



# 2015 Medicare Supplement Program

NUSCO Retiree Health Plan

Medicare Eligible Retirees and Surviving Spouses



Northeast  
Utilities



# Your Medicare Supplement Program

This guide can help you better understand your Medicare Supplement Program benefits under the NUSCO Retiree Health Plan and how they coordinate with Medicare.

Your Medicare Supplement program offers 100 percent coverage for all Medicare approved services, leaving you with no additional cost beyond the Medicare Part B annual deductible. If you receive Medicare Part A or Medicare Part B services, the Plan will pay 100 percent of the charges left after Medicare pays its share of the cost of those services. Your only responsibility will be to pay your monthly contributions and the annual Medicare Part B deductible. The annual deductible for Part A and all other Medicare charges will be fully covered by the Plan. There is no lifetime limit and no annual limits are applied for any Medicare-approved services.

Your prescription drug coverage continues to be managed through Express Scripts Medicare. Express Scripts Medicare is a Medicare Part D group plan, so your coverage must follow all of the terms and conditions associated with Medicare Part D. See pages 6 and 7 for detailed information about your prescription drug coverage and copay schedule.

## What's changing for 2015?

There are no changes to your monthly contributions for 2015 or your Medicare Supplement coverage rules, prescription drug copays or dental coverage for 2015. The Medicare Part B deductible for 2015, determined by Medicare, has not yet been announced as of the publication of this guide and may change. The Part B deductible for 2014 (\$147) will be updated should Medicare change this amount for 2015.

## Your Medicare Supplement Program Guide



This guide serves as your summary of 2015 material modifications (SMM) to the summary plan description for the NUSCO Retiree Health Plan for retirees and dependents eligible for Medicare. Please retain a copy of this guide for your records so you can read it together with your summary plan description (as formally amended by this SMM) in order to fully understand your benefits.

# Eligible Dependents

The benefits described in this guide are available to Northeast Utilities retirees eligible for Medicare and their Medicare-eligible dependents. Your dependents under the age of 65 are eligible for coverage described in the enrollment guide for participants under the age of 65.

## Eligible Dependents

- :: Your legal spouse (same sex or opposite sex);
- :: Your child under age 26 who is a natural child or legally adopted child (or a child for whom you have entered into a formal order of adoption), stepchild, foster child or a child for whom you are legal guardian;
- :: Your unmarried child (as described above) will continue to be eligible after his or her 26th birthday if deemed mentally or physically incapable of self support (subject to annual certification once the child reaches age 26) and covered under the Plan immediately prior to the attainment of age 26.

If you are adding a dependent, you must provide the dependent's Social Security number and legible copies of the appropriate documents to verify dependent eligibility. Coverage will not be continued in 2015 for any dependents over six months old if they do not have a Social Security number. If you have a dependent who does not have a Social Security number, contact the HR Service Center.

## Verification Documents

If you wish to enroll a dependent, please complete the enclosed NUSCO Retiree Health Plan form and forward the required documentation to the HR Service Center.

**Legal Spouse (same or opposite sex)** – marriage certificate

**Children** – birth certificate, adoption certificate, guardianship papers, or foster care agreement

## In the Event of Your Death

Surviving spouses and their dependents are eligible for coverage until the earliest of any of the following events:

- :: Surviving spouse or dependent child becomes eligible for coverage under another group plan (other than a plan sponsored by NU) or government sponsored plan with no preexisting condition limitation (except for eligibility for Medicare Parts A and B).
- :: Dependent child no longer meets eligibility requirements. (Upon the death of a surviving spouse, dependent children are no longer eligible.)
- :: Surviving spouse or dependent does not pay required cost for coverage.

## Verify your dependents



Please verify that your dependents listed on the enclosed Confirmation Statement continue to meet the eligibility requirements in this section.

## Did you know?



If you decide not to enroll in the NUSCO Retiree Health Plan during this open enrollment, and instead enroll in your spouse's health care coverage, you have the option to come back to the NUSCO Retiree Health Plan if you have a qualifying event (such as losing your spouse's health coverage) or at a future annual open enrollment opportunity.

# Medical Benefits

The following information was provided by Cigna to help you understand your Medicare Supplement program benefits and how they coordinate with Medicare.

