

**2010**  
**SUMMARY GUIDE**



# Post-65 Health Care Plans

**ANNUAL ENROLLMENT**



University of Pittsburgh

*Office of Human Resources  
Benefits Department*

200 South Craig Street  
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412-624-8160

*Fall 2009*

# Eligibility Notes

## Official Retiree Status

University of Pittsburgh faculty and staff are officially granted retiree status if they fulfill the eligibility criteria:

- » Recognized Pitt start date prior to July 1, 2004: must be age 62 years or older on last day of work.
- » Recognized Pitt start date on or after July 1, 2004: must be a minimum of age 62 years on last day of work with age plus service (associated with recognized Pitt start date) equal to 85 or greater.
- » For retirements prior to July 1, 2004, participation in retiree benefit plans is contingent upon the retiree and spouse/partner's having been enrolled in coverage as an active employee at the time of retirement.
- » An eligible spouse/partner is the individual designated as such on University records at the time of retirement.

## Enrollment Options

Please note that if you did not elect medical coverage upon retirement under the program in effect prior to July 1, 2004, you are not eligible to enroll in medical coverage as a retiree. Retirements on or after July 1, 2004, involve election of Defined Dollar Benefit (DDB) credits according to the retiree medical program in effect on and after July 1, 2004. Participants remain eligible to continue DDB credits or enroll in coverage.

As announced in 2005, post-65 dental and/or vision coverage does not require prior participation regardless of the election at the time of retirement. As a result, you may elect to participate in post-65 dental and/or vision at open enrollment, even if you did not carry the coverage when you retired from the University.

## Transitional Period Status

The funding and cost sharing for retiree medical coverage changed effective July 1, 2004. As a result of the change, a two-year transition period was established. Effective July 1, 2004–June 30, 2006, faculty and staff on the payroll in June 2004 and born on or before December 31, 1946, were given the option to voluntarily resign from the University and obtain retiree medical coverage under the provisions of the retiree program in effect prior to July 1, 2004.

Post-65 retiree plans are available to a former employee and his or her eligible spouse/partner if, during the transition period, the employee took advantage of the one-time option to voluntarily resign from the University and obtain retiree medical coverage under the provisions of the retiree program in effect prior to July 1, 2004.

The one-time option extended to benefit-eligible employees who had not reached age 62 years and would not achieve official retiree status.

# Post-65 Benefit Coverage 2010 Calendar Year

## Contents

Eligibility Notes .....	Inside Front Cover
» Official Retiree Status	
» Enrollment Options	
» Transitional Period Status	
Overview .....	2
» Introductory Explanation for the Plan Year 2010	
» Summary of Changes	
Plan Design	
Defined Dollar Benefit (DDB) Credits	
Medicare and Social Security	
» Monthly Cost Schedule of University-Sponsored Health Care Plan for Calendar Year 2010	
University-sponsored Post-65 Medical Plans.....	6
Medical Plan Option Explanations .....	6
Other Health Care Plans .....	8
» Dental, Vision	
Defined Dollar Benefit (DDB) Program .....	9
» General Information and Illustrative Examples	
Procedure for Enrollment.....	12
» Steps to Take to Ensure Enrollment in Coverage	
Retiree Benefits Services Center (EBDS).....	15
Recap-DDB Program Administration .....	15
Notes.....	16 and Inside Back Cover
Contacts .....	Outside BackCover

## Enclosures

- » Summary grids and service area maps supplied by the medical insurance carriers
- » Applications supplied by the medical insurance carriers
- » United Concordia Access dental summary grid
- » Davis Vision summary grid
- » Enrollment form administered by the Retire Benefits Service Center (EBDS)
- » Direct deposit form
- » Automatic Premium Payment Authorization (APPA) form

# Overview

## Introductory Explanation for Plan Year 2010

The program offerings in 2010 remain the same as in 2009. The program includes three plans in the category of Medicare Advantage Programs and two plans in the category of Medicare Supplement.

In other words, the plan you are in today and plans currently available to you today will continue in the new plan year. As reported by the media both nationally and locally, the federal funding of the Medicare Advantage Programs has not materially increased for 2010. This includes UPMC for Life HMO and PPO as well as Highmark's Freedom Blue PPO.

