



2020 Enrollment Guide

Complete your
Medicare Insurance
Enrollment for
Coverage in 2020



Table of Contents

- 11 Introducing Via Benefits
- 12 What to Expect From Us
- 14 Understanding Your Options
- 18 Evaluating Your Options
- 22 Comparing Your Options
- 28 Preparing for Your Enrollment Call
- 31 Reviewing Plans with Our Online Tools
- 34 Scheduling a Call to Enroll
- 37 After Your Call
- 40 Frequently Asked Questions
- 45 Glossary of Terms
- 46 The Medicare “Parts”



Access our privacy policy at my.viabenefits.com/about/privacy-policy. If you have questions or concerns, please contact us.



Your current group health care coverage ends January 31, 2020

We're Here to Assist You

Please take a moment to review this guide and learn how Via Benefits Insurance Services can help you evaluate your Medicare options. Our services are provided at no cost to you or your spouse.

Call the phone number below to evaluate your options and complete your enrollment. Please allow 90 minutes for your call.



Online

my.viabenefits.com/opers



By Phone

1-844-287-9945 (TTY: 711)

Monday through Friday,
8:00 a.m. until 9:00 p.m. Eastern Time



By Mail

Via Benefits
PO Box 981155
El Paso, TX 79998-1155



By Fax

1-801-413-0991

Enrolling through Via Benefits

Evaluate your Medicare coverage options for 2020

Dear John Sample,

OPERS has selected Via Benefits to help support you as you transition from your group plan into individual supplemental coverage. We help you find and enroll in new individual coverage, which will replace your current group plan. After January 31, 2020, you'll no longer be covered by the OPERS group plan. To avoid a gap in coverage you must make new elections before January 31, 2020.

Introducing Via Benefits

Via Benefits isn't an insurance carrier. We're a resource, operating the country's largest private Medicare marketplace. We help you find, review and enroll in the health coverage that fits your needs. Our comprehensive knowledge, helpful representatives, and online tools have made us the advocate for over a million retirees, many of them new to Medicare. Our benefit advisors are licensed insurance agents trained and certified in the necessary skills to match you to a plan in your area.

Ensure continued coverage

To avoid a disruption in coverage, contact us and complete your enrollment before January 31, 2020. You're guaranteed coverage, regardless of your current health status, provided you enroll by January 31, 2020. Your health won't affect the rate you pay.

Included in this mailing

This *Enrollment Guide* introduces our services, explains how to evaluate your options and complete your enrollment, and outlines what to expect after you have enrolled. Please review it carefully, and collect the requested information before your call.

Using our online tools

Our online tools are easy to use and can speed up the enrollment process. See the "Reviewing Plans With Our Online Tools" section for more information on what our website offers.





Qualifying for Funding and Reimbursement

Your retirement system sponsors funding to help reimburse you for eligible expenses

OPERS provides tax-free funding through a Health Reimbursement Arrangement (HRA). Your HRA is an account you can use to get reimbursed for eligible expenses. Your HRA is funded by a monthly contribution you receive from OPERS and is administered by Via Benefits.

To access these funds you must enroll in a medical plan and maintain coverage through Via Benefits. Your benefit advisor can discuss your specific qualification rules during your enrollment call.

Once you have done so, a contribution in the amount of \$250.00 will be made to your HRA and can be available as early as January 1, 2020.

Request reimbursement

Via Benefits is the administrator of your HRA. You can access your account online or get information by phone, including step-by-step support. Once you qualify, you'll submit expenses to us for reimbursement.

Eligible expenses

You'll receive a mailing with a list of eligible expenses, along with instructions explaining how to access your HRA, and how to submit expenses for reimbursement. This mailing will arrive about two weeks before your new coverage starts. In the meantime, if you have questions, a Via Benefits representative will be happy to answer them.

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Automatic Premium Reimbursement

Automatic Premium Reimbursement allows you to be reimbursed for health insurance premiums without submitting a reimbursement request form each year. This is only available for premiums, not for other eligible expenses. This feature is available for many of the plan options on the Via Benefits marketplace. If you'd like to take advantage of this feature, ask your benefit advisor during your call. You can turn Automatic Premium Reimbursement on and off from your online account.

Most of the time, Automatic Premium Reimbursement payments start to arrive two months after the start of your plan. The first payment typically includes a reimbursement for the first two months. Some of this timing depends on your insurance carrier and when your plan was issued. Ongoing automatic reimbursements will usually arrive about the same time each month. If you don't sign up for Automatic Premium Reimbursement, you'll have to submit a monthly or a recurring reimbursement request to Via Benefits.



Direct deposit

OPERS requires that you receive your HRA reimbursement by direct deposit into your bank account. This means that you must provide bank account information to Via Benefits to receive your reimbursements.

As a convenience to you, OPERS provides Via Benefits with the bank account information in which you receive your monthly pension benefit. If you need to add or update your bank account information, you can do so using your online account at **my.viabenefits.com/opers**. To add or update this information by mail or by fax, download the *Direct Deposit Authorization Form* online. To download this form:

1. Sign into **my.viabenefits.com/opers**.
2. Select the **Funds & Reimbursements** tab near the top of the page.
3. Select the **Personalized Forms** tab near the center of the page. Once the **Personalized Forms** tab is open, you will see a list of forms that are available to you.

