

2025 Benefits Guide for Retired Faculty and Staff Members



READ THIS GUIDE

Please read this guide thoroughly and select the medical benefit that best meets your needs. Please note the new contribution amounts. If you require more information, contact the Office of 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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CARNEGIE MELLON RETIREE BENEFITS

We are pleased to offer retired Carnegie Mellon University faculty and staff members medical and prescription drug benefits. Post-65 retirees may participate in one of our Medicare Advantage or Retiree Major Medical health plans. Pre-65 retirees are offered coverage under COBRA until they reach age 65 (see box to the right).

WHO IS ELIGIBLE FOR RETIREE MEDICAL BENEFITS?

To participate in the Retiree Medical Benefits plan, you must:

- Be eligible for full-time health benefits at the time of retirement
- Be at least 60 years of age
- Have at least five years of service with the university

You may also cover your dependents. Eligible dependents include:

- Your spouse/registered domestic partner
- Your unmarried children up to their 26th birthday
- Your unmarried children of any age who were covered under the particular benefit and were disabled as defined in the information provided by the third party administrator or insurance company

Note: If you are reemployed after your retirement from CMU, your eligibility for Retiree Medical Benefits may be impacted.

For further details about your eligibility for benefits, contact the Office of Human Resources at 412-268-2047 or visit www.cmu.edu/hr/benefits/

OPEN ENROLLMENT

Each year, Open Enrollment provides you the opportunity to review your benefits coverage and make new elections for the upcoming calendar year. Elections made during Open Enrollment will become effective the following January 1. **Unless you experience a life or family status change, Open Enrollment is the only time during the year when you may change your benefits.** All information contained in this booklet is also available at www.cmu.edu/hr/benefits/retiree.html.

If you want to change your elections during Open Enrollment, you must complete the university's enrollment/change form and return it to the Office of Human Resources. If you do not want to make changes, you do not need to take further action.

If you are newly enrolling in/changing plans, you must also complete the carrier's enrollment form and return it to the Office of Human Resources.

Carrier enrollment forms can be obtained by contacting the Office of Human Resources at 412-268-2047.

PRE-65 COVERAGE UNDER COBRA

Retirees (and their eligible spouses/registered domestic partners) who are age 60–64 are offered retiree medical coverage through COBRA. Retiree medical coverage through COBRA can continue until age 65. Dental and vision coverage through COBRA are available for 18 months.

Coverage for eligible dependent children is also offered through COBRA. Dependent children under the age of 26 can continue coverage up to their 26th birthday, or for a period of 36 months, whichever is greater. Disabled dependents can continue coverage so long as they remain disabled.

For information on COBRA coverage, including premiums, please reference the Benefits Guide for Domestic Faculty and Staff, which can be found at <https://www.cmu.edu/hr/benefits/index.html>.

MEDICAL OPTIONS FOR CARNEGIE MELLON RETIREES

Option 1:

Medicare Advantage Plans

Medicare Advantage plans coordinate all care and claims payment with one card. The plans provide extensive coverage and do not require you to purchase additional coverage on your own. Prescription drug coverage is included in the plans. The out-of-pocket costs are very low, and there are NO prescription annual limits or coverage gap.

Carnegie Mellon Medicare Advantage plans require you to be enrolled in Medicare A and B.

HMO

Carnegie Mellon offers retirees living in Pennsylvania the option to elect a Medicare HMO. Prescription drug coverage is included in the HMO plans.

Carnegie Mellon offers two Medicare HMOs:

- Highmark Blue Cross/Blue Shield Security Blue
- UPMC for Life (coverage requires the use of in-network providers)

PPO

Carnegie Mellon retirees may elect to enroll in the PPO option offered through Aetna, which offers a nationwide PPO network to our retirees and covered dependents living both inside and outside of Pennsylvania.

Medicare Complementary Plan with Rx

New for 2025 is the UPMC National Complementary Plan with Rx. See page 34 for the benefit plan design. Members can go to any doctor that accepts original Medicare, and the plan pays secondary.

Option 2:

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. *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 Advantage plan)

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

Caremark provides supplemental prescription coverage for participants in the Major Medical plan (see page 5). The member is responsible for 100% of cost prior to meeting the \$250 deductible. Once the \$250 deductible is met, Caremark will cover 80% of the remaining cost associated with generic and preferred medications.

MONTHLY RETIREE CONTRIBUTIONS

	Less than 15 Years of Service For Each Individual Covered	15 or More Years of Service For Each Individual Covered
Aetna PPO	\$475.80	\$455.80
Highmark Blue Cross/Blue Shield Security Blue	\$314.00	\$294.00
UPMC for Life HMO	\$350.00	\$330.00
UPMC National Complementary with Rx	\$373.00	\$353.00
Retiree Major Medical and Supplemental Rx*	\$39.38	\$0

*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 plan). To enroll in this plan, you must include your Medigap/Medicare Advantage policy information on the Major Medical enrollment form. This information is required to ensure the benefits are properly coordinated upon processing.

PRESCRIPTION DRUG COVERAGE

CAREMARK: FOR MAJOR MEDICAL/SUPPLEMENTAL DRUG PLAN

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 that may include a deductible, member coinsurance responsibility, and a coverage gap. Once the \$250 deductible is met, the Caremark Supplemental Prescription Drug coverage pays 80% coinsurance of the remaining cost associated with generic and preferred medications. If a medication is non-preferred, it will not be covered by the Caremark secondary coverage.

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

Present your ID card at the pharmacy; claims will be processed under the plan at the point of service. You can also pay for the drug in full and then file for reimbursement. Reimbursement of your prescription could take up to several weeks to be processed. To receive reimbursement, you will need to obtain a Caremark claim form and provide your receipts along with your explanation of benefits. The claim form is available on the Caremark website, or by calling 877-347-7444. The form is also available at www.cmu.edu/hr/benefits/retiree.html.

