



EMERITI[®]
RETIREMENT HEALTH SOLUTIONS

2012 Benefits



THE EMERITI PROGRAM *in your retirement years*

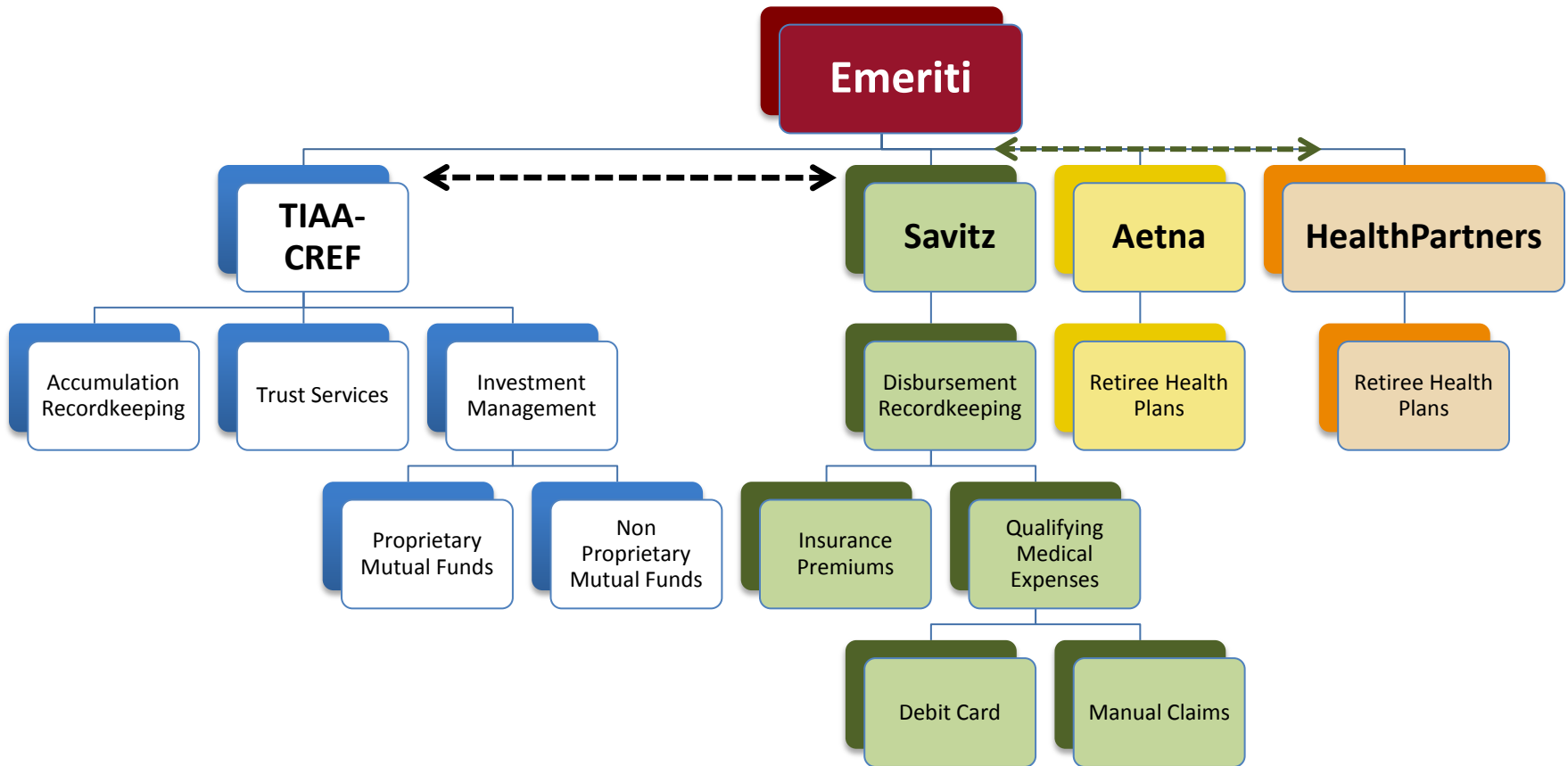
Meeting Your Needs For Health Care Security in Retirement



TODAY'S AGENDA

- What's new in the Emeriti Program?
- What's new in health care reform for 2012?
- What are your 2012 insurance options?
- What are your next steps towards annual enrollment?

