

Session Agenda



- Overview and eligibility for retiree benefits
- Pre-65 benefits
- Post-65 benefits
- Additional benefits
- Next steps
- Resources





Overview

• The University of Pittsburgh offers group retiree benefit coverage to eligible retirees and their spouses/domestic partners through the Defined Dollar Benefit (DDB) program

Offered coverage includes:

- Medical
- Dental
- Vision
- Life insurance (retiree only)
- Retiree coverage is managed by UPMC Benefit Management Services (BMS), our retiree service center



Eligibility for Retiree Status



Hire date prior to July 1, 2004

Must be at least age 62 and in an eligible position*

OR



Hire date of July 1, 2004 or after

- Must be at least age 62 and in an eligible position*
- Age plus years of service must equal 85 points

For more info about eligibility, visit www.hr.pitt.edu/retirees/eligibility

All employees considering retirement from the University should reach out to the Benefits Department at www.hr.pitt.edu/contact-ohr for eligibility confirmation



*Eligible Position Types:

- Staff Full-time regular
- Staff Part-time regular (if hired prior to July 1, 2004)
- Faculty/Librarian Full-time regular
- Part-time tenured or tenure stream
 Faculty at no less than 50% effort
- Research Associate Full-time regular
- Executive Full-time regular
- Union Employees should check CBA for eligibility



Pre-65 Benefits: Coverage Options

- Retirees can elect to continue the same medical coverage as active employees at the same cost that active employees pay
 - Fiscal year increases to premiums apply
 - Same open enrollment period as active employees

Medical

- Panther Gold (HMO)
- Panther Advocate (PPO)
- Panther Plus (PPO)
- Panther Basic (PPO)

Prescription drug coverage is built into the medical plan and has the same formulary and copayments as active employees

Dental

- Concordia Plus (DHMO)
- Flex I
- Flex II

Vision

- Fashion Excellence
- Designer Gold

Assist America (emergency coverage)



Pre-65 Benefits: Coverage Options

Pre-65 retirees have three options from which to choose:



- 1. Elect the same group coverage as active faculty and staff
 - Spouse/domestic partner and children also have this same access
- 2. Use credits under the DDB program for reimbursement of another retiree plan
 - The plan cannot be an active group health plan through another employer
- 3. Accrue DDB credits for future use

Note: Once enrolled in coverage, elections remain in effect for the full plan year, which runs from July 1 through June 30. Contact BMS for a qualified status change.



Pre-65 Benefits: Possible Scenarios

| Scenarios | Spouse/Domestic Partner less than 62 | Spouse/Domestic Partner between 62 – 64 | Spouse/Domestic Partner 65+ |
|--|--|---|--|
| Retiree | Individual Pre-65 plan at cost share | Two Adult Pre-65 plan at cost share | Individual Pre-65 plan at cost share |
| Spouse/Domestic Partner (No children) | Individual Pre-65 plan at full cost | Under Retiree's Two Adult plan at cost share | Post-65 with DDB |
| Children (up to age 26) | Parent/Child(ren) Pre-65 plan at cost share | Family Pre-65 plan at cost share | Parent/Child(ren) Pre-65 plan at cost share |

Post-65 Benefits and Medicare

Retiree health care is coordinated with Medicare

Part A: Hospitalization (typically no cost)

Part B: Physician Services/Testing (cost is income-based)

Medicare A and B only covers up to 80% of your claims

The University's Medicare plans work in conjunction with Medicare Parts A and B to give you full 100% coverage *and* to provide prescription drug coverage (referred to as Medicare Part D)



Post-65 Benefits and Medicare

Sample Medicare Part B Premiums

If your annual modified gross income in 2021 (for what you pay in 2022) was:

| File individual tax return | File joint tax return | Individual Monthly Part B Premium | Prescription Drug Coverage |
|------------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| \$91,000 or less | \$182,000 or less | \$170.10 | your plan premium |
| above \$91,000 up to \$114,000 | above \$182,000 up to \$228,000 | \$238.10 | \$12.40 + your plan premium |
| above \$114,000 up to \$142,000 | above \$228,000 up to \$284,000 | \$289.20 | \$32.10 + your plan premium |