MEDICARE ADVANTAGE PLAN PRESCRIPTION COVERAGE

Participants in Carnegie Mellon's Medicare Advantage plans have prescription coverage through their medical plan. To fill a prescription, you must go to a participating pharmacy. To obtain a list of preferred and in-network pharmacies, contact your carrier's customer service. Present your 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. Please refer to the plan-specific summary grids in this workbook for details on the prescription drug copay and coinsurance totals.

Security Blue HMO/Prescription Coverage

800-935-2583

<https://www.highmarkbcbs.com/home/>

UPMC for Life Medicare HMO/Prescription Coverage / UPMC National Complementary Plan with Rx

877-381-3765

<https://www.upmchealthplan.com/>

Aetna Medicare Plan PPO/Prescription Coverage

Group Number: AE-467308

800-307-4830

<https://www.aetna.com/>

PARTICIPATING PHARMACIES

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

- Costco
- CVS
- Giant Eagle
- Medicine Shoppe
- RiteAid
- Target
- Walgreens
- Walmart

MAJOR MEDICAL PARTICIPANTS: ENROLL IN MEDICARE PART D

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

Participants in one of our Medicare Advantage Plans need not enroll in Medicare Part D, as these plans include creditable coverage.

CAREMARK

REIMBURSEMENT 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 form. (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 (after the \$250 deductible is met). See page 5 for more details.

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-day) 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 Medicare Advantage 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 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 to maximize your cost savings. It is wise to bring the formulary list with you to the doctor's office to ensure a formulary medication has been selected before having the prescription filled.

See your carrier website 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 website for the most up-to-date information.

MAIL ORDER PRESCRIPTIONS: CONVENIENCE AND AFFORDABILITY

CMU Retiree Medicare Advantage plans all provide mail order services for medications prescribed more than two months. When you order long-term use or maintenance medications through mail order:

- Your nearest pharmacy is as close as your phone, computer or mailbox.
- You only need to order refills every few *months*, instead of going to the pharmacy every few weeks.
- 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 carriers' websites.

LIFE AND FAMILY STATUS CHANGES

The elections you make will remain in effect for the calendar year, unless you experience a life or family status change. The events listed in the chart below are changes that permit you to modify your coverage outside of the Open Enrollment period. All life or family status changes must be requested within 30 days of the event. You must also provide supporting documentation, such as a marriage certificate or proof of new coverage, within 30 days of the life or family status change.

QUALIFYING LIFE OR FAMILY STATUS CHANGES UNDER THE RETIREE BENEFITS PROGRAM

Marital/Domestic Partnership Status Changes <ul style="list-style-type: none">• Marriage/registration of domestic partnership• Death of spouse/domestic partner• Divorce/termination of domestic partnership
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">• New or improved plan is offered• Significant reduction in overall coverage of current plan
Significant Change in Location (if enrolled in 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 carrier 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 you submitted to one of our benefit plans is denied by the carrier, follow these procedures:

FOR MEDICAL APPEALS:

Appeals concerning a medical treatment plan or medical assessment can only be made through the carrier. Please follow the procedures outlined in your plan booklet to appeal a medical decision. To obtain a plan booklet, contact the Office of Human Resources at 412-268-2047 or visit at www.cmu.edu/hr/benefits/retiree.html.

FOR OTHER (ADMINISTRATIVE) APPEALS:

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.) If you are unable to resolve the situation with the carrier, please contact the Office of Human Resources at 412-268-2047 for assistance in working with the carrier. The Office of Human Resources can also provide 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 to request details about levels of coverage, provider networks, directories and claims issues. Website addresses, telephone numbers and group numbers are provided below.

For issues related to eligibility, enrollment or unresolved issues, contact the Office of Human Resources.

Medical Options

Highmark Blue Cross/Blue Shield

Retiree Major Medical

Group Number: 50387-02

800-472-1506

<https://www.highmarkbcbs.com/home/>

Signature 65 (for Mellon Institute retirees only)

Group Number: 62387-00

800-367-6565

<https://www.highmarkbcbs.com/home/>

Security Blue HMO/Prescription Coverage

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

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

800-935-2583

<https://www.highmarkbcbs.com/home/>

UPMC for Life Medicare HMO/Prescription Coverage

Group Number: MC0144

877-381-3765

<https://www.upmchealthplan.com/>

UPMC National Complementary Plan with Rx

877-381-3765

<https://www.upmchealthplan.com/>

Aetna Medicare Plan PPO/Prescription Coverage

Group Number: AE-467308

800-307-4830

<https://www.aetna.com/>

Prescription Drug Plan

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

844-910-3902

<https://www.caremark.com/wps/portal>

Medicare

800-633-4227

<https://www.medicare.gov/>

Social Security Administration

800-772-1213

<https://www.ssa.gov/>

Carnegie Mellon University Office of Human Resources

412-268-2047

<https://www.cmu.edu/hr/>



CARNEGIE MELLON UNIVERSITY
Aetna MedicareSM Plan (PPO)
Medicare (C04) PPO
Rx 10\$/10\$/10\$/25%

Benefits and Premiums are effective January 1, 2025 through December 31, 2025

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.	
Plan Follows the Federal Medicare Part B Deductible Plan deductible is equal to the Federal Medicare Part B deductible	No	
Annual Deductible	\$0	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.		
Annual Maximum Out-of-Pocket Amount	Network Services:	Network and out-of-network services:
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay.	\$0	\$6,200 for in and out-of-network services combined
It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		

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Medicare (C04) PPO

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HOSPITAL CARE*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Inpatient Hospital Care	\$0 per stay	10% per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Observation Stay	Your cost share for Observation Care is based upon the services you receive	Your cost share for Observation Care is based upon the services you receive
Frequency:	per stay	per stay
Outpatient Services & Surgery	\$0	10%
Ambulatory Surgery Center	\$0	10%
PHYSICIAN SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Primary Care Physician Visits	\$0	10%
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Physician Specialist Visits	\$0	10%
PREVENTIVE CARE	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Medicare-covered Preventive Services	\$0	10%
<ul style="list-style-type: none">• Abdominal aortic aneurysm screenings• Alcohol misuse screenings and counseling• Annual Well Visit - One exam every 12 months.• Bone mass measurements• Breast exams• Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.• Cardiovascular behavior therapy• Cardiovascular disease screenings• Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.		