Emeriti's New Service Providers in 2012



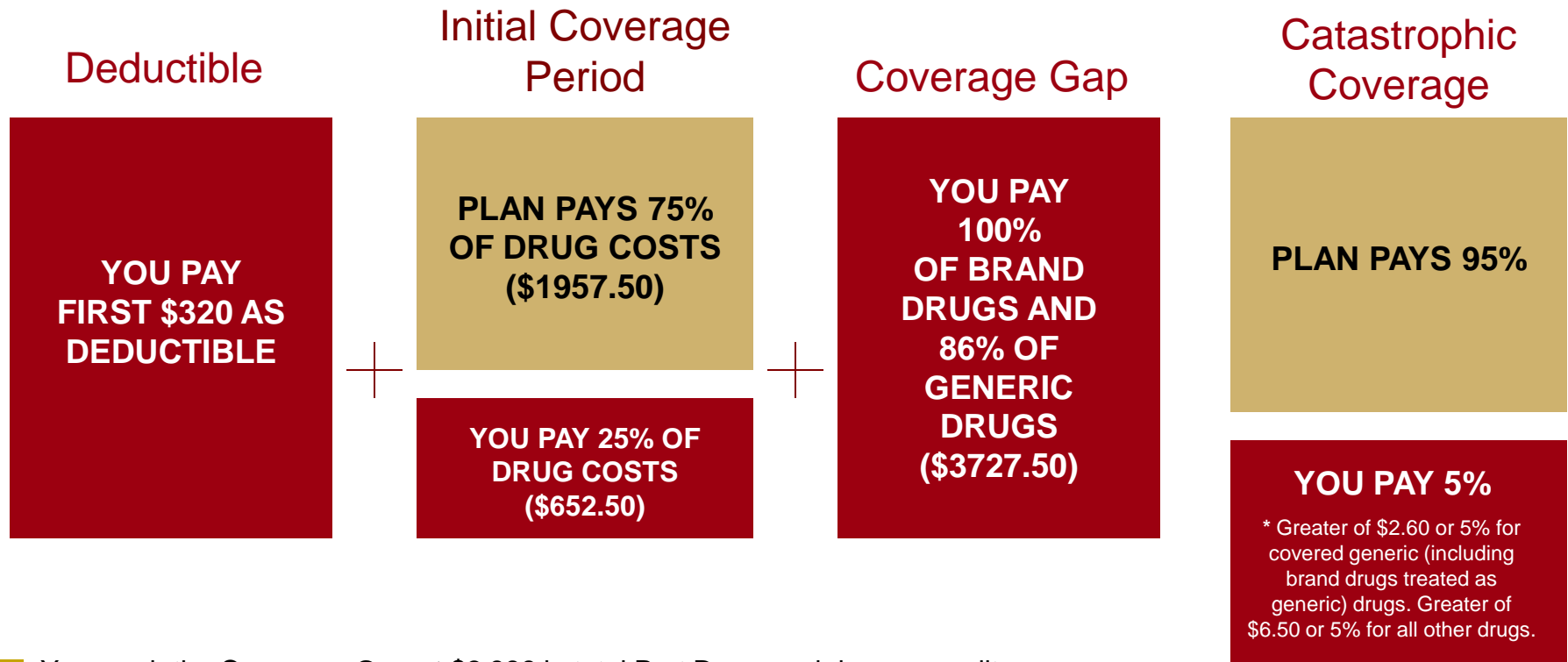
Medicare Changes for 2012

What's New and What Stays the Same

- Part A deductible will increase to \$1,156 from \$1,132 in 2012
- Monthly Part B premium for **existing retirees** will increase to \$99.90* from \$96.40 in 2012
- Monthly Part B premium for **new entrants** is decreasing to \$99.90 from \$115.50 in 2012
- Part B annual deductible will decrease to \$140 from \$162 in 2012
- Part D deductible will increase from \$310 to \$320 in 2012
- Part D Coverage Gap threshold will increase from \$2,840 to \$2,930 in 2012
- Part D True Out-of-Pocket (TrOOP) will increase from \$4,550 to \$4,700 in 2012

*Higher income beneficiaries will pay an additional amount, based on their prior year AGI on the federal tax return.

