

MEDICARE PART D – CREDITABLE COVERAGE NOTICE*

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

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 Colorado Health and Welfare Plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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 of Colorado Health and Welfare Plan has determined that the prescription drug coverage offered by CU Health Plan - Exclusive, CU Health Plan-Exclusive2, CU Health Plan - Kaiser, CU Health Plan - High Deductible/HSA Compatible, CU Health Plan - Extended, and CU Health Plan - Medicare are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are considered "Creditable Coverage".

Because your existing University of Colorado Health and Welfare Plan coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. For some individuals this means you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may be required to pay a higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition if you lose, or decide to leave, employer sponsored coverage, you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. 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.

If you decide to join a Medicare drug plan, your University of Colorado Health and Welfare Plan medical coverage will not be affected. See the chart below for more information about how your current coverage compares to a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your University of Colorado Health and Welfare Plan medical plan which includes prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. You should also know that if you drop or lose your coverage with the University of Colorado Health and Welfare Plan and do not 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 prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1 percent of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19 percent higher than the 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 November to join.

For more information about this notice:

Contact the University of Colorado Health and Welfare Plan at 303-860-4199.

For more information about your current prescription drug coverage:

- University of Colorado employees--contact Employee Services at 303-860-4200.
- UCHealth employees—contact Human Resources at the following numbers:
 - North: 970-495-7800
 - Central: 720-848-6800
 - South: 719-365-5114
- CU Medicine employees--contact Human Resources at 303-493-7600.

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 University of Colorado Health and Welfare Plan changes. You also may request a copy.

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 <http://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 whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2018

Name of Entity/Sender: University of Colorado Health and Welfare Plan

Address: 1999 Broadway, Suite 820, Denver, CO 80202

Phone Number: 303-860-4199

*This notice is required by the Centers for Medicare and Medicaid Services (CMS) regarding Medicare Part D prescription coverage.

Medicare Part D and University of Colorado Health and Welfare Plan 2018 DRUG EXPENSE COMPARISON CHART

Medicare Part D

| Yearly Deductible | Copayment or Coinsurance | Coverage Gap | Catastrophic Coverage |
|-----------------------------|---|--|--|
| Member pays the first \$405 | Member pays a copayment or coinsurance and the plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$3,750. | Once the member and the plan have spent \$3,750 for covered drugs, the member is in the coverage gap. In 2018, the member gets a 65% discount on covered brand-name drugs and a 56% discount on generic drugs that count as out-of-pocket spending, and helps him/her get out of the coverage gap. | Once the member has spent \$5,000 out-of-pocket for the year, the coverage gap ends. The member only pays a small copayment for each drug until the end of the year. |

University of Colorado Health and Welfare Plans

Please note, your Employer may not offer all CU Health Plans listed below.

| Insurance Carrier | Member Pays | Member Pays (up to 30 day supply for retail and up to 90 day supply for UCH mail order) | Carrier Pays |
|--|---------------|--|----------------------|
| CU Health Plan - Exclusive <ul style="list-style-type: none"> • UCHHealth Retail • Anthem Retail • UCH Mail Order | No deductible | <p>\$13 copayment for Tier 1 generic / \$30 copayment for Tier 2 preferred brand name / \$50 copayment for Tier 3 non-preferred brand name / \$75 copayment for Tier 4 specialty oral and injectable</p> <p>\$15 copayment for Tier 1 generic / \$35 copayment for Tier 2 preferred brand name / \$50 copayment for Tier 3 non-preferred brand name / \$75 copayment for Tier 4 specialty oral and injectable</p> <p>\$26 copayment for Tier 1 generic/ \$60 copayment for Tier 2 brand name/ \$100 copayment for Tier 3 non-preferred brand name/\$75 copayment for Tier 4 specialty Oral and Injectable prescriptions (up to a 30 day supply)</p> <p>Specialty Rx: Per fill, a maximum of up to 30 days of Specialty medication may be purchased at a retail pharmacy. After 3 fills, UCHhealth pharmacies must be used for Specialty medication to be covered.</p> <p>Maintenance Medication: Per fill, a maximum of up to 30 days of</p> | 100% after copayment |

