University of Pennsylvania

Penn's Retirement Planning Guide for 2025

Penn
University of Pennsylvania

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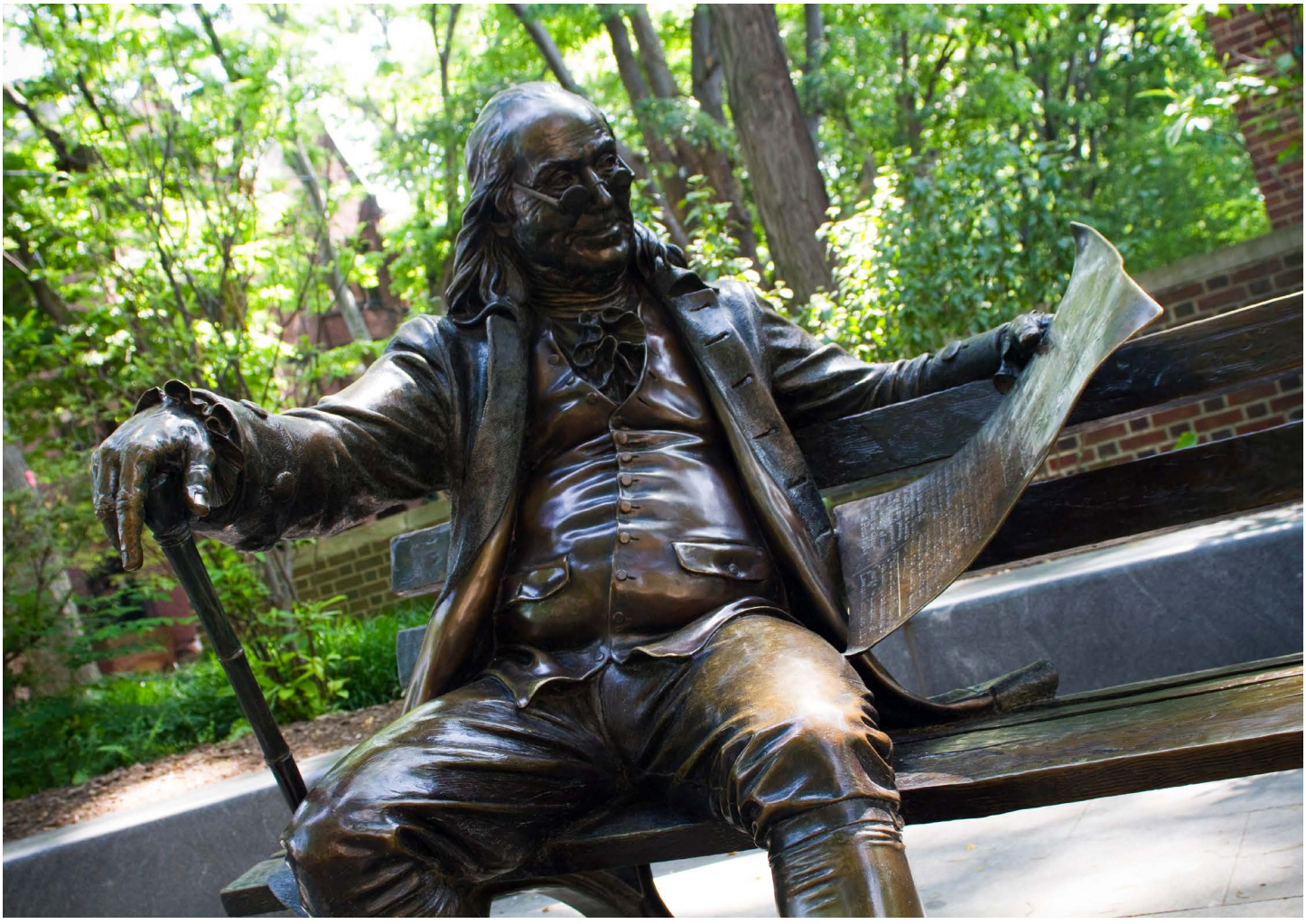
Legal Disclaimer: This is not a legal document. The information provided is based on plan documents and University policies that govern the operations of the plans and benefits. If there is a conflict between the information presented here and the information contained in the plan documents and University policies, the plan documents and University policies always govern and are the controlling legal documents. The policy and benefit descriptions provided in this document are not terms of employment, nor is the language intended to establish a contract between the University and its staff members. Full policy descriptions are in the University of Pennsylvania Human Resources Policy Manual at www.hr.upenn.edu or in the plan documents available for inspection in the Division of Human Resources Benefits Office. The University reserves the right to change, amend or terminate any of its human resources policies and/or benefits plans at any time for any reason.

Navigating the Penn Website

Some websites listed in this document take you to the Penn WebLogin page. You must enter your PennKey and password. Once you enter the required information, you will automatically go to the specific page.



Eligibility for Penn Retiree Health Benefits

Your Eligibility

To be eligible to enroll in Penn's Retiree Health Benefits or defer coverage you must meet the "Rule of 75." This means that your age plus your years of service must total at least 75 with a minimum age of 55 and a minimum of 10 years of service. The Rule of 75 applies to eligibility for all retiree benefits, including medical, dental and vision plans, tuition and life insurance.

For more information about eligibility rules for dependents, see the Retiree Health Plan Summary Plan Description (SPD) at **www.hr.upenn.edu/policies-and-procedures/legal-notices/summary-plan-descriptions**.

Eligibility for Your Dependents

Aside from yourself, you can cover your spouse and dependent children who meet the requirements for eligibility on your last day of service. You and your dependents do not need to be enrolled in a medical plan on your last day of service in order to be eligible for Penn's Retiree Health Benefits.

Additional Information on Dependent Children

- Dependent children may continue to receive coverage up to the end of the month in which they turn age 26.
- Dependent children are eligible for coverage regardless of their student, marital or IRS dependent status.
- Dependent children do not have to live with you or depend on you for financial support to be eligible.
- The coverage does not extend to your dependent child's spouse or children.
- If you have a handicapped dependent child over the age of 25 who is disabled, unable to earn a living and has been approved and certified by your insurance carrier, that child may be covered under the University's retiree medical plan past the limiting age, provided the disability began before age 26 and as long as your carrier continues to consider him/her to be disabled. If your dependent child is collecting Social Security and is eligible for Medicare Parts A and B, then he/she must enroll for Medicare. Contact your insurance carrier for more information on coverage for disabled dependent children.

Enrolling, Deferring, and Making Changes

When you decide to retire, you must contact the HR Benefits Office to confirm that you are eligible for Penn's Retiree Health Benefits. If you are eligible and would like coverage, you should begin the process approximately 90 days prior to your expected retirement date.

Electing Coverage

- Once your retirement status has been entered and approved in Workday, you will receive a notification in your Workday inbox to elect your Retiree benefits. Your department is responsible for entering your retirement in Workday, which can be done 90 days in advance of your last day of service.
- Once you receive your Workday notification to elect benefits, you can elect coverage online via Workday (**www.workday.upenn.edu**) for yourself and your eligible dependents.
- You can also enroll in coverage by calling the Benefits Solution Center at **866-799-2329**.
- When enrolling, you must list yourself and the eligible dependents you'd like to cover.

If you and your eligible dependents do not enroll in coverage or defer coverage at the time of your retirement or within 90 days before your last day of service, you and your dependents may have a gap in coverage and may not be able to enroll later.

Enrolling, Deferring, and Making Changes

Deferring Coverage

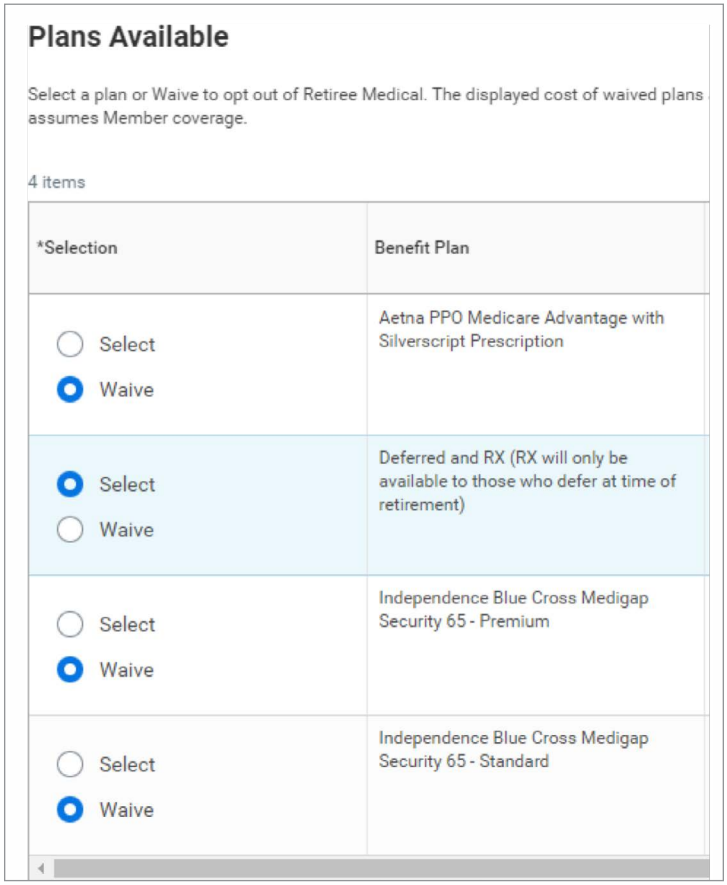
In order to defer coverage, you must make an active choice to defer coverage (see below).

You may choose to defer medical/prescription drug coverage for yourself and your existing **dependents who meet the eligibility requirements on your last day of service**. This means that you can postpone enrolling in Penn's medical/prescription drug coverage at the time of retirement and then elect it later. If you or your eligible dependents do not wish to enroll at the time of your retirement because you/they have coverage under another plan, you can defer coverage using Penn's online benefits enrollment site.

Note that in order for your dependents to enroll at some future date, you must also be enrolled at that same time. At that future date, you and/or your dependents will need to provide proof of your previous coverage before enrolling in Penn's plan.

Remember that if you don't enroll or defer within 90 days before your last day of service, you and your dependents will be deemed to have permanently waived coverage under the University's retiree medical/prescription plans. In addition, if you do enroll in coverage, there is no option to defer coverage later, dis-enrolling after you are enrolled would be deemed a permanent waive of coverage.

- Elect to defer coverage online via Workday (**www.workday.upenn.edu**) for yourself and your eligible dependents.
- If your dependents are not currently listed or enrolled, you will need to add them at that time.
- You can also defer coverage by contacting the Benefits Solution Center at 866-799-2329 and telling them that you are choosing to defer Penn's Retiree Health Benefits and wish to elect coverage later. Eligible dependents who are not registered will not qualify for any retiree health benefits later.



Enrolling, Deferring, and Making Changes

Changing Your Elections

Each year, you will have an Annual Selection Period during which election changes may be made. Enrollment operates on a calendar-year basis. The Annual Selection Period is usually in late October to early November, and your elections will be effective the following January. Your enrollment packet will be mailed to you in October. Outside of the Annual Selection Period, you can make changes only if you have a qualifying event, such as moving to a residence outside a covered service area, divorce, or the death of a spouse. You have 30 days from the date of a qualifying event to make a change to your coverage. You will use Workday@Penn (**www.workday.upenn.edu**), the University's benefits enrollment system, to complete your changes during the Annual Selection Period as well as any qualifying life events. You can also make changes by contacting the Benefit Solution Center at **866-799-2329**.