Standard Medicare Part D in 2012



- You reach the **Coverage Gap at \$2,930** in total Part D covered drug expenditures (includes plan deductible, your costs and plan costs in the Initial Coverage Period).
- You reach **Catastrophic Coverage at \$4,700** in true out-of-pocket costs. This threshold includes plan deductible, your 25% cost share during Initial Coverage Period, and your 100% cost share for brand drugs and 86% cost share for generic drugs in the Coverage Gap.

Health Care Reform Updates

- Part D - 50% discount continues on brand-name drugs in Part D Coverage Gap (all Rx Plans)
- Part D - 86% cost sharing limit on generic drugs in Coverage Gap (Rx Low Plan)
- Reminder:**
Emeriti Reimbursement Benefit - over-the-counter medication must have a doctor's prescription to receive reimbursement

Your Insurance Choices for 2012



Emeriti Group Medical Plans

- One Medicare coordination plan
- Two Medicare supplemental plans (availability based on state approval)
- One Medicare Advantage PPO (Extended Service Area (ESA) available for geographical areas outside Aetna's network)



Emeriti Rx Plans*

- Rx High Plan – continuing coverage in coverage gap
- Rx Mid Plan – generic coverage only in coverage gap
- Rx Low Plan – no coverage in coverage gap



Emeriti Dental Plan

- One dental plan

**The Rx Mid-High Plan is a grandfathered plan and is closed to new entrants.*

PLEASE NOTE: Emeriti will offer Aetna Group Medicare Supplement Insurance (GMS) Plans to retirees living in Florida.

Understanding Emeriti's Group Medical Plan Options

Aetna Traditional Choice

- Coordinates with original Medicare***
 - Has a plan deductible
 - Parts A & B deductibles covered by plan deductible
 - Most claims for Medicare allowable charges will be paid in full after plan deductible
 - Basic preventive services and annual physical covered 100% by Medicare
-

Aetna Supplemental Retiree Medical Plans K and L

- Supplements original Medicare***
 - Have no plan deductible
 - Have coinsurance on some services
 - You pay a portion of Part A deductible
 - You pay all of the Part B deductible
 - Basic preventive services and annual physical covered 100% by Medicare
-

Aetna Medicare Advantage PPO (ESA)

- Replaces original Medicare***
- Has a plan deductible
- You pay no Parts A & B deductibles
- Has coinsurance on non-preventive services
- Preventive services and annual physical covered 100% by the Plan

NOTE: Participants always pay the Medicare Part B premium.

Emeriti Group Medical Plan Options in 2012

Underwritten by Aetna

Aetna Traditional Choice	Aetna Supplemental Retiree Medical Plan L*	Aetna Supplemental Retiree Medical Plan K*	Aetna Medicare Advantage - PPO/PPO-ESA
\$200 Deductible	\$0 Deductible	\$0 Deductible	\$300 Deductible in-network \$500 Deductible out-of-network
20% coinsurance	25% coinsurance	50% coinsurance	15% coinsurance (in-network) 25% coinsurance (out-of-network)
\$1,250 out-of-pocket limit	\$2,320 out-of-pocket limit <i>(subject to change based on 2012 CMS guidelines)</i>	\$4,640 out-of-pocket limit <i>(subject to change based on 2012 CMS guidelines)</i>	\$2,750 out-of-pocket limit (in-network) \$5,500 out-of-pocket (out-of-network)
100% preventive care covered by Medicare	100% preventive care covered by Medicare	100% preventive care covered by Medicare	100% preventive care covered by the Plan
After plan deductible is satisfied, plan payment in full on Medicare eligible costs.	Payment based on the balance after Medicare's payment.	Payment based on the balance after Medicare's payment.	Payment based on total Aetna allowable cost.
Age banded	Age banded	Age banded	Community rated

NOTES: The PPO ESA Plan has the same benefits as the In-Network PPO Plan.

Aetna's Group Medicare Supplement Insurance Plan (GMS) Plans A and L will be offered in Florida in place of SRM Plans K and L.

*For 2012, the SRM Plans are not available in WA, VT, NH, MD, MN.

