Agenda

• Overview
• Why change was needed
• Your new Medicare supplement program
• Time Line
• Medicare Basics
• Retiree Reimbursement Account
• RHA Program
• Questions and Answers
Overview

- Medicare remains your primary health care insurance provider

- The benefit DTE Energy provides to supplement Medicare coverage is changing

- You will continue to have very high quality care, plus new benefits and more choices
Why change was needed

• Pension and benefit costs are soaring
  – 2012 Retiree health care & insurance benefits = $145 million

• Retiree pension and medical coverage liabilities:
  – Pension = $1.5 billion
  – Medical = $1.2 billion
  – 26% of DTE Energy’s value
Why change was needed

• Growing pension and health care costs jeopardize:
  – Service affordability
  – Benefit program sustainability

• Savings the company will realize are significant:
  – $150 million a year from 2013 to 2016
  – $40 million a year thereafter
Why change was needed

• The Affordable Care Act
  – New program qualifies for significant federal subsidies available in 2013.
  – Current plan does not qualify for funds.

• Supplemental Medicare insurance marketplace
  – Health care exchange = buying power
  – Choice
  – Flexibility/personalization
Why change was needed

• New program will help DTE Energy contain health care costs while continuing to provide exceptional supplemental coverage to retirees
  – Federal subsidies
  – Marketplace efficiencies
  – Sharing inflation risk with participants
Why change was needed

- New program reflects national trends

- New program benchmarks very favorably with other companies
  - Annual allocation is at the top of the range
  - Vast majority of companies do not adjust allocation as new DTE Energy program does
Your new Medicare supplement insurance program

• Current DTE Energy medical and dental benefit will be replaced by tax-free Retiree Reimbursement Account
Your new Medicare supplement insurance program

• Current DTE employees will have this plan when they retire and become Medicare-eligible
  – Non-represented, Local 223, Local 17, and outstate gas unions

• Employees hired after Jan. 1, 2012 will not get any benefit of this kind
  – Eventually, no one will “retire” from DTE Energy
Your new Medicare supplement insurance program

- Tax-free Retiree Reimbursement Account
  - Annual base allocation to reimburse expenses
    - $3,500 per participant – retired before 2013
    - $3,250 per participant – retired after 2012
  - Annual adjustment – lesser of 2% or medical CPI
    - $3,500 allocation adjusted to $3,570 for 2014
    - $3,250 allocation adjusted to $3,315 for 2014
  - Rollover of unused allocation from year to year
  - Improved coverage for surviving spouses
Your new Medicare supplement insurance program

• RHA Program
  – Health care insurance exchange
  – Buying power in numbers
  – Personalized, confidential expert advice
  – Side-by-side comparisons
Timeline

- **DTE Letter to Retiree**
- **RHA Program Age In Letter to Retiree**
- **RHA Program Outbound Call**
- **RHA Program Plan Discussions/Enrollments**
- **Funding Record from RHA Program to WageWorks**
- **WW QuickStart Guide & FAQs Mailed to Retiree**
- **RRA Available to Retiree**

- **≤ 90 days before Medicare Eligibility Date**
  - 10 business Days after Data is Received

- **60 days before Medicare Eligibility Date**
  - 3 business days after Age In Letter is received by retiree

- **30 days before Medicare Eligibility Date**
  - 1-3 weeks before Medicare Eligibility Date

- **Medicare Eligibility Date**
Medicare Basics
What Types of Medicare Plans are Available?