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- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screenings
- Diabetes screenings
- HBV infection screening
- Hepatitis C screening tests
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.
- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams and pap test (screening) - one routine GYN visit and pap smear every 24 months.
- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

Immunizations	\$0	\$0
• Flu		
• Hepatitis B		
• Pneumococcal		

Additional Medicare Preventive Services	\$0	10%
• Barium enema - one exam every 12 months.		
• Diabetes self-management training (DSMT)		
• Digital rectal exam (DRE)		
• EKG following welcome exam		
• Glaucoma screening		

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EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Emergency Care; Worldwide (waived if admitted)	\$0	\$0
Urgently Needed Care; Worldwide	\$0	\$0
DIAGNOSTIC PROCEDURES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Diagnostic Radiology CT scans	\$0	10%
Diagnostic Radiology Other than CT scans	\$0	10%
Lab Services	\$0	10%
Diagnostic testing & procedures	\$0	10%
Outpatient X-rays	\$0	10%
HEARING SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Routine Hearing Screening We cover one exam every twelve months	\$0	10%
Medicare Covered Hearing Examination	\$0	10%
Hearing Aid Reimbursement	\$1,000 once every 36 months	
DENTAL SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$0	10%

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VISION SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Routine Eye Exams One annual exam every 12 months.	\$0	10%
Diabetic Eye Exams	\$0	10%
Medicare Covered Eye Exam	\$0	10%
Vision Eyewear Reimbursement Applies to in or out of network	\$200 once every 24 months	
MENTAL HEALTH SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Inpatient Mental Health Care The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 per stay	10% per stay
Outpatient Mental Health Care Individual visit	\$0	10%
Partial Hospitalization and Intensive Outpatient Services	\$0	10%
Inpatient Substance Abuse The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 per stay	10% per stay
Outpatient Substance Abuse Individual visit	\$0	10%
SKILLED NURSING SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Skilled Nursing Facility (SNF) Care Limited to 100 days per Medicare Benefit Period. The member cost sharing applies to covered benefits incurred during a member's inpatient stay. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.	\$0 per day, days 1-100	10% per day, days 1-100

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PHYSICAL THERAPY SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Outpatient Rehabilitation Services (Speech, physical, and occupational therapy)	\$0	10%
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AMBULANCE SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Ambulance Services	\$0	10%
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Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.

TRANSPORTATION SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Transportation (non-emergency)	Not Covered	
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MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Medicare Part B Prescription Drugs	\$0	10%
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Medicare Part B Prescription Drugs - Insulin	\$0	\$0
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MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section below for your plan benefits at each part D stage, including cost share and other important pharmacy benefit information.



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ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Allergy Shots	\$0	10%
Allergy Testing	\$0	10%
Blood	\$0	10%
All components of blood are covered beginning with the first pint.		
Cardiac Rehabilitation Services	\$0	10%
Intensive Cardiac Rehabilitation Services	\$0	10%
Chiropractic Services*	\$0	10%
Medicare covered benefits only.		
Diabetic Supplies*	\$0	10%
Includes supplies to monitor your blood glucose from LifeScan.		
Durable Medical Equipment/ Prosthetic Devices*	\$0	10%
Home Health Agency Care*	\$0	10%
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.	
Medical Supplies*	Your cost share is based upon the provider of services	Your cost share is based upon the provider of services
Medicare Covered Acupuncture	\$0	10%
Outpatient Dialysis Treatments*	\$0	\$0
Podiatry Services	\$0	10%
Medicare covered benefits only.		
Pulmonary Rehabilitation Services	\$0	10%
Supervised Exercise Therapy (SET) for PAD Services	\$0	10%
Radiation Therapy*	\$0	10%
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Fitness Benefit	SilverSneakers®	

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Resources For Living®	Covered	
For help locating resources for every day needs.		
Smoking and Tobacco Use Cessation Supplies	\$0	10%
Frequency	unlimited visits every year	unlimited visits every year
Teladoc™	\$0	
Telemedicine services with a Teladoc™ provider. State mandates may apply.		
Telehealth	Covered	
Telemedicine Services. Member cost share will apply based on services rendered.		
Telehealth PCP	\$0	10%
Telehealth Specialist	\$0	10%
Telehealth Occupational Therapy Services	\$0	10%
Telehealth PT and SP Services	\$0	10%
Telehealth Other Health care Providers	\$0	10%
Telehealth Individual Mental Health	\$0	10%
Telehealth Group Mental Health	\$0	10%
Telehealth Individual Psychiatric Services	\$0	10%
Telehealth Group Psychiatric Services	\$0	10%
Telehealth Individual Substance Abuse Services	\$0	10%
Telehealth Group Substance Abuse Services	\$0	10%
Telehealth Kidney Disease Education Services	\$0	10%
Telehealth Diabetes Self-Management Training	\$0	10%
Telehealth Opioid Treatment Program Services	\$0	10%
Telehealth Urgent care	\$0	\$0
Wigs*	\$0	\$0
Maximum	\$400	
Frequency	every year	

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ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Routine Physical Exams One exam per calendar year	\$0	10%

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

See next page for Pharmacy-Prescription Drug Benefits.



CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

PHARMACY - PRESCRIPTION DRUG BENEFITS

Pharmacy Network S2

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>.)