You can also call Via Benefits at 1-844-287-9945 (TTY: 711). When prompted, say “funding” to speak to the funding department. Please note that updates to your bank account information take seven to ten business days for verification.

You'll receive information in the mail about how funding and reimbursement works within two weeks of your plan start date.

Getting Reimbursed

Select your plan(s) and qualify for funding

Select your plan(s) in our Medicare marketplace. Your benefit advisor can discuss your specific qualification requirements during your enrollment call. Once you have qualified, we'll open your HRA and become the administrator of your account. The process of getting reimbursed works like this:

- 1. Pay for eligible expenses**

This payment is made directly to your insurance carrier or health care provider.

- 2. Retain your receipts and supporting documentation**

Your insurance carrier or health care provider will provide proof of payment in the form of premium statements or other supporting documentation. Retain these documents to include with your reimbursement request. If you mail your forms and documents, make and submit copies. Don't mail the originals.

- 3. Request reimbursement from Via Benefits**

Submit expenses online for the fastest, safest, and easiest way to be reimbursed. You can also submit by mail or by fax. For premium reimbursement, sign up for Automatic Premium Reimbursement, when available, or submit a *Recurring Premium Reimbursement Request Form*. For out-of-pocket expenses, submit a standard *Reimbursement Request Form* along with your receipts/supporting documentation.

- 4. Via Benefits approves your request and provides reimbursement**

Direct deposit is required for the reimbursement process. You'll receive an Explanation of Payment (EOP) via your chosen method (email or mail).

Introducing Via Benefits

Trusted advisor to more than a million Medicare-eligible retirees

OPERS has chosen Via Benefits to work with you as you enroll in new individual coverage, which will replace your current group plan (see page 13 for more about individual and group plans).

Via Benefits isn't an insurance carrier. We're a resource that offers you a state-of-the-art Medicare supplemental insurance marketplace with a wide variety of plans from the nation's leading health insurance carriers. The marketplace has Medigap (Medicare Supplement), Medicare Advantage, and Medicare Part D Prescription Drug plans, as well as vision and dental plans.

Finding the right Medicare coverage can be complicated and your health care decisions are important. With Via Benefits, you'll get personalized assistance from a benefit advisor, who is a licensed insurance agent, to help you find coverage that fits your medical and financial needs. In addition, our online marketplace makes it simple for you to search, compare, and select plans with a number of helpful tools.

We look forward to helping you make an informed and confident choice.

What to Expect From Us

Personalized service and enrollment assistance

Via Benefits offers you and your Medicare-eligible spouse or dependent personalized assistance with finding and enrolling in the right coverage for your unique situation. Because these individual Medicare plans cover many more people than the plans provided by your retirement system, the plans offered in our marketplace can cost the same or less than your group plan. Best of all, we provide this service at no cost.

When you work with Via Benefits, you can expect:

Personalized, step-by-step guidance

Our benefit advisors and easy-to-use online tools will guide you step-by-step through the Via Benefits marketplace. By the time you're ready to enroll, you can feel confident in your plan choices.

Unbiased, objective support

Via Benefits trains our benefit advisors to be objective advocates for you. They're paid a salary and have no incentive to steer you into signing up for any specific insurance carrier or type of plan.

Efficient, accurate enrollment

Once you have selected a plan, our representatives will complete your application to ensure accurate processing. After we submit it, you may track the status on our website.

Support after you enroll

When you enroll in coverage through Via Benefits, we continue to be your advocate after enrollment. Every year we'll be available to discuss whether your current plan is still right for you.

Individual plans versus group plans

Insurance plans offered by retirement systems are called group plans because they group together a company's retirees. Individual plans actually bring a larger number of people together under one plan than employer group plans, which is one reason why they can have lower premiums.

To put it another way: a group plan is chosen on behalf of its retirees. An individual chooses an individual plan for him or herself. The insurance carrier then pools the individual with others who live in the same geographic area.

Insurance groups (risk pools)

Insurance carriers need to group the people they cover together in risk pools (named so because it minimizes the insurance carrier's "risk" of high expenses) in order to determine how much to charge for insurance premiums. A risk pool with many healthy people in it will have lower insurance premiums than one with many sick people. Larger groups (or risk pools) tend to cost less per person to insure because they're less affected by any given individual's health status.

For this reason, a group plan composed of older individuals from one retirement system is going to have a smaller risk pool and higher premiums than an individual plan, which is seen by the insurance carrier as a part of a larger risk pool. The risk pool in which the individual health plan resides is composed of individuals of varying ages and health statuses throughout a large geographic area. For this reason, a group plan (with a smaller risk pool) will generally have higher premiums than the individual plan (which is part of a larger risk pool).

Understanding Your Options

How to choose the plan that is right for you

Group plans and individual plans are different. The individual insurance plan(s) you'll purchase on the Via Benefits marketplace will replace the group plan currently provided by your retirement system.

