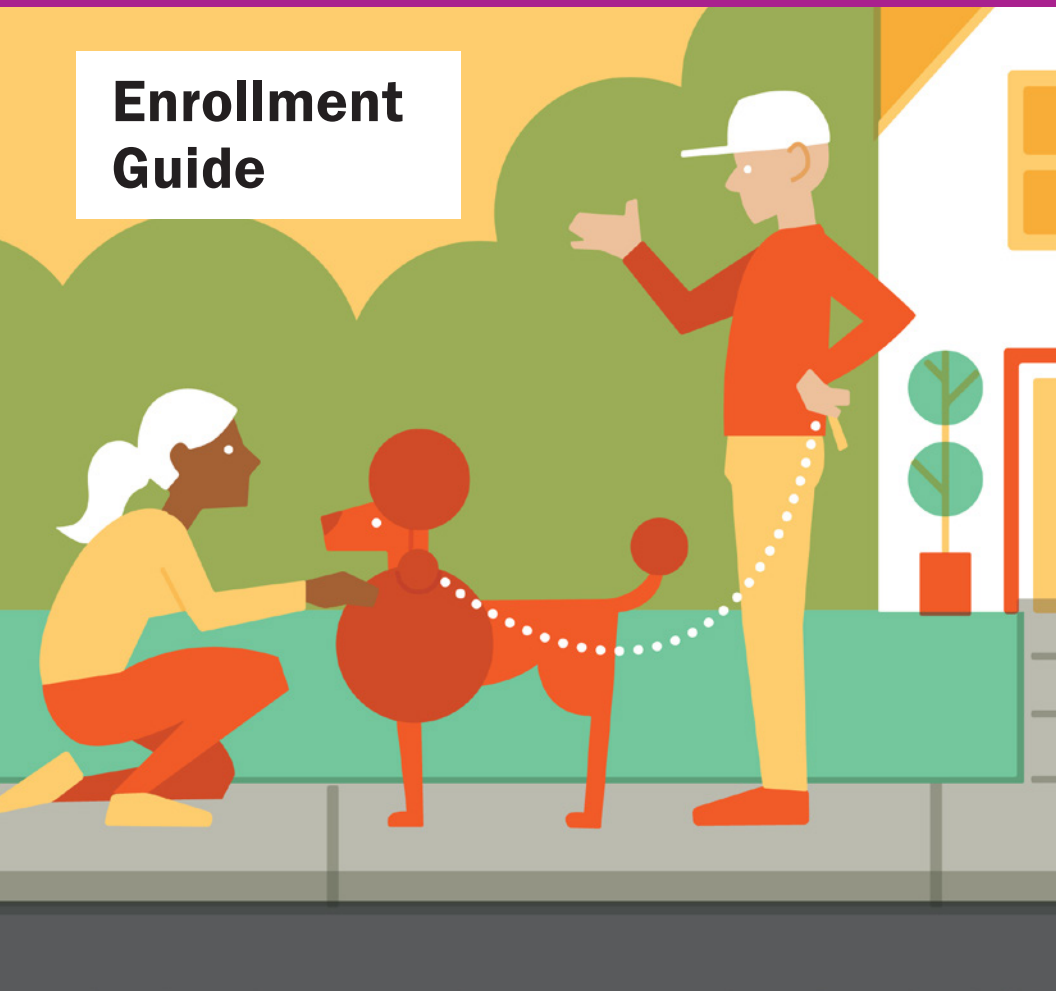
2018

OneExchange®
from Towers Watson

Enrollment Guide



Enroll in Additional Medicare Coverage for 2018

EMORY UNIVERSITY

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Contact us by phone

1-855-241-5720 | (TTY: 711)

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

Review your options online

Medicare.OneExchange.com/emory

U1C-EG-DV-RET-2018-REV-1

Towers Watson's OneExchange

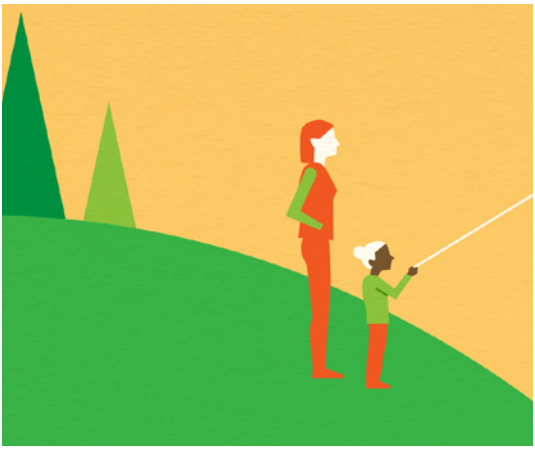
Trusted advisor to more than a million Medicare-eligible participants

Towers Watson's OneExchange is a service that supports you as you evaluate and enroll in additional individual Medicare coverage.