Retiree Cost Share for Typical Doctor's Visit Bill of \$100

	Trad. Choice	SRMP L	SRMP K	MA-PPO/ESA
Charge	\$100	\$100	\$100	\$100
Medicare Pays	\$80	\$80	\$80	\$0
Aetna Pays	\$20	\$15	\$10	\$85
You Pay	\$0	\$5	\$10	\$15

NOTE: Illustration represents in-network benefits, and assumes any annual plan deductibles have already been satisfied for the plan year.

Rx Coverage in 2012

Underwritten by Aetna

Rx Low Plan	Rx Mid Plan	Rx High Plan
Standard Formulary	Open Formulary	Open Formulary
\$320 deductible	\$100 deductible	\$100 deductible
Initial Cov Limit Retail: 15% - 30%	Initial Cov Limit Retail 15% - 30% - 50%	Initial Cov Limit and Coverage Gap Retail 15% - 30% - 40%
Coverage Gap: no coverage*	Coverage Gap: generic coverage only	Coverage Gap: full coverage
Catastrophic Cov: 95% coverage	Catastrophic Cov: 95% coverage	Catastrophic Cov: 100% coverage
Step therapy required for some drugs	Step therapy required for some drugs	No Step therapy required
Geographically rated	Geographically rated	Geographically rated

*86% cost sharing limit on generic drugs in Coverage Gap (Rx Low Plan)

NOTES: Members who use Aetna's Rx Home delivery Mail Order Drug (MOD) program will pay a reduced percentage of the negotiated cost of the drug as compared to retail.

The Medicare Coverage Gap Discount Program provides a 50% manufacturer discount on brand drugs in the Coverage Gap for all Rx plans for participants not already receiving "Extra Help."

Retiree Cost Shares in the Coverage Gap

For generic drugs in the Gap (one month supply obtained at in-network retail pharmacy):

Sample Generic - \$30	Rx Low Plan	Rx Mid Plan	Rx-High Plan
Cost Share	86%	15%	15%
You Pay	\$25.80	\$4.50	\$4.50

For eligible brand drugs in the Gap (one month supply obtained at in-network retail pharmacy):

Sample Brand - \$100 (Preferred Brand)	Rx Low Plan	Rx Mid Plan	Rx-High Plan
Cost Share	50% Manufacturer Discount	50% Manufacturer Discount	30% plan copay followed by 50% Manufacturer Discount
You Pay (includes \$3 dispensing fee)	\$51.50	\$51.50	\$15.00

All costs above are illustrative. Table reflects cost sharing between plan Initial Coverage Limit and TrOOP threshold for members not eligible for low income cost sharing subsidies.

Dental Coverage in 2012

Underwritten by Aetna

Dental Plan

Preventive Service Coverage	100%
Annual Deductible (basic and major services)	\$100
Basic Services Coverage (e.g. fillings, standard crowns, extractions)	50%
Major Services Coverage (e.g. root canal therapy, surgical removals, dentures)	50%
Annual Benefit Maximum	\$1,500
Rate Structure	Community rated

NOTES:

1. Twelve month waiting period applies, but may be waived with evidence of **continuing** coverage.
2. One-time only opt-in opportunity.
3. Dental is only available when you enroll in a combination Medical/Rx coverage, or elect the stand-alone Rx Low Plan

When Can You Access Your Emeriti Health Insurance



After age 65



When you retire



**After enrollment
In Medicare Parts A & B**

NOTE: Consult your Summary Plan Description for details.

Who Can Use Emeriti Health Insurance

Available for Participant & Dependents

Participant's dependents include:

Spouse (pre- or post-65)

Domestic partner (pre- or post-65) depending on your plan*

Dependent children (before majority)

Permanently disabled children**

Post-65 dependents must enroll in same coverage as participant

NOTE: The employer's plan establishes specific rules for vesting in the Emeriti account balance and retirement eligibility for the Emeriti insurance.