As you move from a group health plan into an individual Medicare plan, you'll need to take a more active role in evaluating your options.

That is where Via Benefits can provide support. We help you understand what these choices mean to you and work with you to find plan(s) that fit your needs.

Because your group coverage is ending, you are entering what is called a special enrollment period (SEP). As long as you enroll during your SEP, you're guaranteed coverage regardless of your current medical condition or income. Federal law guarantees coverage by at least one of the plans available in your area.

Individual supplemental coverage is available to everyone who is Medicare-eligible, regardless of income. You must be enrolled in both Medicare Parts A and B to enroll in this kind of insurance.

Special Enrollment Period (SEP)

An SEP is granted when certain life events occur – such as losing group coverage or moving to another ZIP code. These circumstances allow you to enroll in new Medicare plans outside of the annual enrollment period in the fall of each year.



To purchase Medicare supplemental plans you must first enroll in Medicare Parts A and B. Apply through Social Security online at ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-722-1213. TTY users should call 1-800-325-0778.

Guaranteed issue rights and Medicare Advantage plans

During this special enrollment period, Medicare Advantage plans are always guaranteed issue for Medicare-eligible individuals who have Medicare Parts A and B. Medicare Advantage plans also are guaranteed issue during subsequent Open Enrollment periods during the fall of each year.

Guaranteed issue rights and Medigap plans

During this first enrollment period, Medigap insurance plans are guaranteed issue. That means insurance carriers can't turn you down based on your medical history or preexisting conditions. As long as you enroll now and keep your Medigap plan active, you won't have to worry about being denied coverage.

However, if you choose not to enroll in a Medigap plan the first time you're eligible, in most states you'll lose guaranteed issue rights for future Medigap applications.

If you want to change to a different Medigap plan after you first enroll, you may be subject to medical underwriting, meaning that you can be denied coverage based on your health status.

What is guaranteed issue?

This term means an insurance carrier can't refuse to insure an applicant because of any preexisting medical condition.

If you've opted out of your retirement system's group plan or already have an individual Medigap or Medicare Advantage plan, federal law can't guarantee your coverage for Medigap insurance during this first enrollment period.

If you'd like to change your Medigap coverage in the future, we'll work with you and your preferred plan to meet underwriting conditions. However, your acceptance is not guaranteed.

Finding information about specific plans

You'll find extensive information about the many plans we offer in your area on our website – my.viabenefits.com/opers. You'll also find other tools to help you on this enrollment journey.

If you don't have a computer, not to worry — a Via Benefits advisor will guide you through your plan options.

To learn more about searching for plans in your area, read the "Reviewing Plans with Our Online Tools" section on page 31 of this guide.

Note: Insurance plan prices vary by state and by insurance carrier. Our marketplace offers too many plans to include information about specific plans in this guide.



We'll take the time you need to guide you through your plan options.

Evaluating Your Options

In most cases, when you enroll in Medicare coverage through Via Benefits, you'll choose between these two options

Option 1

Medicare, plus a Medigap plan and a Part D plan

MEDIGAP

A Medigap (also called a Medicare Supplement) plan fills the "gaps" in Medicare Parts A and B coverage, meaning it helps pay the difference between the total costs and the amount Medicare pays. These plans provide additional coverage for your doctor visits and hospital stays, as well as pay other expenses partially covered by Medicare. Medigap plans don't provide prescription drug coverage.

PART D

A Part D plan provides prescription drug coverage. These plans help pay for your prescription drug expenses.

Option 2

An MAPD plan (a Medicare Advantage plan that includes prescription drug coverage)

MAPD

MAPD is an all-in-one plan that bundles Parts A and B, and prescription drug coverage together, sometimes with additional coverage. These plans provide coverage for your doctor visits, hospital stays and prescription drug expenses.



Evaluating Your Options: Self-Quiz

This quiz is a short version of the questions your Via Benefits benefit advisor will ask you during your enrollment call. Answering the questions below and calculating your score may help to determine which type of Medicare plan fits your needs.*

How many doctors or specialists do you see regularly?

- More than 6 _____ 3 points
- 4 to 6 _____ 2 points
- 3 or fewer _____ 1 point

How many times per year do you see your doctors?

- More than 10 visits _____ 3 points
- 6 to 10 visits _____ 2 points
- Fewer than 6 visits _____ 1 point

Do you have any chronic conditions, such as diabetes or heart disease, or upcoming major treatments, such as surgery?

- Yes _____ 2 points
- No _____ 1 point

Do you travel often, or spend much of the year in a part of the country other than your home?

- Yes _____ 2 points
- No _____ 1 point

Are you willing to pay deductibles or copayments in exchange for a lower premium?

- Yes _____ 2 points
- No _____ 1 point

Your Total

8 points or higher: A Medigap plan may best meet your needs.

6 or 7 points: Consider a Medicare Advantage plan or a Medigap plan. Your licensed benefit advisor can help you choose during your enrollment call.

5 points: A Medicare Advantage plan may best meet your needs.