OneExchange 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.

Since Medicare can be complicated and your health care decisions are important, you'll get personalized assistance from a certified and licensed benefit advisor who will 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

Our licensed benefit advisors advisors have helped more than a million retirees select and enroll in coverage that meets their needs. When you work with OneExchange, 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 OneExchange 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 plan options. Since we offer a range of options, you may find coverage that is better than your current plan at less cost.

Efficient, accurate enrollment

Once you have selected a plan, you will work with an application data processor to complete your application to ensure accurate processing. After your application is submitted, you may 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

The OneExchange marketplace gives you many plan options to consider, placing you in control to decide which additional coverage is right for you. We help you understand what options are available to you and work 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). Since Original Medicare only pays for 80% of your doctor and hospital costs, you'll need 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 that 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."

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, OneExchange 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

In general, you can get guaranteed issue Medicare Supplement 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 Medicare Supplement policy, be sure to check on the OneExchange website or speak with your licensed benefit advisor regarding this during enrollment.

Coverage requirements

In order to enroll in Medicare insurance, you must have Medicare Part A and Part B. If you need to enroll in Part A and/or Part B, contact your local Social Security office, visit https://www.ssa.gov/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 www.medicare.gov, which will provide you with complete details about Medicare plans, including beneficiary rights, preventive services, state assistance options, and more.

Enrollment Checklist: Three Steps to Enrollment

We recommend following the three steps in this section to help you prepare to enroll in new coverage. If you have questions or need help with any of these steps, simply call OneExchange. 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'll 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. While you will still need to verify this information over the phone during your call, entering it into your profile 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 OneExchange representative can complete it for you when you call to schedule your enrollment appointment or during your call to enroll. Please keep in mind this will extend the total length of your enrollment call. We recommend writing your collected information down on a separate sheet of paper and keeping it with this guide, so you can refer to it during your call.

Collect your information

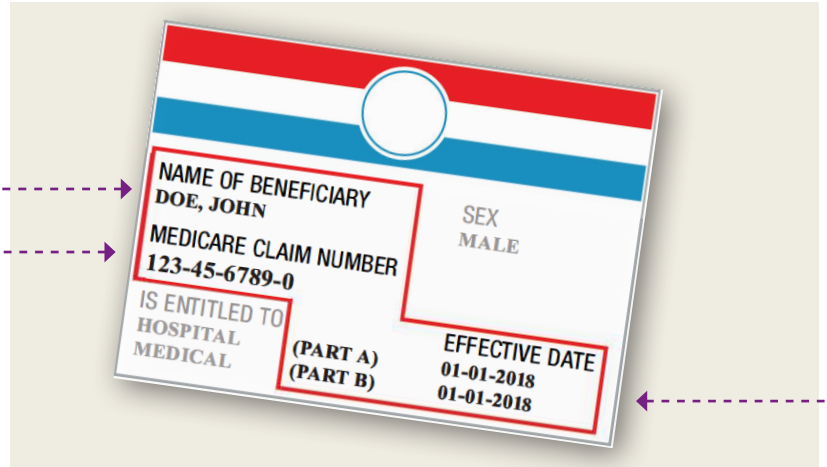
Your personal and Medicare information

We'll need to have the following personal information to complete your enrollment. Please note that we collect these pieces of information so that we can securely match your online profile to the information provided to OneExchange 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 claim number*
- ✓ *Your Part A and Part B effective 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 your medications for each prescription you take.

- *Drug name*
- *Form (tablet, liquid, 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 medical information

Since 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'll need to collect the names and addresses of the doctors that you want to continue to see. Please be sure to include your primary care physician. You can find this information on a medication label or medical billing.

Other medical considerations

Before your call to 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 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 it means you can pay lower premiums?*
- *Do you have a home in another part of the country, or do you travel a lot?*
- *Do you have a preferred insurance carrier? What do 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. Simply follow the directions on the next page to create your OneExchange account and complete your personal profile. 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 start, go to the OneExchange website (see the web address on page two) and click the **My Account** link. You will need to provide an email address and create an account ID 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. All of these are essential to helping you find plans that meet your needs.