The federal government provides a specific level of funding to an insurance carrier for each member enrolled in a Medicare Advantage program. The amount of funding provided is less than the full premium cost. As a result, the University makes up the shortfall to fund the full premium cost. For 2010, the nominal increase in funding by the federal government did not match the increased premium cost. Therefore, the difference must be met by an employer, such as the University, who sponsors plans, or a participant who is responsible for the full premium cost.

As a consequence of the level of federal funding for 2010, the premiums for the HMO and PPO plans have increased significantly. Most retirees will continue health care coverage without encountering any premium cost. The University will absorb the increase in premiums for retirees with a relatively nominal offset passed on to participants in the form of increased co-payments. However there will be an impact on the premium cost for surviving spouses who are responsible for full cost of coverage.

The overall increase to the University is approximately 19 percent for the Calendar Year 2010. The large increase is driven by the level of federal funding related to the plans in the category of Medicare Advantage Programs. These plans have experienced increases ranging from 17 percent to 34 percent even after changes in some of the co-payments.

The Medicare Supplement plans, UPMC National Complementary and Highmark Signature 65, fared better with increases below six percent. Premium increases for retirees are minimal and in some circumstances have decreased. The only changes for these plans involve technicalities mandated by the federal government.

As we move into Calendar Year 2010, the University will continue to follow the health care insurance debate in Congress and will continue to assess any impact the outcomes will have on the University-sponsored plans.

## Summary of Changes

### Plan Design

Listed here are changes in the 2010 plan design for the Medicare Advantage Programs made to partially offset the large increases experienced by these plans. The carriers provide complete information in separate grids for each plan. (Grids are also provided for the Medicare Supplement plans, UPMC National Complementary, and Highmark Signature, with only the changes mandated by the federal government.)

### Defined Dollar Benefit (DDB) Credit Amount

Defined Dollar Benefit (DDB) credits have been revalued for July 1 of each fiscal year and 2009 was no exception. The DDB credits increased from \$290 per month to \$301 for the period of July 1, 2009–December 31, 2009.

To align credits with the Medicare renewals that occur each January 1, an adjustment has been made to increase the credits to \$309 effective with the beginning of the new Calendar Year 2010. Going forward, the credits will be revalued each January (instead of July) to align with any movement in the National Medical Consumer Price Index up to the maximum of five percent.

## Summary of Changes continued from page 2

### UPMC for Life HMO

Areas of Change	2009	2010
Out-of-pocket maximum	Not Applicable	Not Applicable
Out-patient co-payment	\$0	\$50
In-patient co-payment	\$0	\$50
PCP co-payment	\$10	\$15
Prescriptions: 31-Day Supply	\$5 Generic	\$5 Generic
	\$20 Brand	\$30 Brand
	\$40 Brand non-preferred	\$60 Brand non-preferred
Prescriptions: 90-Day Supply	\$10 Generic	\$10 Generic
	\$40 Brand	\$60 Brand
	\$80 Brand non-preferred	\$120 Brand non-preferred
Specialty (Medication costing \$600 or more)	25%	25%

### UPMC for Life PPO

Areas of Change	2009	2010
Prescriptions: 31-Day Supply	\$10 Generic	\$10 Generic
	\$20 Brand	\$30 Brand
	\$40 Brand non-preferred	\$60 Brand non-preferred
Mail-order: 90-Day Supply	\$20 Generic	\$20 Generic
	\$40 Brand	\$60 Brand
	\$80 Brand non-preferred	\$120 Brand non-preferred
Specialty (Medication costing \$600 or more)	25%	25%

### Highmark Freedom Blue PPO

Areas of Change	2009	2010
In-patient co-payment	\$0	\$50
Out-patient co-payment	\$0	\$50
Skilled Nursing Facility co-payment	\$0	\$25
Prescriptions: 31-Day Supply	\$20 Generic	\$15 Generic
	\$20 Brand	\$30 Brand
	\$50 Brand non-preferred	\$60 Brand non-preferred
Mail-order: 90-Day Supply	\$40 Generic	\$30 Generic
	\$40 Brand	\$60 Brand
	\$100 Brand non-preferred	\$120 Brand non-preferred
Specialty (Medication costing \$600 or more)	\$50	\$60

## **Medicare and Social Security**

Regardless of the University-sponsored medical plan you elect, you are required to be enrolled in Medicare and you are responsible for the Medicare Part B premium, taken as a deduction from your monthly Social Security check.