*This quiz isn't a comprehensive list of the questions we'll ask you during your enrollment call. We don't intend it to be the final answer about what type of coverage will fit your needs. During your call, we'll ask you for additional information. Your benefit advisor may suggest different coverage options based on your answers to those questions.

Comparing Your Options

To help you compare coverage options, we've identified key features of Medigap and Medicare Advantage plans

Most people enroll in Medicare Part D prescription drug coverage when they become eligible. If you didn't, you may be asked to prove that you have creditable prescription drug coverage through another plan (i.e., your current plan). If you don't enroll in a Medicare Part D plan when eligible and don't have creditable coverage, you may have to pay a penalty. The penalty will be calculated for the length of time you did not have any prescription drug coverage. This will be added to your Part D premium every month for as long as you have Part D coverage.

	Medigap plan	Medicare Advantage plan
Does it include hospital coverage?	<ul style="list-style-type: none"> Yes. Medigap pays most or all of your out-of-pocket hospital costs. 	<ul style="list-style-type: none"> Yes. Medicare Advantage plans cover all of the hospital services that Original Medicare covers. You will need to pay your plan's out-of-pocket hospital costs (such as copayments or coinsurance).
Which doctors and hospitals can I visit?	<ul style="list-style-type: none"> With this option, there is no network of doctors and service providers in the traditional sense – you can see any service provider who accepts Original Medicare. If you would like to continue seeing any of your current doctors and you are considering this option, check if they accept Original Medicare. 	<ul style="list-style-type: none"> These plans contract with a defined network of doctors and hospitals to create cost savings. When considering this option, be sure your doctor is in network, or be comfortable selecting a different doctor from the plan's network.
Does it provide dental and vision coverage?	<ul style="list-style-type: none"> No. However, separate dental and vision plans are available. 	<ul style="list-style-type: none"> Dental and vision coverage varies by plan. Separate dental and vision plans are available.

	Medigap plan	Medicare Advantage plan
Does it provide prescription drug coverage?	<ul style="list-style-type: none"> No. You must enroll separately in a Part D plan to ensure prescription drug coverage. 	<ul style="list-style-type: none"> There are two types of Medicare Advantage plans: MAPD plans, which include prescription drug coverage, and MA plans, which don't.
Does it cover me when I travel?	<ul style="list-style-type: none"> Every Medicare-participating provider in the United States accepts Medigap plans. Some plans offer emergency coverage worldwide. If you travel frequently or live part of the year out of state, these plans may be right for you. 	<ul style="list-style-type: none"> Medicare Advantage plans cover urgent and emergency services nationwide, but may not provide nationwide coverage for non-emergency services.
What are the payments like?	<ul style="list-style-type: none"> You pay a monthly premium, which is generally higher than a Medicare Advantage premium, but can cover most or all of your out-of-pocket costs when you go to the doctor or hospital. You must pay a monthly premium for prescription drug coverage. You also must pay a Medicare Part B premium, which is typically deducted from your Social Security check. 	<ul style="list-style-type: none"> You pay a monthly premium, which is generally lower than a Medigap premium, but you may be required to pay more out-of-pocket expenditures. Medicare Advantage plans can cover both medical and prescription drug expenses. These plans have an out-of-pocket annual maximum. You must also pay a Medicare Part B premium, which is typically deducted from your Social Security check.

Key reasons for selection

Option 1: Medicare, plus a Medigap plan and a Part D plan

- **Flexibility.** The ability to go to any doctor or hospital that accepts Medicare.
- **Quicker specialist access.** The ability to visit specialists without getting a referral from a primary care physician.
- **Cost predictability.** Though your monthly premium may be a bit higher with a Medigap plan, it will cover most or all of your out-of-pocket medical costs.

Option 2: An MAPD plan (a Medicare Advantage plan that includes prescription drug coverage)

- **Potentially a lower cost option.** Your monthly premium is generally lower than a Medigap premium. However, you may be required to pay more out-of-pocket expenditures.
- **The simplicity of paying fewer premiums.** Medicare Advantage plans combine medical and drug coverage in one plan.



Wondering why you can't find plan prices in this guide?

Your retirement system usually gave you information on the plans it offered you, including their coverage and prices. Via Benefits offers too many plans to print that information here.



Preparing for Your Enrollment Call

Prepare for your call in a few simple steps

Now that you have an understanding of your Medicare coverage options, you're ready to start reviewing the plans available in your area. You'll be able to search for plans in our online marketplace (my.viabenefits.com/opers) once you create an account and complete your online personal profile. Our online tools are easy to use and can direct you to plans that meet your medical and financial needs.