Formulary (Drug List) Classic

Your cost for generic drugs is usually lower than your cost for brand drugs. However, some higher cost generic drugs are combined on brand tiers.

The following plan design is based on our interpretation of preliminary CMS guidance for 2025, but is subject to change when the final guidance is released.

Changes beginning in 2025 include:

- Reduction to three phases - Deductible, Initial Coverage, and Catastrophic
- Elimination of the Coverage Gap Phase
- Introduction of a \$2,000 annual out-of-pocket threshold
- Replacement of the Coverage Gap Discount Program with the Manufacturer Discount Program which will provide a 10% manufacturer discount for applicable drugs in the Initial Coverage phase and 20% manufacturer discount for applicable drugs in the Catastrophic phase.

Calendar-Year Deductible for Prescription Drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Initial Coverage Phase - The table below represents cost sharing after the deductible, if applicable, has been reached.

4 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 - Generic Generic Drugs	\$10	\$20	\$20

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

4 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$10	\$20	\$20
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$10	\$20	\$20
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	25%	Limited to one-month supply	Limited to one-month supply

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail pharmacy and you may receive up to a 31 day supply.

You won't pay more than \$35 for a one-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage:

You pay \$0 for covered Part D prescription drugs.

Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of \$2,000 for covered Part D prescription drugs is reached.

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

Requirements:

Precertification

Applies

Step-Therapy

Applies

Non-Part D Supplemental Benefit

- Agents when used for the treatment of sexual or erectile dysfunction (ED)

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

Not all PPO Plans are available in all areas

The provider network may change at any time. You will receive notice when necessary.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

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Rx 10\$/10\$/10\$/25%

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the enhanced drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

Plan Disclaimers

Aetna Medicare is a HMO and PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2025 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711).

Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711)。

You can also visit our website at <http://www.aetnaretireeplans.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-307-4830. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-307-4830. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

如果您需要此翻译服务，请致电 1-800-307-4830。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-307-4830。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-307-4830. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-307-4830. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-307-4830 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-307-4830. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-307-4830번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-307-4830. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-307-4830. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-307-4830 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है.

July 2024

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CARNEGIE MELLON UNIVERSITY

Aetna MedicareSM Plan (PPO)

Medicare (C04) PPO

Rx 10\$/10\$/10\$/25%

यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-307-4830. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-307-4830. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-307-4830. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-307-4830にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-800-307-4830. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

This is the end of this plan benefit summary

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SECURITY BLUE HMO-POS RENEWAL

CLIENT NAME: Carnegie Mellon University
GROUP NAME: Carnegie Mellon University
CURRENT MEMBERSHIP: 5

EFFECTIVE DATE: 1/1/2025
CLIENT NUMBER: 037672
GROUP NUMBER: 5845845
INVOICING: Direct Employer Billed

	2024 Benefits (Current Plan)	2025 Benefits Current
Medical Benefits	In Network (INN) , Out-of-Network (OON)	In Network (INN) , Out-of-Network (OON)
Deductible Amount	\$0	\$0
Coinsurance (see specific benefits for cost sharing)	INN: 0% OON: 0%	INN: 0% OON: 0%
Member Out of Pocket Maximum Amount	INN: \$3400 Combined: \$8300	INN: \$3400 Combined: \$8300
Office Visits - PCP	INN: \$10 OON: \$10	INN: \$10 OON: \$10
Office Visits- Specialist	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Therapies (PT/OT/Speech)	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Inpatient Hospital Stays (Includes acute, inpatient rehab, and other types of inpatient hospital services)	INN: 0% OON: 0%	INN: 0% OON: 0%
Skilled Nursing Facility	INN: 0% OON: 0%	INN: 0% OON: 0%
Home Health	INN: 0% OON: Not Covered	INN: 0% OON: Not Covered
Emergency Room	\$50	\$50
Urgent Care Clinic	\$40	\$40
Outpatient Surgery	INN: 0% OON: 0%	INN: 0% OON: 0%
Standard Imaging (Example: X-Ray)	INN: 0% OON: 0%	INN: 0% OON: 0%
Advanced Imaging (Examples: CT Scans, MRI)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Office/Lab)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Facility)	INN: 0% OON: 0%	INN: 0% OON: 0%
Ambulance (Emergent)	\$25	\$25
Ambulance (Non-Emergent)	INN: \$25 OON: Not Covered	INN: \$25 OON: Not Covered
Routine Transportation Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.	INN: \$10 OON: Not Covered	INN: \$10 OON: Not Covered
Durable Medical Equipment (Example: Diabetic Testing Supplies)	INN: 15% OON: Not Covered	INN: 15% OON: Not Covered
Oxygen and Oxygen Supplies	INN: 15% OON: Not Covered	INN: 15% OON: Not Covered
Renal Dialysis	INN: 0% OON: 20%	INN: 0% OON: 20%
Part B Rx	INN: 10%/\$300 Qrtly Max OON: 10%/\$300 Qrtly Max	INN: 10%/\$300 Qrtly Max INN: 10%/\$300 Qrtly Max
Routine Vision Exam (Offered through Davis Vision)	INN: \$0 OON: Not Covered	INN: \$0 OON: Not Covered
Routine Vision Eyewear (Offered through Davis Vision)	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: Not Covered	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: Not Covered
Hearing Exam	INN: \$20 OON: Not Covered	INN: \$20 OON: Not Covered
Hearing Aids	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. OON: Not covered	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. OON: Not covered
Highmark Fitness Program	Silver Sneakers	Nationwide Fitness Network



SECURITY BLUE HMO-POS RENEWAL

CLIENT NAME: Carnegie Mellon University
 GROUP NAME: Carnegie Mellon University
 CURRENT MEMBERSHIP: 5

EFFECTIVE DATE: 1/1/2025
 CLIENT NUMBER: 037672
 GROUP NUMBER: 5845845
 INVOICING: Direct Employer Billed