Adjustments are made annually by Medicare. For your reference, below is summary information. The official source is information provided by Medicare and Social Security. Information is also available to you by visiting official Web sites.

**[www.medicare.gov](http://www.medicare.gov)**

OR

**[www.ssa.gov](http://www.ssa.gov)**

### **Medicare Part A and Part B**

Each of the University-sponsored medical insurance plans coordinates coverage with Medicare Part A and Medicare Part B. Prescription drug coverage is included in each of the plans, using the standardized Medicare formulary for Pennsylvania and fulfilling the requirements to be designated as “creditable coverage.” The provisions of the prescription drug coverage exceed the standardized plans offered directly by Medicare and independently by insurance carriers.

As a monthly deduction from your Social Security income check, the standard monthly Medicare Part B premium of \$96.40 continues for most participants in Calendar Year 2010 as was in effect for Calendar Year 2009. However, some may experience monthly premiums in the schedule with ranges from \$110.50 to \$353.60, according to rules for new enrollment in Calendar Year 2010 and/or an income-related monthly adjustment amount (IRMA).

### **Medicare Update Summary**

The Centers for Medicare and Medicaid Services (CMS) annually announce changes required to be made to plan coverages and communications. The CMS changes are referenced in this 2010 Summary Guide and are included in the carrier grids as part of the annual enrollment packet. Furthermore, the carriers for the University of Pittsburgh - sponsored plans mail documents entitled the Annual Notice of Change and Evidence of Coverage to retiree members.

Of particular importance is that University of Pittsburgh retiree members of any of the University-sponsored plans will not be affected by announcements of a prescription drug coverage gap, commonly referred to as the “donut hole” when a limit is met. Members will not experience the “donut hole” because the University of Pittsburgh sponsored-plans provide a benefit for prescription drugs without the limit and the gap.

# Monthly Cost Schedule of University-Sponsored Health Care Plan for Calendar Year 2010

The insurance premium rates listed below are for retirees who choose to participate in a University-sponsored plan. All rates listed below are for individual coverage only. The full cost of the dental and vision programs is the responsibility of the retiree. Listed below is a schedule of the insurance premiums for 2010.

## University Costs and Retiree Premiums (if applicable) “Old Plan” WITHOUT DDB Participation

University-sponsored Medical Options	Total Premium	University Contribution	Retiree Responsibility
UPMC for Life HMO	\$193.00	\$193.00	\$0
UPMC for Life PPO	\$211.00	\$211.00	\$0
Freedom Blue PPO	\$264.00	\$264.00	\$0
National Complementary	\$360.00	\$234.00	\$126.00
Signature 65	\$381.00	\$247.65	\$133.35

## University Costs and Retiree Premiums (if applicable) “New Plan” WITH DDB Participation

University-sponsored Medical Options	Total Premium	University-provided DDB Credit	Retiree Responsibility
UPMC for Life HMO	\$193.00	\$309.00	\$0 (accrue \$116.00)
UPMC for Life PPO	\$211.00	\$309.00	\$0 (accrue \$98.00)
Freedom Blue PPO	\$264.00	\$309.00	\$0 (accrue \$45.00)
National Complementary	\$360.00	\$309.00	\$51.00
Signature 65	\$381.00	\$309.00	\$72.00

*DDB credit Increase effective January 1, 2010*

## Dental and Vision Plans

Options for Dental and Vision*	Total Premium	Retiree Responsibility	Six-month Premium
UCCI Concordia Access Dental	\$16.63	\$16.63	\$99.78
Davis Vision Fashion Plan	\$6.84	\$6.84	\$41.04

Note: \*Enrollment in the Concordia Access Dental plan and Davis Vision plan is for a full 12-month period.

If enrollment is canceled at any time during the 12-month period for any reason other than death, the annual premium amount is still owed to the carrier.