Penn Benefit Options Summary

You May Enroll		
	Non-Medicare Eligible (Under age 65) Participants/Dependents	**Medicare Eligible** (Age 65 and over) Participants/Dependents
Medical	• Aetna Choice POS II • Keystone/AmeriHealth HMO • PennCare/Personal Choice PPO	• Aetna Medicare PPO (Aetna's Medicare Advantage PPO Plan) • IBC Medigap Security 65 Standard Plan ("N" Medicare Supplement) • IBC Medigap Security 65-Premium ("C" Medicare Supplement)
	COBRA: You may be eligible to continue your existing coverage under the Health and Welfare Program for up to 18 months. See page 47 for more information.	
Prescription Drug	CVS Caremark Prescription Plan	Caremark/Silverscript Medicare Part D Prescription Plan
Dental	• MetLife Preferred Dentist Program • Aetna Vital Savings Dental Discount Program	
	COBRA: You may be eligible to continue your existing coverage under the Health and Welfare Program for up to 18 months. See page 47 for more information.	
Vision	• VSP Vision Program • Aetna Vital Savings Vision Discount Program* (*available only if enrolled in Aetna Vital Savings Dental Discount Program)	
	COBRA: You may be eligible to continue your existing coverage under the Health and Welfare Program for up to 18 months. See page 47 for more information.	
You Are Automatically Enrolled		
Life Insurance	• MetLife Life Insurance ($10,000 coverage if you meet eligibility requirements). • In addition, within 31 days after your retirement date, you may convert your basic, supplemental, and/or dependent life insurance coverage (but not AD&D) to an individual policy that is equal to or less than the amount of your coverage prior to retirement.	
Action Required to Continue Coverage or Receive Benefit		
Long-Term Care Insurance	• If you are enrolled in the Long-Term Care Insurance through John Hancock and wish to continue this insurance, please contact John Hancock at **800-711-2899**. • If you are enrolled in the Long-Term Care Insurance through Genworth Financial and wish to continue this insurance, please contact Genworth at **800-416-3624**.	

Penn Benefit Options Summary

Action Required to Continue Coverage or Receive Benefit	
Tuition Benefits	Retired University faculty and staff who meet University eligibility requirements and retirement criteria are eligible for the scholarship benefits for faculty, staff, spouses, and dependents as outlined in Policies 406, 407, 408 and 409. Benefit details and coverage are based on the policies in place at the time of use. To view Penn's tuition benefit policies, go to **www.hr.upenn.edu/PennHR/benefits-pay/retirees/other-university-benefits**.
Retirement Savings Plans	• If you were participating in Penn's Basic, Matching, or Supplemental Retirement Annuity (SRA) Plans, you may elect to receive a distribution of your account. • To review your options, call the TIAA Retirement Call Center at **877-736-6738**. • For those who have a pension benefit under the Retirement Allowance Plan (RAP), please notify the HR Benefits Office at **benefits@hr.upenn.edu** approximately 90 days prior to your retirement date. Once received, your final benefit amount will be calculated and you will receive pension paperwork to fill out to begin collecting your RAP benefit.
Coverage Ceases When You Retire	
Pre-Tax Expense Accounts	Your participation in the Pre-Tax Expense Accounts ends as of your last day of work when you retire. Your contributions end with your final paycheck. All eligible expenses must be incurred up to your last day of work, but you may continue to submit requests for reimbursements up through September 30 after you terminate employment.
Disability Insurance	Coverage under the short-term disability (STD) program and the long-term disability (LTD) program stops after your final day of employment. If you are approved for LTD, you may be entitled to receive this benefit through your full Social Security retirement age. If you are 70 or older, this benefit will be available to you for 12 months. In all cases, LTD benefit payments will stop when you are no longer totally disabled, or if you fail to furnish upon request proof of your continuing total disability to MetLife Life Insurance, our carrier who determines continued eligibility for payments.

For more detailed information go to **www.hr.upenn.edu/retirees**.

Coordination with Medicare

Medicare Part A (covers hospital insurance)

Eligibility for premium-free Medicare Part A starts when you are age 65 or become eligible based upon a disability. If you are receiving Social Security, enrollment in Medicare Part A is automatic. If you are receiving Social Security but have opted not to start receiving the Part B benefit, perhaps because you have decided to continue working, you may enroll in Medicare Part A. (Note: you are not required to enroll under Part A. This enrollment establishes your entitlement with the Social Security Administration (SSA).)

Medicare Part B (covers medical expenses)

If you are covered by a group health plan sponsored by your employer or your spouse's employer while either of you are in active employment, you need not enroll in Medicare Part B. When you enroll in Medicare Part A, you must notify the SSA that you want to decline Part B because of your coverage. When your coverage ends under the group health plan, the SSA will allow you to sign up for Part B during a Special Enrollment Period without any penalty. The form can be found here **CMS-L564: Request for Employment Information | CMS**

The completion and submission of these forms to Social Security will protect you against any penalty and validate your retirement date. See the Glossary for more information on Medicare.

Determining Enrollment

Your enrollment in Medicare is determined by your age and your spouse's age or if you experience a sudden onset of a disability. The Plan options you can select are based on whether you, your spouse/partner and any dependent child(ren) are eligible for Medicare (Medicare-eligible) or not yet eligible (non-Medicare eligible) at the time you retire from Penn. Use this chart below to determine what you must do. Medicare Part B (covers medical expenses).

Your Age	Your Spouse's Age	What You Must Do
65 and over	**65 and over**	• You both must apply for Medicare Part A and Part B, if deferred, and then enroll in a Medicare-eligible medical plan.
65 and over	**Under age 65**	• You must apply for Medicare Part A and Part B, if deferred, and then enroll in a Medicare-eligible medical plan. • Spouse enrolls in a non-Medicare-eligible medical plan until they turn 65 or become Medicare eligible. At that time, he/she must apply for Medicare Part B and then enroll in a Medicare-eligible medical plan. • Spouse who is disabled and Medicare eligible must be enrolled in Medicare Parts A and B and will be enrolled in a Medicare-eligible medical plan.
Under age 65	**65 and over**	• You may enroll in a non-Medicare eligible medical plan until you turn 65 or become Medicare eligible. • Spouse applies for Medicare Part A and Part B, if deferred, then enroll in a Medicare-eligible medical plan.
Under age 65	**Under age 65**	• You and your spouse enroll in a non-Medicare-eligible medical plan until age 65. • Spouse who is disabled and Medicare eligible must be enrolled in Medicare Parts A and B and will be enrolled in a Medicare-eligible medical plan.
Eligible Dependent Children		• Eligible dependent(s) up to age 26 that are not Medicare eligible will be enrolled in a non-Medicare medical plan. • Over-aged handicapped dependent children that are Medicare eligible must be enrolled in Medicare Parts A and B and will be enrolled in a Medicare-eligible medical plan.

For more information go to **www.medicare.gov**.

Medicare-Eligible Retirees/Dependents

Retirees and dependents who are Medicare-eligible must be enrolled in Medicare Parts A and B in order to enroll in a supplemental plan to Medicare-eligible retirees/dependents. Penn's supplemental medical plans are secondary to Medicare. You should apply for Medicare at your local Social Security office at least 90 days prior to reaching age 65 in order to give Social Security time to process the application. Once you coordinate your appointment with the SSA, you should receive two forms:

1. **Application for Enrollment in Medicare:**
   You should complete this form.
2. **Request for Employment Information Form:**
   Send to the HR Benefits Office.

Retiree's age 65 and over with dependents who are not eligible for Medicare should note that your dependents will be enrolled in a pre-65 retiree medical plan until becoming eligible for Medicare. Upon your dependent(s) eligibility, your dependent(s) must enroll in Medicare Parts A and B. Your dependent(s) will be eligible to enroll under your supplemental program. The SSA should be contacted 90 days before the dependent's 65th birthday to avoid coverage delays and late enrollment penalties.

To contact the Social Security Office directly, call **800-772-1213**. You also may apply online at **www.ssa.gov/benefits/retirement**.

Locating a Social Security Office

The closest Social Security office to the University is located at:

4240 Market Street
Philadelphia, PA 19104

Monday through Friday 9:00AM to 4:00PM
1-800-772-1213

You can locate other office locations by going to **secure.ssa.gov/ICON/main.jsp** and typing in your zip code.

Medical Plan Options for Medicare-Eligible Retirees and Dependents (Age 65 and over)

Aetna Medicare Plan (PPO)

This is a Medicare-Advantage PPO plan administered by Aetna. You may use any provider you wish, and you do not need to select a Primary Care Physician (PCP) or obtain referrals. Benefits differ according to the health care provider you use. If you use a health care provider who is part of the Aetna Medicare network, most services are covered at 100% after applicable copays. If you use a health care provider who is not part of the Aetna Medicare network, most services are covered at 80%. You must live in a covered services area to be eligible for this plan.

Key Features:

- You can receive care from any provider you wish; however, your out-of-pocket costs are less when you receive care from a provider in the Aetna Medicare network.
- You do not need to use a PCP or receive referrals.
- You receive 100% coverage for in-network preventive care services.

Plan	Service Area	Covered Counties
Aetna Medicare Plan (PPO)	**Pennsylvania**	Adams, Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Delaware, Franklin, Fulton, Lancaster, Lebanon, Lehigh, Monroe, Montgomery, Northampton, Perry, Philadelphia, Schuylkill, York
	New Jersey	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
	Delaware	Kent, New Castle, Sussex
	New York Metro	Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester
	Maryland	Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Cecil, Charles, Frederick, Harford Howard, Kent, Montgomery, Prince Georges Queen Anne's, Saint Mary's, Talbot, Washington, Wicomico
	Florida	Brevard, Indian River, Lake, Orange, Osceola, Seminole, Volusia

To find a provider in the Aetna Medicare network, go to **www.aetna.com/docfind**.

Medigap Security 65: Standard and Premium Plans (Medicare Supplement Plans)

The Medigap Security 65 plans combine the benefits of traditional Medicare and features of a private health plan by helping to pay expenses that Medicare does not fully cover, such as copays and coinsurance. These plans offer freedom and flexibility with no referrals and virtually no claims forms. They also provide coverage for services when traveling throughout the U.S. and emergency coverage when traveling outside the U.S. You may choose between the Standard and Premium plans.

Key Features:

- No referrals needed
- Nationwide coverage (no geographic limit in the U.S.)

Plan	Service Area	Reimburses Medicare Part B Deductible	Copay Office Visits	Copay ER
Medigap Security 65 Standard Plan ("N" Medicare Supplement)	Nationwide; no geographic limitations	No	$20	$50 (waived if admitted)
Medigap Security 65-Premium Plan ("C" Medicare Supplement)	Nationwide; no geographic limitations	Yes	None	None

Prescription Drug Coverage for Medicare-Eligible Retirees and Dependents

SilverScript Medicare Part D Prescription Plan

Retirees and dependents age 65 and over, or who are Medicare eligible based upon disability, who elect medical coverage through Penn will be offered the SilverScript Medicare Part D Prescription Plan. Through Medicare Part D, Medicare beneficiaries have access to prescription drug benefits administered by private companies such as health insurers. Beneficiaries can get the prescription drug benefit in one of two ways: (1) as a separate policy for prescription drugs, or (2) as part of private health plans that also provide overall medical coverage.

Similar to Medicare Part B, there may be a monthly premium for the Medicare Part D prescription program, if your income exceeds the Income-Related Monthly Adjustment Amount (IRMAA).