When you first look at your personal profile, you may see that some information has already been filled in. Your former employer or benefits provider shared has shared this information with us. As you complete your personal profile, we will ask you to confirm this information so we can be sure that it is up to date and correct. 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.

In addition to confirming information, you can enter the information you collected about your doctors, prescription drugs, and other topics. Our website will guide you through the process of completing your online personal profile.

Online security and privacy

Our website is secure, and we guard your privacy. In fact, OneExchange 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. Leave yourself enough time to gather information, evaluate your choices, and enroll. You should complete your enrollment before your current coverage ends.

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. Your spouse or eligible dependent is also welcome to make a separate appointment to enroll.

Legal housekeeping

When you call OneExchange 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 be 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 connect your family member or caregiver who may be calling from a different phone number. Your family member or caregiver can also act on your behalf to choose your insurance plan, if you wish.*

To get more information on what to expect during your call to enroll, please see the "Your Call" section on page 26.

**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 caregiver will need to have possession of your legal Power of Attorney document authorizing him or her to act on your behalf, as many insurance companies will require evidence. Although OneExchange doesn't request this information in order to enroll, it may be requested at a later time by the Medicare insurance carrier you choose.*

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 OneExchange 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 Medicare Part A and Part B. Broadly speaking, Part A covers hospital stays and Part B covers doctor visits (for more information see "Medicare Parts" in the Glossary). 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 OneExchange helps you pay for some costs that Original Medicare does not cover. In most cases, when you enroll in Medicare coverage through OneExchange, you will choose between these two options:

Option 1

Medicare Supplement Insurance (Medigap)	Original Medicare + a Medicare Supplement policy + a Part D Prescription Drug plan

With this option, you purchase Medicare Supplement Insurance and a Part D Prescription Drug plan to work along with Original Medicare (Parts A and B). A Medicare Supplement 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 (Medicare Supplement Insurance does not include drug coverage).

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

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

This option tends 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?	▪ You must have Original Medicare (Parts A and B) before enrolling in a Medicare Supplement Insurance (Medigap). Please see page 7 for information on enrolling in Parts A and B.
What are payments like?	▪ 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?	▪ 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.

of Medicare Supplement 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 7 for information on enrolling in Parts A and B.

- You pay a monthly premium, which is generally lower than a Medicare Supplement 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.)

Continued >

	Medicare Supplement Insurance (Medigap)
Does it include dental and vision coverage?	▪ **No.** However, separate dental and vision plans are available.
Does it include travel coverage?	▪ Every Medicare-participating provider in the United States accepts Medicare Supplement Insurance. ▪ Some plans offer emergency benefits worldwide. ▪ Part D plans provide nationwide coverage from participating pharmacies.
Does it offer guaranteed issue rights after the Initial Enrollment Period (in case you want to make future plan changes)?	▪ **No.** In most states, if you don't enroll during your Initial Enrollment Period (IEP) or Special Enrollment Period (SEP), an insurance company can use medical underwriting to deny you coverage. (See "Guaranteed issue" in the Glossary for more information.)
What are key reasons for selecting it?	▪ **If you prefer the flexibility to see any doctor that accepts Medicare.** ▪ **If you have frequent doctor visits,** Medicare Supplement Insurance may be more cost effective. These plans pay most or all of your out-of-pocket expenses for doctor visits. ▪ **If you travel frequently or live part of the year out of state,** Medicare Supplement Insurance may be right for you since these plans are accepted by many doctors and hospitals.

Medicare Advantage plan
▪ Dental and vision coverage vary by plan. Separate dental and vision plans are available if you choose a plan without this coverage.
▪ Medicare Advantage plans cover urgent and emergency services nationwide but may not provide nationwide coverage for non-emergency services.
▪ **Yes.** You can enroll in and make changes to Medicare Advantage plans during any Medicare Open Enrollment Period.
▪ **If you are willing to see doctors within a defined network,** a Medicare Advantage plan could be a lower-cost option for you. ▪ **If you visit the doctor infrequently,** a Medicare Advantage plan may be more cost effective. These plans offer low premiums in exchange for per-visit fees. ▪ **You want 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'll review your plan options with you during your call to enroll.

Finding information about specific plans

Since we offer thousands of plans from insurance companies across the United States, we are unable to include specific information in this guide on the plans available in your area. 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.