# University-sponsored Post-65 Medical Plans

Each of the University-sponsored medical insurance plans coordinates coverage with Medicare Parts A and B. Prescription drug coverage is included in each of the plans, using the standardized Medicare formulary for Pennsylvania and fulfilling the requirements to be designated as “creditable coverage.” The provisions of the prescription drug coverage exceed the standardized plans offered directly by Medicare and independently by insurance carriers.

## **IF YOU HAVE A RESIDENCE IN A PENNSYLVANIA SERVICE AREA, YOU MAY ENROLL IN ONE OF THE FOLLOWING PLANS:**

- » UPMC for Life HMO
- » UPMC National Complementary Plan
- » UPMC for Life PPO
- » Highmark Signature 65
- » Highmark Freedom Blue PPO

## **IF YOU RESIDE OUTSIDE A PENNSYLVANIA SERVICE AREA, YOU MAY ENROLL IN ONE OF THE FOLLOWING PLANS:**

- » UPMC National Complementary Plan
- » Highmark Signature 65

Below are brief explanations. For more details, refer to summary grids and other descriptions provided by UPMC Health Plan and Highmark.

# Medical Plan Option Explanations

## **PROGRAMS REQUIRING LOCAL RESIDENCY**

Each program requiring local residency is based on a network developed and maintained on a continuous basis to include facilities in a significant number of counties in Pennsylvania. Both UPMC for Life and Highmark provide service area maps and explanations of special features.

### **UPMC for Life HMO with Prescription Drug Plan (PDP)**

Features include no deductibles for most services, little paperwork, a broad range of coverage, and a comprehensive, unlimited prescription drug program. In accordance with government regulations, you must maintain a residence in Western Pennsylvania. In the event that you travel, only emergencies are covered outside the area. However, prescription drug coverage is available through a nationwide network of pharmacies. For more details, review the enclosed summary grid provided by the carrier, or contact UPMC at **1-866-778-6093**.

### **UPMC for Life PPO with Prescription Drug Plan (PDP)**

This plan offers a broad range of in-network benefits generally at 100 percent coverage utilizing the UPMC network. Additionally, for those who travel for extended periods of time, this plan also provides comprehensive out-of-network coverage. Generally, the plan pays for 80 percent of all eligible out-of-network expenses, and participants are responsible for the remaining 20 percent up to the plan’s out-of-pocket maximum after meeting the \$500 deductible. To qualify for this program, you must still maintain a residence in Western Pennsylvania. Within this program, a comprehensive and unlimited prescription drug benefit also is provided. For more details, review the enclosed summary grid provided by the carrier, or contact UPMC at **1-866-778-6093**.

## **Highmark Freedom Blue PPO with Blue Rx**

This plan offers a broad range of in-network benefits generally at 100 percent coverage utilizing the Highmark network. Additionally, for those who travel for extended periods of time, this plan also provides comprehensive out-of-network coverage. Generally, the plan pays for 80 percent of all eligible out-of-network expenses, and participants are responsible for the remaining 20 percent up to the plan's out-of-pocket maximum after meeting the \$250 deductible. To qualify for this program, you must still maintain a residence in a Pennsylvania service area. Within this program, a comprehensive and unlimited prescription drug benefit also is provided. For more details, review the enclosed summary grid provided by the carrier, or contact Highmark at **1-866-306-1061**.

## **NATIONAL AND LOCAL PROGRAMS**

### **The UPMC National Complementary Plan with Prescription Drug Plan (PDP)**

This program provides coverage on a nationwide basis, regardless of residency. Any physician or facility who participates with Medicare can accept the UPMC National Complementary Plan. It is a UPMC product that provides complementary coverage to Medicare Parts A and B. It also provides unlimited prescription drug coverage through a nationwide network of providers. The details of the plan are provided on the enclosed summary grid provided by the carrier. For more information, contact UPMC at **1-866-778-6093**.

