

2020 Enrollment Guide

Enroll in Additional
Medicare Coverage
for 2020





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Introducing Via Benefits

Trusted advisor to more than a million Medicare-eligible participants

Via Benefits Insurance Services provides support to you as you evaluate and enroll in additional individual Medicare coverage.

Via Benefits is not an insurance company. We are a resource that offers you the country's largest Medicare marketplace, allowing you to select from a wide variety of Medicare plans from national and regional insurance companies. Our marketplace has Medicare Supplement Insurance (Medigap), 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. 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

Via Benefits not only gives you access to the nation's largest Medicare marketplace but also provides you with personalized assistance from our benefit advisors, all at no cost.

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

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

Quality plan options

We work with leading national and regional insurance companies to ensure you have quality plans to choose from. Because we offer a range of options, you may find coverage that is better than your current plan at a lower cost.

Efficient, accurate enrollment

Once you have selected a plan, you will work with an application data processor to complete your application. After your application is submitted, you can track its status on our website.

Support after you enroll

Throughout the year, if you have questions about anything relating to your coverage, we are here to help.



Your New Coverage: Getting Started

As you move from your current health plan into individual Medicare coverage, you will need to take a more active role in evaluating your plan options. Via Benefits helps you understand those options and works with you to find plans that meet your medical and financial needs.

Medicare includes a number of “Parts” and plans that cover different benefits. Original Medicare, also known as Medicare Parts A and B, is the health insurance provided by the federal government when you turn 65 (in most cases). Because Original Medicare only pays for 80% of your doctor and hospital costs, you’ll want to purchase additional Medicare coverage. This additional Medicare coverage is offered by private companies and helps pay for the costs that Original Medicare doesn’t cover.

Since Medicare only offers individual coverage, you and your spouse or dependent will be covered under separate individual plans and not under a family plan. This means you and your spouse or dependent can individually enroll in the same or different plans, according to which plan fits each of your needs.

For more information on Medicare coverage options, see the section titled “Review Your Plan Options.” on page [\[19/23\]](#).

Your Enrollment Period

You may be enrolling during a Special Enrollment Period (SEP) or an Initial Enrollment Period (IEP), or you may be enrolling during the annual Open Enrollment Period held every fall from October 15 – December 7. Regardless of when you are enrolling, Via Benefits will work with you, helping you select a plan that fits your financial and medical needs.

If you are 65 or older, you'll most likely be enrolling during an SEP. An SEP is granted when certain life events occur, such as losing group coverage or moving to another state. These circumstances allow you to enroll, with guaranteed issue, in new Medicare plans outside of the Open Enrollment Period in the fall of each year.

If you'll soon be turning 65, you'll most likely be enrolling during an IEP. An IEP is a seven-month period when you're able to enroll in Medicare coverage with guaranteed issue. Your IEP starts three months before the month of your 65th birthday, and includes the month of your birthday and the three months after your birthday.

What is guaranteed issue?

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



Guaranteed issue rights for Medicare coverage

Medicare coverage is available to everyone who is Medicare-eligible. If your current coverage is ending or you are in an SEP or IEP, you will be guaranteed coverage regardless of your current medical condition — as long as you enroll during your specified enrollment period. In addition, federal law guarantees you will be covered by at least one of the plans available in your area.

Guaranteed issue and Medicare Supplement Insurance (Medigap)

In general, you can get guaranteed issue Medigap policies during any enrollment period. However, there are some states in which you can only get guaranteed issue during the initial enrollment period and may be subject to underwriting if signing up at a later date. If you are interested in a Medigap policy, be sure to check on the Via Benefits website or speak with your licensed benefit advisor regarding this during enrollment.

Coverage requirements

To enroll in Medicare insurance, you must have Medicare Parts A and B. If you need to enroll in Part A and/or Part B, contact your local Social Security office, visit www.ssa.gov/benefits/medicare/ or call 1-800-633-4227 (TTY 1-877-486-2048).

Please note:

This guide is not intended to replace information provided to all Medicare recipients by the government. We encourage you to review all information available at Medicare.gov, which will provide you with complete details about Medicare plans, including beneficiary rights, preventive services, state assistance options, and more.

Three Steps to Enrollment

We recommend following these three steps to help you enroll in new coverage. If you have questions or need help with any of these steps, simply call Via Benefits. We are here to help you prepare for your enrollment.

