This bulletin describes benefits changes and coverage provisions effective Jan. 1, 2017.

Enclosed with this bulletin is an updated Schedule of Benefits that describes in more detail the health care coverage options available to you. An updated Summary Plan Description for the Health Reimbursement Account, which may be applicable to retirees eligible for Medicare, is also enclosed in your packet. Retiree benefits information is also available at nationwide.com/imretired.
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MEDICARE-ELIGIBLE RETIREE COVERAGE

You must be enrolled in both Medicare Parts A and B and pay any required Part B premium to enroll in a Nationwide-offered health care option.

Medical Coverage Options

For 2017 the coverage options offered through UnitedHealthcare (UHC) continue:
1. UnitedHealthcare Group Medicare Advantage (PPO) Plan (MAPPO)
2. UnitedHealthcare Senior Supplement Insurance Plan F (Plan F)
3. UnitedHealthcare Senior Supplement Insurance Plan K (Plan K)

There are no coverage changes for 2017. A complete summary of the plan provisions for each of the available options is described in the Summary Plan Description Schedule of Benefits (Appendix C).

We will continue to offer retirees the opportunity to waive Nationwide-offered coverage to enroll in an Individual Medicare Advantage (Part C) Plan and, if eligible for cost-sharing, to receive a $70 credit per person per month into a Health Reimbursement Account (HRA).

Prescription Drug Coverage Options

Nationwide continues to offer two prescription drug plans (PDPs) for Medicare-eligible individuals:
1. UnitedHealthcare MedicareRx for Groups Option 1
2. UnitedHealthcare MedicareRx for Groups Option 2

For 2017, prescription drug coverage is updated to reflect the 2017 Medicare Part D coverage limits. In addition, a new $35 annual deductible will apply to Option 1 coverage. This means that you pay the first $35 in prescription drug expenses before the co-pay applies.

For a complete summary of the plan provisions for each of the available options, please refer to the updated Schedule of Benefits (Appendix C) enclosed in your enrollment packet.

Change in Health Care Contributions

There is no change in cost for the MAPPO option in 2017. Other medical and prescription drug option costs will increase starting in January 2017. The changes reflect the claims experience of the Nationwide group options and the expected increase in the price of prescription drugs and medical services.
MEDICAL OPTION COSTS

Refer to your personalized annual enrollment form for the contribution that applies to you, based on your cost-sharing level.

The chart below shows the total monthly cost – before any company cost-sharing – for a member in 2017, compared to 2016. The amount that you contribute depends on your individual cost-sharing and who you elect to cover.

<table>
<thead>
<tr>
<th>TOTAL MONTHLY COST</th>
<th>2016 PER MEMBER PER MONTH</th>
<th>2017 PER MEMBER PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITEDHEALTHCARE GROUP MEDICARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANTAGE (PPO) PLAN (MAPPO)</td>
<td>$91.01</td>
<td>$91.01</td>
</tr>
<tr>
<td>UNITEDHEALTHCARE SENIOR SUPPLEMENT</td>
<td>$125.48</td>
<td>$127.43</td>
</tr>
<tr>
<td>PLAN K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITEDHEALTHCARE SENIOR SUPPLEMENT</td>
<td>$247.64</td>
<td>$251.49</td>
</tr>
<tr>
<td>PLAN F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRESCRIPTION DRUG PLAN (PDP) COSTS

If you elect one of the UHC PDPs, each Medicare-eligible individual enrolled in coverage will continue to receive a monthly invoice directly from UHC. The cost for prescription drug coverage will increase in 2017.

<table>
<thead>
<tr>
<th>TOTAL MONTHLY COST *</th>
<th>2016 PER MEMBER PER MONTH</th>
<th>2017 PER MEMBER PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITEDHEALTHCARE MEDICARE Rx FOR GROUPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPTION 1</td>
<td>$98.41 ($63.41 if eligible</td>
<td>$108.20 ($73.20 if eligible</td>
</tr>
<tr>
<td></td>
<td>for credit)</td>
<td>for credit)</td>
</tr>
<tr>
<td>UNITEDHEALTHCARE MEDICARE Rx FOR GROUPS</td>
<td>$68.76 ($33.76 if eligible</td>
<td>$77.01 ($42.01 if eligible</td>
</tr>
<tr>
<td>OPTION 2</td>
<td>for credit)</td>
<td>for credit)</td>
</tr>
</tbody>
</table>