### **Highmark Signature 65 with Blue Rx**

This program provides coverage on a nationwide basis, regardless of residency. Any physician or facility who participates with Medicare can accept Highmark Signature 65. It is a Blue Cross product that provides complementary coverage to Medicare Parts A and B. It also provides unlimited prescription drug coverage through a nationwide network of providers. The details of the plan are provided on the enclosed summary grid provided by the carrier. For more information, please contact Highmark Signature 65 at **1-800-367-6565 or 1-800-472-1506** and/or Blue Rx at **1-888-697-8714**.

## Other Health Care Plans

Options for post-65 dental and vision coverage are also available as part of the University of Pittsburgh's retirement package. Please note that you are responsible for the full premium cost of these plans.

### **UCCI Concordia Access Dental**

The program provides 100 percent coverage for the most common preventive and diagnostic procedures (i.e., cleanings and examinations). The plan pays for 70 percent of covered minor restorative services while members are responsible for the remaining 30 percent of the claim cost. Minor restorative services include fillings, simple extractions, and palliative treatment. Major restorative services are not covered but your cost will be based on the carrier's discounted rates. There is an annual maximum benefit of \$750 with an individual deductible of \$25. **The Medicare HMOs and PPOs provide limited dental benefits.** For additional details on the plan, you may contact United Concordia (UCCI), a Highmark Blue Cross/Blue Shield company, at **1-877-215-3616 or 1-800-332-0366**. Certain states may not have a fully developed network. Please be certain to discuss this with the carrier prior to your enrollment.

### **Davis Vision Fashion Plan**

Vision coverage is offered through Davis Vision, a Highmark Blue Cross/Blue Shield company. Taking advantage of group discounts and reasonable rates, the program offers 100 percent coverage for an annual eye examination and lenses. A wholesale frame allowance is offered every 24 months. Any frame that is priced above the wholesale allowance may be purchased at discounted rates. **The Medicare HMOs and PPOs provide limited vision benefits.** For additional details on the plan, you may contact Davis Vision at **1-877-923-2847 or 1-800-999-5431**. The client control reference number is **7623**.

# Defined Dollar Benefit Program

## Introduction

The Defined Dollar Benefit (DDB) program was first introduced to new retirees effective July 1, 2004. In response to numerous requests, this program is now being offered to all retirees who are enrolled in University-sponsored medical coverage.

Under the DDB program, you may continue enrollment in University-sponsored coverage or you may elect any other retiree medical coverage. The cost of the premiums may be reimbursed from the credits in an account established for you and your eligible spouse/domestic partner.

## General Information

On the first of each month, a fixed amount of credits (value) is applied to an account that may be used toward the reimbursement of retiree medical coverage.

The amount of credits (value) per month is reviewed annually and increased in accordance with the medical component of the consumer price index up to 5 percent.

As of July 1, 2009, the amount (value) of credits per month was \$301 for retirees and \$301 for spouses/partners if they were age 62 or older.

To correspond with the federal government's Medicare renewals, credits (value) will be reviewed annually with an effective date of January 1. **As of January 1, 2010, credits will increase to \$309 per month.**

All post-65 retirees and their eligible spouses/partners are entitled to participate in the DDB program. DDB credits may be:

1. Applied toward the cost of a University-sponsored medical plan.
2. Applied toward the cost of retiree medical coverage obtained independently of the University.
3. Accrued in your account for use at a later date if you have comparable medical coverage from another insurance carrier, employer, or spouse/partner.

## **Additional DDB Credit Guidelines**

### **Credit Use/Reimbursement**

Credits may be used to reimburse retirees and their eligible spouses/partners for retiree medical coverage only. Credits cannot be used toward the cost of dental, vision, life insurance, or any other **active** employee medical coverage whether at the University, another employer, or a spouse/partner's active employee coverage.

### **Credit Accrual**

Credits will not accrue while retirees and their spouses/partners are covered under the University's active medical plans. However, credits will accrue if coverage is obtained through a spouse/partner or another employer.

### **Application of DDB Credits**

#### **When the Cost of Coverage Is Less Than the Amount (Value) of Credits in Your Account**

Your credit balance will accrue from month to month and year to year if the cost of retiree medical coverage does not exceed the amount of credits (value) in your account. As such, the accrued credits (value) may be applied to retiree medical coverage at a later date.