"Individuals with income greater than $106,000 and married couples with income greater than $212,000 must pay a higher Medicare Part B (medical insurance) and Medicare prescription drug coverage premium amount. This additional amount is called the income-related monthly adjustment amount. Less than 5 percent of people with Medicare are affected, so most people will not pay a higher premium."

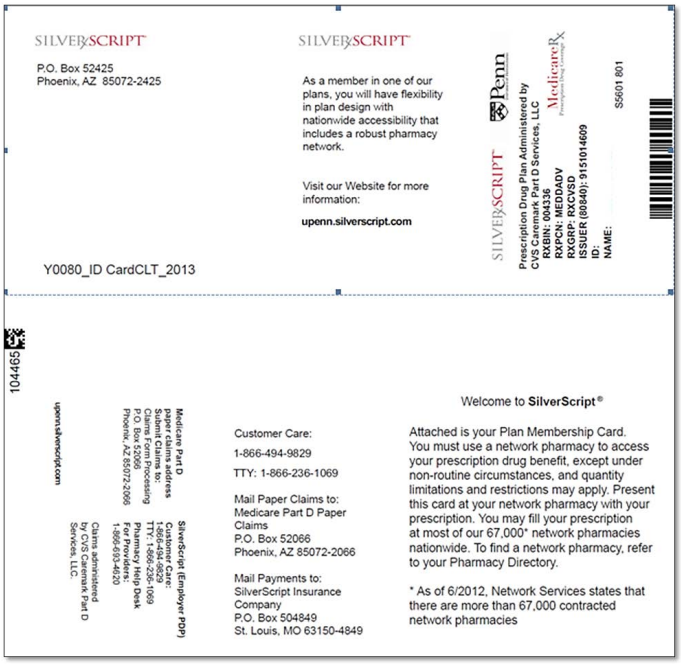
For more information or to get an idea of what you can expect to pay, see Medicare Premiums: Rules for Higher-Income Beneficiaries (Publication No. 05-10161). Changes may be made annually to Medicare Part D deductibles and thresholds. For more information, contact Social Security toll free at 800-772-1213 or (TTY 1-800-325-0778) or go to ***www.socialsecurity.gov*** *or visit your local Social Security office.*

You cannot enroll in Penn's prescription plan if you enroll in a non-Penn sponsored Medicare Part D plan.

Opting out of Penn's prescription drug coverage is considered permanent unless you meet certain conditions. See Opting Out of Penn's Prescription Drug Coverage.

You will need to provide your Health Information Claim Number (HICN) from your Medicare card.

Example SILVERSCRIPT Identification Card



Prescription Drug Coverage for Medicare-Eligible Retirees and Dependents

Based on the medical plan elected, Medicare-eligible retirees and dependents have the following prescription drug coverage options:

If You Elect	You Will Have Coverage Under Penn's Rx Plan	You May Opt-Out of Penn's Rx Plan	You May Elect a Non-Penn Sponsored Medicare Part D Plan
Aetna Medicare Plan (PPO)	Yes	No	No
Medigap Security 65: Standard and Premium Plans	Yes	Yes	Yes

Opting out of Penn's Prescription Drug Coverage

If you're eligible for and have decided to enroll in a non-Penn sponsored Medicare Part D plan, you must opt out of Penn's prescription drug coverage. You cannot be enrolled under Penn's prescription plan if you enroll in an individual Medicare Part D plan. If you elect to enroll under another Medicare Part D Prescription plan, the Centers for Medicare & Medicaid Services (CMS) will remove you from Penn's prescription coverage. However, you should notify the HR Benefits Office prior to this change so that you may experience a smooth transition.

You also cannot enroll in the Aetna Medicare Plan (PPO) if you elect a non-Penn sponsored Medicare Part D plan. If you do this, CMS will cancel both your medical and prescription coverage as of the date you enrolled in both plans.

Opting out of Penn's prescription drug coverage is considered permanent. This means you will not be able to obtain this coverage in the future unless Medicare's change in policy adversely affects your coverage. Under this circumstance, you must notify the HR Benefits Office immediately.

Split Family Coverage

Special rules apply when a retiree is Medicare-eligible and his/her spouse is not Medicare-eligible or when the retiree is not Medicare-eligible and his/her spouse is Medicare-eligible:

Retiree under age 65 / dependent age 65 and older

If the retiree enrolls in Penn's medical coverage, prescription drug coverage is automatically provided through Penn. If the dependent enrolls in a Medicare Advantage plan, they must also enroll in Penn's Medicare Part D plan. However, if the dependent enrolls in a non-Medicare Advantage plan, they may decline Penn's Medicare Part D plan.

Retiree age 65 and older / dependent under age 65

If the retiree elects not to enroll in Penn's prescription drug coverage, the dependent can remain covered under Penn's prescription drug plan only until he/she reaches Medicare-eligible age.

Penn Contributions for Medicare-Eligible Retirees and Dependents

Medical

Penn will pay 60% of the lowest cost medical plan premium (inclusive of prescription drugs) and you will pay the balance of 40%* plus any cost difference between the lowest cost plan and the plan you select.

Prescription Drug

Penn will pay 60%* of the cost of the prescription drug plan and you will pay the balance of 40%.

- For brand names with a generic equivalent, you pay a percentage of the brand name cost plus the cost difference between brand name and generic. The cost difference between the brand name and generic does not count toward the minimum and maximums.
- After three 34-day fills, you will pay double the normal coinsurance amount as well as double the minimum and maximum coinsurance payments. You can save money by ordering 90-day supplies through the mail order program.

**For retirees hired on or after January 1, 2006, Penn will pay 40% of the lowest cost medical plan premium for dependent coverage and also pay 30% of the cost of SilverScript Medicare Part D prescription drug plan.*

Medicare-Eligible Retirees and Dependents Residing/Traveling Abroad

Aetna Medicare PPO

Coverage is for urgent and emergent care only. Coverage is for emergency services only when obtained in an emergency room or with a provider. You pay for services up front and you will be reimbursed for the amount of the services the Plan covers. If you go to the emergency room, your copay would apply. If you visit a provider, your claim will be processed under the out-of-network benefit. If you go to an emergency room or a provider and it is determined it was not an emergency, the services will not be covered.

Medigap Standard/Premium

Under these plans (the major medical component), foreign services are subject to the deductible and plan allowances. All services are also subject to medical necessity guidelines. You will need to submit itemized bills for review. Since Medicare is not recognized out of the country, when charges are processed under major medical, this means that major medical becomes 'primary' and there is no carve-out for Medicare.

Medical Plan Comparison Chart
for Medicare-Eligible Participants/Dependents

	Aetna Medicare Plan (PPO)		Medigap Security 65 Standard (Medicare Supplement)	Medigap Security 65 Premium (Medicare Supplement)
	In-Network	Out-of-Network		
Calendar Year Deductible	None	None	$150 individual/ $300 family (major medical)†	$150 individual/ $300 family (major medical)†,*
Out-of-Pocket Maximum	$3,500 individual	$3,500 individual	None	None
Maximum Lifetime Benefit	None	None	None	None
Primary Care Office Visits	$15 copay	20%	$20 copay	$0 copay
Specialist Office Visits	$25 copay	20%	$20 copay	$0 copay
Immunizations	$0 copay	$0 copay	$0 copay	$0 copay
Routine Physical	$0 copay	20%	$0 copay	$0 copay
Routine Eye & Hearing Exams	$0 copay	20%	Not covered	Not covered
Hearing Aid	$4,000 per person every 3 years	$4,000 per person every 3 years	$4,000 per person every 3 years	$4,000 per person every 3 years
Prescription Eyeglasses	$70 allowance per 24 months	$70 allowance per 24 months	Not covered	Not covered
Routine GYN, Pap Smear, Mammography	$0 copay	20%	$0 copay	$0 copay
Emergency Room	$50 copay (worldwide)	$50 copay (worldwide)	$50 copay (waived if admitted)	$0 copay
Hospitalization (semi-private room, board)	$100 copay (per stay)	20%	$0 copay; 365 additional lifetime days**	$0 copay; 365 additional lifetime days**

	Aetna Medicare Plan (PPO)		Medigap Security 65 Standard (Medicare Supplement)	Medigap Security 65 Premium (Medicare Supplement)
	In-Network	Out-of-Network		
In-Hospital Surgeon and Provider Fees	$0 copay	20%	$0 copay	$0 copay
Surgery	$0 copay	$0 copay	$0 copay	$0 copay
X-ray and Lab	$25 copay	20%	$0 copay	$0 copay
Physical, Speech, Occupational Therapy	$25 copay	20%	$20 copay	$0 copay
Durable Medical Equipment	20%	20%	$0 copay	$0 copay
Immuno- suppressive Drug Therapy	$0 copay	20%	$0 copay	$0 copay
Ambulance	$20 copay	$20 copay	$0 copay	$0 copay
Home Health Care / Home IV	$0 copay	20%	$0 copay	$0 copay
Skilled Nursing Facility	$0 (days 1-10), $25 (days 1120), $50 (days 21-100); max of 100 days	20%; max of 100 days per Medicare period	$0 copay; max of 100 days per Medicare period	$0 copay; max of 100 days per Medicare period
Mental Health / Substance Abuse Inpatient §	$100 copay per stay	20%	$20 copay; subject to Medicare approval & payments; lifetime max of 190 days	$0 copay; subject to Medicare approval & payments; lifetime max of 190 days
Mental Health / Substance Abuse Outpatient §	$25 copay	20%	$20 copay; subject to Medicare approval & payments	$0 copay; subject to Medicare approval & payments

† Applies to medical expenses listed under Major Medical Benefits.

** Medigap Security IBC Premium reimburses the Medicare Part B deductible. (Medigap Security IBC Standard does not reimburse the Medicare Part B deductible.)*

*** The lifetime maximum is non-renewable and the plan reimburses the deductible under Medicare during the first 60 days.*

§ Mental health and substance abuse benefits are available for unlimited days or visits per year under most plans, subject to Medicare rules and medical necessity guidelines.

Legal Disclaimer: These comparison charts provide a brief summary of the key benefits provided through the University of Pennsylvania Health Plan. More details about the Plan can be found in governing Plan documents. In the event of a discrepancy between the applicable Plan documents and this chart, the relevant Plan documents govern. This chart describes the benefits currently available through the Plan; the University reserves the right to modify, amend, or terminate the Plan or any benefits provided through the Plan at any time and for any reason.

Medical Plan Options for Non-Medicare Eligible Retirees and Dependents (under age 65)

Aetna Choice POS II

This is a Point-of-Service (POS) plan administered by Aetna. You don't need a Primary Care Provider (PCP) or referrals, even when using in-network providers. It has two components: in-network or out-of-network. You may receive your care through any provider you choose at any time, but your out- of-pocket costs are based on which component of the plan you're using at that time.

To find a provider in the POS II network, go to **www.aetna.com**.

In-Network Providers

Use health care providers who are part of the Aetna Choice POS II network. Preventive care services are covered at 100%. Provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.

Out-of-Network Providers

Use health care providers who are not part of the Aetna Choice POS II network. Most services, including preventive care, are covered at 60% after a deductible; you pay 40% of the covered charges.

Key Features:

- You don't need a Primary Care Provider or referrals.
- You may receive care through any provider you choose.