Part D Prescription Drug Benefits		
Part D Prescription Drug Coverage	Covered	Covered
Formulary	Incentive	Incentive
True Out of Pocket (TrOOP) Costs Threshold	Not Applicable	\$2,000
Part D Rx Deductible Stage		
Initial Coverage Stage*		
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / \$25 / \$55 / \$60	\$10 / \$10 / \$25 / \$55 / \$60
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / \$30 / \$60 / \$60	\$15 / \$15 / \$30 / \$60 / \$60
Mail Order - Express Scripts	\$25 / \$25 / \$62.50 / \$137.50 / NA	\$25 / \$25 / \$62.50 / \$137.50 / NA
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / \$75 / \$150 / NA	\$37.50 / \$37.50 / \$75 / \$150 / NA
	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply
Coverage Gap Stage	After calendar year drug costs reach \$5,030	Not Applicable
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / \$25 / \$55 / \$60	Not Applicable
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / \$30 / \$60 / \$60	Not Applicable
Mail Order - Express Scripts	\$25 / \$25 / \$62.50 / \$137.50 / NA	Not Applicable
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / \$75 / \$150 / NA	Not Applicable
	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	Not Applicable
Catastrophic Coverage Stage	After reaching Out of Pocket costs of \$8,000, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	After reaching the True Out of Pocket (TrOOP) costs of \$2,000, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.

* Rx Tiers - Tier 1 (Preferred Generic) / Tier 2 (Non-Preferred Generic) / Tier 3 (Preferred Brand & Generic) / Tier 4 (Non-Preferred Drug) / Tier 5 (Specialty)

+ Member cost sharing amount for Part D drugs with discount included.

Value Add Riders		
Routine Chiropractic and Podiatry Rider (Non-Medicare covered)	Not Covered	Not Covered
Routine Dental Services Rider	Not Covered	Not Covered
Medicare Excluded Part D Prescription Drug Rider	Not Covered	Not Covered
Part D Rx Out-of-Pocket Maximum	Not Applicable	Not Applicable
Total Premium Per Member, Per Month	\$314	\$314

This is a summary of the most commonly used benefits. It does not include a full list of benefits.

Please return to your Senior Markets Client Manager or fax to 1-833-841-8072

Signature

Date

Printed Name

Title

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Benefits and/or benefit administration may be provided by or through the following entities,

which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, or Highmark Senior Health Company.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

The Blue Cross(c), Blue Shield(c), Cross, and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TruHearing is a registered trademark of TruHearing, Inc., a separate company. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Express Scripts® is a separate company. Other Pharmacies/Physicians/Providers are available in our network.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。

EGHP_24_3492_M



SECURITY BLUE HMO-POS RENEWAL

CLIENT NAME: Carnegie Mellon University
GROUP NAME: Carnegie Mellon University
CURRENT MEMBERSHIP: 7

EFFECTIVE DATE: 1/1/2025
CLIENT NUMBER: 037672
GROUP NUMBER: 5845855
INVOICING: Direct Employer Billed

Medical Benefits	2024 Benefits (Current Plan)	2025 Benefits Current
	In Network (INN) , Out-of-Network (OON)	In Network (INN) , Out-of-Network (OON)
Deductible Amount	\$0	\$0
Coinsurance (see specific benefits for cost sharing)	INN: 0% OON: 0%	INN: 0% OON: 0%
Member Out of Pocket Maximum Amount	INN: \$3400 Combined: \$8300	INN: \$3400 Combined: \$8300
Office Visits - PCP	INN: \$10 OON: \$10	INN: \$10 OON: \$10
Office Visits- Specialist	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Therapies (PT/OT/Speech)	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Inpatient Hospital Stays (Includes acute, inpatient rehab, and other types of inpatient hospital services)	INN: 0% OON: 0%	INN: 0% OON: 0%
Skilled Nursing Facility	INN: 0% OON: 0%	INN: 0% OON: 0%
Home Health	INN: 0% OON: Not Covered	INN: 0% OON: Not Covered
Emergency Room	\$50	\$50
Urgent Care Clinic	\$40	\$40
Outpatient Surgery	INN: 0% OON: 0%	INN: 0% OON: 0%
Standard Imaging (Example: X-Ray)	INN: 0% OON: 0%	INN: 0% OON: 0%
Advanced Imaging (Examples: CT Scans, MRI)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Office/Lab)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Facility)	INN: 0% OON: 0%	INN: 0% OON: 0%
Ambulance (Emergent)	\$25	\$25
Ambulance (Non-Emergent)	INN: \$25 OON: Not Covered	INN: \$25 OON: Not Covered
Routine Transportation <i>Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</i>	INN: \$10 OON: Not Covered	INN: \$10 OON: Not Covered
Durable Medical Equipment (Example: Diabetic Testing Supplies)	INN: 15% OON: Not Covered	INN: 15% OON: Not Covered
Oxygen and Oxygen Supplies	INN: 15% OON: Not Covered	INN: 15% OON: Not Covered
Renal Dialysis	INN: 0% OON: 20%	INN: 0% OON: 20%
Part B Rx	INN: 10%/\$300 Qrtly Max OON: 10%/\$300 Qrtly Max	INN: 10%/\$300 Qrtly Max INN: 10%/\$300 Qrtly Max
Routine Vision Exam (Offered through Davis Vision)	INN: \$0 OON: Not Covered	INN: \$0 OON: Not Covered
Routine Vision Eyewear (Offered through Davis Vision)	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: Not Covered	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: Not Covered
Hearing Exam	INN: \$20 OON: Not Covered	INN: \$20 OON: Not Covered
Hearing Aids	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. OON: Not covered	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. OON: Not covered
Highmark Fitness Program	Silver Sneakers	Nationwide Fitness Network