#### **When the Cost of Coverage Exceeds the Amount (Value) of Credits in Your Account**

If you choose a University-sponsored post-65 medical plan, your DDB credits will be applied toward the cost of coverage up to the credit (value) allowance. Any amount above and beyond the credit (value) allowance will then be withdrawn each month from the checking account you designate on the enclosed Automatic Premium Payment Authorization (APPA) form. Should you choose a non-University-sponsored post-65 plan, you must pay the full premium and then submit a claim form and supporting documentation to Retiree Benefits Service Center (EBDS). An explanation of the role of the Retiree Benefits Service Center appears on a later page. To the extent that the retiree medical plan costs more than the amount of credits (value) in your account, you will be reimbursed up to the DDB credit (value) allowance.

## Illustrative Examples of How DDB Credits May Be Applied

All examples below are based on monthly premiums/credits to illustrate a monthly cost of coverage. DDB credits must be applied to the full premium cost. As a reminder, post-65 retirees and spouse/partner benefits are administered separately. A new claim form by each participant must be completed for each new calendar year.

### 1. To purchase University-sponsored coverage:

A. The cost of coverage is LESS than the monthly DDB credit allowance:

You elect UPMC for Life HMO:

Your cost of coverage is:	\$193.00
Your DDB credits are:	\$309.00
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Total amount of credits that accrue each month:	\$116.00

B. The cost of coverage is MORE than the monthly DDB credit allowance:

You elect Highmark Signature 65:

Your cost of coverage is:	\$381.00
Your DDB credits are:	\$309.00
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Total amount deducted monthly from your checking account:	\$ 72.00

### 2. To purchase non-University-sponsored coverage:

You move to Arizona and purchase a local Medicare HMO:

Your cost of coverage (illustrative for example) is:	\$400.00
Your DDB credits are:	\$309.00
<hr/>	
Total amount of credits that accrue each month:	\$ 0

You need to pay the full premium directly to the Arizona HMO. Then submit a receipt/proof of payment with a completed reimbursement form to the Retiree Benefits Service Center for reimbursement. A total of \$309 would be debited from your DDB accrual balance. The Retiree Benefits Service Center will transfer the \$309 to your checking account via direct deposit.

### 3. Accrue credits for future use:

Your spouse or domestic partner continues to work and places you on his or her active coverage:

Credits you accrue each month:	\$309.00
Credits your spouse or domestic partner accrues each month:	\$309.00
<hr/>	
Total accrual each month:	\$618.00

Note: The University reserves the right to modify or terminate these benefits at any time. Modifications that may affect this plan include those made by the federal government's Medicare or Medicare-related programs.

# Procedure for Enrollment

Carefully review all of the options available to you. To assist you, enclosed are reference materials for each of the insurance options, along with customer service telephone numbers and Web addresses.

*Please refer to the Eligibility Notes on the inside front cover for information about official retirement status, enrollment options, and transitional period status.*

*Retirees and post-65 spouses/partners will receive separate packets and enrollment information and may choose separate medical plans.*

**If you are not making any changes, NO ACTION is required; all current elections will remain the same.**

- **Your University of Pittsburgh-sponsored plans will remain in effect for the entire plan year of calendar year 2010, with no opportunity after open enrollment to make changes until the open enrollment for calendar year 2011.**
- **However, at any time during calendar year 2010, you may qualify to make a change if you move to a primary residence into or out of the Western Pennsylvania service area for HMOs and PPOs.**

**If you are changing medical plans and/or starting the DDB program, you will need to choose one of the following options:**

- A. Voluntary change to a different University-sponsored medical plan **without** DDB participation. (University-sponsored dental and/or vision also may be elected.)
- B. Participation in the DDB program to pay toward the full cost of one of the **University-sponsored** medical plans. (University-sponsored dental and/or vision also may be elected; DDB not applicable.)
- C. Participation in the DDB program to pay toward the full cost of a **non-University-sponsored** medical plan. (University-sponsored dental and/or vision also may be elected; DDB not applicable.)
- D. Participation in the DDB program for purposes of accruing credits for use at a later date. (University-sponsored dental and/or vision also may be elected; DDB not applicable.)
- E. **No** change to medical plans/DDB participation, but election or change of dental and/or vision plans.