Medical Plan Options for Non-Medicare Eligible Retirees and Dependents (under age 65)

Keystone/AmeriHealth HMO

This is a Health Maintenance Organization (HMO) administered by Keystone Health Plan East/AmeriHealth. You must pre-select and coordinate your care through a Primary Care Physician (PCP) and obtain referrals when you go to specialists. Your providers must be part of the HMO network and you must live in a covered service area to be eligible for this plan. Most services are covered at 100% after applicable copays.

To find a provider in the Keystone/AmeriHealth HMO network, go to **www.ibx.com**.

Key Features:

- You must use providers in the HMO network.
- You must select a PCP and obtain referrals to see other network providers for care.
- Most services are covered at 100% after applicable copays.
- You must live in a covered service area.

Plan	Service Area	Covered Counties
Keystone HMO	Pennsylvania	Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, Philadelphia
	New Jersey	Burlington, Camden, Gloucester, Hunterdon, Mercer, Salem, Warren
	Delaware	New Castle
	Maryland	Cecil
AmeriHealth HMO	New Jersey	Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union
	Delaware	Kent, Sussex
	Maryland	Caroline, Harford, Kent, Wicomico, Worcester

Medical Plan Options for Non-Medicare Eligible Retirees and Dependents (under age 65)

PennCare/Personal Choice Preferred Provider Organization (PPO)

This is a Preferred Provider Organization (PPO) administered by Independence Blue Cross. You can receive care from any provider you wish; however, your out-of-pocket costs are less when you receive care from PennCare or Personal Choice providers. If you use health care providers who are part of or affiliated with PennCare network and the Personal Choice network, most services are covered at 90% after applicable copays. You do not need to select a Primary Care Physician (PCP) or obtain referrals. Benefits differ according to the health care provider you use.

PennCare Participating Network Providers

Key Features:

- Use health care providers who are part of or affiliated with the University of Pennsylvania Health System.
- Preventative care services are covered at 100%.
- Most other charges are covered at 90% after a deductible; you pay 10% of the covered charges.

To find PennCare Network Providers go to **www.pennmedicine.org/penncare**.

To find Personal Choice Network Providers go to **www.ibx.com/individuals/find_provider/index.html**.

Personal Choice Participating Network Providers

If you use health care providers who are part of the Personal Choice network but not the PennCare network, services are generally covered at 100% or 80% after applicable deductibles, copays and coinsurance.

Key Features:

- Use health care providers who are part of the Personal Choice network.
- Preventative care services are covered at 100%.
- Provider office visits are covered at 100% after copays.
- Most other charges are covered at 80% after a deductible; you pay 20% of the covered charges.

Medical Plan Options for Non-Medicare Eligible Retirees and Dependents (under age 65)

Non-Preferred Providers

If you use health care providers who aren't part of the PennCare or Personal Choice networks, most services are covered at 60% after a deductible; you pay 40% of the covered charges.

Key Features

- You can receive care from any provider you wish; however, your out-of-pocket costs are less when you receive care from PennCare or Personal Choice Providers.
- You do not need to use a Primary Care Physician or obtain referrals.

Plan	Service Area
PennCare/Personal Choice Preferred Provider Organization (PPO)	Nationwide; no geographic limit

Prescription Drug Coverage for Non-Medicare Eligible Retirees

CVS Caremark Prescription Plan

If you enroll in any of the non-Medicare medical plans, prescription drug coverage is provided for you and your enrolled dependents. The Prescription Drug Plan is administered by CVS Caremark. However, the plan structure differs depending on which medical plan you select.

For more information about prescription drug benefits, contact CVS Caremark Prescription Plan at **1-844-833-6390** or go to **www.caremark.com**.

Penn Contributions for Non-Medicare Eligible Retirees and Dependents

Medical

Penn will pay approximately 60% of the cost of the Medical and Prescription drug plans combined and you will pay the balance of 40%* plus any cost difference between the lowest cost plan and the plan you select.

Prescription Drug

Penn will pay approximately 60% of the cost of the prescription drug plan, and you will pay the balance of 40%.

- For brand names with a generic equivalent, you pay a percentage of the brand name cost plus the cost difference between brand name and generic. The cost difference between the brand name and generic does not count toward the minimum and maximums.
- After three 30-day fills, you will pay double the normal coinsurance amount as well as double the minimum and maximum coinsurance payments. You can save money by ordering 90-day supplies through the CVS Caremark Mail Service program.

**For retirees hired on or after January 1, 2006, Penn will pay 30% of the lowest cost medical plan premium for dependent coverage and also pay 30% of the cost of CVS Caremark prescription drug plan.*

Non-Medicare Eligible Retirees and Dependents Residing/Traveling Abroad

Aetna Choice POS II

Coverage is for urgent and emergent care only. Coverage is for emergency services only when obtained in an emergency room or with a provider. You pay for services up front and you will be reimbursed for the amount of the services the Plan covers. If you go to the emergency room, your co-pay would apply. If you visit a provider, your claim will be processed under the out-of-network benefit. If you go to an emergency room or provider and it is determined it was not an emergency, the services would not be covered.

PennCare and Keystone Health Plan East HMO

All professional and medical care services deemed to be medically necessary are paid subject to any deductible and coinsurance of the plan. You must pay the provider and submit an international claim form and send it to the BlueCard Worldwide Service Center at the address listed on the claim form.

Medical Plan Comparison Chart
for Non-Medicare Participants/Dependents

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible†	$250 individual/$450 family	$450 individual/$1,350 family	$500 individual/$1,500 family
Out-of-Pocket Maximum†			
Copay, coinsurance, and deductible	$1,100 individual/$3,000 family	$2,600 individual/$7,800 family	$3,600 individual/$10,700 family
Maximum Lifetime Benefit†	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$20 copay	$25 copay	40% after deductible
Specialist	$40 copay	$50 copay	40% after deductible
Retail Clinic	N/A	$25 copay	40% after deductible
Urgent Care Center	N/A	$50 copay	40% after deductible
Preventive Screenings			
Routine physicals	$0 copay	$0 copay	40% no deductible
Routine eye exams	N/A	N/A	N/A
Routine hearing screenings	$0 copay	$0 copay	40% no deductible
Pediatric immunizations	$0 copay for children under 18	$0 copay for children under 18	40% no deductible for children under 18
Annual GYN exam/Pap smear	$0 copay	$0 copay	40% no deductible
Mammography	$0 copay	$0 copay	40% no deductible
Maternity			
First OB visit	$40 copay	$50 copay	40% after deductible
Prenatal care	$0 copay	$0 copay	40% after deductible
Delivery and hospital inpatient services	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$25 copay	$25 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
In vitro fertilization (limit two cycles per lifetime at HUP only)*	$40 copay for first visit; then 10% after deductible	Not covered	Not covered

** Pre-certification needed for certain services and medical devices.*
† Covers medical and behavioral health/substance abuse.

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Outpatient Services			
Surgery	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	$25 copay	$25 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
Hospitalization (semi-private room, board, surgery and anesthesia, specialists' care and diagnostic testing)	10% after deductible	20% after deductible	40% after deductible; limited to 70 days
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance	$0 copay for emergency; 10% after deductible for non- emergency	$0 copay for emergency; 20% after deductible for non- emergency	$0 copay for emergency; 40% after deductible for non-emergency
Therapy Services† (physical, speech and occupational; 60 visits per year)	$30 copay	$40 copay	40% after deductible
Spinal Manipulation† (60 visits per year)	Not available	$50 copay	40% after deductible
Home Health Care†	10% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	Provider not currently available	20% after deductible	40% after deductible
Hearing Aids (require prior authorization)	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years
Behavioral Health and Substance Abuse			
Providers	In-Network (Quest Behavioral Health)	In-Network (Quest Behavioral Health)	Out-of-Network
Outpatient	$20 copay per visit; unlimited visits if medically necessary	$20 copay per visit; unlimited visits if medically necessary	40% after deductible; unlimited visits if medically necessary
Inpatient	10% after $150 individual/$450 family deductible; unlimited days if medically necessary	10% after $150 individual/ $450 family deductible; unlimited days if medically necessary	40% after $500 individual/$1,500 family deductible; unlimited days if medically necessary

** Pre-certification needed for certain services.*
† Visit maximums are a combination of in-network and out-of-network services.

Legal Disclaimer: This comparison chart provides a brief summary of the key benefits provided through the University of Pennsylvania Health Plan. More details about the Plan can be found in governing Plan documents In the event of a discrepancy between the applicable Plan documents and this chart, the relevant Plan documents govern. This chart describes the benefits currently available through the Plan; the University reserves the right to modify, amend, or terminate the Plan or any benefits provided through the Plan at any time and for any reason.

Medical Plan Comparison Chart
for Non-Medicare Participants/Dependents, cont'd

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Deductible†	$400 individual/$900 family	$900 individual/$2,500 family	$200 individual/$400 family
Out-of-Pocket Maximum†			
Copay, coinsurance, and deductible	$1,300 individual/$3,900 family	$2,400 individual/$7,200 family	$1,300 individual/$2,600 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	$30 copay	40% after deductible	$25 copay
Specialist	$50 copay	40% after deductible	$45 copay with referral
Retail Clinic	$30 copay	40% after deductible	$25 copay
Urgent Care Center	$50 copay	40% after deductible	$50 copay
Preventive Screenings			
Routine physicals	$0 copay	40% after deductible	$0 copay
Routine eye exams	$0 copay	40% after deductible	$45 copay††
Routine hearing screenings	$0 copay	40% after deductible	$0 copay for hearing screenings
Pediatric immunizations	$0 copay	40% after deductible	$0 copay
Annual GYN exam/Pap smear	$0 copay	40% after deductible	$0 copay
Mammography	$0 copay	40% after deductible	$0 copay
Maternity			
First OB prenatal visit	$0 copay	40% after deductible	$35 copay
Prenatal care	$0 copay	40% after deductible	$0 copay
Delivery and hospital inpatient services	20% after deductible	40% after deductible	10% after deductible
In vitro fertilization (limit two cycles per lifetime at HUP only)*	Not Covered	N/A	$45 copay for first visit; then 10% after deductible
Laboratory/pathology	$30 copay	40% after deductible	$25 copay
X-rays/radiology	$50 (routine[1]) or $100 (complex[2]) copay	40% after deductible	$50 (routine[1]) or $100 (complex[2]) copay with referral
Outpatient Services			
Surgery	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$30 copay	40% after deductible	$25 copay
X-rays/radiology	$50 (routine[1]) or $100 (complex[2]) copay	40% after deductible	$50 (routine[1]) or $100 (complex[2]) copay with referral

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Outpatient Services			
Surgery	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	$30 copay	40% after deductible	$25 copay
X-rays/radiology	$50 (routine[1]) or $100 (complex[2]) copay	40% after deductible	$50 (routine[1]) or $100 (complex[2]) copay with referral
Hospitalization (semi-private room, board, surgery and anesthesia, specialists' care and diagnostic testing)	20% after deductible	40% after deductible	10% after deductible with referral; no limit if medically necessary
Emergency Room	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Ambulance	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$0 copay for emergencies; 10% after deductible for non-emergencies
Therapy Services† (physical, speech and occupational; 60 visits per year)	$25 copay	40% after deductible	$35 copay
Spinal Manipulation† (60 visits per year)	$50 copay	40% after deductible	$45 copay
Home Health Care†	20% after deductible	40% after deductible	10% after deductible with coordination by patient management department
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible when medically necessary; pre-approval required
Hearing Aids (require prior authorization)	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years	Up to $4,000 per person every 3 years
Behavioral Health and Substance Abuse			
Providers	In-Network (Aetna Behavioral Health Network)	Out-of-Network	Keystone HMO providers
Outpatient	$15 copay per visit; unlimited visits if medically necessary	40% after deductible; unlimited visits if medically necessary	$25 copay per visit; unlimited visits if medically necessary
Inpatient	20% after deductible; unlimited days if medically necessary	40% after deductible; unlimited days if medically necessary	10% after deductible per admission with referral; unlimited days if medically necessary

** Pre-certification needed for certain services.*
† Covers medical and behavioral health/substance abuse.
†† $45 allowed for contacts or prescription eyeglasses every two years (Keystone). See member handbook for vision exam benefit schedule.
*** Visit maximums are a combination of in-network and out-of-network services.*

[1] Routine radiology procedures are those that do not require prior authorization (e.g., chest x-ray).
[2] Complex radiology procedures are those that require prior authorization (e.g., MRI, CT scan, PET scan).