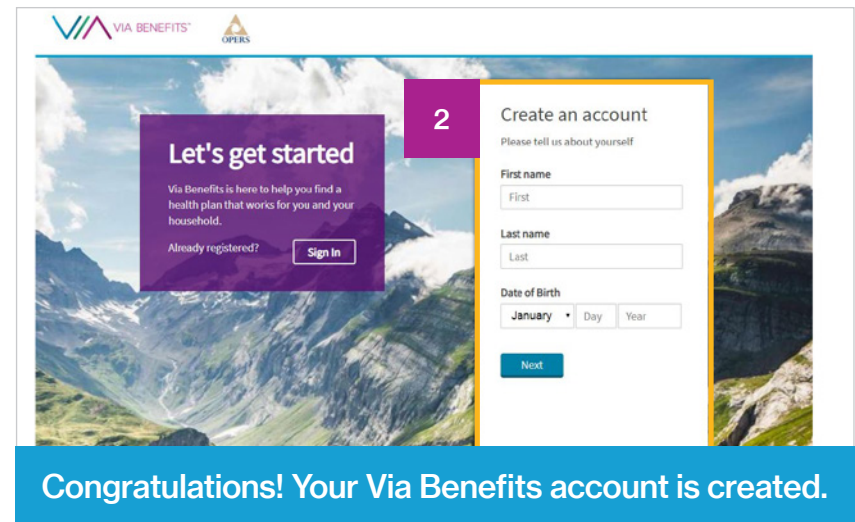
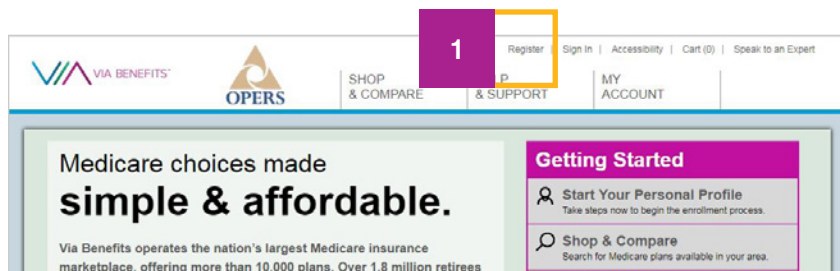
If you don't have access to a computer, don't worry. We will review your plan options with you during your call to enroll.

Create your account

Creating an online account is easy and allows you to see your plan details, save your personal information (e.g., medications, providers, etc.), adjust your communication preferences, and manage your HRA.

To create an online account, follow these steps. If you need assistance, simply call Via Benefits and a representative will walk you through the process.

1. Go to my.viabenefits.com/opers. Select **Register** at the top of the page.
2. Under **Create an account**, provide all of the information requested and follow the onscreen directions. More details are provided on the following pages.



Signing in and online security for your account

Once your online account is created, you can sign in following these steps:

1. Sign in at my.viabenefits.com/opers. You will be prompted to enter your date of birth, the last four (4) digits of your Social Security number, and your email address.
2. A verification code will be emailed to you. Use this code to reset your password and continue to sign into your account.
3. When you sign in, you will get a text message on your cell phone or a call on your landline phone. The message will include a code you will be required to enter on the Via Benefits website for authentication.
4. Enter this code onscreen where prompted.

Steps three and four will occur every 30 days to help keep your account safe and protect your personal information. If you have questions or need support, please call Via Benefits at 1-844-287-9945 (TTY: 711).

Complete your personal profile

When you first look at your personal profile, you may see that some information has already been filled in. Your retirement system shared this information with us. Confirming that it is correct helps ensure an accurate enrollment. You may edit or change the information in your personal profile by selecting **Complete Profile** or **Edit Profile** under your name in the **My Account** section of our website.

Once you create your profile, you're ready to shop for and compare plans.

Have your information ready

When you talk to a benefit advisor, he or she will verify the information you entered in your personal profile online.

After you have verified your personal information, we'll review your current medications, preferred pharmacy, and your doctor information.

If you're unable to complete your profile online, have your Medicare card handy when calling Via Benefits. In addition, having the following information ready can reduce your time spent on the phone:

- Your medications — dosage, form, and frequency
- Names and contact information for the doctors you want to continue to see

Everyone you speak to at Via Benefits is required to verify your identity before we start talking about your personal requirements. These strict guidelines are necessary to protect your privacy and information.

Reviewing Plans with Our Online Tools

Our online tools are easy to use and can direct you to plans that meet your medical and financial needs.

If you don't have access to a computer, don't worry. We will review your plan options with you during your call to enroll.

Shop & Compare

The **Shop & Compare** section of our website allows you to search for plans available in your area and sort them by price, plan type, insurance carrier, and other factors. With just a few clicks, you can compare plans side by side and review the details of plans that interest you. If there are doctors you wish to continue seeing, enter their information into the **My Doctors** section of your personal profile. This will help to filter medical plans by those that include your physicians.

When shopping for additional medical and prescription drug coverage, you can take advantage of our **Help Me Choose** and **Prescription Profiler** tools. These tools ask you to enter more details about your medical needs and budget to produce a suggested list of plans based on the information you entered.



Why can't I see all the plans available in my area?

Via Benefits contracts with each insurance carrier that has plans listed on our website. A few of the reasons you may not see a plan on our marketplace include:

- Some insurance carriers have chosen not to participate in our marketplace.
- Some insurance carriers will offer one type of plan on the exchange – Medigap (Medicare Supplement), for example – but not others.
- Some insurance carriers may not have the technical capabilities required to offer their plans through an online marketplace.
- Some insurance carriers' plans no longer meet our qualification criteria, and we remove them from our marketplace.