## For You and Your Dependents

Part A benefits cover the same benefits covered under Medicare Part A. Part B benefits cover the same benefits covered under Medicare Part B. The benefits covered under your program are limited to expenses approved by Medicare but not paid by Medicare.

## Deductibles

Annual deductibles are expenses to be paid by you or your dependent. Annual deductible amounts are separate from and in addition to any coinsurance. Once the deductible maximum in “The Schedule” has been reached, you and your family need not satisfy any further medical deductible for the rest of that year unless otherwise noted on the charts.

## Medical Charts on Pages 4 and 5

The charts on the following pages have been provided by Cigna to help you understand how your Medicare Supplement benefits coordinate with Medicare.

## Prescription Drug Coverage

Your prescription drug coverage continues to be automatically included with NU’s Medicare Supplement program. When you elect medical coverage, you are automatically enrolled in Express Scripts Medicare, a group Medicare Part D benefit. (See pages 6 and 7 for more information.)

## Opting Out of Prescription Drug Coverage

Each year you will receive a letter from Medicare—a mandatory requirement—that explains your right to opt out of Express Scripts Medicare prescription drug coverage. Please be aware that your participation in Express Scripts Medicare Part D coverage is directly connected to your Medicare Supplement benefits under the NUSCO Retiree Health Plan. If you want to continue with NU’s Medicare Supplement coverage, you can ignore Medicare’s notice and do nothing. Unless you opt out, you will continue to have supplemental medical coverage and prescription drug coverage through the NUSCO Retiree Health Plan. Opting out of the Part D coverage would result in your loss of Medicare Part D prescription drug coverage AND supplemental medical coverage through the Medicare Supplement program under the Plan.

## Medicare Part B Deductible



If you receive Medicare Part A or Part B services, the Plan will pay 100 percent of the charges left after Medicare pays its share of the cost of those services. But remember, YOU are responsible for paying the annual Medicare Part B deductible, which is determined by Medicare and subject to change at Medicare’s discretion.

# Medicare Supplement Program Benefits Chart

| Benefit Highlights   | Medicare Pays  | Cigna Pays                           | You Pay                            |
|--|--|--------------------------------------|------------------------------------|
| <b>Part A Expenses</b> (NU's Medicare Supplement Program pays Medicare's Part A annual deductible)   |  |                                      |                                    |
| <b>Hospitalization*</b><br>Semi-private room and board, general nursing and miscellaneous services and supplies.   |  |                                      |                                    |
| First 60 days per benefit period:  | All but deductible   | Part A deductible                    | \$0                                |
| 61st-90th day per benefit period:  | Medicare and Cigna coordinate to pay 100%  |                                      | \$0                                |
| 91st day and after (while using 60 lifetime reserve days):   | Medicare and Cigna coordinate to pay 100%  |                                      | \$0                                |
| Additional days once lifetime reserve days are used:   | \$0  | 100% of Medicare eligible expenses** | 0% of Medicare eligible expenses** |
| <b>Skilled Nursing Facility Care*</b><br>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.  |  |                                      |                                    |
| First 20 days per benefit period:  | 100%   | \$0                                  | \$0                                |
| 21st thru 100th day per benefit period:  | Medicare and Cigna coordinate to pay 100%  |                                      | \$0                                |
| 101st day and over per benefit period:   | \$0  | 0%                                   | 100% of all costs                  |
| * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.<br>** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid. |  |                                      |                                    |
| <b>Hospice Care</b>  |  |                                      |                                    |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness.   | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | 100%                                 | \$0                                |
| <b>Blood</b>   |  |                                      |                                    |
| First 3 pints  | \$0  | 100%                                 | \$0                                |
| Additional amounts   | 100%   | \$0                                  | \$0                                |
| <b>Part B Expenses</b> (You are responsible for paying Medicare's Part B annual deductible before Medicare and the Plan pays its share of the cost)  |  |                                      |                                    |
| <b>Office Visits</b>   |  |                                      |                                    |
| Primary Care   | 80% after Part B deductible  | 100% after Part B deductible         | \$0 after Part B deductible        |
| Specialist   | 80% after Part B deductible  | 100% after Part B deductible         | \$0 after Part B deductible        |
| <b>Clinical Laboratory Services</b>  |  |                                      |                                    |
| Tests for diagnostic services  | 100%   | \$0                                  | \$0                                |
| <b>Preventive Care and Early Cancer Detection Screenings</b>   |  |                                      |                                    |
| Annual Routine Physical Exams, Welcome to Medicare Exam, and Immunizations. Follows Medicare standard guidelines.  | Generally 100%   | 100%                                 | \$0                                |
| Mammograms, Colorectal Screenings, Pap Tests, and Prostate Screenings. Follows Medicare standard guidelines.   | Generally 100%   | 100%                                 | \$0                                |