Legal Disclaimer: This comparison chart provides a summary of the key benefits provided through the University of Pennsylvania Health Plan. More details about the Plan can be found in governing Plan documents In the event of a discrepancy between the applicable Plan documents and this chart, the relevant Plan documents govern. This chart describes the benefits currently available through the Plan; the University reserves the right to modify, amend, or terminate the Plan or any benefits provided through the Plan at any time and for any reason.

Retiree Dental

The MetLife Preferred Dentist Program is offered to retirees with a choice of two levels of coverage. There is no University subsidy for this plan. Retirees pay the entire cost.

It's important to note that this dental offering for retirees is not identical to the dental benefits for active employees. You should carefully review the benefits covered and premium costs.

MetLife Preferred Dentist Program (PDP)

This MetLife program that is designed for retirees differs from the MetLife program for active employees; however it does offer a benefit through contracted dental providers. Enrollment in the MetLife dental plans are usually only available to:

- New retirees transitioning from an active employee dental plan to a retiree dental plan, or
- Retirees who elected dental coverage under COBRA at the time of retirement and either the COBRA entitlement is ending or the individual opts out of COBRA coverage.

However, open enrollment into these plans will take place every three years beginning with the 2025 plan year. The MetLife PDP provides coverage when you receive treatment from any dentist or specialist you wish.

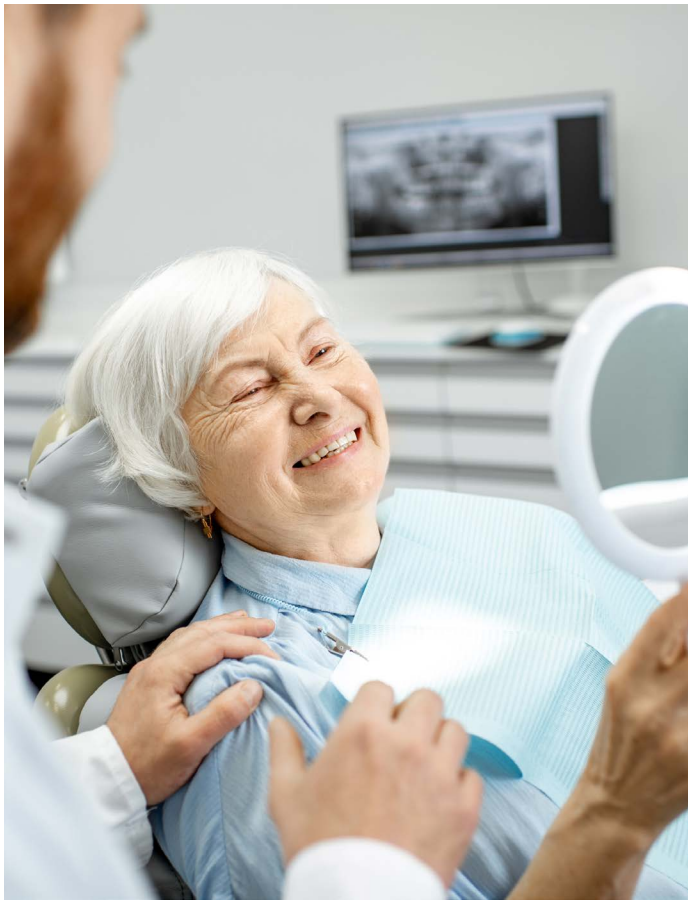
Retirees can select from two levels of dental coverage: standard or premium. Once you select this coverage, you must stay enrolled in the plan at that coverage level for three years. The three-year dental enrollment period applies to current retirees. New retirees can enroll in the retiree dental plan when they retire. New retirees who extend their active employee dental coverage through COBRA can enroll in the retiree dental plan when their COBRA coverage ends.

Standard Dental Coverage

The MetLife standard plan maximum is $1,500, with Basic Restorative services paid at 80%. The plan is only open to new participants every three years. *2025 is an enrollment year.*

Premium Dental Coverage

The MetLife Premium plan maximum is $2,000, with Basic Restorative service paid at 90%. The plan will only be open to new participants every three years. *2025 is an enrollment year.*



For more information, contact MetLife at Penn's dedicated number: **1-800-942-0854.**

Retiree Dental

	Plan Option 1: Standard		Plan Option 2: Premium	
	In- Network % of Maximum Allowable Charge*	Out-of- Network % of Maximum Allowable Charge*	In- Network % of Maximum Allowable Charge*	Out-of- Network % of Maximum Allowable Charge*
Coverage Type				
Type A: Preventive (cleaning, exams)	100%	100%	100%	100%
Type B: Basic Restorative	80%	80%	80% & 90% for fillings	80% & 90% for fillings
Type C: Major Restorative (bridges, dentures)	25%	25%	50%	50%
Type D: Orthodontia	Not covered		Not covered	
Deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$0	$0
Annual Maximum Benefit				
Per Person	$1,500	$1,500	$2,000	$2,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

**Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.*

***Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.*

****R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's actual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.*

†Applies only to Type B & C Services.

Vital Savings by Aetna — Dental Program

The Vital Savings by Aetna Dental Program provides discounts (an average discount of 28%) on dental care when you use participating providers. The Vital Savings by Aetna program is not insurance. There are no benefits, no copays or deductibles or paperwork. You pay the discounted fee directly to your dentist at the time of service.

Please go to **vitalsavingsbyaetna.com**. Contact Aetna at **1-877-698-4825**. Be sure to mention promotional code number 882016015.

Vision

Retirees have the option of electing a comprehensive standalone vision plan through VSP.

	In-Network	Out-Of-Network
Benefit Frequency	Exam, lenses, and frame once per plan year. Plan year begins in January.	Exam, lenses, and frame once per plan year. Plan year begins in January.
Exam	WellVision Exam® with $10 copay. Routine retinal screening covered after a no more than $39 copay.	Up to $45 reimbursement
Lenses	Single vision, lined bifocal, lined trifocal and standard progressives	• Single vision – Up to $30 reimbursement with $20 copay • Lined bifocal – Up to $50 reimbursement • Lined trifocal – Up to $65 reimbursement
Frames	$150 frame allowance. Receive an extra $20 on featured frame brands.	Up to $70 reimbursement
Contact Lenses	$150 allowance. Contact lens fitting – up to $20 copay.	Up to $105 reimbursement (fitting, evaluation and contact lenses)
VSP Diabetic Eyecare Plus Program	$0 Copay Retinal screening for members with diabetes. Additional exams and services for $20 per exam members with diabetic eye disease, glaucoma, or age-related macular degeneration.	Not Covered

For more information, contact VSP at **800-877-7195**.

Vital Savings by Aetna — Vision Program

All retirees who enroll and pay the premiums for the Vital Savings by Aetna Dental Program will automatically have access to the Aetna Vision SM program. Under this program, participants have access to providers in nearly 13,000 participating Vision Centers, including Sears Optical, Target Optical, Lenscrafters, and private practice providers.

2025 Enrollment Rates

Review your rate chart for your Medicare and Non-Medicare Plan options. For family coverage where one of your family members is not yet 65, you must select a non-Medicare plan for one participant, and select a Medicare plan for the other participant. You will select single coverage for each.

Retirees Hired Before January 1, 2006

Your Monthly Contribution

MEDICAL

Non-Medicare Participants and Dependents – Billed Monthly

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
Retiree (single)	$254	$203	$308
Retiree +1	$508	$406	$616
Retiree +2 or more	$762	$609	$924

Medicare-Eligible Retirees and/or Dependents

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)
Single			
Medical Only	N/A	$51	$100
Medical & Prescription	$249	$156	$205
Family*			
Medical Only	N/A	$102	$200
Medical & Prescription	$498	$312	$410

DENTAL

MetLife Preferred Dental Program		
	Standard Plan	Premium Plan
Retiree (Single)	$29.71	$55.74
Retiree +1	$59.66	$111.92
Retiree +2 or More	$89.39	$167.70

VISION

VSP Vision Plan	
Retiree (Single)	$8.18
Retiree +1	$16.38
Retiree +2 or More	$19.26

Vital Savings by Aetna	
Single	$4.00
Family	$7.00

**Family rate is for Retiree plus 1.*

2025 Enrollment Rates, continued

Retirees Hired After January 1, 2006

Your Monthly Contribution

MEDICAL

Non-Medicare Participants and Dependents – Billed Monthly

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
Retiree (single)	$254	$203	$308
Retiree +1	$508	$406	$616
Retiree +2 or more	$762	$609	$924

Split Contract – Combination of Medicare Eligible and Non-Medicare Eligible Family Members

Coverage	Aetna Choice POS II	Keystone/Amerihealth (HMO)	PennCare/Personal Choice (PPO)
1 Dependent	$254	$203	$308
2+ Dependent	$508	$406	$616

Medicare-Eligible Retirees and/or Dependents

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)
Single			
Medical Only	N/A	$51	$100
Medical & Prescription	$249	$156	$205
Family*			
Medical Only	N/A	$177	$275
Medical & Prescription	$652	$466	$564

Split Contract – Combination of Medicare Eligible and Non-Medicare Eligible Dependent(s)

Coverage	Aetna Medicare (PPO)	MediGap Security 65 Standard (Medicare Supplement)	MediGap Security 65 Premium (Medicare Supplement)
Dependent (Single)			
Medical Only	N/A	$126	$175
Medical & Prescription	$403	$310	$359
Family			
Medical Only	N/A	$252	$350
Medical & Prescription	$806	$620	$718

**Family rate is for Retiree plus 1.*

DENTAL

MetLife Preferred Dental Program		
	Standard Plan	Premium Plan
Retiree (Single)	$29.71	$55.74
Retiree +1	$59.66	$111.92
Retiree +2 or More	$89.39	$167.70

VISION

VSP Vision Plan	
Retiree (Single)	$8.18
Retiree +1	$16.38
Retiree +2 or More	$19.26

Vital Savings by Aetna	
Single	$4.00
Family	$7.00

Life Insurance

If you meet the eligibility requirements for retirement, the University provides (at no cost to you) a life insurance benefit of $10,000.

