

2019 Enrollment Guide



Complete Your
Medicare Insurance
Enrollment for
Coverage in 2019





Introducing Via Benefits

Trusted advisor to more than a million Medicare-eligible participants

Your retirement system has chosen Via Benefits Insurance Services to work with you as you enroll in new individual coverage, which will replace your current group plan (see page 9 for more about individual and group plans).

Via Benefits is not an insurance company. We are 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 insurers. The marketplace has Medigap (Medicare Supplement), Medicare Advantage, and Medicare Part D Prescription Drug plans, as well as vision and dental plans.

Your health care decisions are important, and Medicare insurance options can be confusing. We'll help make shopping for a plan and enrolling easier for you.

Your coverage choices will differ since Medicare includes a number of separate parts and plans that cover different health care services. To get the right level of coverage, you'll need to supplement Medicare Parts A and B with additional medical and/or pharmacy coverage. Additionally, Medicare only covers individuals, so family members cannot be included in your coverage. Details concerning the Medicare parts are covered later in this guide.

To help you decide which plan or plans are right for you, a certified and licensed benefit advisor will assist and advise you. He or she will help you compare, select, and enroll in the plan(s) that fit your needs and budget.

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

What to Expect From Us

Personalized service and enrollment assistance

Via Benefits gives you access to a Medicare insurance marketplace that includes a wide variety of Medicare Advantage, Medigap, and Part D Prescription Drug plans from leading health insurers.

This marketplace serves over one million people like you. It offers you and your Medicare-eligible spouse or dependent personalized assistance with finding and enrolling in the plans that fit your needs. 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 licensed 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 that you're choosing the right coverage to fit your needs.

Unbiased, objective support

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

Efficient, accurate enrollment

Once you have selected a plan, our application data processors 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 us, we continue to be your advocate after enrollment. Every year we will be available to discuss whether your current plan is still right for you.



Individual plans vs. group plans

Insurance plans offered by retirement systems are called group plans because they group together a company's employees or 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: an employer chooses a group plan on behalf of its employees or retirees. An individual chooses an individual plan for him or herself. The insurance company then groups the individual with others who live in the same geographic area.

Insurance groups (risk pools)

Insurance companies need to group the people they cover together in risk pools 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 are less affected by any given individual's health status.

Understand 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 will 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 will need to take a more active role in evaluating your options.

That is where Via Benefits comes in. 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, federal law guarantees coverage by at least one of the plans available in your area. As long as you enroll during your special enrollment period, you are guaranteed coverage regardless of your current medical condition or income.

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 – losing group coverage, moving to another state and others. These circumstances allow you to enroll in new Medicare plans outside of the annual enrollment period in the fall of each year.

IMPORTANT!

In order to purchase Medicare supplemental plans you must first enroll in Medicare Parts A and B. You apply for Original Medicare through Social Security; apply online at ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-772-1213. 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 coverage. Medicare Advantage plans also are guaranteed issue during subsequent Open Enrollment periods during the fall of each year.

Guaranteed issue rights and Medigap plans

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

But if you choose not to enroll in a Medigap plan the first time you are eligible, in most states you will lose guaranteed issue rights for future Medigap applications.

Or, 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 company can't refuse to insure an applicant because of any preexisting medical condition.



In addition, if you have opted out of your retirement system’s group plan or already have an individual Medigap or Medicare Advantage plan, federal law cannot guarantee your coverage for Medigap insurance during this first enrollment period.

But if you’d like to change your Medigap coverage in the future, we will work with you and your preferred plan to meet underwriting conditions. However, you will not be guaranteed acceptance.

Finding information about specific plans

You’ll find extensive information about the many plans we offer in your area on our website. You’ll also find other tools to help you in this enrollment journey.

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

To learn more about searching for plans in your area, read the “Before Your Enrollment Call” section on page 20 of this guide.

Note: Insurance policy prices vary by state and by insurance company. We work with insurance companies all across the United States, and 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.

Evaluate Your Options

In most cases, when you enroll in Medicare coverage through Via Benefits, you will 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 do not 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 benefits. These plans provide coverage for your doctor visits, hospital stays and prescription drug expenses.
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This quiz is also available online under **Shop & Compare**—select any **Help Me Choose** link.