Additional income levels and rates can be found at www.medicare.gov



Post-65 Benefits and Medicare

- If you retire prior to age 65: Enrollment in Medicare Parts A and B is required at age 65. Enrollment should be processed three months before your 65th birthday directly with your local Social Security Office or online.
- If you retire after age 65: You may postpone enrollment in Medicare Part B if you are actively working and in a group health plan. You would then apply for Medicare at the time of your retirement. We suggest starting the process three months prior to your retirement date. An Employer Verification form is required.
- If you are retiring three months before or three months after you or your spouse/domestic partner's 65th birthday: Please consult with your local Social Security Office to determine the timing of your enrollment.
- All University plans provide prescription drug coverage: Enrollment in Medicare Part D is not necessary.

Medicare Enrollment and Verification Forms

- An Employer Verification form is required if are retiring and you or your spouse/domestic partner is age 65 and has not yet enrolled in Medicare Part B
 - Employer Verification forms are completed by the Benefits Department
 - Contact the benefits department for your form: www.hr.pitt.edu/contact-ohr
 - Forms can only be completed once your retirement is officially processed

| | MEDICADE DADE D'AREDICAL INCIDANCE |
|---|--|
| | MEDICARE PART B (MEDICAL INSURANCE) VIDENTIFICATION CODE (BIC) |
| 1. Tour social security claim number series day | T T T T T T T T T T T T T T T T T T T |
| | |
| Do you wish to sign up for Medicare Part B (Medical Ins | urance)? YES |
| 3. Your Name (Last Name, First Name, Middle Name) | |
| | |
| 4. Mailing Address (Number and Street, P.O. Box, or Route | 9 |
| | Parameter Parameter |
| 5. City | State Zip Code |
| | |
| 6. Phone Number (including area code) | |
| (| 5 to 40 Artis - 1 apr |
| 7. Written Signature (DO NOT PRINT) | 8. Date Signed |
| SIGN HERE | |
| IF THIS APPLICATION HAS BEEN SIGNED BY | MARK (X), A WITNESS WHO KNOWS THE APPLICANT |
| | ORMATION REQUESTED BELOW. |
| 9. Signature of Witness | 10. Date Signed |
| | |
| 11. Address of Witness | |
| | |
| 12. Remarks | |
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| a valid OMB control number. The valid OMB control number for this information is estimated to average 45 minutes per response. | his information collection is 0938-1230. The time required to complete including the time to review instructions, search existing data resources. |
| s valid OM8 control number. The valid OM8 control number for this information is estimated to average 45 minutes per response, sather the data needed, and complete and review the information. | his information collection is 0938-1230. The time required to complete |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES | Form Approx CMB No. 0938-07 |
|--|--|
| REQUEST FOR EMPL | OYMENT INFORMATION |
| SECTION A: To be completed by individual signing up | for Medicare Part B (Medical Insurance) |
| 1. Employer's Name | 2. Date |
| 3. Employer's Address | |
| | |
| Oty | State Zip Code |
| 4. Applicant's Name | 5. Applicant's Social Security Number |
| | |
| 6. Employee's Name | 7. Employee's Social Security Number |
| | |
| SECTION B: To be completed by Employers | |
| For Employer Group Health Plans ONLY: | |
| 1. is (or was) the applicant covered under an employer group health | plan? Yes No |
| 2. If yes, give the date the applicant's coverage began. (mmyyyy) | |
| 3. Has the coverage ended? Yes No | |
| 4. If yes, give the date the coverage ended. (mm/yyyy) | |
| 5. When did the employee work for your company? | . West Committee |
| From: (mm/yyyy) To: (mm/yyyy) | Still Employed: (mm/yyyy) |
| 6. If you're a large group health plan and the applicant is disabled, | please list the timeframe (all months) that your group health plan was |
| primary payer. From: (mm/ggg) To: (mm/ggg) | |
| | |
| For Hours Bank Arrangements ONLY: | |
| It is (or was) the applicant covered under an Hours Bank Arrangeme | ntt 🗆 ves 🗆 No |
| 2. If yes, does the applicant have hours remaining in reserve? | res 🗆 No |
| 3. Date reserve hours ended or will be used? (mmyyyy) | a Die |
| | |
| All Employers: | |
| Signature of Company Official | Date Signed |
| | |
| Title of Company Official | Phone Number |
| According to the Paperwork Reduction Act of 1995, no persons are n | |
| valid OMB control number. The valid OMB control number for this in | formation is 0938-0787. The time required to complete this information the time to review instructions, search existing data resources, gather th |