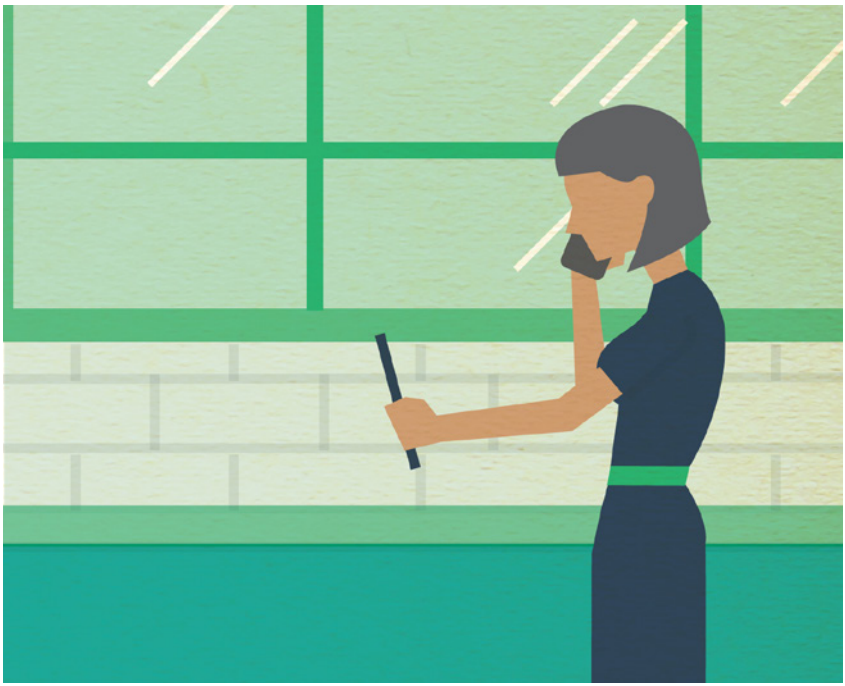
Enroll online

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 OneExchange 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

Clicking 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 insurance, shop for plans, get reimbursed for medical expenses, and much more.



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

OneExchange 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—Medicare Supplement Insurance, for example—but not others.
- Other insurance companies may not have the technical capabilities required to offer their plans through an online marketplace.

NOW YOU'RE READY FOR YOUR CALL TO ENROLL!

1 2 3 READY!

Call OneExchange at your scheduled appointment time.

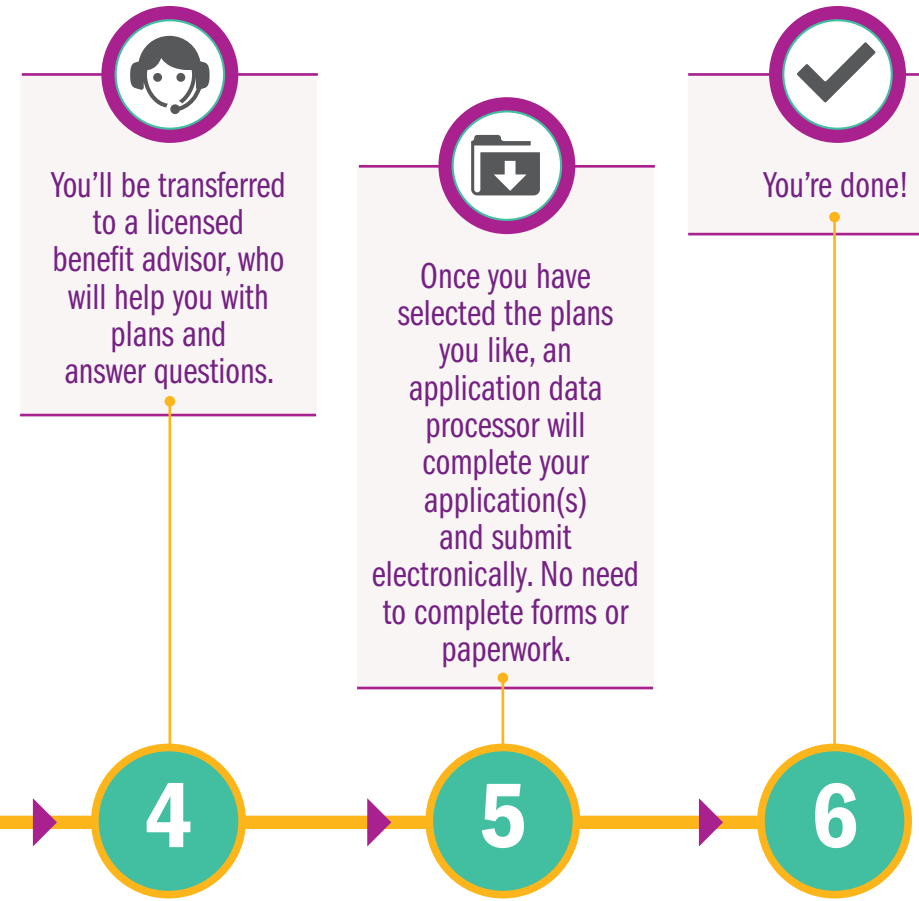
You'll be connected with our automated system and will answer a few questions to confirm your identity.