SECURITY BLUE HMO-POS RENEWAL

CLIENT NAME: Carnegie Mellon University
GROUP NAME: Carnegie Mellon University
CURRENT MEMBERSHIP: 7

EFFECTIVE DATE: 1/1/2025
CLIENT NUMBER: 037672
GROUP NUMBER: 5845855
INVOICING: Direct Employer Billed

Part D Prescription Drug Benefits		
Part D Prescription Drug Coverage	Covered	Covered
Formulary	Incentive	Incentive
True Out of Pocket (TrOOP) Costs Threshold	Not Applicable	\$2,000
Part D Rx Deductible Stage		
Initial Coverage Stage*		
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / \$25 / \$55 / \$60	\$10 / \$10 / \$25 / \$55 / \$60
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / \$30 / \$60 / \$60	\$15 / \$15 / \$30 / \$60 / \$60
Mail Order - Express Scripts	\$25 / \$25 / \$62.50 / \$137.50 / NA	\$25 / \$25 / \$62.50 / \$137.50 / NA
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / \$75 / \$150 / NA	\$37.50 / \$37.50 / \$75 / \$150 / NA
	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply
Coverage Gap Stage	After calendar year drug costs reach \$5,030	Not Applicable
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / \$25 / \$55 / \$60	Not Applicable
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / \$30 / \$60 / \$60	Not Applicable
Mail Order - Express Scripts	\$25 / \$25 / \$62.50 / \$137.50 / NA	Not Applicable
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / \$75 / \$150 / NA	Not Applicable
	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	Not Applicable
Catastrophic Coverage Stage	After reaching Out of Pocket costs of \$8,000, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	After reaching the True Out of Pocket (TrOOP) costs of \$2,000, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.

* Rx Tiers - Tier 1 (Preferred Generic) / Tier 2 (Non-Preferred Generic) / Tier 3 (Preferred Brand & Generic) / Tier 4 (Non-Preferred Drug) / Tier 5 (Specialty)

+ Member cost sharing amount for Part D drugs with discount included.

Value Add Riders		
Routine Chiropractic and Podiatry Rider (Non-Medicare covered)	Not Covered	Not Covered
Routine Dental Services Rider	Not Covered	Not Covered
Medicare Excluded Part D Prescription Drug Rider	Not Covered	Not Covered
Part D Rx Out-of-Pocket Maximum	Not Applicable	Not Applicable

Total Premium Per Member, Per Month	\$314	\$314
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This is a summary of the most commonly used benefits. It does not include a full list of benefits.

Please return to your Senior Markets Client Manager or fax to 1-833-841-8072

Signature

Date

Printed Name

Title

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Benefits and/or benefit administration may be provided by or through the following entities,

which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, or Highmark Senior Health Company.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

The Blue Cross(c), Blue Shield(c), Cross, and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TruHearing is a registered trademark of TruHearing, Inc., a separate company. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Express Scripts® is a separate company. Other Pharmacies/Physicians/Providers are available in our network.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。

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UPMC for Life 2025 HMO Custom - CMU					
	2025				
	Cost-share	Metric	Other Info	Telehealth	Prior Auth*
ANNUAL MAXIMUMS					
Annual Deductible	\$0				
Maximum Out-of-Pocket	\$3,400				
INPATIENT CARE					
Inpatient Hospital/ Mental Health Care	\$100	copay	per stay \$300 annual limit		Y
Skilled Nursing Facility (days 1-100)	\$0	copay	100 day limit		Y
Blood	\$0	copay	3 pints		N
Home Health Care	\$0	copay		\$0	Y
OUTPATIENT CARE					
Primary Care Physician (PCP) Visits	\$10	copay		\$10	N
Specialist Visits	\$20	copay		\$20	N
Chiropractic Services (Medicare-covered)	\$20	copay			Y
Chiropractic Services (Routine)	\$20	copay	6 visits every year		Y
Podiatry Services (Medicare-covered)	\$20	copay			N
Podiatry Services (Routine)	\$20	copay	4 visits every year		N
Outpatient Mental Health Services /Psychiatric Services/Substance Abuse	\$20	copay		\$20	N
Opioid Treatment Services	\$20	copay			N
Partial Hospitalization	\$0	copay			N
Outpatient Surgery and Ambulatory Surgical Center (ASC)	\$25	copay	\$75 annual limit for Outpatient		Y
Observation	\$25	copay			Y
Ambulance Services (Ground & Air)	\$50	copay			Y
Ambulance Services (Treat no Transport)	Not Covered				
Emergency Care	\$120	copay	waived if admitted within 3 days		N
Urgently Needed Care (Clinics)	\$20	copay			N
Outpatient Rehab Services (PT, OT, ST)	\$20	copay			Y
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0	copay			N
OUTPATIENT MEDICAL AND SUPPLIES					
Durable Medical Equipment (DME) /Oxygen	\$0	copay			Y
Prosthetic Devices and Medical Supplies	\$0	copay			Y
Diabetes Training	\$0	copay		\$0	N
Diabetic Monitors and Test Strips - LifeScan Only	\$0	copay			N
Diabetic Supplies - All Other Brands	\$0	copay			Y
Diabetic Shoes or Inserts	\$0	copay			N
Part B Drugs - Insulin	0-10%	coinsurance	up to \$35 copay/ 30 day supply		N
Part B Drugs	0-10%	coinsurance			Y
Kidney Disease Training	\$0	copay			N
Renal Dialysis (ESRD)	\$0	copay			N
Lab Services	\$0	copay	per day per facility		Y
Diagnostic Procedures/Tests	\$0	copay	per day per facility		Y
Diagnostic X-Ray Services (Basic Imaging)	\$0	copay	per service		Y
Diagnostic Radiological Services (Advanced Imaging)	\$0	copay	per service		Y
Therapeutic Radiological Services (Radiation)	\$0	copay	per service		Y