Defined Dollar Benefit (DDB) Program

Administered by UPMC Benefit Management Services (BMS)

- University contribution toward your retiree medical coverage premium
 - Each month, credits will be applied to an account in your name and your eligible spouse/domestic partner's name (must be 62 years of age)
 - Credit will not accrue while retirees and their spouses/domestic partners are covered under the University's Pre-65 medical plans
- Can be used to cover the cost of retiree medical premiums only
 - If medical plan premiums should exceed credit amount, you are responsible for paying the difference
 - Cannot be used for Medicare premiums, deductibles, co-pays, dental, or vision premiums
- You may continue to accrue your DDB credits for future use if you have other coverage
 - Unused credits roll over indefinitely
- Credit amount is reviewed annually and may increase each January 1



Post-65 Benefits: Coverage Options

1. Elect one of seven Pitt-sponsored health plans

Post-65 plan summaries are located on the OHR website at <u>www.hr.pitt.edu/retirees</u>



2. Receive reimbursement for purchasing a non-Pitt sponsored plan

The plan cannot be an active group health plan through another employer

3. Accrue DDB credits for future use

Note: Once enrolled in coverage, elections remain in effect for the full plan year, which runs from January 1 through December 31. Contact BMS for a qualified status change.



Medicare Advantage: Plan Options

Health Plan is primary

| Plan | Monthly Premium | University DDB Credits | Retiree Responsibility | DDB Credit Surplus |
|--------------------------------------|--------------------|---------------------------|---------------------------|-----------------------|
| UPMC for Life HMO | \$241 | \$401 | \$0 | \$160 |
| UPMC for Life PPO - Standard | \$297 | \$401 | \$0 | \$104 |
| UPMC for Life PPO - Basic | \$254 | \$401 | \$0 | \$147 |
| Highmark Freedom Blue PPO - Standard | \$289 | \$401 | \$0 | \$112 |
| Highmark Freedom Blue PPO - Basic | \$228 | \$401 | \$0 | \$173 |



Medicare Advantage: Additional Benefits

Health Plan is primary

| Plan | Vision* | Dental* | Hearing | Fitness | Emergency |
|------------------------------------|---------|---------|---------|---------|-----------|
| UPMC For Life HMO | X | X | X | X | X |
| UPMC For Life PPO Standard | X | X | Χ | Χ | X |
| UPMC For Life PPO Basic | X | X | X | X | X |
| Highmark Freedom Blue PPO Standard | X | | X | X | X |
| Highmark Freedom Blue PPO Basic | X | | X | X | X |

^{*}Vision and Dental plans through carriers are limited plans



Highmark: Silver Sneakers



Emergency Coverage

UPMC: Assist America

Highmark: BlueCross BlueShield Global



Medicare Supplement: Plan Options

Medicare is primary

| Plan | Monthly Premium | University DDB Credits | Retiree Responsibility | DDB Credit Surplus |
|--------------------------------------|--------------------|---------------------------|---------------------------|-----------------------|
| UPMC National Complementary with PDP | \$360 | \$401 | \$0 | \$41 |
| Highmark Signature 65 with Blue Rx | \$376 | \$401 | \$0 | \$25 |