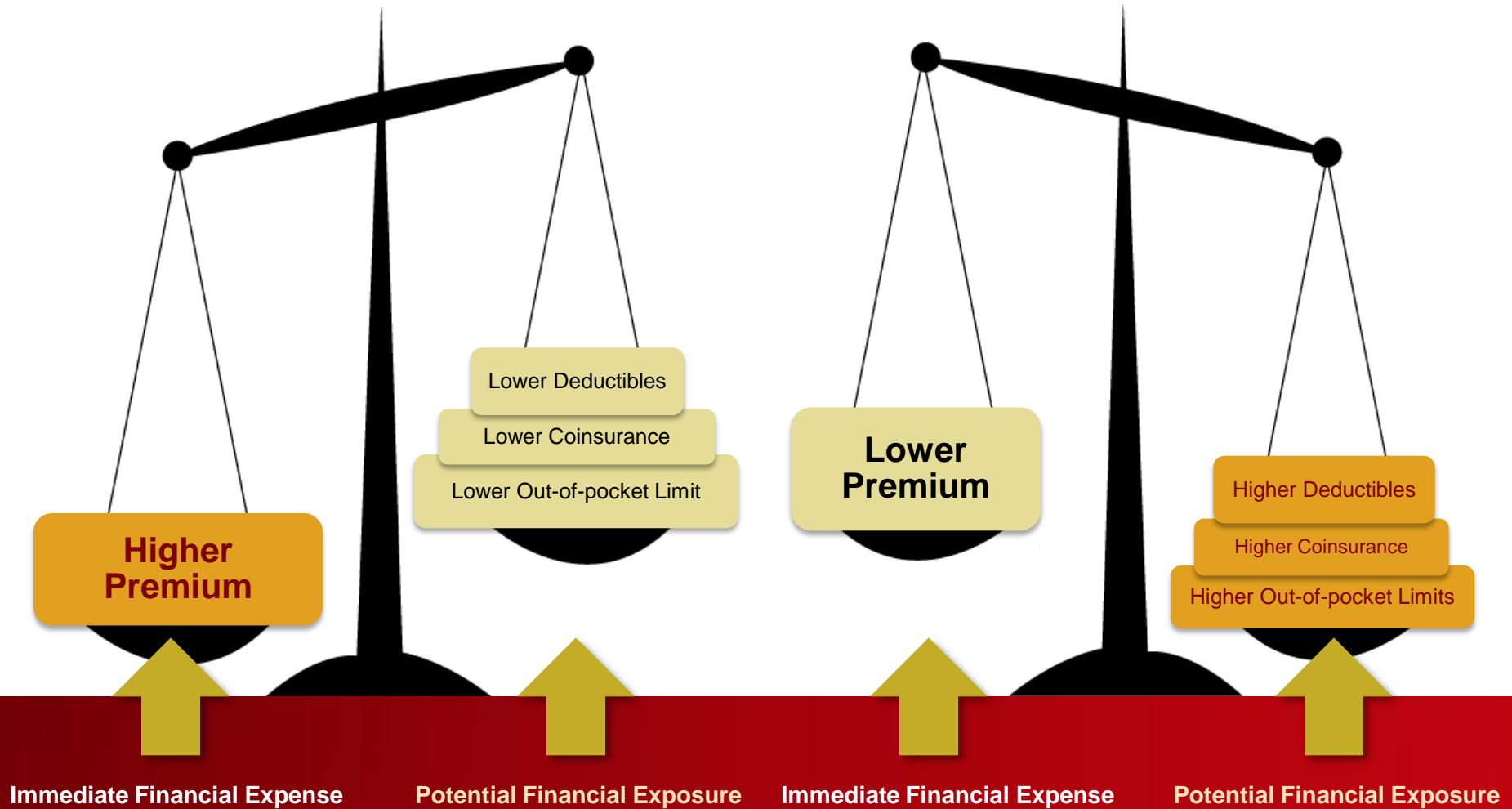
**Domestic partners' coverage is available only if elected by the institution. Independent domestic partners pay for insurance outside of the Health Account.*

***Determination of permanent disability also confers access to post-65 insurance for these individuals. Disability must occur before majority.*



Weighing Your Options

Medical and Rx Expenses



Create Your Own Plan



STEP 1

select a medical plan



STEP 2

select an Rx plan



STEP 3

Consider the optional dental plan

Or Preserve Your Options



Select Rx Low Plan

- Choose Rx Low Plan as stand-alone option



Consider Dental

- Add dental to the Rx Low Plan if you wish

Selecting an RX Low Plan allows you to remain in the Emeriti Program and permits you to change coverage in future years.