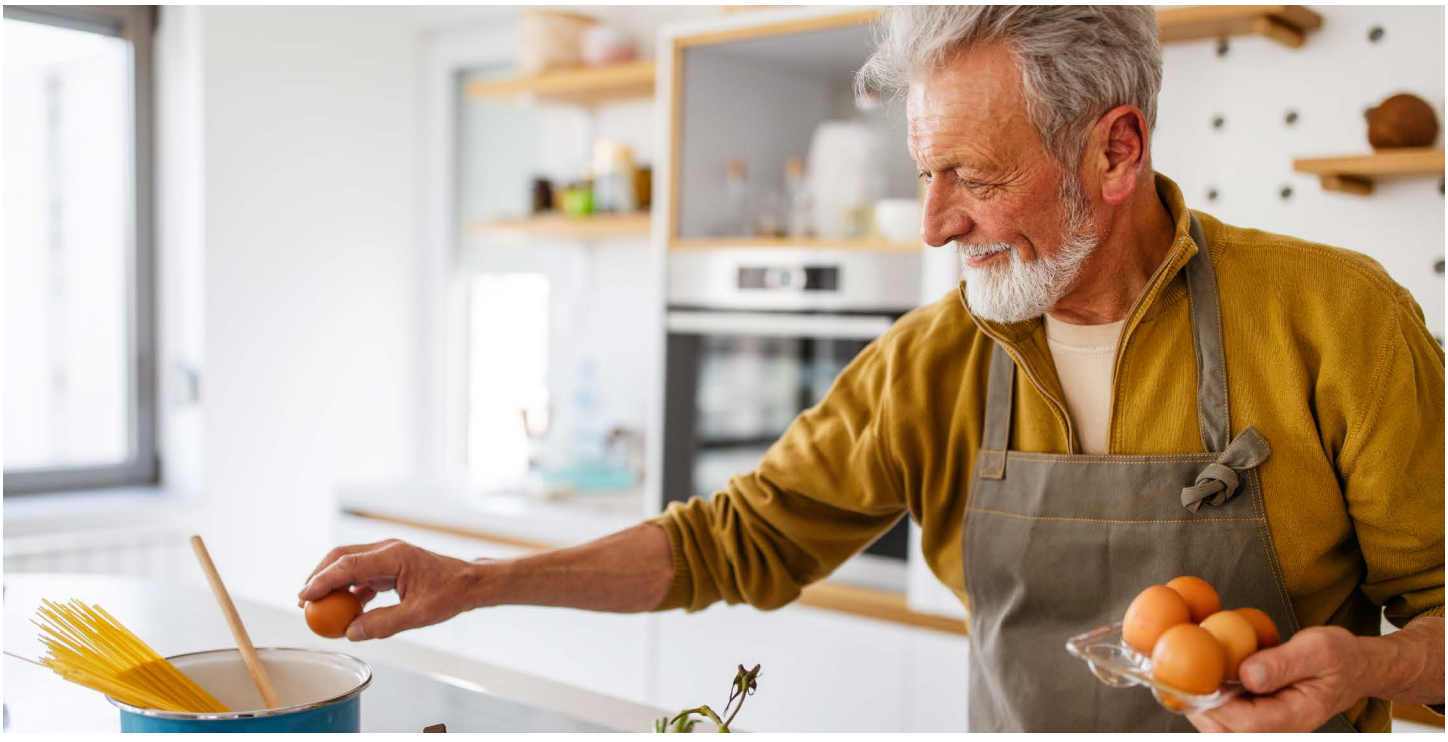
It is suggested that you review your beneficiary information for life insurance. If you would like to make a change, go to **www.workday.upenn.edu**, or contact the Benefits Solution Center at **866-799-2329**.

Convert Your Basic, Supplemental, and/or Dependent Life Insurance Coverage

In addition, within 31 days of your retirement date, you may convert your basic, supplemental and/or dependent life insurance coverage (but not your AD&D coverage) to an individual policy that is equal to or less than the amount of your coverage prior to retirement. This coverage is currently provided through MetLife. Your converted policy as a retiree combined with the University-provided coverage of $10,000 cannot exceed the amount of your coverage prior to retirement.

Apply for Conversion

You must apply for conversion to an individual policy within 31 days of your retirement date. MetLife has an exclusive arrangement for financial professionals from Massachusetts Mutual Life Insurance Company (MassMutual) to explain your options. Call **877-275-6387** to arrange for a local MassMutual financial professional to contact you directly, usually within 48 hours of your request. You will automatically receive a packet once your department updates your status in Workday@Penn. If you do not receive your packet by 14 days after retiring, please contact the Benefits Solution Center at **866-799-2329**.



Penn's Retirement Savings Plans

Types of Plans

The University of Pennsylvania offers several retirement savings plans:

- Basic and Matching Plans
- Supplemental Retirement Annuity (SRA)
- Retirement Allowance Plan (RAP) - closed to new employees

Basic and Matching Plans

The Basic and Matching Plans provide eligible faculty and staff a way to save for retirement. If you participated in these plans, you have an account with TIAA.

- **Basic Plan** – If you were eligible for this plan, Penn made age-based contributions for you. These were not matching contributions, and you did not have to opt in or make employee contributions to any of the other plans.
- **Matching Plan** – If you were eligible for this plan, you could make payroll contributions of up to 5% of your standard gross pay per pay period. Once you became eligible for employer contributions, Penn would have matched your employee contributions dollar-for-dollar.

Supplemental Retirement Annuity Plan

The Supplemental Retirement Annuity (SRA) Plan is a voluntary retirement plan that employees can use to supplement their retirement savings.

If you participated in the SRA Plan, you set up an account with TIAA.

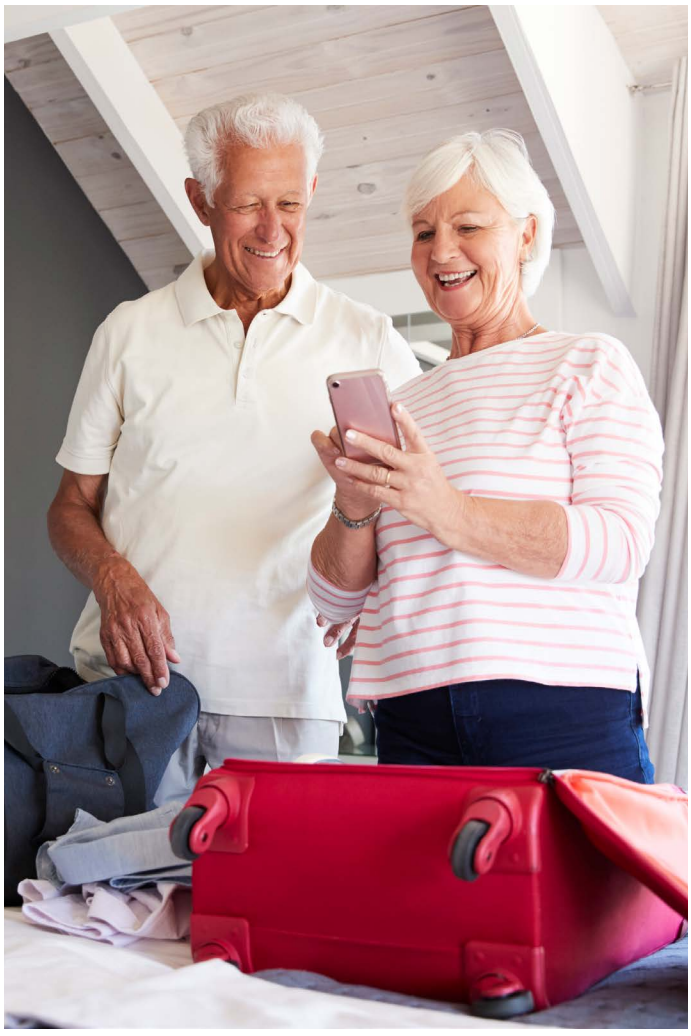
The SRA Plan is funded by voluntary employee contributions only; there are no matching contributions from the University.

Retirement Allowance Plan

The Retirement Allowance Plan (RAP) provides eligible employees with pension payments based on their years of service with the University.

If you are a participant, the University makes contributions on your behalf. Your benefit amount under the RAP is based on a percentage of your salary for each year that you participate in the plan.

Benefits, payable to you for life, are generally available only upon retirement. Reduced benefits are available beginning at age 55; full benefits are available at age 65. The Human Resources Department will provide you an estimate of your benefit upon request.



Penn's Retirement Savings Plans

Distributions from Retirement Plans

Retirement plans are meant to provide income after retirement. Generally, this means that employees should not take money out of the plan until they are retired.

Distributions After Employment at Penn Has Ended

Once your active employment at Penn has ended, you have access to distributions from your retirement plan account. However, certain TIAA funds may have restrictions on when distributions may be taken. For more information, contact TIAA at **877-736-6738**.

Termination of Employment other than Retirement

- **Basic, Matching, and SRA Plans**: You may have your account paid to you immediately, or leave your money in the plan until you decide to take some or all of it at a later date. (IRS rules state that required minimum distributions (RMDs) be taken when an individual reaches age 72* or terminates employment, whichever is later.) You can choose to receive payment as a lump sum, a life annuity, or other distribution options offered by TIAA. For more information about payment options, contact TIAA at **877-736-6738**.
- **Retirement Allowance Plan**: Generally, RAP benefits are available only when you've reached retirement age. If you terminate employment prior to that, you may opt to receive a distribution only if the value of your vested benefit is under $5,000. More information about payment options may be discussed with a Retirement Counselor.

Retirement

- **Basic, Matching, and SRA Plans**: Your distribution options are the same as above.
- **Retirement Allowance Plan**: Your benefits under the RAP depend on whether your retirement is classified as normal, early, or postponed. More information about payment options may be discussed with a TIAA Retirement Counselor.

Death

- **Basic, Matching, and SRA Plans**: The payment of your account in the event of your death is determined by several factors, including whether payment had already begun, whether you have a spouse, and if there's a named beneficiary. More information about payment options may be discussed with a TIAA Retirement Counselor.
- **Retirement Allowance Plan**: If you have a spouse/partner and are vested in your RAP benefit, but die before you started to receive benefits, your spouse/partner is eligible for a monthly death benefit. For more information about payment options, see the RAP Summary Plan Description.

Qualified Distribution of Roth Contributions

If you made Roth contributions to the Matching or SRA Plans, you paid taxes up front on those contributions. If you are at least 59 ½ years of age and it has been at least five years since your first Roth contribution to the plan, investment earnings on Roth contributions are tax-free (this is known as a "qualified distribution").

Distributions for Retirees Still Working at Penn

If a retiree is working at Penn in any capacity at all, they are considered active employees according to IRS regulations. They can take an "Age 70 1/2 Withdrawal" from the Basic and Matching Plans, or an "Age 59 1/2 Withdrawal" from the SRA Plan.

** The RMD age is subject to change by the IRS.*

Glossary

Centers for Medicare and Medicaid Services (CMS)
The government agency that administers Medicare Parts A and B; CMS contracts with private health plans to administer Parts C and D, as well as with Medicare-Advantage Plans to provide comprehensive medical benefits.

COBRA
The Consolidated Omnibus Budget Reconciliation Act of 1985 requires most employers who sponsor healthcare plans to provide a temporary extension of healthcare coverage to employees and their eligible dependents when, due to certain circumstances, coverage would otherwise terminate under the employer's plan. This temporary extension of benefits is commonly called "continuation coverage."

Coinsurance
After you meet the deductible, your medical and/or dental plan pays a specified percentage of the usual customary and reasonable charges for covered services. You pay the remaining charges called coinsurance.

Copay
A flat per-service charge that you pay for services such as doctor visits or prescriptions.

Deductible
The dollar amount you must pay each year before your medial and/or dental plan begins to pay benefits for certain covered expenses. The deductible amount depends on the plan you select.

Eligible Dependent
For purposes of the Plan, an "eligible dependent" shall include:

- Your spouse
- Your or your spouse's dependent child(ren) up to age 26.