STEP

1

COMPLETE YOUR PERSONAL PROFILE

To help you find plans that meet your medical and financial needs, we will need to collect information about you, your prescription drugs, and the doctors you want to continue to see. After gathering all this information, we recommend entering it into your online personal profile. Doing this will help give us a better sense of your coverage options from the start.

If you don't have access to a computer or choose not to complete your online profile, a Via Benefits representative can complete it for you during your call to enroll. We recommend writing your collected information on a separate sheet of paper and keeping it with this guide, so you can refer to it during your call.



Collect your information

Your personal and Medicare information

We'll need the following personal information to complete your enrollment. Please note that we collect these pieces of information so we can securely match your online profile to the information provided to Via Benefits by your former employer.

- ✓ *Your legal name*
- ✓ *Phone number*
- ✓ *Address*
- ✓ *Social Security number*

You'll also need to provide the following information from your Medicare ID card. We suggest having your card available at the time of your call and/or profile creation.

- ✓ *Your name as it appears on your card*
- ✓ *Your Medicare number*
- ✓ *Your Part A and Part B coverage start dates*



Your prescription drug information

We can help you find drug plans that cover your medications while minimizing your out-of-pocket expenses.

You will need to have the following information about each prescription medication you take.

- *Drug name*
- *Form (tablet, liquid, gel capsule, etc.)*
- *Dosage*
- *Quantity per 30-day period*

You can find this information on the medication label. Remember to include medications you order by mail.



Your doctor information

We know it's important for you to keep seeing your current doctors or specialists, we'll check to see if they participate in the plans that interest you.

We may need to collect the names and addresses of the doctors that you want to continue to see, including your primary care physician. You can find this information on a medication label or medical billing. Entering your doctor's information into the **My Doctors** section of your online personal profile shortens your enrollment call by giving us a record of that information when we are helping you find a plan.



Other medical considerations

Before you enroll, think about the answers to the following questions, which will help identify plans that meet your needs:

-  *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 need routine care — such as 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 it means you can pay lower premiums?*
-  *Do you have a home in another part of the country. Do you travel a lot?*
-  *Do you have a preferred insurance carrier? Are there things you like or dislike about your current plan?*

Create your personal profile

After you've collected your information, you're ready to create your online personal profile. To do so, you'll need to create an online account. By completing your personal profile, you can simplify the enrollment process whether you choose to shop online or enroll over the phone.

If you don't use a computer or prefer to set up your online personal profile by phone, you are welcome to call us.

Create an online account

Creating an online account is simple to do. To start, go to the Via Benefits website (see the web address at the bottom of this page) and select the **My Account** tab. Next, select the **Create an account** button under the **First-time Visitor?** section. You will be asked to provide an email address and create an account username and password. (Once you've created these, please write them down for future reference.) We will also need your Social Security number, but strictly for the purpose of authenticating your identity based on information we received from your former employer.

Complete your online personal profile

Your online personal profile contains information about you, your doctors, and your prescription drugs.

When you first look at your personal profile, you may see that some information has already been filled in. Wespath Benefits and Investments has shared this information with us. You may change or edit the information in your personal profile by clicking the **Edit Profile** link on the **My Account** section of our website.

If there are doctors you wish to continue seeing, enter their information into the **My Doctor** section of your personal profile. This will help filter medical plans by those that include your physicians.

Online security and privacy

Our website is secure, and we guard your privacy. Via Benefits is meticulous in all matters regarding information security and the protection of data. We constantly monitor our systems to safeguard your information. All information on our site is secure and is subject to HIPAA (federal data privacy) regulations.

STEP

2

SCHEDULE A CALL TO ENROLL

You can schedule your call to enroll either by going online or calling us. We recommend scheduling as soon as possible in order to secure a date that gives you enough time to consider your options by Coverage End Date.

During your call, a licensed benefit advisor will walk you through your coverage options, help you determine which plans meet your medical and financial needs, and have you work with an application data processor to complete your enrollment application. The call will take about 90 minutes per person to complete. If you are also enrolling a Medicare-eligible spouse or dependent, you are both welcome to enroll at the same time or make a separate appointment to enroll.

Legal housekeeping

When you call Via Benefits to schedule your call to enroll, you will be asked to confirm that you agree to discuss Medicare plan options with us. This is a required statement by the Center for Medicare & Medicaid Services created for your protection as a consumer.