Self-Quiz: Evaluate Your Options

This quiz is a short version of the questions your Via Benefits licensed benefit advisor will ask you. 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 63 points

4 to 62 points

3 or fewer1 point

How many times per year do you see your doctors?

More than 10 visits3 points

6 to 10 visits2 points

Fewer than 6 visits1 point

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

Yes2 points

No1 point

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

Yes2 points

No1 point

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

Yes1 point

No2 points

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 is not a comprehensive list of the questions we will ask you during your enrollment call. We do not intend it to be the final answer about what type of coverage will fit your needs. During your call, we will ask you for additional information. Your licensed benefit advisor may suggest different coverage options based on your answers to those questions.

Your Options In Detail

Select the coverage that fits your needs

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

MEDIGAP

The primary advantage of a Medigap plan is predictability.

Any doctor who is accepting new patients or hospital that accepts Medicare will accept your plan. Although Medigap plans vary in terms of their benefits, some plans offer predictability of total costs.

PART D

Even if you are not currently taking prescription drugs, we strongly recommend adding a Part D plan to your Medigap plan. Medigap does not cover prescription drugs.

A Medigap plan plus a Part D plan may be right for you if:

You prefer the flexibility to see any doctors that accept Medicare, including your current doctors.

Doctors who accept Medicare also accept Medigap. It is the most flexible type of plan regarding choice of physician.

You have frequent doctor visits, or you see several different doctors regularly.

Medigap coverage can vary, so you can choose the coverage to fit your individual health care needs. You can choose a plan that offers more coverage and a higher level of benefits to help pay for your frequent office visits.

You travel frequently.

Medigap plans are accepted by many doctors, hospitals, and other health care providers. It's a smart option if you have multiple residencies or take frequent trips.

IMPORTANT!

You may pay a penalty if you went without drug coverage after you became eligible for Medicare Part D coverage. After you enroll in Part D, a penalty will be calculated for the length of time you did not have any coverage and added to your monthly Part D premium.

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

MAPD

MAPD plans cover medical and prescription drug expenses with a single premium, which is generally lower than a Medigap plan premium. In exchange, you'll usually pay a per-visit fee, through either a copayment or coinsurance.

In most cases, Medicare Advantage plans contract with a network of doctors (a PPO or HMO), which allows for even more cost savings.

In general, it isn't possible – or necessary – to enroll in both a Medicare Advantage plan and a Part D plan.

An MAPD plan might be right for you if:

You are willing to see doctors within a network.

Generally, Medicare Advantage plans offer a lower-cost option to those willing to get services within a defined network. This network may not include your current doctor.

However, many doctors work with Medicare Advantage plans, so changing physicians may not be necessary. Ask your licensed benefit advisor to check whether your current doctors accept the plan.

You visit the doctor infrequently.

People who visit the doctor infrequently may not mind paying a per-visit fee in exchange for the lower monthly premium of a Medicare Advantage plan.

You want the simplicity of having one plan and one premium.

Medicare Advantage plans combine medical and drug coverage in one plan, including all of your benefits in one premium.



	MEDIGAP PLAN
Does it include hospital coverage?	Yes
Does it cover doctors and specialists?	Yes. Any doctor that accepts Medicare and is accepting new patients will accept Medigap plans.
Does it provide dental and vision benefits?	No. However, separate dental and vision plans are available.
Does it provide prescription drug coverage?	No. You must enroll separately in a Part D plan to ensure prescription drug coverage.
Does it cover me when I travel?	Every Medicare-participating provider in the United States accepts Medigap plans. Some plans offer emergency benefits worldwide. If you travel frequently or live part of the year out of state, these plans may be right for you.

If you can use a computer, or know someone who does and will search our website with you, you'll find extensive information about all the plans we offer in your area. You can also download and print out detailed information on plans that interest you.

To learn how to search for plans in your area, including plan pricing, read the "Before Your Enrollment Call" section of this guide. If you don't use a computer, you'll learn about your plan options when you speak with your licensed benefit advisor.

PART D PLAN

MEDICARE ADVANTAGE

Yes

No. Part D plans only cover prescription drugs. They do not provide hospital, doctor, specialist, dental or vision coverage.

Yes. There are three types of Medicare Advantage doctor networks: HMO,* PPO*, and PFFS.* Note that if you wish to keep your current doctors you must know which Medicare Advantage plans they accept prior to enrolling.