Additional details:

- Dependent children are eligible for coverage regardless of their student, marital or IRS dependent status.
- Dependent children do not have to live with you or depend on you for financial support to be eligible.
- Disabled dependent children who are unable to earn a living may be covered beyond age 26, provided the disability began before age 26 and has been certified by your insurance carrier.
- The coverage does not extend to your dependent child's spouse/partner or children.

Full Retirement Age
Also called "normal retirement age," full retirement age had been 65 for many years. However, beginning with people born in 1938 or later, that age gradually increases until it reaches 67 for people born after 1959. This change was cited by Congress due to improvements in the health of older people and increases in average life expectancy.

Health Maintenance Organization (HMO)
This type of plan is a managed care plan. Your care is coordinated through a primary care physician (PCP). HMOs pay for preventative care and eligible expenses when you are ill.

You pay copays for physician's office visits; most other medical services are paid in full. In general, you must receive medical services from care providers that are part of the HMO network and must have referrals from your PCP in order for most specialist services to be paid by the HMO.

Medicaid
Medicaid is the state-run program that provides hospital and medical coverage for people with low income and little or no resources.

Medicare
Our country's health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant or amyotrophic lateral

Glossary

sclerosis (Lou Gehrig's disease). The program helps with the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care. You apply for Medicare at the Social Security Administration. Medicare has four parts: A-D.

Medicare Part A

This benefit covers hospital insurance (i.e., in-patient hospital care, skilled nursing facility care, home health services, and hospice care). Most people age 65 or older who are citizens or permanent residents of the U.S. are eligible for free Medicare hospital insurance. If you are receiving Social Security, enrollment in Medicare Part A is automatic. If you are receiving Social Security but have opted not to start receiving the Part B benefit, perhaps because you have decided to continue working, you may enroll in Medicare Part A. You are not required to enroll under Part A.

This enrollment establishes your entitlement with the Social Security Administration.

Medicare Part B

This benefit covers medical services (i.e., doctor/specialist/x-ray services). Anybody who is eligible for free Medicare hospital insurance (Part A) can enroll in Medicare medical insurance by paying a monthly premium. If you are covered by a group health plan sponsored by your employer or your spouse's employer while either of you are in active employment, you need not enroll in Medicare Part B. When you enroll in Medicare Part A, you must notify the SSA that you want to decline Part B because of your coverage. When your coverage ends under the group health plan, the SSA will allow you to sign up for Part B during a Special Enrollment Period without any penalty.

Retirees age 65 and over with dependents that are not eligible for Medicare should note that your dependents will be enrolled in a pre-65 retiree medical plan until becoming eligible for Medicare. Upon your dependent(s) eligibility, your dependents must enroll in Medicare Parts A and B. Your dependent will be eligible to enroll under your supplemental program. Social Security should be contacted 90 days prior to the dependent's 65th birthday to avoid coverage delays and late enrollment penalties.

Medicare Part C

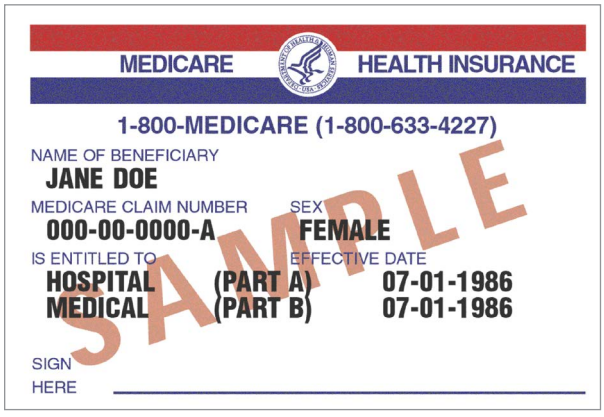
If you have Medicare Parts A and B, you can join a Medicare Advantage plan. Medicare Advantage plans are offered by private companies and approved by Medicare. With one of these plans, you do not need a Medigap policy, because the Medicare Advantage plans generally cover many of the same benefits that a Medigap policy would cover. You might have to pay a monthly premium for this plan because of the extra benefits it offers.

Medicare Part D

A federal program to subsidize the cost of prescription drugs for Medicare beneficiaries. Joining this program is voluntary and you pay an additional monthly premium for the coverage.

Medicare Identification Card

Applying for a Medicare card is automatic when you apply for Medicare coverage. Your red, white and blue Medicare card should arrive within 30 days after you are approved for Medicare coverage. It is also known as a HICN (Health Insurance Claim Number).



Medicare Supplemental Insurance (Medigap)

Additional health insurance sold by private insurance companies to help pay some of the health care costs that Medicare doesn't cover.

Glossary

Point of Service Plan (POS)
A managed care plan with a network of providers that provides reduced benefits for services received outside of the network. It is similar to a Preferred Provider Organization. No referrals are required.

Preferred Provider Organization (PPO)
This type of plan offers preferred and non- preferred provider coverage. PPOs pay for preventative care as well as eligible expenses when you are ill. In general, you pay less out of pocket when you use preferred providers. You may pay a copay, coinsurance or a deductible for physician's office visits. This plan does not require referrals for care.

Qualified Life Event
An event that allows you to change benefit elections outside the annual selection period. They include: moving to a residence outside an HMO zip code area, divorce, the death of a spouse. In any of these instances, you have 30 days from the date of the qualifying event to make changes to your election coverage.

Reasonable & Customary Fee (R&C)
A reasonable and customary fee is the amount that your health plan determines is the normal range of payment for a specific health-related service or medical procedure within a given geographic area. If the charges you (or your doctor) submit to your health plan are higher than what the health plan considers normal for the covered service, then your health plan may not allow the full amount charged to you.

Rule of 75
This means that your age plus your years of service must total at least 75 with a minimum age of 55 and a minimum of 10 years of service. (Note: Each of the three minimums must be in whole years.)

Social Security Administration
Social Security pays benefits when you retire, become disabled, or pass away if eligibility requirements are met. Your spouse and dependent children may also be eligible for benefits when you become entitled or pass away.

You and your employer each pay taxes for Social Security and Medicare Hospital Insurance. Your employer pays part or the cost – you get all the benefits.

For most individuals, there is no cost for the Medicare Part A (hospital) premium.

However, there is a Medicare Part B (medical) premium and you are responsible for this premium.

Social Security Administration will either deduct or bill you for the Medicare Part B premium.

Summary Plan Description
As a requirement of the Employee Retirement Income Security Act of 1974 (ERISA), a federal law applying to employee benefit plans, is that employers must supply employees with a description of the various benefit plans it maintains. Such information is included in a Summary Plan Description (SPD). This document, together with any booklets or other descriptive material received from the University, insurance companies, and health maintenance organizations, constitute the SPD for the plan.

Voluntary Phased Staff Retirement
Eligible full-time staff members can take advantage of a new Voluntary Phased Staff Retirement Program. You can gradually reduce your workload while still being employed with benefits, and the University can reduce payroll costs while still retaining the expertise of qualified staff. Phased retirement also gives departments adequate time to plan for filling or restructuring the staff member's position.

To participate in the Voluntary Phased Staff Retirement Program, you must meet the Rule of 75. Participation also depends on the business needs of your department.

Glossary

If you're approved to participate, you'll work reduced hours but still receive the same benefits that you receive as a full-time staff member. Keep in mind that benefits based on your salary, such as the Tax Deferred Retirement Plan and life insurance, will be based on your reduced salary. Also, your time off (including sick leave and holidays) will be pro-rated based on your reduced schedule.

And you'll need to work enough hours to qualify for any benefits that require a certain amount of service, such as Family and Medical Leave.

The details of your arrangement must be approved by your supervisor and your school/center.

For more information about the Voluntary Phased Staff Retirement Program, see **Policy 414**.

You can also contact the Benefits Office at **HRBenefits@hr.upenn.edu** for more information.

Additional Information

Monthly Premium Payment Process

The University has contracted with Benefit Resource (BRI) to handle the administration and the billing for Penn's retiree medical, prescription and dental benefits. If you wish to enroll in any of these benefits, you will be required to pay for the cost of coverage. You will have the option to either pay your monthly premiums by direct bill, setting up bill pay through your bank or automatic payment deductions (ACH).

Payment Options

You will receive a welcome packet in the mail from Benefit Resource (BRI) upon retirement with information regarding your options for payment and specific instructions. Once logged in, you have the option to configure your communication preferences to start receiving available email notifications.

BRI will send payment coupons with the welcome notice. The premium coupon book contains multiple payment summaries per page (e.g., Jan, Feb, and Mar) which are designed to be cut off and returned with the payment. Each coupon is printed with the premium due date, amount due, customer information, and payment address. Your welcome kit will include coupons from your first month of coverage through the end of the plan year. Coupons for the following plan year will typically be sent in December.

There is a 60-day grace period for the initial payment and a 45-day grace period for subsequent payments.

Automatic Payment Deduction Option

If you elect to use the ACH payment option, you will still receive payment coupons.

To sign up, login to your Member Portal and choose the gray box for "RECURRING PAYMENTS". There are no fees associated with recurring ACH payments.

NOTE: The blue box to "MAKE PAYMENT" will prompt you through the process to set up a one-time payment (subject to a $5 convenience fee). **You can avoid the $5 convenience fee by setting up recurring ACH payments or mailing a check or money order through the mail.**

Address for Remittance

Remittance checks or completed ACH form should be mailed to:

Benefit Resource
ACH Processing Department PO Box 3850
Omaha, NE 68103-3850

Additional Information

Form to Elect Automatic Payment Deduction

BRI COBRA, LLC

AUTOMATIC PAYMENT (ACH) REQUEST FORM

PLEASE READ:

1. **To be eligible for COBRA ACH, you must be fully enrolled and paid to a current status. For non-COBRA billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.**
2. Complete **Section 1** -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete **Section 2**.
5. Complete **Section 3** and fax the form along with your voided check to us at **855-343-8181** or mail to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1st of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1st of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

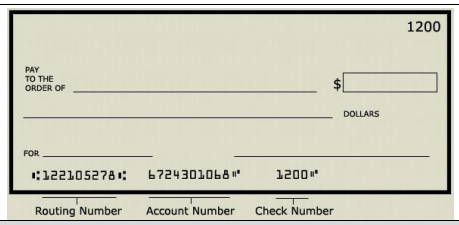
SECTION 1 - PARTICIPANT INFORMATION

☐ **ADD** AUTHORIZATION	☐ **CANCEL** AUTHORIZATION Effective:	☐ **CHANGE** AUTHORIZATION Effective:

Your Full Name (please print clearly)	**Your Social Security Number** ☐☐☐ - ☐☐ - ☐☐☐☐
Phone Number:	**Member ID Number:**

SECTION 2 - BANK ACCOUNT INFORMATION

Bank Name:	**Account Type** (check one) ☐ CHECKING ☐ SAVINGS
Routing Number:	
Account Number:	



SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	**Date**

I authorize **BRI COBRA, LLC** ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any.
This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

Return This Form & Check To:	**All Other Questions & Support Issues:**
BRI COBRA, LLC **ACH Processing Department** **PO Box 3850** **Omaha, NE 68103-3850**0 **FAX (855) 343-8181**	**BRI COBRA, LLC** **245 Kenneth Drive** **Rochester, NY 1423** **PH (800) 473-9595**
Date Rec'd **Date Processed**	**Processor** **V&V**

Additional Information

PennCard

Retired faculty and staff of the University of Pennsylvania are entitled to a PennCard under most circumstances. To obtain your Retired Faculty/Staff PennCard, you can go to their office on your last day at Penn. If your record has been correctly updated in Workday, it will appear in Penn Community and Penncard. There is no charge for the card providing you turn in your unexpired PennCard. Call the PennCard Center at **215-417-CARD** or visit **www.upenn.edu/penncard** for more information.