If you didn't complete the online personal profile, a representative will collect that information from you (see "Collect Your Information"). Please have this information ready.

1 → 2 → 3

YOUR CALL TO ENROLL

After you've completed the enrollment checklist, you're ready for your scheduled call with a licensed benefit advisor. The following diagram shows what to expect during your call.

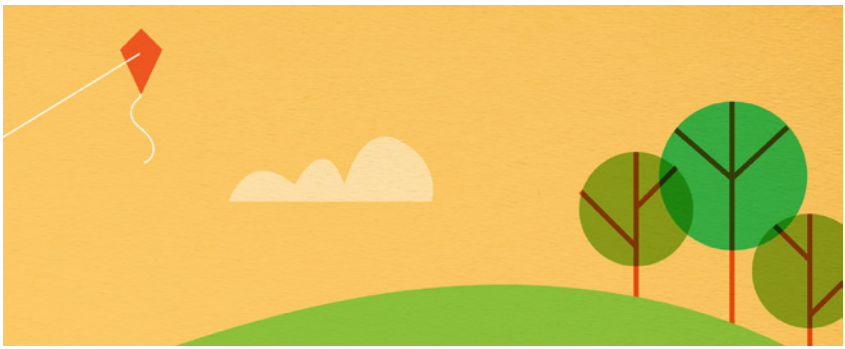


We recommend writing down some information during your call, including the name of your licensed benefit advisor, plans that you applied for, and your reasons for selecting them. A *Selection Confirmation* letter will be mailed to you with information on the plan(s) you selected.

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 that 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 you're applying for. They are for your protection and required by the insurance company and/or your state's Department of Insurance and/or Medicare. Please note that 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 OneExchange 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

After your call to enroll, 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 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.

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 insurance company will mail you identification cards. These cards will arrive by mail six 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. Please contact us if you need help with this.

Your coverage begins on your policy's effective date, not the date your insurance cards 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.

Online updates

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

Experience Choice newsletter

A few times 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.

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

OneExchange has helped more than a million people enroll in Medicare insurance. 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. 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 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 Medicare Supplement policies but require copayments for services. Medicare Supplement Insurance tends 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 insurance 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 bundles the services covered by Medicare Parts A and B. Medicare Supplement Insurance on the other hand, works in tandem with Medicare to pay medical expenses. You must have Medicare Parts A and B in order to enroll in a Medicare Advantage or a Medicare Supplement policy.

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

Yes. Part B is required for Medicare Advantage plan or Medicare Supplement 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 OneExchange?

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 OneExchange. 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 of the plan year so that you aren't in immediate need of a prescription in the beginning of the new year.

Will OneExchange be available to assist me next year?

Yes. Unlike group insurance, you don't have to reenroll 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 OneExchange.

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 Medicare Supplement Insurance, and these plans offer some emergency benefits worldwide. If you travel frequently or live part of the year out of state, a Medicare Supplement policy may be right for you. 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.

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. Medicare Supplement policies 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 Medicare Supplement 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?

OneExchange 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 call to enroll.

Do you offer vision insurance?

OneExchange 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.

Glossary

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 for covered medical expenses before your plan begins paying.

Guaranteed issue: This means an insurance company can't refuse to insure an applicant because of any preexisting medical condition. Medicare Advantage plans are always guaranteed issue during the Initial or Special Enrollment Period (for Medicare-eligible individuals who have Medicare Part A and Part B coverage) and subsequent Open Enrollment Periods. Medicare Supplement policies are only guaranteed issue during the Initial or Special Enrollment Period. If you do not enroll in a Medicare Supplement policy when you are eligible, in most states you will lose guaranteed issue rights for future Medicare Supplement Insurance applications. Or if you want to change to a different Medicare Supplement policy after you first enroll, you may be denied coverage based on your health status. In addition, if you have opted out of your current health plan or already have an individual Medicare Supplement policy or Medicare Advantage plan, federal law cannot guarantee your coverage for Medicare Supplement Insurance during this enrollment period.