Dental and vision coverage varies by plan. Separate dental and vision plans are available if you choose a plan without dental and vision coverage.

Yes. Part D plans only cover prescription drugs.

There are two types of Medicare Advantage plans: MAPD plans, which include prescription drug coverage, and MA, which do not.

Part D plans provide nationwide coverage from participating pharmacies.

Medicare Advantage plans cover urgent and emergency services nationwide, but may not provide nationwide coverage for nonemergency services. If you live part of the year out of state, these plans may not be right for you.

* Please see the "Glossary of Terms" on page 40 of guide for definitions.

IMPORTANT!

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 on the marketplace to print that information here.

Before Your Enrollment Call

Online tools to research your options

If you use a computer, visit our website at the address My.ViaBenefits.com/OPERS. Be sure to give yourself some time to explore your options, keeping your health care priorities in mind. Our online marketplace makes it easy to review your options before you call.



If you don't use a computer or have access to one through a friend, family member, or even your local library, we'll discuss all of this during your enrollment call.

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 company, and other factors. With just a few clicks, you can compare plans side by side and review the details of the plans that interest you.

Use your shopping cart

If you shop online before your call, place the plans you like in your shopping cart. The licensed benefit advisor will be able to see the plans in your cart and talk to you about them, answering any questions you have, and then help you complete the enrollment process.

Why can't I see pricing and information for UHC AARP Medigap plans?

You can compare AARP plans with other similar plans available in your area on the Via Benefits website. 2019 plan prices and selections will be available in mid-October 2018.

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

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

- Some insurance companies have chosen not to participate in our marketplace.
- Some insurance companies will offer one type of plan on the exchange – Medigap (Medicare Supplement), for example – but not others.
- Other insurance companies may not have the technical capabilities required to offer their plans through an online marketplace.
- Occasionally, Via Benefits will remove an insurer's plans from our website because they no longer meet our qualification criteria.

Prescription Profiler

Prescription Profiler is a powerful tool that lets you find the estimated annual out-of-pocket cost of plans that cover your prescriptions. You can find estimated prescription costs with or without an account. Simply enter your current medications when creating your personal profile and then click any **Prescription Profiler** link. After you enter this information, the website will display your estimated out-of-pocket costs when you look at prescription drug plans.

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 click on the **View** link in the **Outline of Coverage/Summary of Benefits** row of the plan details. This link is toward the bottom of the plan details, so you will need to scroll down to find it.



Medicare Advantage plans sometimes have a **Provider** link that allows you to look at the insurance company's list of doctors who accept that plan. These lists, which are maintained by the insurance company, are not always up to date. The best way to make sure your doctor accepts any Medicare Advantage plan is to call the doctor's office and ask.

Prescription drug plans also have a **Formulary** link, located below the **Outline of Coverage/Summary of Benefits** link. Click on this link to see a complete list of drugs covered by the plan.

Help Me Choose

Help Me Choose simplifies the search process by matching the plans that fit your needs based on answers to a few questions. To use **Help Me Choose**, click any **Help Me Choose** link.

Answers to popular questions

Clicking the **Help** tab takes you to our searchable database of frequently asked questions. You can use this database to read about topics such as enrolling in insurance, shopping for plans, paying your premiums, getting reimbursed, and much more.

Prepare for Your Enrollment Call

Prepare for your call in a few simple steps

To prepare for your enrollment call, we encourage you to visit our website. You'll find the web address printed at the bottom of every other page in this guide.

If you don't use a computer, or if you'd simply prefer to do all of this by phone, you are welcome to call us. However, if you are able to visit our site before your call, you'll find that our online tools are easy to use, and that using them can help reduce the amount of time you spend on the phone.

Create your account

If you have not yet created an online account, we encourage you to take this next step. Creating an account allows you to save your prescription drug information, add family members, search for, and save plans.

To create an account, simply click the **My Account** link on our website. If you're a first-time visitor, some information is required. If you're a returning visitor, enter your username and password.

Security and privacy

Our website is secure, and we guard your privacy. In fact, Via Benefits is meticulous in all matters regarding information security and the protection of data. We constantly monitor our systems to safeguard your information.

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.

Complete your personal profile

We will ask you to confirm information that already appears in your personal profile. Your retirement system shared this information with us. Confirming that it is up to date and correct helps ensure an accurate enrollment. You may review the status of your personal profile by clicking the **Edit Profile** link on the **My Account** section of our website.