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Medicare Supplement: Additional Benefits

| Plan | Vision* | Dental | Hearing | Fitness | Emergency |
|-----------------------------|---------|--------|---------|---------|-----------|
| UPMC National Complementary | X | | X | X | X |
| Highmark Signature 65 | | | | | X |

^{*}Vision and Dental plans through carriers are limited plans



Prescription Drug Plans: Standard Network*

| Plan | Tier 1: Preferred Generic | Tier 2: Generic | Tier 3: Preferred Brand | Tier 4: Non- Preferred Brand | Tier 5: Specialty | 90-Day Supply (Tier 1) |
|--|---------------------------------|--------------------|-------------------------------|------------------------------------|----------------------|------------------------------|
| UPMC for Life HMO | \$15.00 | \$20.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Mail Order Only |
| UPMC for Life PPO – Standard | \$15.00 | \$20.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Mail Order Only |
| UPMC for Life PPO – Basic | \$15.00 | \$20.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Mail Order Only |
| UPMC Health Plan National Complementary Plan | \$15.00 | \$20.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Mail Order Only |
| Highmark Freedom Blue PPO – Standard | \$15.00 | \$15.00 | \$35.00 | \$70.00 | \$70.00 | \$20.00 Mail Order Only |
| Highmark Freedom Blue PPO – Basic | \$15.00 | \$15.00 | \$35.00 | \$70.00 | 33% Coinsurance | \$20.00 Mail Order Only |
| Highmark Signature 65 | \$15.00 | \$15.00 | \$35.00 | \$70.00 | \$70.00 | \$20.00 Mail Order Only |

^{*} Standard Network provides a broader retail network with higher copays

Prescription Drug Plans: Preferred Network*

| Plan | Tier 1: Preferred Generic | Tier 2: Generic | Tier 3: Preferred Brand | Tier 4: Non- Preferred Brand | Tier 5: Specialty | 90-Day Supply (Tier 1) |
|--|---------------------------------|--------------------|-------------------------------|------------------------------------|----------------------|------------------------------|
| UPMC for Life HMO | \$0.00 | \$10.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Retail Only |
| UPMC for Life PPO – Standard | \$0.00 | \$10.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Retail Only |
| UPMC for Life PPO – Basic | \$0.00 | \$10.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Retail Only |
| UPMC Health Plan National Complementary Plan | \$0.00 | \$10.00 | \$47.00 | \$100.00 | 33% Coinsurance | \$0.00 Retail Only |
| Highmark Freedom Blue PPO – Standard | \$10.00 | \$10.00 | \$30.00 | \$65.00 | \$70.00 | \$20.00 Mail Order Only |
| Highmark Freedom Blue PPO – Basic | \$10.00 | \$10.00 | \$30.00 | \$65.00 | 33% Coinsurance | \$20.00 Mail Order Only |
| Highmark Signature 65 | \$10.00 | \$10.00 | \$30.00 | \$65.00 | \$70.00 | \$20.00 Mail Order Only |

Calendar Year 2022 * Preferred Network is a select provider associated with lower copay

Medical Plan Consulting

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- APPRISE: Pennsylvania's State Health Insurance Assistance Program (SHIP)
 - Allegheny County:
 - 412-661-1438
 - apprise@fswp.org
 - Toll-free: 1-800-783-7067





Post-65 Dental and Vision Coverage

United Concordia Access Plan (Advantage Plus Network)

- \$19.82 per month individual coverage only
- Covers exam and cleaning every 6 months
- Limited basic benefits 70% (Example: fillings)
- Some in-network benefits for major services (Example: Crowns)
- Annual Deductible (per person): \$25 for class I and II (in network)
- Maximum: \$750/individual (Class I services do not apply to maximum)