*If you are eligible for cost-sharing and enroll in a Nationwide-offered health care option, you continue to be eligible for the $35 monthly credit for prescription drug coverage.
Health Reimbursement Account (HRA)

You can submit claims for Qualified Medical Expenses and receive reimbursement from any available funds in your HRA. Beginning in 2017, distributions from the HRA can be used only to reimburse Qualified Medical Expenses for the individuals who meet the eligibility requirements to receive credits to the HRA. Here are some examples:

- If credits were made to the HRA for both you and your spouse, expenses for either you and/or your spouse are eligible for reimbursement
- If credits were made to the HRA for your coverage only, only your expenses are eligible for reimbursement
- If credits were made to the HRA only for your spouse’s coverage, only your spouse’s expenses are eligible for reimbursement

You should notify the Associate Service Center as soon as possible but no later than 60 days in the event of any change in the status of your Eligible Spouse or Dependent, such as a divorce or death.

An updated Summary Plan Description for the HRA is enclosed in your packet.

NON-MEDICARE-ELIGIBLE RETIREE COVERAGE

Health Care Options and Coverage

In all locations, for 2017, you will continue to have the choice of the PPO Premium option and two Health Savings Choice (HSC) options – HSC1 and HSC2. All available options are administered by UnitedHealthcare (UHC) for medical expenses and – new in 2017 – by OptumRx for prescription drug coverage. The options you are eligible for will be displayed on your personalized enrollment forms. We expect that the PPO Premium option will end Dec. 31, 2017. You may wish to take this into consideration when making your 2017 election.

The following coverage changes are effective Jan. 1, 2017:

- If you have family coverage, the in-network out-of-pocket maximum for any individual member of your family will increase from $6,850 to $7,150. This means that once the out-of-pocket expenses for any individual in the family reach $7,150, the plan will begin to pay 100% of all additional covered expenses for that person. If the total family out-of-pocket limit is reached for remaining family members, the plan will begin to pay 100% for all family members’ additional eligible expenses. This change does not apply to out-of-network benefits.
• Coverage for autism spectrum disorder will be expanded to include habilitative services focused on educational/behavioral intervention. Benefits are provided for intensive behavioral therapies such as Applied Behavioral Analysis which are backed by creditable research demonstrating health outcomes. Services must be provided by a certified provider and prior authorization is required. Contact UnitedHealthcare for assistance.

Coverage Comparisons
The chart below shows a comparison of 2017 in-network coverage between the options. There is no change to the prescription drug co-pay.

<table>
<thead>
<tr>
<th></th>
<th>PPO Premium</th>
<th>HSC1</th>
<th>HSC2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$ 700</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>$1,400</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Annual OOP Maximum</strong></td>
<td>$4,800</td>
<td>$5,000</td>
<td>$6,200</td>
</tr>
<tr>
<td></td>
<td>$7,150</td>
<td>$7,150</td>
<td>$7,150</td>
</tr>
<tr>
<td></td>
<td>$9,600</td>
<td>$10,000</td>
<td>$12,400</td>
</tr>
</tbody>
</table>

Coverage provisions vary for the PPO Premium option, compared to the HSC options. Please review the Schedule of Benefits Appendix B for a more complete description of coverage.

When comparing HSC options, HSC2 may be best if you, for example, expect little or no health care expenses or, if you have an accumulated balance in your HSA to cover your health care expenses. When comparing coverage and the difference in contributions, HSC2 may provide a more favorable financial benefit if you **expect total in-network medical covered billed charges for the year to be less than** $2,175 for single coverage and less than $4,350 for retiree and spouse coverage. If you expect charges in excess of these amounts, HSC1 may provide the more favorable benefit.