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 information on a computer screen. Additionally, your licensed benefit advisor can teleconference your helper who may be calling from a different phone number. Your helper can also act on your behalf to choose your coverage, if you wish.*

**Your licensed 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 your legal Power of Attorney documentation authorizing him or her to act on your behalf.*

STEP

3

REVIEW YOUR PLAN OPTIONS

The following information about your Medicare plan options will help you make an informed and confident choice during your call to enroll. Before your call, we encourage you to go to the Via Benefits website to review the plans available to you in your area. Don't worry if you're unsure about which plans are right for you — your licensed benefit advisor will help you understand your options and select coverage that meets your medical and financial needs.

Original Medicare

In most cases, when you turn 65, the federal government provides you with Original Medicare, also known as Parts A and B. Broadly speaking, Part A covers hospital stays and Part B covers doctor visits. Although Original Medicare pays for most of your health care expenses, it does not pay for everything. To reduce your out-of-pocket costs, you'll need to purchase additional Medicare coverage.

Comprehensive coverage

Additional Medicare coverage available through Via Benefits helps you pay for some costs Original Medicare does not cover. In most cases, when you enroll in Medicare coverage through Via Benefits, you will choose between these two options:

Option 1

Medicare Supplement Insurance (Medigap)

Original Medicare + a Medigap policy + a Part D Prescription Drug plan

With this option, you purchase Medigap and a Part D Prescription Drug plan to work along with Original Medicare (Parts A and B). A Medigap Insurance policy helps pay for out-of-pocket health costs that you have with Original Medicare, such as copayments and deductibles. An individual Part D Prescription Drug plan helps pay for out-of-pocket prescription drug costs.

With this option, there is no network of doctors and service providers in the traditional sense – you can see any service provider who accepts Medicare.

This option is good for those who would rather minimize out-of-pocket expenses in favor of a larger premium.

Option 2

Medicare Advantage and MAPD (Medicare Advantage and Part D Prescription Drug plan)

Sometimes known as Medicare Part C

With an MA, or MAPD plan, sometimes referred to as Medicare Part C, all of your Medicare benefits are provided by a private insurer who contracts with Medicare. Both plans bundle Medicare Parts A and B, and generally operate as an all-in-one plan. MAPD plans include both health and prescription drug coverage and may also include routine eye, hearing, and dental care.

Both plans have networks, so you will want to check if your preferred doctors are in the network of the new plan you're considering.

MA and MAPD plans tend to have a lower premium but may require more out-of-pocket expenditures.

IMPORTANT!

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.

Your options in detail

To help you compare coverage options, we've identified key features

	Medicare Supplement Insurance
Are there eligibility requirements?	<ul style="list-style-type: none">You must have Original Medicare (Parts A and B) before enrolling in a Medigap policy. Please see page 11 for information on enrolling in Parts A and B.
What are payments like?	<ul style="list-style-type: none">You pay a monthly premium, which is generally higher than a Medicare Advantage plan. However, these plans cover most or all of your out-of-pocket costs when you go to the doctor or hospital.You must purchase a separate Part D Prescription Drug plan, for which you will also pay a monthly premium.You also must pay a Medicare Part B premium, which is typically deducted from your Social Security check.
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 plan, check if they accept Original Medicare.
Does it include hospital coverage?	<ul style="list-style-type: none">Yes, Original Medicare includes hospital coverage.Medigap policies pay most or all of your out-of-pocket hospital costs.
Does it include prescription drug coverage?	<ul style="list-style-type: none">No. You must enroll in a separate Part D plan to cover prescription drugs.

of Medigap Policy and Medicare Advantage plans.

Medicare Advantage plan

- You must have Original Medicare (Parts A and B) before enrolling in a Medicare Advantage plan. Please see page 11 for information on enrolling in Parts A and B.
- 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.
- 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.
- There are four types of Medicare Advantage doctor networks: HMO, PPO, Cost Plans, and PFFS. (See Glossary for definitions.)
- Yes, Medicare Advantage plans cover all of the hospital services that Original Medicare covers.
- You will need to pay out-of-pocket costs such as copayments or coinsurance.
- There are two types of Medicare Advantage plans, MAPD plans, which include prescription drug coverage, and standalone Medicare Advantage plans, which do not.

Continued >

Your options in detail (continued)

Key Reasons for Selection

Medicare Supplement Insurance (Medigap)

- **The flexibility to go to any doctor or hospital that accepts Medicare.**
- **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 policy, it will cover most or all of your out-of-pocket medical costs.

Medicare Advantage plan

- **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.

Review Plans With Our Online Tools

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 the plans in our online marketplace once you 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.

