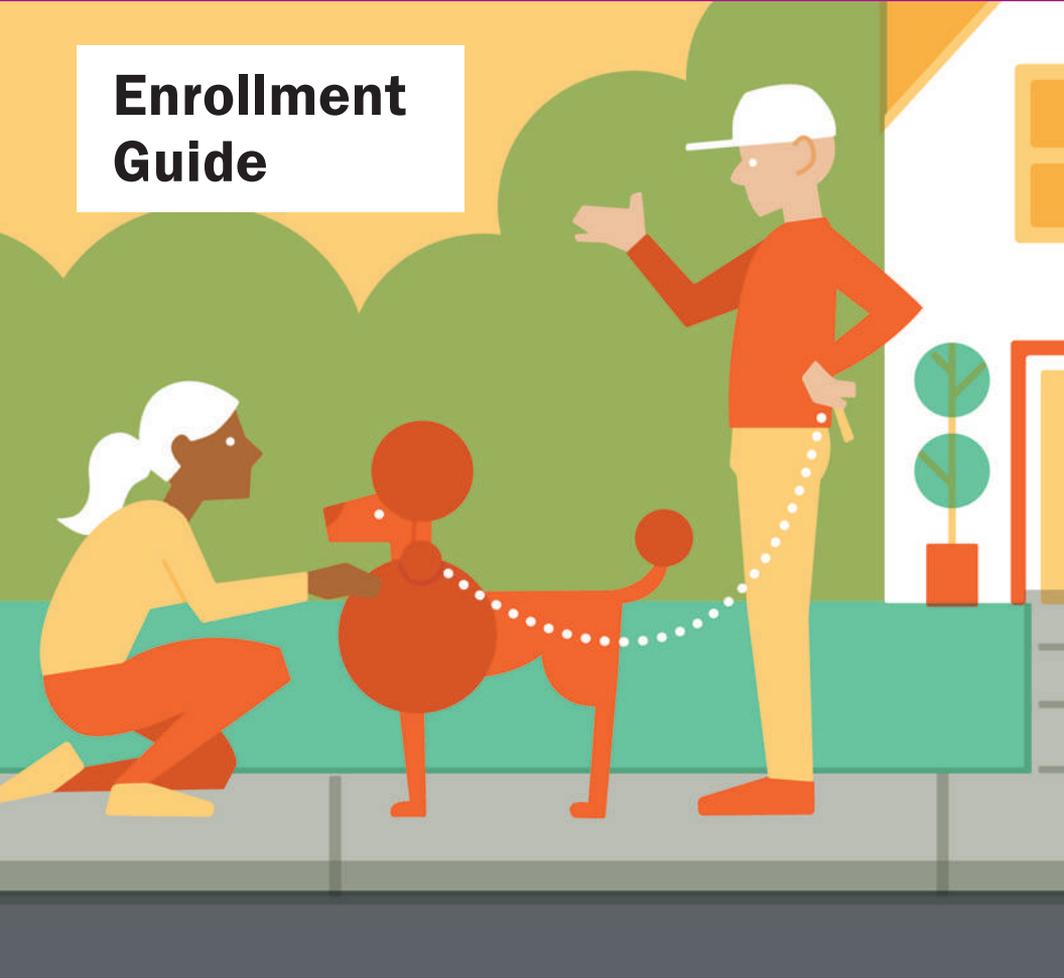


2017

OneExchange[®]
from Towers Watson

Enrollment Guide



**Complete Your
Medicare Insurance
Enrollment for
Coverage in 2017**



IMPORTANT!

**Your current health plan ends
February 28, 2017.**

This guide helps you prepare to enroll in new individual Medicare plan(s). Read through it and collect the requested information. Once you do that, you are ready to enroll!

Go online, create a personal profile, and schedule a call with a OneExchange licensed benefit advisor before your current coverage ends. Scheduling an appointment ensures a licensed benefit advisor is available to help with your enrollment call at a time that is convenient for you.

Contact Us

Contact us by phone

1-866-201-0367 | (TTY: 711)

Monday through Friday

7:00 a.m. until 8:00 p.m. Central Time

Review your options online

Medicare.OneExchange.com/memphis





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Towers Watson's OneExchange

Trusted advisor to more than a million Medicare-eligible participants

Your former employer or benefits provider has chosen Towers Watson's OneExchange to work with you as you enroll in new individual Medicare coverage, which will replace your current health plan.

OneExchange is not an insurance company. We are a resource that offers 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 (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 based on your needs.