Once you create your profile, you're ready to shop for and compare plans. Learn more about the **Shop & Compare** section of our website on page 20 of this guide.

Have your information ready

When you talk to a licensed benefit advisor, he or she will verify the information you entered in your personal profile online. After you have verified your personal information, we will review your current medications, preferred pharmacy, and your doctor information.

If you are unable to complete your profile online, having this information ready when calling Via Benefits can lessen the time spent on the phone. Write down:

- The medications' dosage, form, frequency, and quantity you take on a regular basis
- Names and addresses of the doctors you want to continue to see
- Your Medicare card

Completing your personal profile online will simplify the enrollment process and speed up your call.

A Final Checklist

Before you make your call, take some time to ensure you have collected all the information that you'll need to complete your enrollment. Consider the questions below, and complete the final checklist on this and the following page. Use the "Notes" section on pages 30 and 31 to record your information.

Questions to consider:

- Have you found a plan that interests you? Add it to your cart or write its name and reasons you prefer it in your notes.
- Do you want to keep your current doctors?
- How many doctors or specialists do you see, and how often?
- Do you have any medical conditions or upcoming treatments?
- Do you have a home in another part of the country, or do you travel a lot?
- Do you need routine care like physicals, mammograms, or prostate tests while away from home?
- Do you use mail order for prescriptions?
- Do you have a preferred pharmacy?
- Are you willing to pay copayments and deductibles if you can pay lower premiums?

Have you:

- Created your online account and verified your personal profile (optional)?
- Researched your plan options online, noting plans that interest you and reasons why?

Do you have the following information available for each person planning to enroll or in your online profile?

- Social Security number
- Medicare ID card, with effective dates for Medicare Parts A and B
- A list of your prescriptions, including dosage and frequency (if not already added to your online account)
- Your doctor's address and phone number (if not already added to your online account)
- Your billing, credit card, or bank information (some insurers may require first month's premium payment during the application process)

Does a family member, friend, or caregiver help you make your health care decisions?

- If so, have your family member, friend, or caregiver available during your call. Your licensed benefit advisor can connect to him or her, if he or she is calling from a different phone number.*



*Your licensed benefit advisor will ask that you give recorded permission for your caregiver to assist. If you are unable to be on the call or unable to listen to required recorded legal information, your caregiver will need to have your legal Power of Attorney document available authorizing action on your behalf, as many insurance companies will require evidence. Power of Attorney is not required if you are able to listen to and answer a few simple questions.

Call and Enroll

What to expect when you call to enroll

Now that you have reviewed this guide and researched your options online, you're ready to call and complete your enrollment. Don't worry if you're still unsure which plan is right for you. We are here to help you select the appropriate coverage.

We encourage you to ask a family member, caregiver, or friend to be with you during the call. It is beneficial to have a second pair of eyes and ears on hand to help with remembering details taking notes or looking at information on a computer screen if you use one. Your family member or caregiver can also act on your behalf to choose your insurance plan if you wish. You'll need to give verbal permission to your licensed benefit advisor if you want to do this.

When should I call?

To avoid a disruption in coverage, which could result in financial harm to you, contact us and complete your enrollment before the coverage end date printed on the cover of this guide.

How long will it take?

Because we personalize our work to meet your needs, the length of your call partly depends on how much upfront preparation you have done.

Allow at least one hour per person to complete the enrollment call, longer if you have not created your personal profile.

If you and your Medicare-eligible spouse or dependent are both enrolling in coverage, even if you both choose the same plan, each of you must submit a separate application.

If you choose not to, or are unable to complete your personal profile before your call, we may need to ask you to confirm your personal information with a customer service representative before one of our licensed benefit advisors will be able to answer your questions. Most people are able to complete their enrollment in one call.

What to expect during your call

To complete your enrollment, you will speak with a licensed benefit advisor who is trained and certified for your state.

To connect you accurately, our automated system may ask a few questions. Be prepared to provide your ZIP code and the last four digits of your Social Security number.

It is likely that you will speak with other representatives before and after you talk with your licensed benefit advisor. These representatives may collect and enter your personal information, help you complete applications and answer other questions.

Whomever you speak to, please know that all our representatives are seasoned professionals who are eager to assist you in the friendliest, most efficient way possible.

Why do I have to repeat my personal information so many times?