• **Original Medicare** includes:
  – **Part A**: Hospital, skilled nursing facility, hospice, and home health services
    • 100% coverage after deductibles: $1,184 annually (hospital days 1-60), $296/day (hospital days 61-90) in 2013
    • No retiree premiums
  – **Part B**: Professional services, outpatient care
    • 80% coverage after $147 annual deductible in 2013
    • $104.90 monthly retiree premium in 2013 (depending on income, can be higher)

• **Other types of Medicare Plans**
  – **Medigap**: Medicare Supplement
  – **Part C**: Medicare Advantage
  – **Part D**: Prescription Drug Coverage

• For more information about Medicare, go to [www.Medicare.gov](http://www.Medicare.gov)
### Types of Medicare Plans with Retiree Reimbursement Account

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
</table>
| **Medigap plan** *(Medicare Supplement)*  
  + **Prescription Drug** *(Part D)* plan  
  - Medigap plan fills ‘gaps” in Medicare Parts A and B.  
  - Part D provides prescription coverage. | **Medicare Advantage plan** with prescription drug coverage *(MAPD)*  
  - All-in-one plan; bundling Part A, Part B and Part D with additional benefits  
  - Has a network of providers |

Advocates will help you determine which option is best for you.
Summary of Medigap Plans

<table>
<thead>
<tr>
<th>Medigap Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Medicare Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up</td>
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<td>✓</td>
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<td>75%</td>
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<td>Blood (First 3 Pints)</td>
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<td>✓</td>
<td>50%</td>
<td>75%</td>
<td>✓</td>
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</tr>
<tr>
<td>Medicare Part A Deductible</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part B Deductible</td>
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<td>Medicare Part B Excess Charges</td>
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<td>Foreign Travel Emergency (Up to Plan Limits)</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission
### Sample Medicare Premium Rates

<table>
<thead>
<tr>
<th>Medicare Plan</th>
<th>Lowest Annual Premium</th>
<th>Highest Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPD/Rx</td>
<td>$0</td>
<td>$2,088</td>
</tr>
<tr>
<td>Medigap A</td>
<td>$1,142</td>
<td>$2,684</td>
</tr>
<tr>
<td>Medigap F</td>
<td>$2,017</td>
<td>$3,159</td>
</tr>
<tr>
<td>Rx Only</td>
<td>$180</td>
<td>$1,388</td>
</tr>
</tbody>
</table>

**Assumptions:**

- Male individual at age 70, located in Troy, MI 48083
- Premiums are for 2013 individual plans offered in the Detroit area, showing the high and the low premiums in that area.
- Medigap plans are underwritten by age. The 2013 Aetna Medigap Plan F premiums increase at each age between 1.3% and 4.7% depending on the Medigap plan chosen.
Retiree Reimbursement Account
(“Health Reimbursement Account”)
Retiree Reimbursement Account (RRA)

- Separate RRA for each *single* Medicare-eligible individual
- Joint RRA for each *married* Medicare-eligible individual
- Must be a participant in Medicare A and B
- Tax-advantaged account provided by DTE Energy
- Reimbursements from the RRA are *not taxed* (reimbursements can only be used for qualified medical expenses)
- Any unused amount will roll over from year to year
Eligible RRA Medical Expenses

• Medical and/or Drug Insurance Premiums
  – Medicare Parts B and D
  – Medicare Advantage plans
  – Medigap (Medicare Supplement) policies
• Deductibles under health care plans in which you are enrolled
• Coinsurance and copayments for covered medical services
• Dental or vision premiums or expenses

For a complete list of qualified expenses, refer to www.irs.gov/pub/irs-pdf/p502.pdf
Accessing Your RRA

• **Pay Me Back (using a paper claim form)**
  – Premiums or qualified expense claims
  – Attach supporting documentation
    • Requires proof of coverage and proof of payment
  – Submit by mail or fax
  – Reimbursement by check or direct deposit

• **Pay Me Back (using a computer)**
  – Go to [www.wageworks.com](http://www.wageworks.com)
  – Attach supporting documents by scanning and uploading
    • Requires proof of coverage and proof of payment
    • File format may be jpg, pdf, tiff, gif, png or zip
  – Reimbursement by check or direct deposit

