

University of Virginia Retiree Health Benefits Program

Eligibility

Who Is Eligible

You may join the Retiree Health Benefits Program if:

- You have worked for the University of Virginia Academic Division or Medical Center for at least five (5) consecutive years directly prior to your retirement; and
- You are a retiring State employee eligible for a monthly annuity from VRS or a periodic benefit from the MCRP or ORP programs; and
- You were eligible for enrollment in the UVA Health Plan on your last day as an active state employee; and
- You submit an Enrollment/Waiver Form to the HR Solution Center within 30 days of your retirement date; OR
- You are approved for long-term disability through VSDP, MCRP, or ORP **and have applied for Social Security disability**; and
- You submit an Enrollment/Waiver Form to the HR Solution Center within 30 days of your LTD date.

You may join the Retiree Health Benefits Program even if you were not enrolled in the UVA Health Plan as an active employee as long as you were eligible for enrollment in the health plan on your last day as an active state employee and were not terminated from the active employee health plan due to lack of payment. You must be eligible as stated above and submit an Enrollment/Waiver Form to the HR Solution Center within 30 days of your retirement date. If you have been approved for LTD through VSDP, you must have been enrolled in the UVA Health Plan as an active employee on the day prior to the start of your LTD.

Your eligible dependents who are enrolled on your UVA Health Plan policy on your last day as an active state employee may enroll with you in the Retiree Health Benefits Program.

The only exceptions which allow for enrollment after 30 days from your retirement date are:

- You are a State retiree who is enrolled as a dependent in your spouse's active State employee health benefits membership. You may enroll in the retiree group within 30 days of the date the active employee ends State employment or retires. To maintain your eligibility for the retiree group, you must submit the waiver section of the Enrollment/Waiver form within 30 days of your retirement date.
- You are a Virginia Sickness and Disability Program participant in long-term disability (VSDP-LTD) and leaving LTD for service retirement. You may enroll in

the Retiree Health Benefits Program, regardless of whether or not you have maintained health coverage in the State program while receiving LTD benefits, as long as there is no break in LTD benefits before retirement. You must enroll within 30 days of your retirement date.

Who Is Not Eligible

You or your enrolled dependents will not be eligible for the Retiree Health Benefits Program at any time in the future if:

- You waive coverage when you retire;
- You fail to complete an Enrollment/Waiver Form within 30 days of retirement;
- You defer retirement when you leave state employment, except for certain involuntarily terminated employees with 20 years of creditable service;
- You are terminated from the LTD program and are not eligible for service retirement; or
- You cancel coverage in the Retiree Health Benefits Program.

Deferring retirement means that you will receive your retirement annuity from the state at a later time, rather than directly after leaving State employment.

If you are not eligible for the Retiree Health Benefits Program, your spouse and/or dependents are also not eligible.

Enrollment

Enrollment in the Retiree Health Benefits Program is not automatic. You must take action by contacting the HR Solution Center at least three months before you retire. This allows plenty of time for the enrollment process and helps ensure that you have health insurance coverage beginning with the first day of your retirement.

If you decide to enroll, you may be eligible for the State Retiree Health Insurance Credit. This is a program that reimburses part of the premium for your State health benefits plan if you have 15 or more years of creditable service with a State agency.

If you decide not to enroll but are covered under another health insurance plan, you may be eligible for the Alternate Health Insurance Credit. This is a program that reimburses part of the premium for your health insurance if you have 15 or more years of creditable service with a State agency.

Enrollment in the Retiree Health Benefits Program is entirely your decision. If you do not enroll in retiree coverage within 30 days of separation for retirement, you will never be able to enroll in the future.

Available Retiree Health Benefits Plans

Medicare-Supplement Plans

- Advantage 65
- Advantage 65 + Dental/Vision
- Advantage 65 – Medical Only
- Advantage 65 – Medical Only + Dental/Vision

Non-Medicare Eligible Plan

- UVA Health Plan – Choice Health, Value Health, or Basic Health
- UVA Dental Plan – Basic Dental or Enhanced Dental

Non-Medicare Eligible Retirees

This category applies if you and/or covered family members are not yet eligible for Medicare. Retirees or covered family members who are in their first 30 months of Medicare coverage due to End Stage Renal Disease (ESRD) are treated as if they are not yet eligible for Medicare since Medicare must be their secondary insurance for the first 30 months.