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



What to Expect From Us

OneExchange not only gives you access to the nation's largest Medicare marketplace but also provides you with personalized assistance from our licensed 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 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

We train 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 type of plan or with any 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

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. This is because the OneExchange marketplace gives you many plan options to consider and places you in control to decide which plans are right for you. This is where OneExchange comes in. We help you understand what these choices mean 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 Part A and Part 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 Medicare insurance. Medicare insurance is additional coverage, offered by private companies, that helps pay for the costs that Original Medicare doesn’t cover.

For more information on Medicare coverage options, see the section titled “Review Your Plan Options.”

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 www.ssa.gov, or call +1-800-772-1213 (TTY +1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

Guaranteed issue rights for Medicare coverage

Medicare coverage is available to everyone who is Medicare-eligible. Because your current coverage is ending, you are guaranteed coverage regardless of your current medical condition or income. 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

For Medicare Supplement (Medigap) plans, guaranteed issue is generally a one-time deal in most states. Therefore, if you don't enroll in a Medicare Supplement policy during your upcoming enrollment period and then later decide that you want to switch to a Medicare Supplement policy, an insurance company may choose to deny you coverage. For more information, see "Guaranteed issue" in the Glossary at the back of this guide.

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 (see phone number on page two). 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. You can reduce the time you spend on the phone with us by gathering this information together and entering it into your online personal profile before your enrollment call. Creating your online personal profile is easy since our website guides you through the process.

If you don't have access to a computer or choose not to fill in your online profile, a OneExchange representative can fill it out for you when you call to schedule your enrollment appointment or during your call to enroll. 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:

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

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*
- ✓ *Your Part A and Part B effective dates*



Your prescription drug information

Providing information about the medications you take helps us find the right prescription drug coverage for you so you can keep your out-of-pocket costs as low as possible. Please collect information on your medications' dosage, form, frequency, and quantity. You can find this information on the medication label. Remember to include medications you order by mail.

Drug name

You:

Spouse:

Your doctors' first and last names

You:

Spouse:

Your doctor information

Depending on the coverage you select, we may need to verify whether your preferred doctors participate in specific plans. To verify, we'll need to have your doctors' names, addresses, and phone numbers. You can find this information on a prescription label or doctor bill.

	Form (tablet, liquid, etc.)	Dosage	Quantity per 30-day period
	State	City	ZIP code

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 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?*

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 and speed up your call.

If you don't use a computer or prefer to set up your online personal profile by phone, you are welcome to call us at the number listed on page two.

Create an online account

Creating an online account is simple to do. 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.

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 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.

STEP

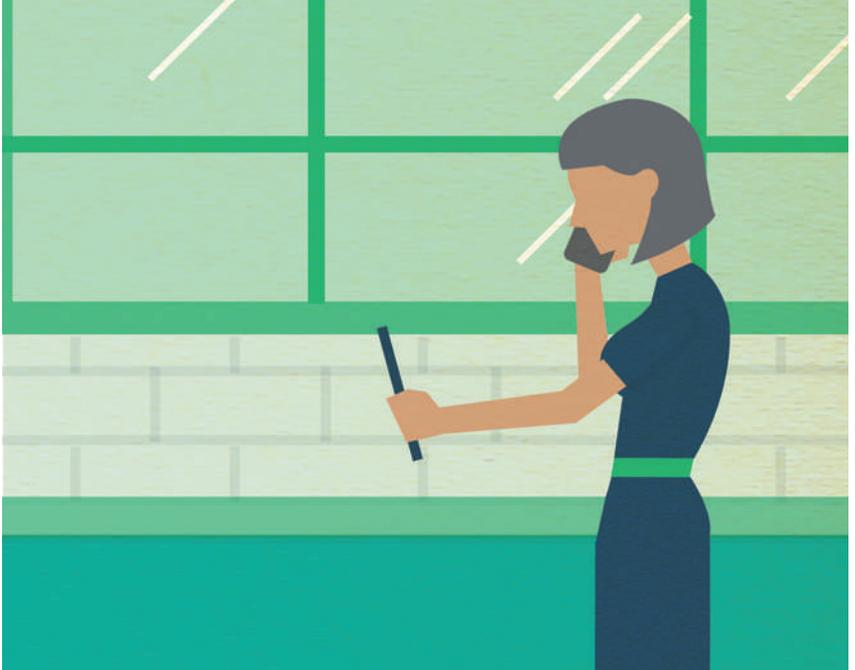
2

SCHEDULE A CALL TO ENROLL

You can schedule your call to enroll either by going online or calling us (see contact information on page two). We recommend scheduling your call to enroll as soon as possible in order to secure a date that gives you enough time to consider your options before your current coverage ends.