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| | | <p>maintenance medication may be purchased at a retail pharmacy. After 3 fills, UCHHealth Retail Pharmacies or UCH Mail Order Prescription Service must be used for maintenance medication to be covered.</p> | |
| <p>CU Health Plan – Exclusive2</p> <ul style="list-style-type: none"> • UCHHealth Retail | No deductible | <p>\$10 copayment for Tier 1 generic / \$40 copayment for Tier 2 preferred brand name / \$50 copayment for Tier 3 non-preferred brand name / \$75 copayment for Tier 4 specialty oral and injectable</p> | 100% after copayment |
| <ul style="list-style-type: none"> • Anthem Retail | No deductible | <p>\$15 copayment for Tier 1 generic / \$45 copayment for Tier 2 preferred brand name / \$60 copayment for Tier 3 non-preferred brand name / \$75 copayment for Tier 4 specialty oral and injectable</p> | 100% after copayment |
| <ul style="list-style-type: none"> • UCH Mail Order | No deductible | <p>\$20 copayment for Tier 1 generic/ \$80 copayment for Tier 2 brand name/ \$100 copayment for Tier 3 non-preferred brand name/\$75 copayment for Tier 4 specialty Oral and Injectable prescriptions (up to a 30 day supply)</p> <p>Specialty Rx: Per fill, a maximum of up to 30 days of Specialty medication may be purchased at a retail pharmacy. After 3 fills, UCHHealth pharmacies must be used for Specialty medication to be covered.</p> <p>Maintenance Medication: Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, UCHHealth Retail Pharmacies or UCH Mail Order Prescription Service must be used for maintenance medication to be covered.</p> | 100% after copayment |
| <p>CU Health Plan - Kaiser</p> <ul style="list-style-type: none"> • Kaiser Retail | No deductible | <p>\$15 copayment for generic/ \$35 copayment for preferred brand name/ 20% coinsurance for specialty Rx, including self-administered injectables, up to a maximum of \$75 per Rx, up to a 30 day supply</p> | 100% after copayment |
| <ul style="list-style-type: none"> • Kaiser Mail Order | No deductible | <p>\$15 copayment (up to a 30 day supply of generic); \$30 copayment (31-90 day supply of generic)/ \$35 copayment (up to a 30 day supply of brand); \$70 copayment (31-90 day supply of brand)/ 20% coinsurance for specialty Rx, including self-administered injectables,</p> | 100% after copayment |

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|--|---|--|---|
| | | up to a maximum of \$75 per Rx, up to a 30 day supply | |
| <p>CU Health Plan - High Deductible/HSA Compatible</p> <ul style="list-style-type: none"> Anthem Retail | \$1,500/\$3,000 Deductible (in network) | 20% coinsurance (after deductible) up to \$3,000/\$6,000, then member pays 0% for balance of the plan year (up to a 30 day supply) | 80% up to \$3,000/\$6,000, then Plan pays 100% for balance of the plan year |
| <ul style="list-style-type: none"> UCHealth Retail or UCH Mail Order | \$1,500/\$3,000 Deductible (in network) | 20% coinsurance (after deductible) up to \$3,000/\$6,000, then member pays 0% for balance of the plan year (up to a 90 day supply) Maintenance Medication: If using mail order for up to a 90 day supply, UCH Mail Order Prescription Service must be used for maintenance medication to be covered. | 80% up to \$3,000/\$6,000, then Plan pays 100% for balance of the plan year |
| <p>CU Health Plan - Extended</p> <ul style="list-style-type: none"> Retail | No deductible | \$15 copayment for Tier 1 generic / \$35 copayment for Tier 2 preferred brand name / \$50 copayment for Tier 3 non-preferred brand name / \$75 copayment for Tier 4 specialty oral and injectable | 100% after copayment |
| <ul style="list-style-type: none"> UCH Mail Order | No deductible | \$30 copayment for Tier 1 generic / \$70 copayment for Tier 2 preferred brand name / \$100 copayment for Tier 3 non-preferred brand name/ \$75 copayment for Tier 4 Specialty Oral and Injectable prescriptions (up to a 30 day supply) Maintenance Medication: Per fill, up to 30 days of maintenance medication may be purchased at a retail pharmacy. If using mail order for up to a 90 day supply, UCH Mail Order Prescription Service must be used for maintenance medication to be covered. | 100% after copayment |
| <p>CU Health Plan - Medicare</p> <ul style="list-style-type: none"> Retail/Mail Order | \$240 deductible per individual | 20% coinsurance up to \$2400 (Single) / \$7200 (Family), then member pays 0% for balance of the plan year (up to 90 day supply) | 80% up to \$2,400/\$7,200, then Plan pays 100% for balance of the plan year |