Address Changes

Be sure to keep your address current by calling the Benefits Solution Center at **866-799-2329** or emailing **benefits@hr.upenn.edu**.

In the Event of Your Death

Upon your death, your surviving spouse may continue to receive coverage until they remarry or death. Your eligible unmarried dependent children may continue to receive coverage up to age 26.

Your eligible unmarried disabled dependent children may continue to receive coverage past age 26, as long as your insurance carrier continues to consider them to be disabled.

Funeral Planning Support and Services

You also have access to funeral planning services through the University's life insurance benefit. MetLife has partnered with Dignity Memorial Funeral Planning and Concierge Service to offer pre- planning and at-need services for you, your spouse, and your dependent children—at no additional cost to you. These services include online planning tools as well as 24-hour assistance throughout the funeral process. You may also access services for your parents, in-laws or other relatives through Dignity at a fee. No enrollment validation code is needed. Visit **www.finalwishesplanning.com** or call **866-853-0954**.

Additional Information

Other Benefits

When you retire, you may still be eligible for numerous other special benefits. You will be responsible for any fees or membership dues. For more information, please use the contact information below.

Benefit	Phone	Website
Penn libraries	**215-898-7556**	**www.library.upenn.edu**
Recreational facilities (Pottruck Center and Fox Fitness Center)	**215-898-6100**	**www.upenn.edu/recreation**
Exercise classes and health seminars	**215-898-6100**	**www.upenn.edu/recreation**
Credit Union	**215-898-3539**	**www.penncu.org**
University Club at Penn	**215-898-4618**	**www.upenn.edu/universityclub**
Purchase a subscription to the Almanac	**215-898-5274**	**almanac.upenn.edu/about-almanac**
Parking permit information	**215-898-8667**	**www.upenn.edu/parking**

Additional Information

Contacts

Plan and Administrator	Send Claims To		Member Services
The Benefits Solution Call Center	215-898-7556		**1-866-799-2329**
Medical and Prescription- Non-Medicare Plans			
Aetna Choice POS II	Aetna P.O. Box 981106 El Paso, TX 79998-1106		**1-888-302-8742** **1-859-455-8650 (fax)** **www.aetna.com**
Keystone/AmeriHealth HMO	P.O. Box 69353 Harrisburg, PA 17106-9353		**1-800- ASK –BLUE (800-275-2583)** **www.ibx.com**
PennCare/Personal Choice	Non-Preferred Providers: P.O. Box 69352 Harrisburg, PA 17106-9352		**1-800- ASK –BLUE (800-275-2583)** **www.ibx.com**
CVS Caremark	P.O. Box 2110 Pittsburgh, PA 15230-2110		**1-844-833-6390** **www.caremark.com**
Medical and Prescription – Medicare-Eligible Plans *To find out more about your Social Security retirement benefits, Social Security income, or to enroll in Medicare, visit* **www.socialsecurity.gov** *or call* **800-772-1213**			
Aetna Medicare Plan (PPO)	P.0. Box 981106 El Paso, TX 79998-1106		**1-800-323-9930 (California)** **or 888-287-4289** **www.aetna.com**
IBC Medigap Security 65 Plans	Independence Blue Cross Claims Dept. 1901 Market Street Philadelphia, PA 19103-1480	Independence Blue Cross Major Medical Claims P.O. Box 13497 Philadelphia, PA 19101-3497	**1-800- ASK –BLUE (800-275-2583)** **www.ibx.com**
Caremark/SilverScript	Paper Claims Med D Paper Claims P.O. Box 52066 Phoenix, AZ 85072-2066	Mail Order Caremark P.O. Box 94467 Palatine, IL 60094-4467	**1-866-494-9829**
Behavioral Health – Mental Health and Substance Abuse			
PennCare/Personal Choice	Quest Behavioral Health		**1-800-364-6352** **www.questbh.com**
Aetna Choice POS II	Aetna P.O. Box 981106 El Paso, TX 79998-1106		**1-888-302-8742** **1-859-455-8650 (fax)** **www.aetna.com**
Keystone/AmeriHealth HMO	Magellan		**1-800-688-1911**

Additional Information

Plan and Administrator	Send Claims To	Member Services
Dental and Vision		
MetLife Dental	Group Dental Claims P.O. Box 981282 El Paso, TX 79998-1282	**1-800-942-0854** **www.metlife.com/dental**
VSP	Vision Service Plan Claims Dept PO Box 385018 Birmingham, AL 35238-5018	**1-800-877-7195** **www.vsp.com**
Aetna Vital Savings Dental and Aetna Vision Discounts	7400 Gaylord Parkway Frise, TX 75034	**877-698-4825** **Promotional Code# 882016015** **www.vitalsavingsbyaetna.com**
Life Insurance		
MetLife	MetLife Insurance Co. P.O. Box 14549 Lexington, KY 40512-4549	**800-523-5065**
Long-Term Care		
Genworth	Genworth Financial, Inc. 6620 West Broad Street Richmond, VA 23230	**800-416-3624** **genworth.com/groupltc**
John Hancock	John Hancock Place B-6 P.O. Box 111 Boston, MA 02117	**800-711-2899** **Outside US: 617-572-0048** **penn.jhancock.com**
Healthcare Related Issues		
Health Advocate	**answers@HealthAdvocate.com**	**866-799-2329**
Retirement Savings Plan		
TIAA	TIAA P.O. Box 1259 Charlotte, NC 28201	**877-736-6738** **tiaa.org**

Continuation of Coverage under COBRA

When you retire from the University, you'll have the options for continuing your benefits coverage. If you (and your eligible dependents) were enrolled in one of Penn's medical, dental or vision plans or the Health Care Pre-Tax Expense Account, you'll receive information about continuing these same active benefits through the federal program called COBRA (Consolidated Omnibus Budget Reconciliation Act) that was enacted in 1985. COBRA allows you the right to continue your benefits from your active employment status.

Your active benefits will end on the last day of the month in which you retire.

If you meet the Rule of 75, you may continue your medical enrollment through the Penn Retiree Health Benefits program. Your medical election will be based upon your age or Medicare eligibility at the time of your retirement.

Although COBRA will extend the medical/dental/vision program (if you were previously enrolled) to you, you will have the option of electing all of these benefits: medical, dental, vision, Health Care Pre-Tax Expense Account.

Please be sure to carefully consider the coverage that's best for you and your dependents. Keep in mind that Penn covers a portion of the retiree medical premiums, while you pay the full premium for COBRA coverage at 102%. Most people will decline the medical option, due to his or her eligibility under the retiree program (i.e., lower monthly premiums).

In addition, COBRA coverage will end for medical, dental and vision after a maximum of 18 months. However, the Health Care Pre-Tax Account can only be continued through COBRA and will end at the end of the plan year in which you retire.

Benefit Resource (BRI), Penn's partner in administering COBRA benefits, will mail you a COBRA packet within 14 days after your active coverage ends. If you decide to elect COBRA benefits, you must complete the COBRA election form enclosed in the packet and mail it within 60 days from the date you receive the packet.

Payments can be submitted to:

Benefit Resource
ACH Processing Department
PO Box 3850
Omaha, NE 68103-3850

While we process your request, you must ensure your premiums are paid in a timely manner. To ensure continuous coverage, you should submit payment for at least one month of coverage when submitting your completed form. If you prefer, you may make a payment through your online account or by phone at **855-479-4004**.

2024–2025 Monthly COBRA Rates*

University of Pennsylvania

Medical Plans

Option	Employee	Employee + Spouse	Employee + Children	Employee + Family
PennCare	$850.20	$2,040.48	$1,445.34	$2,550.60
Aetna Choice POS II	$843.74	$2,024.99	$1,434.36	$2,531.23
Keystone HMO	$871.35	$2,091.22	$1,481.28	$2,614.04
Aetna HDHP	$806.51	$1,935.61	$1,371.06	$2,419.52
AETNA ACA POS II	$763.46	$1,832.31	$1,297.88	$2,290.38

Dental Plans

Option	Employee	Employee + Spouse	Employee + Children	Employee + Family
PFPP Plan	$66.69	$130.82	$147.48	$208.07
MetLife	$45.65	$91.29	$100.42	$136.94

Vision Plans

Option	Employee	Employee + Spouse	Employee + Children	Employee + Family
Davis Vision	$4.82	$10.41	$7.80	$13.27
VSP Vision	$7.24	$15.64	$11.76	$19.94
VSP Choice	$10.92	$23.59	$17.75	$30.09

** These are the rates at the time this booklet was published and are printed here as a general guide. For the most up-to-date information, please refer to the U.S. Department of Labor's COBRA webpage at www.dol.gov/general/topic/health-plans/cobra.*

2025: Medicare Premium, Deductible and Coinsurance Amounts*

Part A – Hospital Insurance

Component	2025	2024
Hospital inpatient deductible	$1,676	$1,632
Hospital daily coinsurance		
Days 61-90	$419	$408
Lifetime reserve days	$838	$816
Skilled nursing facility daily coinsurance	$209.50	$204
Monthly premium		
Seniors with fewer than 30 covered quarters and certain people with disabilities under 65	$518	$505
Seniors with 30-39 covered quarters and people with disabilities who have 30 or more covered quarters	$285	$278

Part B – Medical Insurance[1]

2025			2024		
Annual Income	Monthly Premium	Annual Deductible	Annual Income	Monthly Premium	Annual Deductible
$0 ≤ $106,000	$185.00	$257	$0 ≤ $103,000	$174.70	$240
> $106,000 ≤ $133,000	$259.00		> $103,000 ≤ $129,000	$244.60	
> $133,000 ≤ $167,000	$370.00		> $129,000 ≤ $161,000	$349.40	
> $167,000 ≤ $200,000	$480.90		> $161,000 ≤ $193,000	$454.20	
> $200,000 ≤ $500,000	$591.90		> $193,000 ≤ $500,000	$559.50	
≥ $500,000	$628.90		> $500,000	$594.00	

2025: Medicare Premium, Deductible and Coinsurance Amounts*

Part D –Prescription Drug Coverage[1]

2025		2024	
Annual Income [2]	**Monthly Premium Adjustment**	**Annual Income [2]**	**Monthly Premium Adjustment**
$0 ≤ $106,000	$0	$0 ≤ $97,000	$0
> $106,000 ≤ $133,000	$13.70	> $97,000 ≤ $123,000	$12.90
> $133,000 ≤ $167,000	$35.30	> $123,000 ≤ $153,000	$33.30
> $167,000 ≤ $200,000	$57.00	> $153,000 ≤ $183,000	$53.80
> $200,000 ≤ $500,000	$78.60	> $183,000 ≤ $500,000	$74.20
≥ $500,000	$85.80	> $500,000	$81.00

** These rates for Medicare Parts A, B, and D are the rates at the time of this publishing and are printed here as a general guide. For the most up-to-date information, please refer to Medicare.gov.*

[1] Table does not reflect income-based premium adjustments for individuals filing joint tax returns or for married individuals living with spouse at any time during the taxable year but filing separate returns.

[2] Income bracket for most unmarried beneficiaries filing individual returns.

Penn
Human Resources

www.hr.upenn.edu/retirees