Once you have made your choice, please see the corresponding information below to ensure that all of the appropriate forms are completed. Only complete the necessary forms as stated below for the choice you have made.

*You will not need to complete all of the forms/applications that were included in this mailing.*

**A. Voluntary change to a University-sponsored medical plan without DDB participation.**

1. Complete the enclosed post-65 enrollment form. Complete the entire form.
2. Complete the corresponding carrier application that was included with this mailing. This application must be completed for Medicare.
3. Complete the enclosed Automatic Premium Payment Authorization (APPA) form. This form will need to be completed only if you would like to have the monthly premium, if applicable, deducted from your checking account. Dental and vision premiums would be deducted automatically as well. If you do not complete this form, you will receive an invoice from EBDS for the premiums due.
4. Return all completed forms in the envelope provided by Friday, December 18, 2009.

**B. Participation in the DDB program to pay toward the full cost of one of the University-sponsored medical plans.**

1. Complete the enclosed post-65 enrollment form. Complete the entire form.
2. Complete the corresponding carrier application that was included in this mailing. This application must be completed for Medicare.
3. Complete the enclosed Automatic Premium Payment Authorization (APPA) form. If you elect a medical plan that exceeds the monthly DDB credit allowance, that amount will be deducted automatically from an account you designate. Additionally, the full cost of an elected dental and/or vision plan will be deducted from this account.
4. Return all completed forms in the envelope provided by Friday, December 18, 2009.

**C. Participation in the DDB program to pay toward the full cost of a non-University-sponsored medical plan.**

1. Complete the enclosed post-65 enrollment form. Complete the entire form.
2. Complete the enclosed Automatic Premium Payment Authorization (APPA) form only if you are electing to participate in the University's dental and/or vision plan. The full cost of an elected dental and/or vision plan will be deducted automatically from an account you designate.
3. Complete the enclosed direct deposit form. The DDB credits will be applied by EBDS to the checking account you designate on this form upon receipt and processing of a completed DDB claim form with supporting documentation. Claim forms may be obtained from [retiree.hr.pitt.edu](http://retiree.hr.pitt.edu).
4. Return all completed forms in the envelope provided by Friday, December 18, 2009.

**D. Participation in the DDB program for purposes of accruing credits for use at a later date.**

1. Complete the enclosed post-65 enrollment form. Complete the entire form.
2. Complete the enclosed Automatic Premium Payment Authorization (APPA) form only if you are electing to participate in the University's dental and/or vision plan. The full cost of an elected dental and/or vision plan will be deducted automatically from an account you designate.
3. Return all completed forms in the envelope provided by Friday, December 18, 2009. When you decide to start using the DDB credits, you will need to complete a direct deposit form for reimbursement of premiums. Both the direct deposit form and the DDB claim form may be obtained at [retiree.hr.pitt.edu](http://retiree.hr.pitt.edu).

**E. No change to medical plans/DDB participation, but election/change of dental and/or vision plans.**

1. Complete the enclosed post-65 enrollment form. Complete the entire form.
2. Complete the enclosed Automatic Premium Payment Authorization (APPA) form. This form will need to be completed only if you would like to have the monthly premium(s) deducted from your checking account. If you do not complete this form, you will receive an invoice from EBDS for the premiums due.
3. Return the completed forms in the envelope provided by Friday, December 18, 2009.

## Retiree Benefits Service Center

The University of Pittsburgh partners with Employee Benefit Data Services (EBDS) to handle retiree benefits administration through the Retiree Benefits Service Center. While the University remains responsible for the overall management of the retiree benefits program, EBDS handles the general program administration and day-to-day operations of the program. EBDS is a third-party administrator operating separately from the University with offices located in Downtown Pittsburgh. A few years ago, Highmark Blue Cross and Blue Shield purchased EBDS, who will continue to handle the day to day administration. Most of the EBDS personnel will make the transition into the Highmark operations. However, the name of Highmark will become more prominent and the name of EBDS less prominent.