UPMC for Life 2025 HMO Custom - CMU					
	2025				
	Cost-share	Metric	Other Info	Telehealth	Prior Auth*
PREVENTIVE SERVICES					
Immunizations	\$0	copay			N
Annual Wellness Visit	\$0	copay			N
Screening Exams	\$0	copay			N
SUPPLEMENTAL BENEFITS					
Dental Services					
Dental Services (Medicare-covered)	\$20	copay			N
Preventive Dental Benefit:					
Cleaning	\$0	copay	2 every year		N
Routine Oral Exam	\$20	copay	2 every year		N
Limited Oral Exam	\$20	copay	1 every 12 months		N
Comprehensive Oral Exam	\$20	copay	1 every 36 months		N
Bitewing X-rays	\$20	copay	1 every 12 months		N
Panoramic X-rays	\$20	copay	1 every 36 months		N
Restorative Dental Benefit	Not Covered				
Hearing Services					
Hearing Services (Medicare-covered)	\$20	copay			N
Hearing Exam (Routine)	\$20	copay	1 every year		N
Hearing Aid Fitting (Routine)	\$20	copay	1 every year		N
Hearing Aids (Routine)	\$690-\$1890	copay	1 every year		N
Vision Services					
Vision Services (Medicare-covered)	\$20	copay			N
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0	copay			N
Eyewear (Medicare-covered)	\$0	copay			N
Vision Exam (Routine)	\$0	copay	1 every year		N
Vision Eyewear (Routine)	\$250	allowance	1 every year		N
Other Services					
Counseling Services (Resources for Life)	\$0	copay	6 sessions per issue		N
Fitness Benefit (SilverSneakers and personal training session)	\$0	copay	1 every year		N
Health and Wellness Benefit (Rx Well)	\$0	copay			N
Home Safety Items	\$0	copay	3 items every year		N
In-Home Safety Assessment	\$0	copay	1 every year		N
Nurse Advice Line	\$0	copay			N
Over-the-counter (OTC) Items	Not Covered				
Palliative Care (including eligible meals)	Not Covered				
Remote Technologies (AnywhereCare eVisits)	\$10	copay			N
Routine Physical Exam	Not Covered				
Smoking and Tobacco Use Cessation	\$0	copay	4 addtl sessions		N
Support for Caregivers (Resources for Life)	Not Covered				
Support for Caregivers (Powerful Tools for Caregivers)	\$0	copay			N
Transportation	Not Covered				
Worldwide Emergency Travel Assistance Coverage	\$0	copay			N
ADDITIONAL BENEFIT PROGRAMS					
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee				
*Please see separate prior auth details chart for more detail					

UPMC for Life HMO

UPMC for Life 2025 HMO Custom - CMU															
Part D Prescription Drugs															
	2025														
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.														
Rx Deductible	\$0														
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.														
Initial Coverage Limit (ICL)	N/A														
	Retail pharmacy						Mail-order						LTC	OON	
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	
Tier 2: Generic Drugs	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	
Tier 3: Preferred Brand Drugs	\$47	\$47	\$94	\$94	\$129.50	\$141	\$47	\$47	\$94	\$94	\$117.50	\$141	\$47	\$47	
Tier 4: Non-Preferred Drugs	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100	
Tier 5: Specialty Drugs	33%	33%	n/a	n/a	n/a	n/a	33%	33%	n/a	n/a	n/a	n/a	33%	33%	
COVERAGE GAP STAGE	Starting in 2025, the Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. Member moves from the Initial Coverage Stage to the Catastrophic Coverage Stage once the Out-of-Pocket Limit has been met.														
Out-of-Pocket Limit (TrOOP)	\$2,000														
Coverage in the Coverage Gap	Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.														
	Retail pharmacy						Mail-order						LTC	OON	
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	
Insulins under the Inflation Reduction Act (IRA)															
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	
Tier 2: Generic Drugs	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	
Tier 3: Preferred Brand Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35	
Tier 4: Non-Preferred Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35	
CATASTROPHIC COVERAGE STAGE	Member pays \$0														

UPMC National Complementary with Rx

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 National Complementary with Rx - CMU	
	2025
INPATIENT CARE	
Inpatient Hospital/Mental Health Care	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has exhausted.
Skilled Nursing Facility (days 1- 100 day) A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.	<ul style="list-style-type: none"> For days 1-100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. You pay all costs for days 101 and after the per benefit period.
Blood (3 pints)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Home Health Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Home Health Care Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
OUTPATIENT CARE	
Primary Care Physician (PCP) Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Primary Care Physician (PCP) Visits Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Specialist Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Specialist Visits Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Chiropractic Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Chiropractic Services (Routine)	Routine chiropractic care is not covered by the plan.
Podiatry Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Podiatry Services (Routine)	Routine podiatry care is not covered by the plan.
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Mental Health Services/Psychiatric Services/Substance Abuse Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Opioid Treatment Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Partial Hospitalization	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Surgery and Ambulatory Surgical Center (ASC)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Observation	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Ground & Air)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Treat no Transport)	Not Covered
Emergency Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Urgently Needed Care (Clinics)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Rehab Services (PT, OT, ST)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

UPMC National Complementary with Rx

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 National Complementary with Rx - CMU	
OUTPATIENT MEDICAL AND SUPPLIES	
Durable Medical Equipment (DME)/Oxygen	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Prosthetic Devices and Medical Supplies	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Monitors and Teststrips - LifeScan Only	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Supplies - All Other Brands	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Shoes or Inserts	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs - Insulin	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Kidney Disease Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Renal Dialysis (ESRD)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Lab Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Procedures/Tests	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic X-Ray Services (Basic Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Radiological Services (Advanced Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Therapeutic Radiological Services (Radiation)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
PREVENTIVE SERVICES	
Immunizations	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Annual Wellness Visit	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Screening Exams	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services	
Hearing Exam (Routine) (1 every year)	• You pay a \$20 copayment for 1 routine hearing exam every year.
Hearing Aid Fitting (Routine) (1 every year)	• You pay a \$20 copayment for 1 routine fitting evaluation every year.
	• UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.
Hearing Aids (Routine) (1 every year)	• UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid
Vision Services	
Vision Exam (Routine) (1 every year)	• You pay \$0 copayment for 1 routine vision exam every year.
Vision Eyewear (Routine) (1 every year)	• UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear.