The insurance plan available for non-Medicare eligible retirees is the UVA Health Plan. Non-Medicare eligible retirees and/or covered family members must enroll in the same plan option in which they were enrolled on the retiree's last day as an active state employee. Enrollment in the UVA Dental Plan is only available to those retirees and/or covered family members who enroll in the UVA Health Plan. Enrollment in the UVA Dental Plan must be completed at your initial enrollment in the health benefits program. Dental enrollment can also be added or dropped during the open enrollment period each year. If the dental plan is dropped, the retiree and/or covered family members will not be able to re-enroll in the dental plan at a later date.

When you or an enrolled family member who was not Medicare eligible becomes eligible for Medicare, eligibility for enrollment in the UVA Health Plan ends. Make sure that person is enrolled in both Medicare Part A and Part B, terminates coverage in the UVA Health Plan, and enrolls in Advantage 65 or Advantage 65 – Medical Only (administered by Anthem). The Dental/Vision Plan is also available as an option with Advantage 65 and Advantage 65 – Medical Only. These changes do not occur automatically. You must take action by contacting the HR Solution Center at least two months before you or a family member becomes Medicare eligible. This allows plenty of time for the enrollment process and helps ensure that you or your family member has appropriate health insurance coverage beginning the first day of Medicare coverage. Applications must be received at the HR Solution Center prior to the date of Medicare eligibility.

To cover both Medicare eligible and non-Medicare eligible family members, see information regarding coverage for a combination of non-Medicare eligible and Medicare eligible retirees.

Medicare Eligible Retirees

This category applies if you and covered family members are all eligible for Medicare.

Medicare benefits are an important part of your coverage. Make sure you are enrolled in Medicare Hospital Insurance (Part A) and Medical Insurance (Part B). You may apply by contacting any Social Security Administration office.

Medicare Part A helps pay for care in a hospital and skilled nursing facility, and for home health and hospice care. Medicare requires patients to pay a hospital benefit period deductible and coinsurance.

Medicare Part B covers 80% of Medicare approved participating physician charges and other health services, after you pay your calendar year deductible.

Medicare Part D is an outpatient prescription drug benefit. When electing Medicare-coordinating coverage under the Retiree Health Benefits Program, participants must decide whether they wish to get outpatient prescription drug coverage through the program or through a separate, non-program-sponsored Medicare Part D plan. For more information about non-program-sponsored Medicare Part D plans, contact Medicare by calling 1-800-MEDICARE or going to the Medicare Web site at www.medicare.gov. If you enroll in one of the non-program-sponsored Medicare Part D prescription drug plans, you may be asked for a copy of the Part D Certificate of Creditable Coverage. This certificate notifies a Medicare Part D plan that you had creditable drug coverage when you were enrolled in the UVA Health Plan and are not required to pay a late enrollment penalty.

The UVA Health Plan Certificate of Creditable Coverage can be found at the end of this document.

There are two supplemental plan choices for enrollment under the Retiree Health Benefits Program for retirees who are Medicare eligible: *Advantage 65* and *Advantage 65 – Medical Only*. The Dental/Vision Plan is also available as an option with Advantage 65 and Advantage 65 – Medical Only. For those retirees who enroll in Advantage 65 or Advantage 65 – Medical Only, Medicare will be the primary payor and Advantage 65 or Advantage 65 – Medical Only will serve as a supplement to Medicare's coverage. Descriptions of these plans follow.

Advantage 65 is a Medicare supplemental plan that pays secondary to Medicare and covers much of the cost of medical services for which Medicare does not pay 100%. Generally, with the exception of Out-of-Country Major Medical services specifically described in the Member Handbook, Advantage 65 will not pay for services that are denied by Medicare. Advantage 65 also includes an enhanced Medicare Part D benefit for outpatient prescription drug coverage. New Medicare-eligible participants who elect Advantage65 will be submitted for enrollment in the program's Part D coverage as part

of this plan.