| Benefit Highlights  | Medicare Pays               | Cigna Pays  | You Pay                         |
|---|-----------------------------|---|---------------------------------|
| <b>Emergency Services</b>   |                             |   |                                 |
| Emergency Room  | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| Urgent Care Facility  | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Ambulance</b>  |                             |   |                                 |
| Follows Medicare standard guidelines  | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Outpatient Hospital Services</b>   |                             |   |                                 |
| Medicare Approved Amounts   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Inpatient Doctor's Visits and Consultations</b>  |                             |   |                                 |
| Medicare Approved Amounts   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Inpatient and Outpatient Professional Services</b>   |                             |   |                                 |
| Medicare Approved Amounts   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Short Term Rehabilitation Therapy and Chiropractic Care</b>  |                             |   |                                 |
| Follows Medicare guidelines   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| Medicare Approved Amounts   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Medical Equipment, External Prosthetics, Part B Prescription Drugs and Supplies</b>                      |                             |   |                                 |
| Medicare Approved Amounts   | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Blood</b>  |                             |   |                                 |
| First 3 pints   | \$0                         |   | \$0                             |
| Remainder of Medicare Approved Amounts  | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Parts A and B</b>  |                             |   |                                 |
| <b>Home Health Care</b>   |                             |   |                                 |
| Medicare approved services.   |                             | \$0   | \$0                             |
| Medically necessary skilled care services   | 100%                        |   |                                 |
| Medically necessary durable equipment and medical supplies  | 80% after Part B deductible | 100% after Part B deductible                        | \$0 after Part B deductible     |
| <b>Other Services Not Covered By Medicare</b>   |                             |   |                                 |
| <b>Foreign Travel</b>   |                             |   |                                 |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                             |   |                                 |
| Separate \$250 deductible   | \$0                         | \$0   | \$250                           |
| Remainder of charges  | \$0                         | 80% up to \$50,000 lifetime maximum                 | 20% and all costs over \$50,000 |
| <b>Part B Excess Charges</b><br>(Above Medicare Approved Amounts)   | \$0                         | 100% of the amount above Medicare's Approved Amount | \$0 after plan deductible       |

# Express Scripts Medicare

When you elect Medicare Supplement coverage, you are automatically enrolled in the prescription drug benefit. Your prescription drug coverage will be administered through Express Scripts Medicare, a group Medicare Part D benefit.

## Your Medicare Part D Coverage

All NUSCO Retiree Health Plan participants age 65 and older are enrolled into a group plan through Medicare Part D called Express Scripts Medicare. In addition to the core coverage from Medicare, your benefits will provide additional coverage that fills in any gaps in Medicare's coverage. You are not required to enroll directly with Medicare Part D.

| Type of Drug           | Retail Pharmacy Copay<br>(Up to a 34-day supply) | Mail Order Copay<br>(Up to a 90-day supply) |
|------------------------|--|---|
| Tier 1 – Generic       | \$6  | \$12  |
| Tier 2 – Brand Name    | \$25   | \$50  |
| Tier 3 – Non-Formulary | \$50   | \$97  |

## Premiums for Higher Income Retirees

The cost of your prescription coverage is included in any amount you may be required to pay to NU for your medical and prescription drug coverage. Although an additional premium will not be charged for this prescription drug coverage through the NU Medicare Supplement program, some people will need to pay an extra amount directly to the federal government because of their yearly income. If your adjusted gross income is \$85,000 or above for an individual (or married individuals filing separately) or \$170,000 or above for married couples, you will receive a separate notification from the federal government regarding the additional amount and options for paying it. This amount is typically deducted automatically from your monthly Social Security payments. Conversely, lower income retirees may qualify for premium assistance from Medicare. Those who are eligible for premium assistance will receive monthly reimbursement checks directly from Express Scripts.