**Note:** You may need to pay your first premium when you enroll.
Accessing Your RRA

• **Pay By Recurring Reimbursement**
  – One-time annual request, monthly reimbursement
    • Requires proof of coverage and proof of payment
  – Ideal for Part B, D and Supplemental plan premiums deducted from Social Security check
  – Reimbursement by check or direct deposit

• **Pay My Provider**
  – Ideal for recurring expenses, like monthly premiums not deducted from Social Security check
    • Requires proof of coverage
  – Payment from RRA to service provider
  – Similar to online Bill Pay on a bank account
  – Service provider must accept 3rd party payment via check

Note: You may need to pay your first premium when you enroll.
Accessing Your RRA

**Automatic Auto Premium Reimbursement**

- Beginning January 1, 2014, if you are covered by one of the following carriers, you will automatically be enrolled in Auto Premium Reimbursement:
  - Humana (Medicare Advantage and Medicare Supplements)
  - Aetna – Medigap and Medicare Advantage
  - Medco/Express Scripts
  - MVP Health Care
  - Dental/vision plans
    - VSP
    - Avesis
    - SLICA
    - DeltaDental - MI
Accessing Your RRA

• **Automatic Auto Premium Reimbursement**
  – Assuming you have a sufficient amount in your RRA, you will automatically be reimbursed each month for your monthly (or other period) premium, after you pay your carrier
  – You will not need to set up recurring Pay Me Back for 2014 to be reimbursed
  – You will not need to set up Pay My Provider, as you will be paying the premium to the carrier directly
  – Within 45 days, WageWorks will mail a check to your home address or direct deposit the amount into your bank account

If you are covered by one of these carriers and do **not** want to participate in Auto Premium Reimbursement, you need to contact an RHA Direct Advocate at 877-591-8905 to let them know that you do not wish to participate.
Accessing Your RRA

• Proof of coverage requirements:
  – You can submit a policy statement, receipt, invoice, EOB or coupon book as long as it has all of the following information:
    • Participant name – retire or spouse
    • Insurance company name
    • Date of service – coverage date(s)
    • Type of service
    • Amount
  – For Medicare premiums deducted through Social Security, you can provide the Social Security “Cost of Living Statement”
Accessing Your RRA

• Proof of payment requirements
  – For premium reimbursement, need one of the following:
    • Bank statement of credit card statement that shows your payment
      – Your name and the banking institution needs to be visible
    • Health plan statement showing your payment has been posted
    • Screen print-out from your banking site showing the check has been cleared
    • Front and back of cancelled check (payment amount and bank stamp must be visible)
Accessing Your RRA

- Proof of **payment** requirements – cont’d
  - For all other out-of-pocket claims, need Itemized receipt or an Explanation of benefits (EOB)
RRA Process Overview

1. Retiree works with RHA Program to find a medical (and prescription drug) plan
2. Retiree pays premium directly to insurance company.
3. Retiree submits a claim for reimbursement from the RRA (administered by WageWorks)
4. Retiree receives reimbursement or insurance company is paid directly from RRA

Ongoing advocacy from RHA Program (for those who enroll in a medical plan through RHA Program)
RHA Program
RHA Program

DTE Energy has partnered with RHA Program, a Xerox service

- To ensure continuous personalized services before and after you make your individual plan selection, you can work with the same Advocate or, if that Advocate is not available, work with another Advocate, at any time.

- To offer you personal attention from licensed RHA Program call center Advocates

- To give you access to online plan comparison tools (available in October) [www.rhadirect.net/dte](http://www.rhadirect.net/dte)

- All at no cost to you
RHA Program Domestic Call Center

- Staffed with licensed RHA Program Advocates
- CMS and State licensed agents handling enrollment
- Unbiased plan selection support
- Confidential
How Does RHA Program Work?

• Our licensed Advocates are assigned to you to ensure continuous personalized services before and after you make your individual plan selection.

• If you enroll through us, we are available to help you with your post-enrollment needs, assisting with your:
  - Carrier
  - Providers
  - RRA questions
How Does RHA Program Work?