Insurance Choices and Defaults

You Have Many Choices in 2012

- Choose from all medical plans available in your state of residence
- Choose from all three Rx plans available nationally
- Choose the optional dental plan nationally

If You Don't Change Coverage (Defaults)

- 2011 Medical Plans will default into 2012 Medical Plans
- 2011 Rx Plans will default into 2012 Rx Plans
- 2011 Dental Plan will default into 2012 Dental Plan

NOTES: Current enrollees in the 2011 Rx Mid-High Plan may continue in that plan in 2012. The plan is closed to new enrollees.

Aetna's Group Medicare Supplement Insurance Plan (GMS) Plans A and L will be offered in Florida in place of SRM Plans K and L. Participants living in Florida who choose Aetna's GMS Plan A or GMS Plan L must make an active choice.

Participants from Whitworth University must call the phone center to actively elect their 2012 plan options.

How are Insurance Premiums Paid?

- Paid through Emeriti Health Account if you have sufficient funds
- If no Health Account funds, payment is made from ACH sweep and/or your institution's premium subsidy

Important Note

**YOU MUST
RETURN
YOUR ACH
BANKING FORM
TO SAVITZ BY
DECEMBER 15**

WHY?

To facilitate your timely payment of premiums from your personal bank account when insufficient funds remain in your Emeriti Health Account.

WHAT YOU WILL NEED:

- Sign the form included in your enrollment kit
- Provide bank name, branch name and address, and routing number
- Or attach a voided check

Decision Time

Satisfied with your existing coverage?*

Just return the ACH Banking Form to Savitz by December 15th

Want to make changes to your coverage?

Call the Emeriti Service Center.

Enrolling for the first time?

- Have your Medicare Parts A and B numbers
- Have your Social Security number
- Have dates of birth of any eligible dependents
- Have social security numbers for eligible dependents
- Return ACH Banking Form to Savitz by December 15th



*Participants will default into the same plans as current coverage.

Participants living in Florida who choose Aetna's GMS Plan A must make an active choice. You will not be defaulted into Plan A.

Insurance ID Cards

Important distinctions:

- Participants, both currently enrolled or enrolling for the first time, in a PDP or Medicare Advantage plan will receive a new card for 2012 benefits. For those currently enrolled, the member plan number remains the same.
- Participants who change their medical coverage or add dental will receive new medical and dental cards.
- Participants, currently enrolled in Traditional Choice, the SRM Plans K and L, and the dental plan, who make no coverage changes, will not receive new insurance ID cards.

Participants may have
up to 3 Aetna ID cards
(Medical, Rx, Dental)

Emeriti's Other Program Components



Emeriti Reimbursement Benefits

A tax-free method for you to pay for other qualified out-of-pocket medical expenses not covered by Medicare or Emeriti insurance.



Emeriti Health Accounts

A tax-advantaged way to save and invest for future medical expenses.

How Emeriti Reimbursement Benefits Work

Before December 21:

Submit claims to Acclaris

Beginning January 1, 2012*:

Manually submit claims to Savitz:

- Mail
- Fax
- *New form will be mailed in December*

In Spring of 2012*:

Add a debit card option

*Reimbursement Benefits will be paid from funds in your Money Market account.

How You Can Use Your Reimbursement Benefit

Partial List of Uses

- Medicare premiums and cost shares
- Supplemental insurance deductibles, co-insurance, co-pays
- Vision, dental, hearing care
- Over-the-counter and non-formulary drugs (with Rx prescription from doctor)
- Medical equipment
- Long-term care insurance
- Medical expenses associated with nursing or in-home health care services
- Other post-65 and pre-65 insurance premiums (if Emeriti coverage is not elected)

NOTE: A wide range of health care expenses are eligible for tax-free reimbursement as long as they satisfy the requirements of Section 213 (d) of the IRS Code.

Emeriti Reimbursement Form available on www.emeritihealth.org

Who Can Use Your Reimbursement Benefits

Available for You & Your Dependents

Participant's dependents include:

Spouse (pre- or post-65)

Domestic partner (pre- or post-65) depending on your plan

Dependent children (before majority)

Permanently disabled children

Dependent relatives depending on your plan

Consult your summary plan description for details



Your Investment Options in 2012

TIAA-CREF Lifecycle Funds

(Retirement Class)

- Lifecycle funds
- Asset diversification among asset classes
- Automatic rebalancing

TIAA-CREF Money Market Fund

(Retirement Class)

- A money market mutual fund
- Seeks to assure the value of your investment at \$1 per share

