2016 Retiree Plan Comparison

The following health plan options are available to Retirees effective January 1, 2016:

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>EPO Plan</th>
<th>PPO Plan</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Your Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$625</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Your Coinsurance Percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Your Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Preventive Care (Wellness Schedule Applies)</td>
<td>Plan pays 100%</td>
<td>40% after Deductible</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Office Visit Co-Pay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>$25</td>
<td>40% after Deductible</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50</td>
<td>40% after Deductible</td>
<td>$50</td>
</tr>
<tr>
<td>Urgent Care Co-Pay</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Emergency Room Co-Pay (Life and Limb Threatening)</td>
<td>20% after Deductible</td>
<td>Same as In-Network</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Hospital Inpatient (Room and Board)</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>30-day supply</td>
<td></td>
<td>30-day supply</td>
</tr>
<tr>
<td>Mail Order Pharmacy</td>
<td>90-day supply</td>
<td></td>
<td>90-day supply</td>
</tr>
<tr>
<td>Your Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Included with Medical</td>
<td></td>
<td>Included with Medical</td>
</tr>
<tr>
<td>Employee+1 or Family</td>
<td>Included with Medical</td>
<td></td>
<td>Included with Medical</td>
</tr>
<tr>
<td>Your Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>10%</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Formulary Brand</td>
<td>30%</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Non-Formulary Brand</td>
<td>40%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Your Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

All (Medical and Prescription Drug) out-of-pocket expenses included in Out-of-Pocket Maximum (Deductible, Coinsurance and Co-Pays).

(See back for more HDHP details)
2016 Retiree Plan Comparison

HDHP Features

For 2016, there are no coverage changes being made to the HDHP, and with the changes being made to the EPO and PPO plans, the HDHP will again have coverage similar to that of these other two plans. While what is and what is not covered is the same across all plans, the HDHP is different in that:

1) The deductible is higher - $4,000 for Single coverage and $8,000 for Family coverage (In-Network) - and applies to all covered expenses except preventive services. Under the EPO and PPO plans, the deductible is lower and - in some cases - is not applied to certain services.

2) There are no co-pays. The EPO and PPO plans still have co-pays for office visit services. Under the HDHP, you pay the full (discounted) amount for these services and those charges are applied to your deductible.

3) The HDHP monthly premium rates are significantly less than the other two plan offerings.

4) It is considered a qualified HDHP. Assuming other requirements are met (see below), this gives plan participants the opportunity to open and contribute to a Health Savings Account (HSA), which can then be used to pay for eligible health care expenses on a tax-preferred basis. Please note that setting up an HSA is something that you need to do on your own - it is not facilitated by Marquette.

To Qualify for an HSA:

1) You must be enrolled in the HDHP.
2) You cannot be covered by a spouse’s FSA.
3) You cannot be covered by any other medical plan, including Medicare A and/or B.
4) You cannot be claimed as a dependent on another person’s tax return.

HSA Features

- The money you contribute is yours and is portable.
- Withdrawals from HSAs for qualified health care expenses are tax-free. If you withdraw money for any reason other than qualified health care expenses, you must pay income tax and a 20% IRS tax penalty.
- You must have a balance in your account to make a withdrawal.
- The maximum you can contribute to an HSA in one year is set by the IRS (in 2016, $3,350 for single coverage and $6,750 for family coverage). If you are age 55 or older, you can contribute additional catch-up contributions. It is your responsibility to make sure your HSA contributions do not go over the IRS maximum.

IMPORTANT: Marquette University has determined that the prescription drug coverage offered under the HDHP is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, coverage is considered Non-Creditable Coverage. For more details on what this means to you, please refer to the Medicare Part D 2016 Non-Creditable Coverage Disclosure Notice included in your packet.