In order to protect seniors, the federal government heavily regulates the sale of individual Medicare plans and products. In order for your application to be considered legally compliant, we are required to ask you to give us your personal information for each plan that you enroll in. This could mean you have to repeat your personal information two, three, or even four times as you complete your applications. We are sorry for the inconvenience – we know it seems redundant, but the purpose is to protect you and make sure your application is correct.

Why do I have to listen to recorded messages?

The recordings are required by the insurance company and/or your state's Department of Insurance, and/or Medicare. They are the “fine print” regarding the terms of the policy for which you are applying. They are provided for your protection.

Is there any paperwork?

Other than what you're collecting and noting in this guide, no!

During your call, each representative you speak to is completing the forms and application paperwork required to complete your enrollment. The industry-leading software we use will complete and submit your application(s) electronically. There is no paperwork for you to fill out, and we will submit your application(s) immediately.

Make notes for future reference

Your enrollment call will cover details that may be hard to remember after you hang up, so it's a good idea to write things down. This may include the names of anyone you speak with, including your licensed benefit advisor. You'll find space for this information in the "Notes" section of this guide.



Notes

Notes for your call and for future reference

Collecting and writing down your information, medical and prescription needs or filling that information out online, helps ensure an accurate, efficient enrollment. Write the information requested below on a separate sheet of paper and keep it with this guide, so you can refer to it during your call.

Contact information and Medicare details

You'll need to provide your legal name, phone number, address, and Social Security number to complete your enrollment.

You'll also need to provide information from your Medicare ID card including your name (as it appears on your card), your Medicare claim number, and your Parts A and B effective dates. You must be enrolled in Medicare Parts A and B before you can enroll in either Medigap or Medicare Advantage Plans. For Part D Prescription Drug plans, you must be enrolled in either Medicare Part A or Part B.

Your prescription medications

Providing information about the medications you take on a regular basis helps us find the right prescription drug coverage for you. So that we can best assist you, please have your medications' dosage, form, frequency, and quantity available. You can find all of this information on the medication label. Remember to include medications you order by mail.

Your doctor information

During your call, we may need to verify whether your doctor participates with specific plans. Depending on the coverage you select, you may not need to provide your doctor information.

Having this information available will save time if we need it to complete your enrollment.

You can find the correct spelling, address, and phone number of your doctors on a prescription label or doctor bill.

Before your call

We suggest that you write down any questions you'd like to ask during your call. You might want to take a few notes before ending your call, so you can refer to them later. Use a separate sheet of paper if necessary.

Plans I want to discuss during my call:

Why I am interested in these plans:

Questions:

Before you conclude your call

Before ending your enrollment call, note the name of the plan(s) you applied for, and your reasons for selecting them. You can also request a printout of your choices to be sent to you. A *Selection Confirmation* letter will be mailed to you with information on the plan(s) you select.

Plan(s) I have applied for:

Why I chose them:

Premium information:

Who I spoke with:

A Timeline: After Your Call

After you enroll, look for these communications to arrive in the mail:

Selection confirmation

After your enrollment call, we will mail you a *Selection Confirmation* letter, which confirms that you have applied for coverage under the policies listed in the letter.

IMPORTANT!

Please note that this letter does not guarantee that the insurance company will issue you a policy. Your doctor, pharmacy or other health provider will not accept this letter as proof that you have coverage. Proof of coverage will come directly from your new insurance provider.

Please review your *Selection Confirmation* letter immediately, and contact us right away if you find any incorrect information.

Communications from your new insurer

In addition to your *Selection Confirmation* letter, you may also receive mailings, phone calls, or emails directly from your new insurer before you receive ID cards or confirmation of your new coverage.

IMPORTANT!

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

Insurance cards

Once your application is accepted, your new insurance company will mail identification cards. These cards will arrive by mail six to eight weeks after you have enrolled.

Speak with your medical provider's office about what they will accept as proof of insurance for expenses you may have before your insurance cards arrive.

If you need your ID cards sooner, you may be able to find them on your insurer's member sign-in site. If you don't have a computer or don't know how to access the member section of your insurance company's site, please contact us for assistance.

Your coverage begins on your policy's effective date, not the date your insurance card(s) arrive. If you have any medical care between your policy's effective date and the time your card arrives, your new policy will pay those expenses as long as the care you received is included in the list of covered services.

