overall coverage of current plan</li> </ul>
Significant Change in Location (if have an HMO)

## Denial of Coverage Appeals

Most questions or concerns about your coverage, filing claims, or eligible expenses should be directed to the carrier of the plan you selected. Contact information for each of our carriers is found on the next page. You should have your group and ID numbers available when you contact the carrier so they can see the specific provisions of the Carnegie Mellon plan. If a claim that you submitted to one of our benefit plans is denied by the carrier, you should follow these procedures:

### For Medical Appeals:

Appeals concerning a medical treatment plan or medical assessment can only be appealed through the carrier. Please follow the procedures outlined in your plan booklet to appeal a medical decision. To obtain a plan booklet, contact Human Resources at 412-268-2047.

### For Other (Administrative) Appeals:

1. If you believe the denial was made in error, contact the carrier directly to begin the appeals process. (See Contact Information on the next page.)
2. If you are unable to resolve the situation with the carrier, please contact Human Resources at 412-268-2047 for assistance in working with the carrier.
3. Human Resources can also provide you with information about filing a formal appeal with the carrier to challenge the denial.

## Contact Information

Do you need more information about a specific benefit option? Contact the carrier directly to request details about levels of coverage, provider networks, directories, and claims issues. Web site addresses, telephone numbers, and group numbers are provided below. For issues related to eligibility or enrollment, or unresolved issues, contact Human Resources.

### Carnegie Mellon Human Resources

Phone: 412-268-2047

E-mail: [hrhelp@andrew.cmu.edu](mailto:hrhelp@andrew.cmu.edu)

Internet: <http://www.cmu.edu/hr>

### Social Security Administration

Phone: 1-800-772-1213

Internet: <http://www.medicare.gov>

### Medical Options

#### Highmark Blue Cross Blue Shield

##### Retiree Major Medical

Group Number: 50387-02

Phone: 1-800-472-1506

Internet: <http://www.highmarkbcbs.com>

#### Highmark Blue Cross Blue Shield SecurityBlue HMO

Group Number: 58426-60 (less than 15 years)

Group Number: 58426-70 (more than 15 years)

Phone: 1-800-935-2583

Internet: <http://www.highmarkbcbs.com>

#### Security 65 (for Mellon Institute retirees only)

Group Number: 62387-00

Phone: 1-800-472-1506

Internet: <http://www.highmarkbcbs.com>

#### UPMC for Life Medicare HMO

Group Number: MC0144

Phone: 1-877-381-3765

Internet: <http://www.upmchealthplan.com>

#### HealthAmerica Advantra Medicare HMO

Group Number: 2101881001

Phone: 1-800-470-4272

Internet: <http://www.pa.chcadvantra.com>

### Prescription Drug Plan

#### CVS/Caremark (Retiree Major Medical Plan)

Group Number (15 or more years of service):

Carrier 5806 RET/001

Group Number (less than 15 years of service):

Carrier 5806 RET/002

Phone: 1-877-347-7444

Internet: <http://www.caremark.com>

#### HMO Prescription Coverage

**Contact your HMO directly.**

(See HMO contact information on the left.)



Solve Problems + Create Solutions = Value Added

Carnegie Mellon University does not discriminate and Carnegie Mellon University is required not to discriminate in admission, employment, or administration of its programs or activities on the basis of race, color, national origin, sex or handicap in violation of Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 or other federal, state, or local laws or executive orders.

In addition, Carnegie Mellon University does not discriminate in admission, employment, or administration of its programs on the basis of religion, creed, ancestry, belief, age, veteran status, sexual orientation or gender identity. Carnegie Mellon does not discriminate in violation of federal, state, or local laws or executive orders. However, in the judgment of the Carnegie Mellon Human Relations Commission, the Presidential Executive Order directing the Department of Defense to follow a policy of “Don’t ask, don’t tell, don’t pursue” excludes openly gay, lesbian and bisexual students from receiving ROTC scholarships or serving in the military. Nevertheless, all ROTC classes at Carnegie Mellon University are available to all students.

Inquiries concerning application of these statements should be directed to the provost, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-6684 or the vice president for enrollment, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-2056.

Carnegie Mellon University publishes an annual campus security report describing the university’s security, alcohol and drug, and sexual assault policies and containing statistics about the number and type of crimes committed on the campus during the preceding three years. You can obtain a copy by contacting the Carnegie Mellon Police Department at 412-268-2323. The security report is also available online.

Obtain general information about Carnegie Mellon University by calling 412-268-2000.