Advantage 65 with Dental/Vision adds coverage for certain basic dental and routine vision services to the Advantage65 coverage described above. There is no coverage for prosthetic and complex restorative dental services.

Advantage 65 – Medical Only provides the same medical benefits as the Advantage 65 plan described above but does not include outpatient prescription drug coverage. If this plan is elected, outpatient prescription drug coverage should be obtained through a non-state-sponsored Medicare Part D Plan or other creditable coverage such as Tricare, Veterans Benefits or coverage through a spouse's active employment in order to avoid a higher Part D premium at a later date. If a Medicare-eligible participant elects medical-only coverage upon initial enrollment in the Retiree Health Benefits Program or upon initial eligibility for Medicare, or that person drops or is disenrolled from prescription drug coverage at any time, the Medicare-eligible participant will not be able to elect Medicare-coordinating prescription drug coverage through the Retiree Health Benefits Program at a later date.

Advantage 65 – Medical Only with Dental/Vision adds coverage for certain basic dental and routine vision services to the Advantage 65 – Medical Only coverage described above. There is no coverage for prosthetic and complex restorative dental services.

To cover both Medicare eligible and non-Medicare eligible family members, see information regarding coverage for a combination of non-Medicare eligible and Medicare eligible retirees.

Combination of Non-Medicare Eligible and Medicare Eligible

This category applies if one or more covered family members are not eligible for Medicare, and one or more covered family members are eligible for Medicare.

The insurance plans available for Medicare eligible retirees are Advantage 65 and Advantage 65 – Medical Only. The Dental/Vision Plan is also available as an option with Advantage 65 and Advantage 65 – Medical Only. All non-Medicare eligible family members must enroll in the UVA Health Plan.

When you or your family member who was not Medicare eligible becomes eligible for Medicare, eligibility for enrollment in the UVA Health Plan ends. Make sure that person is enrolled in Medicare Part A and Part B, terminates coverage in the UVA Health Plan, and enrolls in Advantage 65 or Advantage 65 – Medical Only. The Dental/Vision Plan is also available as an option with Advantage 65 or Advantage 65 – Medical Only. These changes do not occur automatically. You must take action by contacting the HR Solution Center at least two months before you or a family member becomes Medicare eligible. This allows plenty of time for the enrollment process and helps ensure that you or your family member has appropriate health insurance coverage beginning the first day of Medicare coverage. Applications must be received at the HR Solution Center

prior to the date of Medicare eligibility. Those not yet eligible for Medicare are eligible for enrollment in the UVA Health Plan.

Payment of Retiree Health Insurance Premium

VRS Annuities

Retirees who receive a monthly annuity from VRS will have their health insurance premium deducted from their monthly annuity check if it is large enough to cover the premium. If the check is too small to pay the health premium, the retiree will be billed directly. Retirees will pay premiums by check each month or authorize a monthly bank draft from their checking or savings account to pay the premium if this option is available by the carrier.

Other Retirement Annuities

Retirees who receive a monthly annuity from an organization other than VRS will be billed directly. Retirees will pay premiums by check each month or authorize a monthly bank draft from their checking or savings account to pay the premium if this is available by the carrier.

Health Insurance Credit

The health insurance credit program is a benefit that was designed to assist retirees with the cost of their benefits.

Retirees with 15 or more years of creditable State service who enroll in the State Health Benefits Program are eligible for a health insurance credit of \$4 per month for each year of creditable service. "Disability" retirees usually receive a health credit of \$120 per month.

If you are receiving a monthly annuity from VRS and are enrolled in the State Retiree Health Benefits Program, the credit will be included in your monthly annuity check. If you are paying premiums directly to the plan and are enrolled in the State Retiree Health Benefits Program, the credit will be mailed to your home address the month after it is earned.

Retirees must be enrolled in an employer-sponsored health insurance plan, a personal health insurance plan or Medicare Part B to be eligible for the health insurance credit.

Alternate Health Insurance Credit Program

If you enroll in other health insurance instead of the State Retiree Health Benefits Program, you will be eligible for the Alternate Health Insurance Credit if you have at least 15 years of service credit with a State agency when you retire. The amount of the credit you receive is \$4 per month for each year of creditable service. "Disability" retirees usually receive a health credit of \$120 per month.