If you are a UHC member, you can find a summary of your historical plan charges (the amount billed) by visiting myuhc.com or using the Health4Me app on your smartphone or tablet. You may also wish to check out the tools available to estimate health plan costs and assist you in finding the most cost-effective place for services.
Change in Health Care Contributions

Based on the claims experience of our plan and the expected inflation in the cost of services, an increase in funding is required. The chart below shows the total monthly cost prior to any company cost-sharing:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO PREMIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$815</td>
<td>$925</td>
</tr>
<tr>
<td>Retiree &amp; Spouse</td>
<td>$1,630</td>
<td>$1,850</td>
</tr>
<tr>
<td>Retiree &amp; Child(REN)</td>
<td>$1,630</td>
<td>$1,850</td>
</tr>
<tr>
<td>Full Family</td>
<td>$2,445</td>
<td>$2,775</td>
</tr>
<tr>
<td><strong>HSC1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$605</td>
<td>$680</td>
</tr>
<tr>
<td>Retiree &amp; Spouse</td>
<td>$1,210</td>
<td>$1,360</td>
</tr>
<tr>
<td>Retiree &amp; Child(REN)</td>
<td>$1,210</td>
<td>$1,360</td>
</tr>
<tr>
<td>Full Family</td>
<td>$1,815</td>
<td>$2,040</td>
</tr>
<tr>
<td><strong>HSC2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$565</td>
<td>$635</td>
</tr>
<tr>
<td>Retiree &amp; Spouse</td>
<td>$1,130</td>
<td>$1,270</td>
</tr>
<tr>
<td>Retiree &amp; Child(REN)</td>
<td>$1,130</td>
<td>$1,270</td>
</tr>
<tr>
<td>Full Family</td>
<td>$1,695</td>
<td>$1,905</td>
</tr>
</tbody>
</table>

Your cost as a retiree varies depending on your eligibility for and amount of company cost-sharing. The maximum monthly amount the company contributes toward the cost of retiree coverage has been reached, which means that you bear the full cost of any contribution increase. Refer to your annual enrollment form for the contribution that applies to you. Be sure to evaluate all of your options to ensure you are making the best financial decisions for you and your family.

Prescription Drug Administrator Changing to OptumRx

As the cost of prescription drugs continues to increase nationally, Nationwide set out to help address this problem of soaring drug prices and to get the best value for our members. Nationwide recently completed a competitive bidding process, negotiating with multiple vendors for the purchasing and administration of our prescription drug program. As a result, the claims administrator for our prescription drug program will change as of Jan. 1, 2017 from CVS/Caremark to OptumRx, a company of UnitedHealth Group. OptumRx specializes in the delivery, clinical management and affordability of prescription medications. This change helps to minimize your 2017 and future years health care contribution increase and, is expected to save you money when you need to purchase medications.

There is no change to the deductible or co-pay amounts that apply to your prescription drug benefits.
The change to OptumRx creates one-place for both your medical and prescription needs. You can manage all of your health care information through UnitedHealthcare — you will have one ID card, one phone number for customer service assistance, access to information via one website (myuhc.com), and one app for your smartphone or tablet (the Health4Me app). OptumRx information will be available in these locations beginning in January.

Here is a summary of the new features **beginning Jan. 1, 2017**:

- You continue to have a broad choice of network pharmacies. Just like today, OptumRx is accepted at the majority of retail pharmacies, including national chains and most independent pharmacies. Check with your local pharmacy, myuhc.com or the Health4Me app to find a complete list of participating pharmacies.

- To receive the lowest price for maintenance medications, you continue to have a choice of receiving a 90-day supply through the mail order program (OptumRx) or at your local CVS pharmacy.
  
  - CVS remains the local retail pharmacy for 90-day supply maintenance medications. If you currently use a local CVS pharmacy for maintenance medications, there is no change, and your remaining refills after Jan. 1, 2017 will automatically stay at your local CVS retail store. No action is required by you, however, you should present your new ID card to the pharmacy to make sure your coverage is updated to OptumRx.
  
  - Mail service delivery will change from CVS/Caremark to OptumRx home delivery. If you are currently receiving home delivery for a maintenance medication, most prescriptions with remaining refills after Jan. 1, 2017 will be transferred to OptumRx home delivery service. Certain medications, such as controlled substances or prescriptions that have expired will require a new prescription. You will need to initiate setup of an account with OptumRx in order to receive any refills remaining for your prescription. **You will receive more information in advance of the change to help you with this transition if it applies to you.**

- The formulary or preferred list of drugs change. As currently occurs, the preferred drug list will change periodically. You pay a lower co-pay by using drugs from the preferred list. **If you are currently using a preferred drug, you may continue with that drug at the lower co-pay, or, you may choose a drug from the new preferred list.** You can view the list of formulary preferred drugs on the Health4Me app or at myuhc.com.