## No Duplication of Coverage Allowed

Restrictions apply if you have other Medicare Part D drug coverage. Because Express Scripts Medicare is an employer-sponsored group plan under Medicare Part D, participants are not allowed to enroll in this coverage while also enrolled in other Medicare Part D coverage. If you purchase Medicare Part D coverage directly or enroll in another Part D employer-sponsored plan (such as a spouse's retiree coverage), your enrollment in that other coverage may be terminated as a result of your participation in the NUSCO Retiree Health Plan, or vice versa. If this happens, you will be sent a notice of that change in enrollment directly from Medicare and you will be given the opportunity to elect continued participation in the coverage of your choice. If you choose to continue to participate in another Part D plan, you will not be allowed to continue to have coverage—including medical supplement coverage—under the NUSCO Retiree Health Plan.



## Part D and Express Scripts Medicare

Your prescription drug benefit under Express Scripts Medicare is an employer-sponsored group plan under Medicare Part D. This means you are not allowed to enroll in this coverage while also enrolled in other Medicare Part D coverage.



## Mail Order for Maintenance Medications

The Express Scripts Mail Order Pharmacy gives you the convenience of mail order delivery and lowers the cost of your copays by delivering up to a 90-day supply of medication for the same cost as a typical 60-day supply at a retail pharmacy. While you are not required to use mail order for your medications, the convenience and cost savings associated with mail order for those medications you take every day will save you time and money, and you can manage your prescription refills by phone or online.

There are a number of restrictions to be aware of when using the mail order pharmacy:

### :: Specialty Medications

Specialty medications, which treat chronic, complex conditions such as rheumatoid arthritis, multiple sclerosis, cancer and certain blood disorders, are filled through the Express Scripts Specialty Pharmacy, Accredo, when using mail order. Accredo provides you with savings and convenience plus the expertise of a specialty pharmacist available to you 24 hours a day if you have questions. However, under Medicare Part D rules, these medications cannot be ordered in a 90-day supply and a maximum 30-day supply limit is applied by Accredo. Your copays are adjusted on a prorated basis depending on the supply ordered.

For example, if the drug is a brand name medication which would have a \$25 copay applied when purchasing it at a retail pharmacy, you can order that same 30-day supply using the Accredo mail order benefit for \$16.67 (one third of the mail order \$50 copay for a 90-day supply).

### :: Medicare Part B Medications and Supplies

There is no mail order benefit available from Express Scripts for Medicare Part B medications and supplies. These medications and supplies include the following:

- Immunosuppressant medications following transplant surgery\*
- Asthma medications and supplies
- Oral anticancer medications\*
- Diabetic supplies and medications

In cases where Medicare Part B is primary, your Medicare Supplement coverage from Cigna will automatically pay as secondary, the same way that your other Part B expenses do (when Medicare “crosses over” to Cigna). Your Express Scripts Medicare coverage becomes tertiary (third in line to pay), and may provide additional coverage if you have not yet satisfied the Medicare Part B deductible.

In order to assure that you receive the \$0 cost for these items, you should fill them at a retail pharmacy that participates in both the Cigna and the Express Scripts pharmacy network and that has all of your ID card information (Medicare, Cigna and Express Scripts Medicare) on file.

\*In some cases, these drugs will be covered under the Medicare Part D plan, depending on the patient’s specific situation.

## Medicare Part D Opt-Out Letter




Every year Express Scripts Medicare will send you a required notice that explains your opportunity to opt out of Medicare Part D coverage. Unless you want to opt out of NU’s Medicare Supplement coverage, too, you can just ignore this letter to continue your medical and prescription drug coverage through the NUSCO Retiree Health Plan Medicare Supplement program.

# Dental

Dental coverage is separate from medical coverage and administered by Delta Dental of Massachusetts.