Communication
Retiree Outreach & Education Campaign

Plan Comparison & Selection

RHA Program Website
Education, personalized plan comparison and enrollment

RHA Program Call Center
Licensed Advocates provide education, personalized assessment and enrollment

Plan Enrollment
• Medigap
• Medicare Advantage
• PDP/Rx
• Dental
• Vision

• Advocacy and support
• Program information and education
  • Plan comparison and selection
  • Plan education and advocacy
For illustrative purposes only
Basic Info

Estimate Costs

To provide you an estimate of your medical costs under each plan, please answer the three simple questions below. This information does not affect your health plan premium - it’s simply used to give you a more accurate estimate of plan costs and help you choose the best plan for you.

*All fields are required

What is your ZIP code?*  48083

Select your age range *   
- under 65
- 65 - 69
- 70 - 74
- 75 - 79
- 80 - 84
- 85+

How is your health? *   
- Good health
- Fair health
- Poor health

To provide you an estimate of your medical costs under each plan, please complete the information on this page. This information does not affect your health plan premium - it’s simply used to help you choose the best plan for your situation.

For illustrative purposes only
Add Your Drugs

My Drug List

To provide you an estimate of your drug costs under each plan, please provide us with the medications you take. This information does not affect your health plan premium – it’s simply used to help you choose the best plan for your situation. If you choose to skip this page, we’ll assume you take no medications.

< Previous

Search For My Prescription Medications

Enter the first letter or type drug name: Enter Drug Name  Search Drugs


Note: Drugs that appear grayed out below are not covered by Part D and cannot be added to your drug list.

My Medicine Cabinet

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Qty</th>
<th>Frequency</th>
<th>Add/Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril hcl/hydrochlorothiazide TAB 10-12.5</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>Celebrex CAP 100MG</td>
<td>60</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>glyburide TAB 5MG</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>latanoprost SOL 0.005%</td>
<td>1.2 Bottles</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>metoprolol succinate er TAB 50MG ER</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>Niaspan TAB 500MG ER</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>simvastatin TAB 40MG</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>tamsulosin hcl CAP 0.4MG</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
<tr>
<td>zolpidem tartrate TAB 5MG</td>
<td>30</td>
<td>per month</td>
<td>Change Dose</td>
</tr>
</tbody>
</table>
### Plans Available to You

#### View Plans and Compare

Here is a detailed list of plans available in your area. Check the box next to the plans (up to 3) you wish to compare and click on the Compare button. This will allow you to compare additional plan details side by side. Or click on the link underneath the plan name to view that plan's details only. Some plans offer even more ways to save money - clicking the Save up to... links will display the details.

#### Compare Plans Side by Side

<table>
<thead>
<tr>
<th>Medical &amp; Drug Coverage</th>
<th>Drug Coverage Only</th>
<th>Medical Coverage Only</th>
<th>Medicare Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Health Part D Value Plus (PDP)-(55768-136)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>View Plan Details</td>
<td>Monthly Premium</td>
<td>$24.20</td>
<td>$1,706.36</td>
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<tr>
<td></td>
<td>Out-of-Pocket Drugs</td>
<td>$1,996.76</td>
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</tr>
<tr>
<td>Medco Medicare Prescription Plan (PDP) - Value</td>
<td></td>
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<tr>
<td>View Plan Details</td>
<td>Monthly Premium</td>
<td>$35.00</td>
<td>$1,920.97</td>
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<td></td>
<td>Out-of-Pocket Drugs</td>
<td>$2,340.97</td>
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<tr>
<td>CIGNA Medicare Rx Plan Two (PDP)</td>
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<td>View Plan Details</td>
<td>Monthly Premium</td>
<td>$61.00</td>
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<td>Out-of-Pocket Drugs</td>
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<td>View Plan Details</td>
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<td>$33.10</td>
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<tr>
<td></td>
<td>Out-of-Pocket Drugs</td>
<td>$2,437.05</td>
<td></td>
</tr>
</tbody>
</table>