UPMC National Complementary with Rx

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 National Complementary with Rx - CMU

Other Services	
	<ul style="list-style-type: none"> • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following:
Counseling Services (Resources for Life)	Counseling services - 6 sessions per issue.
Fitness Benefit (SilverSneakers and personal training session)	Fitness Benefit (SilverSneakers) - 1 every year.
Health and Wellness (Rx Well)	Rx Well - 1 every year
Home Safety Items	Home Safety Items - 3 every year.
In-Home Safety Assessment	Not Covered
Nurse Advice Line	Nurse advice line.
Palliative Care (including eligible meals)	Not Covered
Remote Technologies (AnywhereCare eVisits)	AnywhereCare eVisits.
Routine Physical Exam	Not Covered
Smoking and Tobacco Use Cessation	Smoking and tobacco use cessation - 4 add'l sessions.
Support for Caregivers (Resources for Life)	Not Covered
Support for Caregivers (Powerful Tools for Caregivers)	Support for caregivers (Powerful Tools for Caregivers).
Worldwide Emergency Coverage	Emergency travel assistance transportation services are available worldwide when traveling

*Claims must be submitted to **Primary Insurance Carriers first** (i.e. Medicare, Veteran's Administration) prior to submitting to UPMC Health Benefits, Inc. and unless specifically noted in the grid

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 National Complementary with Rx - CMU														
Part D Prescription Drugs														
	2025													
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.													
Rx Deductible	\$0													
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.													
Initial Coverage Limit (ICL)	N/A													
	Retail pharmacy						Mail-order						LTC	OON
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
Tier 2: Generic Drugs	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
Tier 3: Preferred Brand Drugs	\$47	\$47	\$94	\$94	\$129.50	\$141	\$47	\$47	\$94	\$94	\$117.50	\$141	\$47	\$47
Tier 4: Non-Preferred Drugs	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100
Tier 5: Specialty Drugs	33%	33%	n/a	n/a	n/a	n/a	33%	33%	n/a	n/a	n/a	n/a	33%	33%
COVERAGE GAP STAGE	Starting in 2025, the Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. Member moves from the Initial Coverage Stage to the Catastrophic Coverage Stage once the Out-of-Pocket Limit has been met.													
Out-of-Pocket Limit (TROOP)	\$2,000													
Coverage in the Coverage Gap	Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.													
	Retail pharmacy						Mail-order						LTC	OON
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day
Insulins under the Inflation Reduction Act (IRA)	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
Tier 2: Generic Drugs	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
Tier 3: Preferred Brand Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35
Tier 4: Non-Preferred Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35
CATASTROPHIC COVERAGE STAGE	Member pays \$0													

Important Notice from Carnegie Mellon University About Your Prescription Drug Coverage and Medicare

The Carnegie Mellon University Benefit Plan Medicare Advantage Plans (Aetna Medicare Advantage, Highmark Blue Cross Blue Shield Security Blue, UPMC For Life)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carnegie Mellon University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Carnegie Mellon University has determined that the prescription drug coverage offered by the Carnegie Mellon University Benefit Plan-Medicare Advantage Plan (Aetna Medicare Advantage, Highmark Blue Cross Blue Shield Security Blue, UPMC For Life) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carnegie Mellon University coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Carnegie Mellon University coverage, you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Carnegie Mellon University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact information is provided on the last page of this document. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carnegie Mellon University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/14/2024
Name of Entity/Sender: Contact-	Carnegie Mellon University Office of Human Resources;
Position/Office: Address:	5000 Forbes Avenue, Pittsburgh, PA 15213-3815
Phone Number:	412-268-2047

Important Notice From Carnegie Mellon University About Your Prescription Drug Coverage and Medicare

The Carnegie Mellon University Benefit Plan Retiree Major Medical and Supplemental Prescription Drug Plan

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carnegie Mellon University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Carnegie Mellon University has determined that the prescription drug coverage offered by the Retiree Major Medical and Supplemental Prescription Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the Retiree Major Medical and Supplemental Prescription Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the Retiree Major Medical and Supplemental Prescription Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage with Carnegie Mellon University, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Retiree Major Medical and Supplemental Prescription Plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

Since the coverage under Carnegie Mellon University Retiree Major Medical and Supplemental Prescription Plan is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carnegie Mellon University coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Carnegie Mellon University coverage, be aware that you and your dependents will be able to get this coverage back.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact information is provided on the last page of this document **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Carnegie Mellon University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	10/14/2024
Name of Entity/Sender:	Carnegie Mellon University
Contact-Position/Office:	Office of Human Resources
Address:	5000 Forbes Avenue, Pittsburgh, PA 15213-3815
Phone Number:	412-268-2047

Carnegie Mellon University does not discriminate in admission, employment, or administration of its programs or activities on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, pregnancy or related condition, family status, marital status, parental status, religion, ancestry, veteran status, or genetic information. Furthermore, Carnegie Mellon University does not discriminate and is required not to discriminate in violation of federal, state, or local laws or executive orders.

The university's [Discriminatory and Sexual Misconduct Policy](#) contains grievance procedures that provide for the prompt and equitable resolution of Complaints alleging any action which would be prohibited by this Policy.

Inquiries concerning the application of and compliance with this statement should be directed to the Office for Institutional Equity and Title IX, Carnegie Mellon University, 5000 Forbes Avenue, Pittsburgh, PA 15213, telephone 412-268-7125.