To receive the alternate health insurance credit, you must submit a Retiree Health Insurance Credit form (VRS-45) to VRS. If you are receiving a monthly annuity from

VRS, the credit will be included in your monthly annuity check. Otherwise, your credit will be mailed to your home address the month after it is earned.

For more information on the Health Insurance Credit or the Alternate Health Insurance Credit, call VRS toll-free at (888) 827-3847.

Making Changes To Your Coverage

Retirees can reduce membership or cancel coverage prospectively (going forward) at any time, but retirees who cancel coverage may not re-enroll in the future. Changes are effective on the first day of the month following receipt of the form at the HR Solution Center. If the dependent is being dropped because of eligibility loss, the change will be effective on the first day of the month following loss of eligibility.

Both Medicare and Non-Medicare Retirees may make membership level changes due to qualified life events.

Qualified life events are usually important events in your life that affect your health insurance needs. They include:

- *Marriage*
- *Divorce*
- *Death of a spouse*
- *Birth, adoption, or placement for adoption of a child*
- *Death of a covered child*
- *Covered child exceeds plan's age limit*
- *Gaining custody of an "other child"*
- *Dependent losing eligibility for coverage*
- *Gain or loss of eligibility for Medicare or Medicaid*
- *Loss of eligibility for government sponsored plan*
- *Spouse or covered child begins or ends employment*
- *Spouse or covered child begins or ends leave without pay*
- *Annual enrollment allowed under another employer's plan*

To make a change in your health benefits plan membership, you must submit a completed enrollment form within 30 days of a qualified life event to the HR Solution Center. Confirming documentation must accompany the enrollment form.

If approved, the change in your health benefits coverage will be effective on the first day of the month following receipt of the enrollment form with verifying documentation. If the change is being made because a dependent has lost eligibility, the change will be effective on the first day of the month following loss of eligibility.

Non-Medicare Retirees may also make membership changes for non-Medicare spouses or dependents at open enrollment. Medicare Retirees must experience a qualified life event to add dependents.

In the event of the retiree’s death, a retiree’s spouse who is covered by the plan at the time of the death can continue coverage for the rest of his life unless he remarries. See the section titled “Survivor Benefits” for details.

How To Obtain Assistance

Enrollment Forms and Questions

<i>All new UVA Retirees</i>	<i>HR Solution Center, University of Virginia</i> (434) 243-3344; AskHR@virginia.edu 2420 Old Ivy Road P.O. Box 400127 Charlottesville, VA 22904-4127 www.hr.virginia.edu
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Address/Demographic Changes, Open Enrollment Changes, Qualified Life Event Changes

<i>Current VRS Retirees enrolled in UVA Health Plan or UVA Dental Plan</i>	<i>HR Solution Center, University of Virginia</i> (434) 243-3344; AskHR@virginia.edu 2420 Old Ivy Road P.O. Box 400127 Charlottesville, VA 22904-4127 www.hr.virginia.edu
<i>Current VRS Retirees enrolled in Anthem Plans</i>	<i>Virginia Retirement System (VRS)</i> (804) 649-8059 in Richmond (888) 827-3847 outside Richmond P.O. Box 2500 Richmond, VA 23218-2500 www.varetire.org/retirees/insurance/index.asp
<i>Current ORP (Optional Retirement Plan) Retirees or ORP Survivors</i>	<i>HR Solution Center, University of Virginia</i> (434) 243-3344; AskHR@virginia.edu 2420 Old Ivy Road P.O. Box 400127 Charlottesville, VA 22904-4127 www.hr.virginia.edu