Finding information about specific plans

Because we offer thousands of plans from insurance companies across the United States, we are unable to include specific information in this guide. However, on our website you will find extensive information about plans available in your area, including cost.



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 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.

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.

Plan summaries

If you'd like to review the summary of benefits for a plan, select **View Details** in the plan description that appears in your search results.

Enroll online

If you see a plan you want to purchase, place it in your shopping cart and begin the checkout procedure. You will be able to select and enroll in many plans online—although some plans require you to call Via Benefits to complete the enrollment.

If you're not sure which plan is right for you and you've not yet had your enrollment call, just place the plans you like in your shopping cart and your licensed benefit advisor will be able to discuss them with you over the phone.

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 medical expenses, and much more.

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 in 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 marketplace – Medigap, for example – but not others.
- Other insurance companies may not have the technical capabilities required to offer their plans through an online marketplace.

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 policy for which you are applying. They are for your protection and required by the insurance company and/or 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.

Communications

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

Selection Confirmation letter

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

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. 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 company to fully process your enrollment.

IMPORTANT!

Please note that the *Selection Confirmation* letter does not guarantee that the insurance company will issue you a policy. 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 insurer.

Insurance cards

Once your application is accepted, your insurance company will mail you identification cards. These cards will arrive typically within four weeks, but can take up to eight 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 insurer's member website. 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 plan's coverage is not delayed because your insurance card has not been received.

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.

Online updates

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

Frequently Asked Questions

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

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

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 during your enrollment period and before your current health coverage expires. Insurers cannot deny you or charge you more because a doctor has already treated you for a health condition. There may be some instances which you may be subject to medical underwriting.

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 policies but require copayments for services. Medigap policies 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?

For the majority of all plans, premiums increase each year 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. 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 licensed benefit advisor will work with you to find the plans that include your doctors in their networks. We recommend talking to your doctors ahead of time and asking which Medicare plans they accept.

Can I continue to use the same insurance company?

In many cases, yes, you can. However, your current insurance company may not offer a Medicare plan tailored to your specific needs. You may discover that another insurer 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 will not 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 a Medicare Advantage or a Medigap policy.

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

Yes. Part B is required for a Medicare Advantage plan or Medigap policy. Part D Prescription Drug plans only require you have Part A or 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. 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 I need to get new prescriptions from my doctor for my new coverage through Via Benefits?

This will depend on the plan you select and how you receive your current prescriptions. In general, for 30-day prescriptions refilled at a retail location, you will not need to ask your doctor for a new prescription. Those prescriptions will be carried forward to the new coverage you elect through Via Benefits. For mail order, 90-day supply prescriptions, you will need to ask your doctor for a new prescription. Your licensed benefit advisor will help you select prescription drug coverage and discuss any steps you need to take to continue receiving your medications without interruption. Also, you may want to refill your prescriptions as close as possible to the end your current coverage, so you aren't in immediate need.

Will Via Benefits be available to assist me next year?

Yes. Unlike group insurance, you don't have to re-enroll every year. If you like your plan you can keep it, and the plan will automatically renew. But if you have questions or need help with your insurance, contact Via Benefits.

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?

Most Medicare participating providers in the United States accept Medigap, 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 nonemergency services. It depends on the insurance company. Ask your benefits advisor on the call if this feature is important to you.

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

Every year, the Open Enrollment Period (OEP) allows you to change your Medicare Advantage or Medicare Part D Prescription Drug plan. Medigap policies don't have an Open Enrollment Period — you are free to apply for a different policy at any time. However, after your first enrollment period, depending on the laws of your state of residence, you may have limited options. Call Via Benefits if you have questions about your state's laws surrounding Medigap policy. Your medical status may limit the plans available to you since you are subject to medical underwriting and the plans are not guaranteed issue.

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. You can feel confident that if you can't reach the person you request, all of your information is online in our secure system. Every benefit advisor is, by law, licensed, certified and appointed to talk with you about the plans in your specific geographic area. 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.

Do you offer dental insurance?

Via Benefits offers dental insurance plans from several different providers. 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?

Via Benefits offers a vision insurance options that provide 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.

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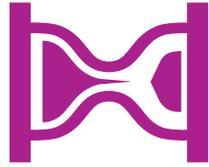
*Extend Insurance Services, LLC is changing its d/b/a from Towers Watson's OneExchange to Via Benefits Insurance Services



1 1 SP 0.900
*****SNGLP T1 P1



John Sample
1234 Street Name
Any Town, STATE 00000



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