For illustrative purposes only
For illustrative purposes only
While DTE Energy currently intends to continue providing this benefit program, the company reserves the right to modify or terminate any of its benefit plans at any time. For more information on the procedures to modify or terminate benefit plans, refer to the Plan Documents. The Company will provide advance notification of any future benefit changes at the time and in the form required by applicable law.
Q: What will my caller ID show when RHA Program calls me?
A: A general number starting with 855 will appear on your caller ID. The number will not be blocked or restricted.

Note: that the number you will use when calling RHA Program is the one on your magnet: 1-877-591-8905.

Q: Can I give someone else permission to work with RHA Program on my behalf?
A: Yes, RHA Program will provide you guidance on how to do this during your conversations with them. However, when it comes to enrollment in a plan, a Power of Attorney is required.
Q: **Who is WageWorks?**
A: WageWorks is the administrator of the Retiree Reimbursement Account (also known as a Health Reimbursement Account). They manage your account and reimburse you for qualified claims.

Q: **What happens if I don’t use my entire RRA allocation within the year?**
A: Your unused RRA funds will roll over from year to year, as permitted by IRS rules.
Q: Do I have to use RHA Program to receive the RRA contributions?

A: No. However, using RHA Program provides advantages you might not receive if you enroll in a Medicare supplement insurance plan outside of RHA Program.

• RHA Program Advocates have been thoroughly trained in Medicare, Medicare plans, and about DTE retirees. They have helped thousands of retirees find and enroll in a Medicare supplement and/or prescription drug plan.

• If you use RHA Program to enroll in a plan, their Advocates will be available year-round to assist you with any questions you have regarding Medicare, your insurance company, the doctors you see and with your RRA claims/reimbursement.
  – You might not receive this same support if you enroll somewhere else.
Q:  Will I have to pay the first premiums myself before being reimbursed from the RRA?
A:  Generally speaking, yes.

• Most Medicare Advantage and Prescription Drug plans give you the option of having the premium deducted from your Social Security check or paying the premium yourself (and then waiting on reimbursement).

• After you have made your first premium payment, you may be able to utilize the Pay My Provider feature to pay premiums directly to your insurance carrier.
Q & A

- Q: Can I select and enroll in a dental or vision plan through RHA Program?
  - A: Yes, RHA Program can advise you about dental and vision plans offered by various insurance companies.

- Q: What if I live in (or move to) a different location during the year?
  - A: RHA Program will help you with your plan selection during the Medicare Open Enrollment period and will consider where you live during the year. If you move during the year, RHA Program can help you with finding a new plan (or plans).
Q: Will I receive a new insurance card and do I use the new card with my existing doctors and pharmacy?

A: Yes, and your doctor and pharmacy will coordinate the payment of your claims with your new insurance company.
**Q: Will BCBS of Michigan, UnitedHealthcare/AARP, Aetna and Humana have plans available?**

**A:** Although BCBS of Michigan has decided not to offer their plans through any exchange, RHA Program provides you the opportunity to compare plans from a number of insurance companies. These insurance companies, as well as many others, will have plans available through RHA Program.
Q: Am I guaranteed that I will be able to enroll in Medicare Advantage and Prescription Drug plans?

A: All Medicare-eligible individuals who are enrolled in Part A and B and do not have End Stage Renal Disease are guaranteed access to Medicare Advantage Plans.

All Medicare-eligible retirees who are enrolled in Part A and/or B and do not have End Stage Renal Disease are guaranteed access to Medicare Prescription Drug plans. For both Medicare Advantage and Prescription Drug Plans, you are always (this year and every annual enrollment) guaranteed to have a policy issued to you.
Helping You Make the Right Decisions®

DTE Energy®

and

Retiree Health Access}

direct

877-591-8905
www.rhadirect.net/dte