Help Me Choose

Help Me Choose targets the search process by matching the plans that fit your needs based on your answers to general questions about you and your tolerance for out-of-pocket costs.

Prescription Profiler™

Prescription Profiler is a powerful tool that provides the estimated annual out-of-pocket cost of plans that cover your prescriptions. Simply enter your current medications into your online personal profile.

Finding plans and plan details

All plans available in our Medicare marketplace offer their summary of benefits for review online. If you'd like to review the summary of benefits of a plan that interests you, just click on the plan's name in the search results, and then scroll down in the list of details to the **View** link.

Answers to popular questions

Selecting the **Help & Support** tab takes you to our searchable database of frequently asked questions. You can use this database to read about topics such as how to enroll in coverage, shop for plans, get reimbursed for eligible expenses, and much more.



Scheduling a Call to Enroll

You can schedule your enrollment call either by going online or calling us at 1-844-287-9945 (TTY: 711). Coverage options are usually available in mid-October. Leave yourself enough time to gather information, evaluate your choices and enroll. To avoid a disruption in coverage, complete your enrollment by the date printed in the beginning of this guide.

The call will take about 90 minutes per person to complete. Most people are able to complete their enrollment in one call. If you are also enrolling a Medicare-eligible spouse or dependent, you are both welcome to enroll at the same time, or to make a separate appointment to enroll.

Getting Caregiver Assistance

You can have a family member, caregiver, or friend with you during your call. Some people like to have someone on hand to help with taking notes or looking at a computer screen. Additionally, your benefit advisor can teleconference your caregiver who may be calling from a different phone number. Your caregiver can also act on your behalf to choose your coverage, if you wish.

Your benefit advisor will ask that you give recorded permission for your helper to assist during your call. If you are unable to be on the call or unable to listen to required recorded legal information, your helper will need to provide Power of Attorney documentation authorizing him or her to act on your behalf.

Establishing an authorized representative

As you enroll in Medicare coverage, it's a good time to think about establishing a family member or caregiver as an authorized representative. Making a caregiver an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help handle your affairs.

There are three levels of access you can grant a caregiver.

- **Authorization to Release Personal Information (ARPI)–Full.** Allows sharing of protected health information and allows the authorized representative to submit any required documentation on your behalf. This is important if you have funding. In addition, an authorized representative with full privileges can call Via Benefits on your behalf and discuss your account.
- **Authorization to Release Personal Information (ARPI)–Limited.** Allows sharing of protected health information with the authorized representative but prevents the representative from making changes to the account. This is for informative purposes only.
- **Power of Attorney (POA).** Allows the representative to not only manage your Via Benefits account and funding on your behalf, but also to make health plan enrollment decisions for you.

In order to provide authorization at any of these levels, contact Via Benefits. No paperwork will be needed.

This authorization is voluntary and remains in effect until you revoke, cancel, or change it. The authorization will remain in place after your death unless Via Benefits is otherwise notified.

Regulations to protect you during your call

For your protection, the federal government heavily regulates the sale of individual Medicare plans. For your enrollment application to be legally compliant, we'll need you to do the following during your enrollment call.

- **Repeat your personal information:** Nobody likes repeating themselves, but we are required to record your personal information for each plan you enroll in. This could mean you have to repeat your personal information several times as you complete your applications. We know it seems redundant, but the purpose is to protect you and make sure your application is correct. It's not so different from applying on paper – if you were filling out application forms for each plan, you would write down the same information on each one.
- **Listen to recorded messages:** You'll need to listen to recorded messages for the plans that you enroll in. Although these messages can be frustrating to listen to, they are the “fine print” – the terms of the plan for which you are applying. They are for your protection and required by the insurance carrier, your state's Department of Insurance, and/or Medicare. Please note, everything you agree to via the recorded message can be sent to you in writing via mail or email, if you prefer.

After Your Call

You'll begin receiving communications about your new coverage after your call to enroll. You can contact Via Benefits any time to get help with questions or issues that may arise with your coverage. If your circumstances change or you want to make changes to your coverage, we are here to help you.

After you enroll, be sure to look for these communications:

Selection Confirmation letter

We will mail you a Selection Confirmation letter after your enrollment call, confirming you have applied for coverage under the plans listed in the letter.

Communications from your new insurance carrier

In addition to your Selection Confirmation letter, you may also receive mailings, phone calls, or emails directly from your new insurance carrier before you receive ID cards or confirmation of your new coverage. Please pay special attention to your mail and phone in the weeks following your enrollment call as additional information may be needed by the insurance carrier to fully process your enrollment.



Please note that the Selection Confirmation letter does not guarantee the insurance carrier will issue you a plan. Your doctor, pharmacy or other health providers will not accept this letter as “proof” that you have coverage. Proof of coverage will come directly from your insurance carrier.

Insurance cards

Once your application is accepted, your insurance carrier will mail you identification cards. These cards will typically arrive within 4 weeks, but can take up to 8 weeks after you have enrolled.