Note: During the conversion, participant assets will be mapped from Fidelity Lifecycle Funds to corresponding TIAA-CREF Lifecycle Funds. **Participants' go-forward contribution allocations will have to be made directly with TIAA-CREF, and can occur any time after accounts open for business in early January 2012.**

TIAA-CREF Lifecycle Funds and Money Market Fund in 2012

Ticker	Fund Name (Retirement Class)
TIEXX	TIAA-CREF Money Market R
TLIRX	TIAA-CREF Lifecycle Retire Income
TCLEX	TIAA-CREF Lifecycle 2010 Retire
TCLIX	TIAA-CREF Lifecycle 2015 Retire
TCLTX	TIAA-CREF Lifecycle 2020 Retire
TCLFX	TIAA-CREF Lifecycle 2025 Retire
TCLNX	TIAA-CREF Lifecycle 2030 Retire
TCLRX	TIAA-CREF Lifecycle 2035 Retire
TCLOX	TIAA-CREF Lifecycle 2040 Retire
TFRX	TIAA-CREF Lifecycle 2045 Retire
TLFRX	TIAA-CREF Lifecycle 2050 Retire

Expanded menu of investment options will become available in 2012.



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RETIREMENT HEALTH SOLUTIONS

Beyond Annual Enrollment

Program Enhancements for Participants Starting in 2012

- **Blackout Period in effect from December 29, 2011 through mid-January**
- **Improved Emeriti Service Center: 9am – 5:30pm ET 1-866-EMERITI**
 - Dedicated Emeriti representatives
 - Improved warm transfers
- **Enhanced reimbursement benefit options:**
 - Manual claims can be submitted via direct mail or fax, starting in January
 - New debit card option will be available, upon request, starting next spring
- **Online participant dashboard:**
 - At-a-glance summary of Health Account activity, insurance plan information, and reimbursement benefit transactions.
- **Quarterly statements:**
 - Investment statement from TIAA-CREF
 - Health benefits statement from Savitz
- **Enhanced menu of investment funds:**
 - Proprietary and non-proprietary fund choices

Emeriti Program Fees

Monthly Participant Fees

Fees	Actives	Retirees*
Emeriti	\$5.00	\$5.00
TIAA-CREF	\$.67	\$.67
Savitz	\$1.00	\$6.00

Investment management fees are variable by selected mutual funds (see prospectuses)

*Also applies to vested terminated employees



7 WAYS TO GET MORE INFORMATION



Service Center
1-866-EMERITI
(1-866-363-7484)



Enrollment Kits



**Workshops
and Sessions**



Website
www.emeritihealth.org



**Participant
Dashboard**



**Life Stage
Communications**



**Quarterly
Statements**



Emeriti Retirement Health Solutions provided this information and is responsible for its content.

Emeriti, TIAA-CREF, Savitz, Aetna Life Insurance Company, and HealthPartners are independent corporations and are not legally affiliated.

The retirement healthcare program is offered by the employer. Teachers Insurance and Annuity Association (TIAA) will provide services to the plan and make available investment options. TIAA-CREF Trust Company, FSB provides investment management and trust services.

Emeriti Retirement Health Solutions is not an insurance company, insurance broker or insurance provider.

Summary Plan Description (SPD)

This presentation is intended to provide you with a brief summary of some of the details of your Employer's Emeriti Plan and the Emeriti Program. For a full summary of the terms of your Employer's Emeriti Plan you must consult the SPD, which will be provided to you upon enrollment or upon request.



Investment Adviser Status

Emeriti Retirement Health Solutions is a registered investment adviser for purposes of selecting the range of investment options for the Emeriti Program, selecting the investment manager for employer and voluntary employee contributions, and providing these and other impersonal educational materials to plan participants. Emeriti does not provide advice to participants about their individual investment selections.

The participation interests in the voluntary employee contribution VEBA trusts associated with the Emeriti plans (the "Interests") may be treated as securities under various state securities laws. The offering of these Interests is subject to compliance with any applicable state law. For residents of Georgia, the Interests are being offered in reliance on paragraph 13 of Code Section 10-5-9 of the Georgia Securities Act of 1973, as amended (the "Georgia Act"). The Interests may not be sold or transferred except in a transaction which is exempt under the Georgia Act or pursuant to an effective registration under the Georgia Act.