EBDS' responsibilities include, but are not limited to:

- sending out retiree benefit enrollment packets to newly retired faculty and staff members;
- collecting benefits election forms and enrolling retirees in their elected programs;
- ensuring proper enrollment in retiree medical, dental, vision, and University-sponsored life insurance plans, as well as the Defined Dollar Benefit (DDB) program;
- sending out annual benefits open enrollment packets to both post- and pre-65 retirees;
- invoicing when necessary;
- answering retirees' general questions; and
- administering the DDB program for participating retirees.

Listed below are several important points about the administration of the DDB Program.

## Recap–DDB Program Administration

While the University continues its responsibility for management of the DDB program, The Retiree Benefits Service Center is responsible for crediting and, if applicable, debiting your account each month and is responsible for general administration of the program. Listed below are several important points about the administration of the program:

- » Credits will be applied on the first day of each month.
- » Credits are applied separately to the retiree's account and to the account of the eligible spouse/partner.
- » If you choose to participate in a University-sponsored plan, your credits will be applied automatically each month toward the full cost of the plan you elect. If the cost of coverage is more than the credit allowance, the remaining amount will be deducted from a designated checking account.
- » If you choose to participate in a non-University-sponsored plan, you must pay the full cost of coverage up front.
  - » A DDB claim form (downloadable from [retiree.hr.pitt.edu/forms.htm](http://retiree.hr.pitt.edu/forms.htm)) must then be completed and submitted with proof of payment to EBDS for the retiree medical coverage.
  - » Once approved, EBDS will reimburse you for the payment up to the current DDB credit allowance in the account you designate.
- » In the event that both a retiree and his or her spouse/partner participate in the DDB program, note that two separate applications of credits will occur for two separate DDB accounts. However, withdrawals and/or reimbursements may be made to and/or from the same checking account.





## Who Do I Contact?

Resources for retirees include the Retiree Benefits Service Center, insurance carriers, and the University's Benefits Department.

### **University of Pittsburgh Retiree Benefits Service Center**

#### **Employee Benefit Data Services**

University of Pittsburgh  
Retiree Benefits Service Center  
120 Fifth Avenue  
P6315  
Pittsburgh, PA 15222

1-800-521-5561  
Fax: 1-866-309-6152

### **Medical Insurance**

#### **Pre-65 Coverage**

*UPMC Health Plan*  
www.upmchealthplan.com  
1-888-499-6885

#### **Post-65 Coverage**

*Highmark Blue Cross Blue Shield*  
www.highmarkbcbs.com  
Signature 65: 1-800-472-1506  
FreedomBlue PPO: 1-866-306-1061  
BlueRx: 1-888-697-8714

*UPMC Health Plan*  
www.upmchealthplan.com  
UPMC for Life HMO: 1-866-778-6093  
UPMC for Life PPO: 1-866-778-6093  
UPMC National Complementary Plan:  
1-866-778-6093

### **Dental Insurance**

#### **Pre-65 Coverage**

*United Concordia Plus/Flex*  
www.ucci.com  
1-877-215-3616

#### **Post-65 Coverage**

*Concordia Access*  
www.ucci.com  
1-800-332-0366

### **Vision Insurance**

#### **Pre-65 Coverage**

*Davis Vision*  
www.davisvision.com  
1-800-999-5431  
Client Control Code: 4228

#### **Post-65 Coverage**

*Davis Vision*  
www.davisvision.com  
1-800-999-5431  
Client Control Code: 7623

### **Life Insurance**

*Aetna Life Insurance Co.*  
www.aetna.com  
Life Administration and Beneficiary  
Management: 1-888-584-2983

### **Retirement Investment Companies**

*TIAA-CREF*  
www.tiaa-cref.org/pitt  
1-800-842-2776

*The Vanguard Group*  
www.vanguard.com  
1-800-523-1188

## How Do I Change My Address?

The Retiree Benefits Service Center will update the University's records as well as forward new contact information to the insurance carriers for University-sponsored health care and life insurance plans.

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## University of Pittsburgh

*Office of Human Resources  
Benefits Department  
200B Craig Hall  
200 South Craig Street  
Pittsburgh, PA 15260*

412-624-8160  
**retiree.hr.pitt.edu**

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