If you need to visit your doctor before your cards arrive, speak with your doctor's office about what they will accept as proof of insurance until your cards arrive. You may be able to get your cards on your insurance carrier's member website. If you don't have a computer or don't know how to access the member section of your insurance carrier's site, please contact us for assistance.

Your coverage begins on your plan's effective date, not the date your insurance card(s) arrive. If you have any medical care between your plan's effective date and the time your card arrives, your plan's coverage is not delayed because your insurance card has not been received.



Please respond to communications from your new insurance carrier as soon as possible. Your response may be required before they can issue your new plan.

Online updates

After your enrollment call, you can go to the **My Account** section of our website to track your application's status.

Stay informed and engaged

Twice a year we'll send you our *Via Benefits Advocate* newsletter, which we fill with helpful information on Medicare-related topics. Keeping your email and mailing addresses up to date with us will ensure that you don't miss any issues.

Medicare's Open Enrollment period

Each year, between October 15 and December 7, you have the opportunity to make changes to your Medicare Advantage or Part D Prescription Drug coverage for the following year. Medicare calls this its Open Enrollment period.

We'll send you a newsletter around the start of Open Enrollment containing information to help you evaluate whether you might want to change your coverage. If you're satisfied with your coverage at the time of Open Enrollment, you won't need to take any action. You don't even need to contact us.

Thank you for your attention! We look forward to assisting you now and in the future with all of your Medicare enrollment options, questions, and needs.



Frequently Asked Questions

Via Benefits has helped more than a million retirees enroll in Medicare. Based on our experience, we've developed answers to these frequently asked questions.

Will my new plan be as good as my current plan?

We work with top national and regional insurance carriers to ensure that you have quality individual plan options. You'll find plans that may be similar to your current health plan, and you may find plans that are better suited to your needs. Because we offer multiple options, you'll be able to find a plan that closely matches your specific needs.

Does my current or past health affect my options?

No – as long as you enroll in your individual plan during your special enrollment period and before your retirement system health coverage expires. Insurance carriers also can't deny you or charge you more because a doctor has already treated you for a health condition.

What can I expect to pay for my new plan?

What you'll pay depends on the type of plan that you select. Generally, Medicare Advantage plans have lower premiums than Medigap plans, but require copayments for services. Medigap plans tend to have higher premiums with low or no copayments for services. During your call, your benefit advisor will work with you to understand the costs – and the benefits – of the different coverage options available to you.

How much should I expect my rates to increase next year?

For the majority of all plans, premiums increase each year due to the rising cost of medical care. In general, even with an increase, your plan premium will still be competitive with other comparable plans in your area for people of your age and health status.

Can I continue to see my current doctor?

It depends on the plan you choose. We understand the importance of continuing to see your doctor(s), so your benefit advisor will work with you to find the plan or plans that include your doctor(s) in their network. We recommend talking to your doctor(s) ahead of time and asking which Medicare insurance plans they accept.

Can I continue to use the same insurance carrier?

In many cases, yes, you can. However, group health plans usually work differently than individual health plans, and your current insurance carrier may not offer a Medicare plan tailored to your specific needs. You may discover that another insurance carrier offers a plan that is a better fit for you. We'll help you compare your options.

Will I lose or “replace” my Medicare?

You won't lose your Original Medicare (Parts A and B), but it may work differently depending on the type of plan you choose. A Medicare Advantage plan replaces the services covered by Original Medicare Parts A and B. Medigap on the other hand, works in tandem with Medicare to pay medical expenses. You must have Original Medicare Parts A and B in order to enroll in Medicare Advantage or Medigap.

Do I need to keep paying my Medicare Part B premium?

Yes. Part B is required for any medical plan, like Medicare Advantage or Medigap. Part D Prescription Drug plans only require you have Part A or Part B. If you opt out of Part B you may have to pay a penalty if you enroll in Part B in the future. If you're covered by a group medical plan, you don't pay a penalty.

Will I have to pay for my new health plan when I enroll?

When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance carrier to maintain your coverage. You may need to pay your first month's premium(s) during your enrollment call or shortly after enrolling in new coverage. To speed up your call to enroll, have your payment information ready when you contact us.

Will Via Benefits be available to assist me next year?

Yes. When you purchase a Medicare plan through Via Benefits, we continue to be your advocate as long as you stay enrolled through us. If your medications or needs change, or you move, you may contact us any time to help you figure out if your plan is still the right one for you. We're happy to help you make changes if necessary.

Do you offer plans that cover me in multiple states or internationally?

Most Medicare-participating providers in the United States accept Medigap plans, and these plans offer some emergency benefits worldwide. Part D plans also provide nationwide coverage from participating pharmacies. While Medicare Advantage plans cover urgent and emergency services nationwide, some may not provide nationwide coverage for non-emergency services. It depends on the insurance carrier. Shop around and ask your benefit advisor on the call if you need more clarity.

If I don't like the plan I enrolled in, when can I change?