Online account and website

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

Stay informed and engaged

Once or twice a year we'll send you our *Experience Choice* 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 will send you a newsletter around the start of Open Enrollment containing information to help you evaluate whether you might want to change your coverage.

But if you are 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.

If you want to enroll in **Medigap** coverage during Open Enrollment, we will work with you and your preferred plan to handle any preexisting conditions you may have, but we can't guarantee that they'll accept you.

Frequently Asked Questions

Via Benefits has helped over one million retirees enroll in Medicare. We work with retirees every day and have gathered this list of frequently asked questions.

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

We work with top national and regional insurance companies to ensure that you have quality individual plan options. Individual plans might be similar to your current group plan, but you may be surprised to learn that a different plan could be better suited to your needs. Since 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. Insurers also cannot 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 will 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 licensed 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?

Nearly every plan will increase its premiums each year primarily due to the rising cost of medical care. Over the last few years, rate increases have been lower in the individual Medicare market than in other, non-Medicare insurance markets. However, this is on average—rate increases within your area may be lower or higher depending on the cost of medical care and other factors.

Medigap insurers base their plan rates on a schedule filed with your state's Department of Insurance. Your premium may increase based on your age group. In general, even with an increase, your plan premium will still be very competitive with other comparable Medigap 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 licensed 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 company?

In many cases, yes, you can. However, group health plans usually work differently than individual health plans, and your current insurance company may not offer an individual plan tailored to your specific needs. We'll help you compare your options to see specifically how each plan fits your needs. Your current insurance company may provide the right plan, or you may discover that another insurer offers a plan that is a better fit.

Will I lose or “replace” my Medicare?

You will not lose Medicare, but it may work differently depending on the type of plan you choose. If you enroll in a Medicare Advantage plan, it will cover all of your Medicare benefits. Medicare Advantage replaces the services covered by your Medicare Parts A and B. You must have both Medicare Parts A and B in order to enroll in a Medicare Advantage plan, also known as Medicare Part C. Medigap (also known as Medicare Supplement) plans work in tandem with Medicare.

Medicare continues to be the primary payer of your medical expenses. A Medigap plan pays for the leftover expenses after Medicare pays its part. You must have Medicare Parts A and B in order to enroll in a Medigap plan.

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 are covered by a group medical plan, you do not 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 company to maintain your coverage. Some insurers may require the first month's premium payment during the application process. In this case, expect to make a payment within a few days of your enrollment. To speed up your enrollment call, have your payment information ready when you contact us. Most insurance companies give you several billing options for ongoing payments: direct billing, electronic funds transfer from your checking account, or automatic deduction from your Social Security check.

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 are happy to help you make changes if necessary.

Do you offer plans that cover me in multiple states? Are there plans that cover me when I travel in or out of the country?

Every Medicare-participating provider in the United States accepts Medigap plans, and these plans offer some emergency benefits worldwide. If you travel frequently or live part of the year out of state, a Medigap plan may be right for you. Part D plans provide nationwide coverage from participating pharmacies. While Medicare Advantage plans cover urgent and emergency services nationwide, some may not provide nationwide coverage for nonemergency services. Thus, if you live part of the year out of state, or travel out of the country often, Medicare Advantage plans may not be right for you.

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 are 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 licensed 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 licensed benefit advisor must, by law, be licensed, certified, and

appointed to talk with you about the plans in your specific geographic area. We won't go into the art and science of scheduling licensed benefit advisors to make sure we have the right people on duty at all times to meet the needs of our callers—but it is a complex task, as you might imagine.

But you can feel confident that if you can't reach the person you request, all of your information is online in our secure system. Another member of our team will be happy to assist you.

If I need assistance, can someone else speak with a licensed 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 anytime after.

Do you offer dental insurance?

You will still have access to dental coverage through your retirement system. Via Benefits also offers dental insurance plans by Renaissance Dental, Humana, and MetLife. These plans include a wide range of services. Learn more about dental plan features on our website, or ask about them during your enrollment call.

Do you offer vision insurance?

You will still have access to vision coverage through your retirement system. Via Benefits also offers a vision insurance option that provides immediate access to premium vision coverage—including annual eye exams, prescription eyewear, personalized care and more—from VSP® Vision Care.

VSP® Vision Care is the nation's largest eye care provider, providing access to a nationwide network of 22,000 community-based independent eye doctors.