Questions about Plan Benefits, Claims, or Claims Appeals

UVA Health Plan	Aetna (800) 987-9072 151 Farmington Avenue Hartford, CT 06156 www.aetna.com
UVA Dental Plan	UCCI Appeals (866) 215-2354 P.O. Box 69420 Harrisburg, PA 17110 www.ucci.com
Anthem Blue Cross/Blue Shield Plans (Advantage 65, Advantage 65 + Dental/Vision, Advantage 65 – Medical Only, Advantage 65 – Medical Only + Dental/Vision, Option I, Option II, Option II + Dental/Vision)	Anthem Blue Cross/Blue Shield (804) 355-8506 in Richmond (800) 552-2682 outside of Richmond P.O. Box 27287 Richmond, VA 23261 www.anthem.com/COVA/
Express Scripts Medicare (Advantage 65, Option I, Option II) – Prescription Drug Benefit	Express Scripts Medicare (800) 572-4098 www.Express-Scripts.com
Medicare	Local Social Security office or the Medicare Web site or 1-800-Medicare www.medicare.gov

Questions about Premium Payments

Premiums paid directly to UVA Health Plan and UVA Dental Plan	Chard Snyder (888) 878-6175 6867 Cintas Blvd Mason, OH 45040 www.chard-snyder.com
Premiums deducted from VRS check	Virginia Retirement System (VRS) (804) 649-8059 in Richmond (888) 827-3847 outside Richmond P.O. Box 2500 Richmond, VA 23218-2500 www.varetire.org/retirees/insurance/index.asp
Premiums paid directly to Anthem	Anthem Blue Cross/Blue Shield (804) 355-8506 in Richmond (800) 552-2682 outside of Richmond P.O. Box 27287 Richmond, VA 23261 www.anthem.com

Questions about Health Insurance Credit

<i>All UVA Retirees</i>	Virginia Retirement System (VRS) (804) 649-8059 in Richmond (888) 827-3847 outside Richmond P.O. Box 2500 Richmond, VA 23218-2500 www.varetire.org/retirees/insurance/index.asp
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Survivor Benefits

Family members for whom *survivor retirement benefits* have been provided may enroll in the state Retiree Health Benefits Program upon the death of the retiree, if they had coverage prior to the retiree's death. These are considered to be annuitant survivors.

To continue or apply for coverage, the eligible family member must submit a Retiree Health Benefits Program Enrollment/Waiver Form within 60 days of the death of the retiree. If application is not made within that time limit, the right to enroll will be forfeited.

Non-annuitant survivors may continue coverage under the State Retiree Health Benefits Program if they were enrolled at the time of the retiree's death. To continue coverage, a Retiree Health Benefits Program Enrollment/Waiver Form must be submitted within 60 days of the death of the retiree. A spouse may continue coverage unless he/she becomes covered under another health plan, remarries or dies. Dependent children may be covered until the end of the month in which they turn 26.

If You Are A:	Direct Questions To:
Current Survivor of an ORP Retiree	<i>HR Solution Center, University of Virginia</i> (434) 243-3344; AskHR@virginia.edu 2420 Old Ivy Road P.O. Box 400127 Charlottesville, VA 22904-4127 www.hr.virginia.edu
Current Survivor of a VRS Retiree	Virginia Retirement System (VRS) (804) 649-8059 in Richmond (888) 827-3847 outside Richmond P.O. Box 2500 Richmond, Va 23218-2500 www.varetire.org/retirees/insurance/index.asp

Appeals Process

The State Health Benefits Program has a specific appeals procedure for retirees in the self-funded plans administered by Anthem Blue/Cross Blue Shield (Advantage 65, Advantage 65 – Medical Only, Option I, Option II) to review the denial or payment of any claim. The retiree may request a review within 60 days of Anthem's denial of your initial claim. If the retiree is not satisfied with the results of the review, he may pursue two levels of appeals with the Claims Administrator. A final appeal can be requested by writing to the Commonwealth of Virginia Department of Human Resources Management if the retiree is still not satisfied with Anthem's decision. In situations requiring immediate medical care, Anthem provides a separate expedited emergency appeals process. Anthem will provide resolution within one business day of receipt of all information.

The UVA Health Plan has specific appeals procedures to review the denial or payment of any claim. The retiree may request two levels of appeals with the Claims Administrator, Aetna, if he is dissatisfied with the denial of a medical claim, prescription drug coverage, or has a complaint of any kind. United Concordia (UCCI) performs the appeals for the UVA Dental Plan. If the retiree is not satisfied with the decision of the Claims Administrator when the complaint addresses medial decisions, he may pursue the decision further by requesting an external review. In an emergency or in urgent circumstances, a retiree may request an expedited emergency appeals procedure which will provide resolution within one business day of receipt of a complaint concerning situations requiring immediate medical care.