Every year, the Open Enrollment period allows you to change your Medicare Advantage or Medicare Part D Prescription Drug plan if you wish to. Medigap plans don't have an Open Enrollment period – you're free to apply for a different plan at any time. However, after your first enrollment in a Medigap plan, your medical status may limit the plans available to you.

If I like the benefit advisor I speak to, can I request that same person again?

The person you enjoyed dealing with before may not be available due to other scheduled appointments or high call volume. Every benefit advisor must, by law, be licensed, certified, and appointed to talk with you about the plans in your specific geographic area.

If I need assistance, can someone else speak with a benefit advisor on my behalf?

Yes, but we must have your verbal permission or, if you can't provide your verbal permission, someone with your Power of Attorney can complete the enrollment on your behalf. You may provide your Power of Attorney information to us over the phone during your enrollment call or any time after.

Do you offer dental and vision insurance?

You'll still have access to dental and vision coverage through your retirement system. Via Benefits also offers dental and vision insurance plans if you would like to shop around. Learn more about these plans on our website, or ask about them during your enrollment call.

When will I receive my Getting Reimbursed Guide?

Your Getting Reimbursed Guide will be mailed about two weeks prior to your new Medicare supplemental coverage effective date. The guide will contain information about your contribution, how to submit for premium and eligible expense reimbursement, as well as a list of eligible expenses. If your guide doesn't come within the two-week time frame, contact Via Benefits.

What is Automatic Premium Reimbursement?

Automatic Premium Reimbursement allows you to obtain reimbursement without submitting a monthly reimbursement request form. You may sign up for this feature, if it is available for the plans that you selected, in your online account or through Via Benefits. Once you have elected to receive Automatic Premium Reimbursement, you don't have to submit requests for these premiums in order to be reimbursed.

To verify whether or not you chose Automatic Premium Reimbursement, please refer to the Selection Confirmation letter you received from Via Benefits shortly after your enrollment call. You can also check by using your online account or call Via Benefits to speak to a representative.

We're here to assist you

If you have questions, please call Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday, 8:00 a.m. until 9:00 p.m. Eastern Time.

Glossary of Terms

Understand some of the key terms of Medicare coverage

Coinsurance: A percentage of covered expenses that a patient must pay out-of-pocket.

Deductible: The amount you pay out-of-pocket toward covered medical expenses before your plan begins paying.

Individual versus Group Insurance Plans: Insurance plans offered by retirement systems are called group plans because they group together a company's retirees. Individual plans actually bring a larger number of people together under one plan than employer group plans, which is one reason why they can have lower premiums.

To put it another way: a group plan is chosen on behalf of its retirees. An individual chooses an individual plan for him or herself. The insurance carrier then pools the individual with others who live in the same geographic area.

The Medicare “Parts”

Part A: Medicare that mostly covers inpatient care. This includes hospice care, home health care, skilled nursing facilities, and inpatient hospital stays, including rehabilitation hospital and psychiatric or substance abuse hospital care.

Part B: Medicare that mostly covers outpatient care. This includes doctor care, outpatient hospital care and surgery, home health care, durable medical equipment and supplies, and ambulance services. It also covers some preventive services to help maintain your health.

Part C: Medicare Advantage. Private insurance carriers that contract with Medicare to provide your Medicare Parts A and B coverage offer these plans. Medicare Advantage plans may also cover other services, like prescription drugs. Earlier we discussed MAPD in the “Evaluating Your Options” section. MAPD plans bundle your medical and prescription drug coverage together. Medicare Advantage plans may be HMOs, PPOs, or PFFS. If you enroll in a Medicare Advantage plan, it pays for your Medicare services. Parts A and B don’t pay for any health care services that you get in your Medicare Advantage plan.

Part D: Prescription drug coverage. Prescription drug coverage is available to anyone who is eligible for Medicare. To get your prescriptions covered, you need to enroll in a stand-alone Part D Prescription Drug plan, or if you choose Medicare Advantage your Part D plan is bundled in the MAPD plan (see Part C above).

Part D coverage is optional, but you may be charged a penalty fee if you’re without prescription drug coverage and later want to enroll in a Part D plan.

Medigap (Medicare Supplement Insurance): Plans sold by private insurance carriers to fill gaps in Medicare coverage. In general, with a Medigap plan, beneficiaries get help paying for some or all of the health care costs not covered by the Medicare plan.

Prescription Drug Gap: Medicare drug plans have a coverage gap, sometimes called the donut hole. This means that when your 2020 total yearly drug costs reach \$4,020, you get a 75% discount on generic drugs and a 75% discount on brand name drugs, until your total cost (before discounts) reaches \$6,350. Some plans offer generic drug coverage in the gap.

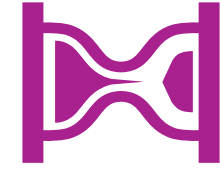
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*Extend Insurance Services, LLC is changing its d/b/a from Towers Watson’s OneExchange to Via Benefits Insurance



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IMPORTANT!
TIME-SENSITIVE INFORMATION REGARDING
YOUR 2020 HEALTH COVERAGE ENROLLMENT
ENCLOSED.