1. If you choose a dentist in the Delta Dental Preferred national network, you will be charged a discounted rate (below reasonable and customary).
2. If you choose a dentist in the Delta Dental Premier national network, you will be charged no more than reasonable and customary limits as determined by Delta Dental.
3. If you choose a dentist that does not participate in a Delta Dental network, you are responsible for any charges beyond Delta Dental’s reasonable and customary limits.

| Dental Plan Features  | Your Costs under Dental 1000   |
|---|--|
| <b>Your Annual Deductible</b>   | \$50 per person to a family maximum of \$150   |
| <b>Preventive and Diagnostic Treatment</b><br>(exams, x-rays and cleanings)   | 20% after deductible   |
| <b>Restorative and other Basic Services</b><br>(standard amalgam and composite fillings, dentures, denture repair, simple extractions and root canals)  | 20% after deductible   |
| <b>Oral and Periodontal Surgery</b><br>(not subject to the calendar year maximum) <i>Please note that Delta Dental of MA is the primary insurance carrier when submitting oral or periodontal surgery claims.</i> | 20% after deductible   |
| <b>Prosthodontics and other Services</b><br>(bridges and crowns; implants allowed once per 60 months per implant)   | 50% after deductible   |
| <b>TMJ Appliance</b><br>(subject to deductible and calendar year maximum)   | 50% after deductible   |
| Maximums Paid by the Plan   | Plan Pays  |
| <b>Calendar Year Maximum for Covered Services</b>   | \$1,000 per person* (includes orthodontia)   |
| <b>Lifetime Maximum for Orthodontia</b><br>(for adults and children)  | 100% up to \$750 lifetime maximum*; included in calendar year maximum; not subject to deductible |
| *You pay 100 percent of services once calendar and lifetime maximums have been paid by the Plan.  |  |



The coverage level you choose for medical does not need to match the coverage level you choose for dental.

# 2015 Medical and Dental Contributions

Your total cost of coverage is determined annually. NU contributes a fixed amount toward the total cost and you pay the rest.

## Retirement Dental Contributions

| Retiree Only | Child(ren) Only | Surviving Spouse Only | Retiree + Child(ren) | Retiree + Spouse | Child(ren) + Spouse | Retiree + Child(ren) + Spouse |
|--------------|-----------------|-----------------------|----------------------|------------------|---------------------|-------------------------------|
| \$20.31      | \$20.31         | \$20.31               | \$40.63              | \$40.63          | \$40.63             | \$60.93                       |

## Retirement Health Contribution Factor

Your 2015 monthly contributions for medical are based on your Retirement Health Contribution Factor, as shown in these charts. To be eligible for retiree medical coverage, you must have been at least age 55 and have had 10 years of service when you retired (or you must have been terminated when eligible for the 50-54 benefits).

| Your years of service... | And your age when you retired... |    |    |    |    |    |    |    |    |    |     |
|--------------------------|----------------------------------|----|----|----|----|----|----|----|----|----|-----|
|                          | 55                               | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65+ |
| <b>10</b>                | 40                               | 38 | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20  |
| <b>11</b>                | 38                               | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18  |
| <b>12</b>                | 36                               | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16  |
| <b>13</b>                | 34                               | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14  |
| <b>14</b>                | 32                               | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12  |
| <b>15</b>                | 30                               | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10  |
| <b>16</b>                | 28                               | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8   |
| <b>17</b>                | 26                               | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8  | 6   |
| <b>18</b>                | 24                               | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8  | 6  | 4   |
| <b>19</b>                | 22                               | 20 | 18 | 16 | 14 | 12 | 10 | 8  | 6  | 4  | 2   |
| <b>20</b>                | 20                               | 18 | 16 | 14 | 12 | 10 | 8  | 6  | 4  | 2  | 0   |