Davis Vision Plan (Client reference number is 7623)

- \$7.98 per month individual coverage only
- Covers exams and basic lenses annually
- Frames allowance every 12 months

Additional summary guide information for Post-65 dental and vision plans can be found on the OHR website at www.hr.pitt.edu/retirees



Post-65 Benefits: Possible Scenarios

| Scenarios | rios Spouse/Domestic Partner less than 62 62-64 | | Spouse/Domestic Partner 65+ |
|---------------------------------|---|---|--|
| Spouse/Partner (No children) | Individual Pre-65 plan at full cost | Individual Pre-65 plan at cost share | Post-65 with DDB |
| Children (under 26) | Under Spouse/Partner's Parent/Child(ren) Pre-65 plan at full cost | Under Spouse/Partner's Parent/Child(ren) Pre-65 plan at cost share | Under Individual Pre-65 plan at full cost |



Surviving Spouse/Domestic Partner Benefits

Coverage will continue for three (3) months following the end of the month in which the retiree passes away, then:

- If the spouse is pre-65: Surviving spouse/domestic partner is eligible to continue group coverage at full cost
- If the spouse is post-65: Any accumulated DDB credits in the spouse's account may be used until depleted
- Unused retiree DDB credits are not transferrable



Life Insurance – Retiree Only

University-Paid Retiree Life Coverage

\$15,000

Optional Life Coverage is "portable" within 31 days of retirement

- Available at group rates without an underwriting requirement, but is more expensive than coverage as an active employee
- You may also convert the policy to a whole life policy, which can be quite expensive
- Contact The Hartford directly at 1-855-396-7655 for general questions
- Represented employees should refer to their collective bargaining agreements for eligibility on retiree life insurance coverage





Long Term Care Insurance

Retiree and Spouse/Domestic Partner

- Unum provides Long Term Care insurance for retirees and their spouse/domestic partner
- If you are already enrolled in this program at the time of retirement, you will automatically be sent a bill, approximately 30 days after retirement, from Unum to continue the plan into retirement
 - If you pay, coverage will continue
 - If you don't pay, coverage will terminate
- Contact UNUM at 1-800-227-4165 for general questions





Education Benefits for Retirees

Retiree, Spouse/Domestic Partner, Child

You may be eligible to retain the same education benefits available to active employees

Requirements for Pitt:

- Currently utilizing benefit, or;
- Employed full-time at the University for at least five (5) years immediately prior to retirement

Requirement for Dependents attending Other Institutions:

- Currently utilizing benefit, or;
- Employed full-time at the University for at least ten (10) years immediately prior to retirement





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Osher Lifelong Learning

- Osher Lifelong Learning, through the College of General Studies, is an additional option for continuing your education
 - Offers three terms of courses per year in areas such as history, art, literature, languages, and physical activity
 - Offers the ability to audit two University undergraduate courses/term
 - Offers additional special events
- Membership: \$150 per term or \$250 per year
- More information: www.cgs.pitt.edu/osher



FSA, HSA, and HIA

Flexible Spending Account (FSA)

- You are not eligible to retain a flexible spending account in retirement
- All expenses must be incurred prior to your retirement date
- You have six (6) months after your retirement date to submit claims incurred prior to your retirement date

Health Spending Account (HSA)

- You cannot make any more contributions to your HSA once you are enrolled in Medicare
- Your HSA will continue to provide tax-free funds to cover *medical* costs until you use up all the money in your account
- Once you turn age 65, your HSA is treated like a traditional IRA if you withdraw money for nonmedical expenses

Health Incentive Account (HIA)

Ends upon your termination/retirement date



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Retirement Savings Plan Options