Initial Enrollment Period (IEP): An IEP is a seven-month period when you're able to enroll in Medicare coverage. It starts the three months before the month of your 65th birthday, and includes the month of your birthday and the three months after your birthday. During this time, you are able to enroll in any Medicare plans with guaranteed issue. It's important to note that Medicare Supplement policies are only guaranteed issue during your Initial Enrollment Period in many states.

Open Enrollment Period (OEP): A period of time each year when you can sign up for health insurance. The OEP runs every year between October 15 and December 7. If you don't sign up for health insurance during this period, you may not be allowed to sign up for coverage until the next OEP—unless you qualify for a Special Enrollment Period.

Special Enrollment Period (SEP): An SEP is granted when certain life events occur—losing group coverage, moving to another state, and other special cases. These circumstances allow you to enroll, with guaranteed issue, in new Medicare plans outside of the Open Enrollment Period.

The Medicare "Parts"

Original Medicare

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

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

Medicare Insurance

Part C: Medicare Advantage and Medicare Advantage with Prescription Drug (MAPD): Private insurance companies that contract with Medicare to provide your Medicare Part A and Part B benefits offer these plans. Medicare Advantage plans may also cover other benefits, like prescription drugs. MAPD plans bundle your medical and prescription drug coverage together. Medicare Advantage plans may be HMOs, PPOs, or PFFS. These plans pay your medical bills, instead of your bills being paid by Original Medicare. See page 18 for more information on these plans.

Part D: Prescription drug coverage: Prescription drug coverage is available to anyone who is enrolled in Medicare Parts A and/or B. To cover your prescription drug costs, you need to enroll in a stand-alone Part D Prescription Drug plan, or choose a Medicare Advantage plan that includes prescription drug coverage (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.

Medicare Supplement Insurance (Medigap): Policies sold by private insurance companies that help pay for some or all of the health care costs not covered by Original Medicare.

Types of health plans

Health Maintenance Organization (HMO): An HMO gives you access to providers and hospitals within a defined network, which usually offers lower rates than other types of plans. Care is typically not covered if you see non-network providers. Members usually must select a primary care physician (PCP), who coordinates care and refers you to specialists.

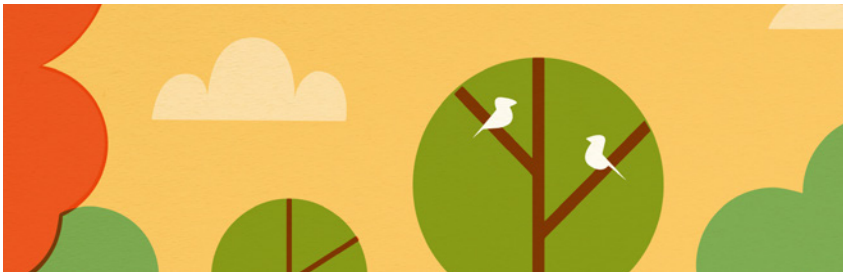
Private Fee-for-Service (PFFS): A type of health insurance plan that covers a set range of services and allows you to choose your doctor or hospital with no (or minimal) restrictions as long as the doctor participates in that plan.

Preferred Provider Organization (PPO): A PPO is a network of providers and hospitals that allows more flexibility when choosing a doctor or hospital. Members do not need referrals for seeing specialists and can seek care outside the network, but generally at a higher cost.

Cost Plans: Cost Plans give you access to providers and hospitals within a defined network, however unlike an HMO, they allow you to seek out-of-network care so long as you pay the Part A and Part B coinsurance and deductible. You can join anytime the plan is accepting new members, and leave anytime to return to Original Medicare. You can either get your Medicare prescription drug coverage from the plan (if offered), or you can join a Medicare Prescription Drug Plan (Part D).

Prescription drug "gap": Medicare drug plans have a coverage gap, sometimes called the "donut hole," that begins after you spend a certain amount for covered drugs. After reaching that

amount, you have to pay all out-of-pocket costs until you reach the yearly limit. Under health care reform, you get discounts to help pay for drugs during the coverage gap. Therefore, when your 2018 total yearly drug costs reach $3,750, you get a 56% discount on generic drugs and a 65% discount on brand name drugs, until your total cost (before discounts) reaches $5,000. Some plans offer generic drug coverage in the gap.



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IMPORTANT!

Time-sensitive information regarding your 2018 health benefits enclosed.