Questions about the Claims Appeals Process for your self-funded plan

PLAN	APPEALS PROCESS
<p>Anthem Blue Cross/Blue Shield Plans (Advantage 65, Advantage 65 + Dental/Vision, Advantage 65 – Medical Only, Advantage 65 – Medical Only + Dental/Vision, Option I, Option II, Option II + Dental/Vision)</p>	<p>Review and Two Levels of Appeals through Anthem BC/BS: (804) 355-8506 in Richmond (800) 552-2682 outside of Richmond www.anthem.com Final Appeal: The claim must be at least \$300 to be eligible for this process. Within 60 days of the 2nd Level Appeals Decision, submit your final appeal in writing to: Dept. of Human Resource Management Office of State and Local Health Benefits 101 N. 14th Street, 13th Floor Richmond, Virginia 23219</p>
<p>UVA Health Plan</p>	<p>Two Levels of Appeals through Aetna: (888) 975-9557 www.aetna.com Final Appeal: Appeals that address medical decisions may be pursued further. Within 123 days of receiving the 2nd Level Appeals decision, submit your request to: Aetna (888) 975-9557</p>
<p>UVA Dental Plan</p>	<p>Two Levels of Appeals through UCCI: (866) 215-2354 www.ucci.com External Review: Within four (4) months of the Level 2 appeal decision, submit your final appeal in writing to UCCI Appeals, P.O. Box 69420, Harrisburg, PA 17110.</p>

Monthly Premiums

Non-Medicare Eligible Plans through the University of Virginia Health Plan and UVA Dental Plan

Rates effective January 1, 2021

	Monthly Premium, Choice Health/ Value Health/ Basic Health	Monthly Premium, UVA Dental Plan Basic Dental/ Enhanced Dental
Single	\$1194.25/\$1109/\$756.75	\$32.50/\$43
<i>Retiree + Child(ren)</i>	\$2354/\$2086.75/\$1424.25	\$57.50/\$84.75
<i>Retiree + Spouse</i>	\$2545.75/\$2230.75/\$1523	\$60/\$89.25
<i>Family</i>	\$3894.75/\$3352/\$2288.50	\$91.25/\$140.50

Medicare-Supplement Plans through Anthem Blue Cross/Blue Shield Rates effective January 1, 2021

	Monthly Premium Per Person
<i>Advantage 65</i>	\$273
<i>Advantage 65 + Dental/Vision</i>	\$307
<i>Advantage 65 – Medical Only</i>	\$170
<i>Advantage 65 – Medical Only + Dental/Vision</i>	\$204
<i>Option II (Medicare Supplemental)</i>	\$357
<i>Option II + Dental/Vision</i>	\$391

Important Notice from the University of Virginia Health Plan about Your Prescription Drug Coverage and Medicare

This notice ONLY applies to “Medicare-eligible individuals” including any active, disabled or retired employees or their dependents who are enrolled in, or in the process of enrolling in, prescription drug coverage under the University of Virginia Health Plan.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The University has determined that the prescription drug coverage offered by the UVA Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you are a Medicare-eligible retiree, retiree spouse, retiree dependent, survivor, or survivor dependent, your UVA Health Plan coverage will when you become Medicare eligible. If you are a Medicare-eligible active employee, employee spouse, or employee dependent and you decide to join a Medicare drug plan, your current UVA Health Plan coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare drug plan, you and your eligible dependents will still be able to receive all of your current health and prescription drug benefits. In this case, the UVA Health plan will pay primary and Medicare will pay secondary.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the University changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

As in all cases, the UVA Health Plan reserves the right to modify benefits at any time, in accordance with applicable law.

Date: September 1, 2020
Name of Entity/Sender: University of Virginia Human Resources
Contact--Position/Office: Benefits Division
Address: 2420 Old Ivy Road
P.O. Box 400127
Charlottesville, VA 22904-4127
Phone Number: 434-243-3344