- If you have a University retirement savings account with TIAA, you should schedule an
 appointment with a representative to discuss your withdrawal options
 - Representatives are available to you after retirement
 - At age 72.5 you will be required to take a minimum distribution from your account
- Schedule an appointment with TIAA: <u>www.tiaa.org/schedulenow-PITT</u>
- Review the pros and cons of leaving your money in the Pitt plan
- If you have a Defined Benefit Pension, you may start to collect a monthly payment at age 65
 - If you are under 65, you may be able to collect earlier, but your payment will be reduced





Your Final Paycheck

- Active benefits will end on the last day of the month in which you work
- Retiree benefits will start the first of the month following your last day of work
- If you are a faculty member on a less than annual contract and you retire between January and April, your benefits will be extended based on actual deductions; less than annual faculty working less than 12 months will have double deductions in the spring, so even if your last day worked is at the end of April, your benefits would run through August
- Staff will be paid out for unused vacation the month following your last day worked
- Staff will be paid for half the value of unused sick days up to \$2,500
- Once retired, you are only able to work at Pitt in a temporary capacity



Benefit Management Services (BMS)

What BMS does:

- Mail initial retiree enrollment packets
- Collect enrollment forms
- Mail transition to post-65 benefit packets when appropriate
- Mail open enrollment packets
- Collect premiums auto withdrawal or invoice (if applicable)
- Track DDB credits
- Process reimbursements for non-University Retiree Medical Coverage
- Accept status change forms throughout the year
- Process demographic information, such as address changes





Post 65 Retiree Health Enrollment Process

Medicare

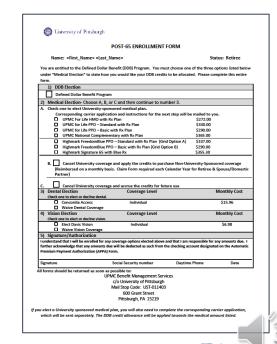
- First, if you are over age 65 at the time of retirement, you must enroll in Medicare Parts A and B, which can be done with your local Social Security office or online; you will also need to submit an Employer Verification form
 - This process can take 2 to 3 months with Social Security and must be completed prior to retirement
 - Employer verification forms can be obtained from the Benefits Department only after your retirement date is updated in Pitt Worx

Administered through Benefit Management Services (BMS)

- Enrollment form for both the retiree and their spouse/domestic partner (this is mailed by and returned to BMS)
- Post-65 Only: Insurance application for chosen UPMC/Highmark plan (this is mailed by and returned to the applicable insurance company to coordinate coverage with Medicare); Medicare Parts A and B must be active

Annual Open Enrollment Period

- Pre-65 July
- Post-65 January



Next Steps

- ✓ Submit a resignation letter to your department at least three months prior to your retirement date
- ✓ If you are a staff employee and would like continued access to your Pitt email, you must notify your department administrator at the time you submit your resignation
- Enroll in Social Security (if applicable)
- Enroll in Medicare (if applicable)
- Enroll in health, dental, and/or vision coverage (if applicable) 30 days out from your retirement date
- Set up an appointment with TIAA or call the Pension Administration Center



Have Questions? Find Answers.

| University of Pittsburgh Benefits Department | 1-833-852-2210 www.hr.pitt.edu/contact-ohr www.hr.pitt.edu/retirees |
|--|--|
| Benefit Management Services (BMS) | 1-888-499-6885 BenefitManagementServices@upmc.edu |
| TIAA | 1-800-682-9139 www.tiaa.org/pitt |
| Pension Administration Center – Defined Benefit Plan | 1-866-283-0208 |
| Social Security Administration | 1-800-772-1213 www.socialsecurity.gov |
| Prescription Drug Plan Questions | UPMC: 1-877-381-3765 Highmark Signature 65: 1-800-241-5704 Highmark Freedom Blue: 1-866-456-7739 |

DISCLOSURE: The information presented in this presentation is intended to provide a general overview and discussion of the plans. Descriptive literature is available from the carriers and the Benefits Department. Plans and administration of University plans are subject to change.