### Retiree Monthly Contributions at Retirement Health Contribution Factor

|                                      | 0        | 2        | 4        | 5        | 6        | 8        | 10       | 12       | 14       | 15       | 16       | 18       | 20       |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Medicare Supplement Plan</b>      |          |          |          |          |          |          |          |          |          |          |          |          |          |
| <b>Retiree Only</b>                  | \$141.63 | \$145.24 | \$148.85 | \$150.66 | \$152.46 | \$156.07 | \$159.68 | \$163.29 | \$166.90 | \$168.71 | \$170.51 | \$174.12 | \$177.73 |
| <b>Retiree + Child(ren)</b>          | \$283.26 | \$290.48 | \$297.70 | \$301.31 | \$304.92 | \$312.14 | \$319.36 | \$326.58 | \$333.80 | \$337.41 | \$341.02 | \$348.24 | \$355.46 |
| <b>Retiree + Spouse</b>              | \$283.26 | \$290.48 | \$297.70 | \$301.31 | \$304.92 | \$312.14 | \$319.36 | \$326.58 | \$333.80 | \$337.41 | \$341.02 | \$348.24 | \$355.46 |
| <b>Retiree + Child(ren) + Spouse</b> | \$424.89 | \$435.72 | \$446.55 | \$451.97 | \$457.38 | \$468.21 | \$479.04 | \$489.87 | \$500.70 | \$506.12 | \$511.53 | \$522.36 | \$533.19 |
| <b>Child(ren) Only</b>               | \$141.63 | \$145.24 | \$148.85 | \$150.66 | \$152.46 | \$156.07 | \$159.68 | \$163.29 | \$166.90 | \$168.71 | \$170.51 | \$174.12 | \$177.73 |
| <b>Spouse Only</b>                   | \$141.63 | \$145.24 | \$148.85 | \$150.66 | \$152.46 | \$156.07 | \$159.68 | \$163.29 | \$166.90 | \$168.71 | \$170.51 | \$174.12 | \$177.73 |
| <b>Child(ren) + Spouse</b>           | \$283.26 | \$290.48 | \$297.70 | \$301.31 | \$304.92 | \$312.14 | \$319.36 | \$326.58 | \$333.80 | \$337.41 | \$341.02 | \$348.24 | \$355.46 |

|                                      | 22       | 24       | 25       | 26       | 28       | 30       | 32       | 34       | 35       | 36       | 38       | 40       |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Medicare Supplement Plan</b>      |          |          |          |          |          |          |          |          |          |          |          |          |
| <b>Retiree Only</b>                  | \$181.34 | \$184.95 | \$186.76 | \$188.56 | \$192.17 | \$195.78 | \$199.39 | \$203.00 | \$204.81 | \$206.61 | \$210.22 | \$213.83 |
| <b>Retiree + Child(ren)</b>          | \$362.68 | \$369.90 | \$373.51 | \$377.12 | \$384.34 | \$391.56 | \$398.78 | \$406.00 | \$409.61 | \$413.22 | \$420.44 | \$427.66 |
| <b>Retiree + Spouse</b>              | \$362.68 | \$369.90 | \$373.51 | \$377.12 | \$384.34 | \$391.56 | \$398.78 | \$406.00 | \$409.61 | \$413.22 | \$420.44 | \$427.66 |
| <b>Retiree + Child(ren) + Spouse</b> | \$544.02 | \$554.85 | \$560.27 | \$565.68 | \$576.51 | \$587.34 | \$598.17 | \$609.00 | \$614.42 | \$619.83 | \$630.66 | \$641.49 |
| <b>Child(ren) Only</b>               | \$181.34 | \$184.95 | \$186.76 | \$188.56 | \$192.17 | \$195.78 | \$199.39 | \$203.00 | \$204.81 | \$206.61 | \$210.22 | \$213.83 |
| <b>Spouse Only</b>                   | \$181.34 | \$184.95 | \$186.76 | \$188.56 | \$192.17 | \$195.78 | \$199.39 | \$203.00 | \$204.81 | \$206.61 | \$210.22 | \$213.83 |
| <b>Child(ren) + Spouse</b>           | \$362.68 | \$369.90 | \$373.51 | \$377.12 | \$384.34 | \$391.56 | \$398.78 | \$406.00 | \$409.61 | \$413.22 | \$420.44 | \$427.66 |

# Information Resources

For information regarding your benefits, call your benefit carriers. If your question is NU policy-specific, please call the HR Service Center at (860) 665-5660 or toll-free at 1-800-841-8684.



## Medical

Cigna

800-244-6224

[www.mycigna.com](http://www.mycigna.com)

## Dental

Delta Dental of Massachusetts

800-872-0500

[www.deltadentalma.com](http://www.deltadentalma.com)

## Prescription Drugs

Express Scripts Medicare

866-263-9336

[www.express-scriptsmedicare.com](http://www.express-scriptsmedicare.com)

## Call for qualifying life events



If you experience a qualifying change during the year, please call the HR Service Center. All benefit changes must be made within 31 days of the event to be retroactive to the date of the event; otherwise the change will be prospective. If you need to make a change during the year, the type of change must be consistent with your status change.

## Legal Notices



A collection of legal notices is included with this enrollment guide. Keep this collection of notices with your NUSCO Retiree Health Plan Summary Plan Description and other benefit materials.





NU 10/2014



**Northeast  
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