When will I receive my HRA Welcome Kit?

Your HRA Welcome Kit will be mailed about two weeks prior to your new Medicare supplemental coverage effective date. The kit will contain information about your allowance, how to submit for premium and eligible expense reimbursement, as well as a list of eligible expenses. If your kit does not come within the two-week time frame, contact Via Benefits.

What is Automatic Premium Reimbursement (AR)?

AR allows you to obtain reimbursement without submitting a monthly reimbursement request form. You may activate this feature, if it is available for the plans that you selected, in your online account or through Via Benefits customer service. Once you have elected to receive AR, you do not have to submit requests for these expenses in order to be reimbursed.

To verify whether or not you chose AR, 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.

How long does Automatic Premium Reimbursement take?

AR is not intended to be the fastest way to be reimbursed. It is intended to remove the burden of submitting monthly premium reimbursement requests.

The majority of AR will arrive within two to three months following the start of your plan. The first payment will usually include a reimbursement for the first two months. Timing depends on your specific insurance carrier/health care provider and when your policy was issued.

Once AR begins, it will usually arrive about the same time each month. This may vary depending on when your premium payments to your carrier are made and the timing of the files being sent to Via Benefits from your insurance provider.

Who do I contact if I have questions?

If you have questions that are not answered in this guide or online, or if you simply prefer to speak to someone, call a Via Benefits customer service representative.

Our customer service representatives are available Monday through Friday, from 8 a.m. until 9 p.m. Eastern Time. Call us using the toll-free phone number printed at the bottom of every other page.

To direct your call accurately, the Via Benefits telephone system may ask you to select from a menu of options. If you are calling about the status of an Automatic Premium Reimbursement payment, say “funding.” If you are calling with questions about your funding account or requests, say “funding.”

To verify your identity, you may be asked a few questions before you are connected to a representative. Please be prepared to provide your ZIP code and the last four digits of your Social Security number.

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.

Copayment, also known as copay: A charge, collected at the time of service and paid by the patient for certain services, including prescription drugs. Generally, plans do not apply copayments toward deductibles and out-of-pocket maximums.

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

Health Maintenance Organization (HMO): An HMO provides or arranges managed care for health insurance. An HMO covers care given by those doctors and other professionals who have agreed by contract to treat patients according to the HMO's guidelines. HMOs cover emergency care regardless of the health care provider's contracted status. HMOs often require members to select a primary care physician (PCP), a doctor who coordinates care and refers you if you need specialty medical services.

Individual vs. Group Insurance Plans: Insurance plans offered by employers are called group plans because they group together the employees or retirees who belong to that employer. Individual plans (paradoxically) actually bring a larger number of people together under one plan than do employer group plans, which is one reason why they can have lower premiums.

To put it another way: An employer chooses a group plan on behalf of its employees or retirees. An individual chooses an individual plan for him or herself. The insurance company then groups 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 companies that contract with Medicare to provide your Medicare Parts A and B benefits offer these plans. Medicare Advantage plans may also cover other services, like prescription drugs. Earlier we discussed MAPD in the “Evaluate Your Options” section on page 13. 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 do not 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 are without prescription drug coverage and later want to enroll in a Part D plan.

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

Private Fee-for-Service (PFFS): A type of health insurance plan offered by a private company that covers a set range of services and allows you to choose your doctor or hospital with no (or minimal) restrictions so long as the doctor participates in that plan.

Preferred Provider Organization (PPO): Sometimes referred to as a participating provider organization, a PPO is an organization of medical doctors, hospitals, and other health care

providers who have contracted with an insurer or a third-party administrator to provide health care services at reduced rates to the insurer's or administrator's clients. Members can seek services outside the contracted providers, but generally at a higher cost.

Prescription Drug Gap: Medicare drug plans have a coverage gap, sometimes called the donut hole. This means that when your 2019 total yearly drug costs reach \$3,820, you get a 75% discount on generic drugs and a 70% discount on brand name drugs, until your total cost (before discounts) reaches \$5,100. Some plans offer generic drug coverage in the gap.

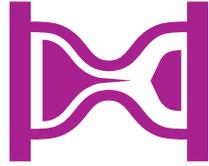
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**TIME-SENSITIVE INFORMATION REGARDING YOUR
2019 HEALTH CARE INFORMATION ENCLOSED.**