- As in the past, there will be some changes in the formulary and which drugs are covered. If you are taking a medication that is no longer covered, you will be contacted in advance with information to assist you in the transition.

- The prescription drug program will continue to include features such as prior authorization, step therapy programs, and quantity limits on certain medications to help maintain the most cost-effective program for you and the company. Valid prior authorizations in place at year-end with CVS/Caremark will continue with OptumRx.

- BriovaRx, the OptumRx specialty pharmacy will provide specialty medications and clinical support for certain complex conditions, such as cancer, arthritis and others. **If you are taking a specialty medication, you will be contacted by BriovaRx in advance of your next refill in 2017 with information about the transition and assistance with any special needs you may have.**
If you are enrolled in HSC1 or HSC2 health care coverage in 2017, you will receive a new identification card in December from UnitedHealthcare. A temporary ID card will also be available through myuhc.com. Your new ID card should be used for both your medical and prescription drug benefits. Simply use your new ID card for any medical services or prescriptions beginning Jan. 1, 2017. You can access your ID card at any time via your smartphone or tablet on the Health4Me app.

For a complete description of the coverage, see the Schedule of Benefits.

The Prescription Drug Claims Administrator contacts are:

**Claims:**
OptumRx
Direct Member Claims
P.O. Box 29044
Hot Springs, AR 71903

**Appeals:**
OptumRx, c/o Appeals Coordinator
CA106-0286
3515 Harbor Blvd.
Costa Mesa, CA 92626

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**Health Savings Account (HSA) Contribution Limit Changes**

If you enroll in a HSC option, you may have the opportunity to set aside money in a HSA. The money set aside can be used tax-free to meet your deductibles, co-pays and other out-of-pocket qualified medical, dental and vision expenses. Any balance you have at the end of the year rolls over, so you can use it to pay qualified health care expenses in future years. It's yours to keep, plus, the balance can grow over time.

The tax-code maximum contribution for 2017 has increased for single coverage. In 2017, the maximum amount you can contribute is $3,400 for an individual and $6,750 for a family. Individuals age 55 or older can also make an additional catch-up contribution of $1,000. You should send your contributions directly to your HSA provider.

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**Supplemental Accident Coverage**

Currently, supplemental accident coverage is automatically provided if you enroll in a HSC medical option. Beginning in 2017, supplemental accident coverage will no longer be offered. You may continue to submit claims for an accident incurred through Dec. 31, 2016. Claims must be submitted within 90 days of the expense.
ALL RETIREEES

Change in Billing Process

If you have deductions for benefits coverage from your Nationwide pension payment in 2016, how you pay for your contributions is changing in 2017. This change applies to any Nationwide-offered retiree medical and/or life insurance coverage contribution (except for Medicare Prescription Drug plan costs which continue to be billed by UHC). You will receive a bill from Conexis who is administering the billing process on behalf of Nationwide starting with the contributions due for January 2017 coverage.

If this applies to you, you recently received a separate notice about the administration of the Nationwide Retirement Plan moving to Fidelity Investments and the action steps required. Please follow the personal action plan outlined for you in that notice and consider setting up direct ACH payment for those coverages. Failure to pay the required contribution for your coverage(s) in a timely manner will result in the permanent loss of eligibility for coverage for you and any covered dependents. For questions on this change, contact Fidelity at 800-238-4015.

Questions about enrollment or these changes?
If you have general questions about annual enrollment, eligibility, cost sharing or need help filling out your annual enrollment forms, call the Associate Service Center at 855-550-0411 or email assocntr@nationwide.com. Analysts are available to assist you Monday through Friday from 8 a.m. to 6 p.m. ET (from 9:30 a.m. to 6 p.m. on Wednesday). If are not eligible for Medicare and have questions about your medical or prescription drug coverage provisions, call UnitedHealthcare at 800-201-1336. If you are eligible for Medicare and have questions about coverage provisions under any of the UnitedHealthcare plans call UnitedHealthcare at 877-711-5893.