Generally, an enrollment call takes one hour per person to complete. If you are also enrolling a Medicare-eligible spouse or dependent, the call may take a few hours.

During your call, a licensed benefit advisor will help you evaluate your plan options, so you can find coverage that fits your needs.



And speaking of help: 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 to enroll” section on page 26.

**Your licensed benefit advisor will ask that you give recorded permission for your caregiver 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. Power of Attorney is not required if you are able to listen to and answer a few simple questions.*



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 insurance.

Medicare insurance

Medicare insurance helps you pay for some costs that Original Medicare does not cover. In most cases, when you enroll in Medicare coverage, you will choose between these options:

Option 1

Medicare Supplement Insurance (Medigap)

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

With this option, you keep Original Medicare and purchase Medicare Supplement AND a Part D Prescription Drug plan. Medicare Supplement coverage helps pay for out-of-pocket health costs that Original Medicare doesn't cover, such as copayments and deductibles. A Part D Prescription Drug plan helps pay for out-of-pocket prescription drug costs (Medicare Supplement Insurance does not include drug coverage).

Option 2

MAPD

Medicare Advantage that includes
prescription drug coverage

With a MAPD plan, all of your Medicare benefits are provided by a private insurer who contracts with Medicare and not through Original Medicare. This type of plan is a replacement for Medicare Parts A and B. It generally operates as an all-in-one plan that includes both health and prescription drug coverage and sometimes routine eye, hearing, and dental care.

IMPORTANT!

Most people enroll in Medicare Part D coverage when they become eligible. If you didn't and choose a Part D plan now, you will pay a penalty. The penalty will be calculated for the length of time you did not have any 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 (Medigap)
Are there eligibility requirements?	<ul style="list-style-type: none">▪ You must have Original Medicare (Parts A and B) before enrolling in a Medicare Supplement Insurance (Medigap). Please see page seven 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.▪ When you purchase prescription drug coverage, you'll also pay a monthly premium for that coverage.▪ You still need to pay your Medicare Part B premium.
Do you have a choice in selecting doctors and hospitals?	<ul style="list-style-type: none">▪ Yes. Any doctor who accepts Medicare will also accept Medicare Supplement Insurance.
Does it include hospital coverage?	<ul style="list-style-type: none">▪ Yes. Original Medicare includes hospital coverage.▪ Medicare Supplement Insurance pays 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 ensure prescription drug coverage.

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 seven for information on enrolling in Parts A and B.
- Medicare Advantage plans cover medical and prescription drug expenses with a single premium, which is generally lower than a Medicare Supplement plan premium. In exchange, you'll usually pay a per-visit fee, through either a copayment or coinsurance.
- These plans have an out-of-pocket annual maximum.
- You still need to pay your Medicare Part B premium.
- **No.** These plans contract with a defined network of doctors and hospitals to create cost savings.
- There are three types of Medicare Advantage doctor networks: HMO, PPO, and PFFS. (See Glossary for definitions.)
- **Yes.** Medicare Advantage plans must cover all of the hospital services that Original Medicare covers, except hospice care. (Original Medicare covers hospice care even if you're enrolled in a Medicare Advantage plan)
- You will need to pay your plan's out-of-pocket hospital 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)

	Medicare Supplement Insurance (Medigap)
Does it include dental and vision coverage?	<ul style="list-style-type: none">▪ No. However, separate dental and vision plans are available.
Does it include travel coverage?	<ul style="list-style-type: none">▪ 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)?	<ul style="list-style-type: none">▪ No. In most states, if you don't enroll during your initial enrollment period, 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?	<ul style="list-style-type: none">▪ If you prefer the flexibility to see any doctor that accepts Medicare, including your current doctors.▪ 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 nonemergency 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, so there is only one premium to pay for your Medicare insurance.

An illustration of a person with short white hair, wearing a dark blue dress with green sleeves, sitting on a green chair at a green desk. They are using a laptop. On the desk, there are some books. To the left of the desk is a small table with a green lamp and a potted plant. In the background, there is a bookshelf with several books. The overall style is flat and modern with a green and blue color palette.

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 are enrolling in plans that start January 1, 2017, you will not be able to view the 2017 plans in the OneExchange marketplace until early October.

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. To start shopping for plans, click on the **Shop & Compare** tab.

Help Me Choose

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

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 and then click any **Prescription Profiler** link.

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.

Formulary information

Prescription drug plans have a **Formulary** link that allows you to see a complete list of drugs covered by the plan. You'll find this link below the **Outline of Coverage/Summary of Benefits** link.

Shopping cart

If you shop online before your call, place the plans you like in your shopping cart (but don't check out). Your licensed benefit advisor will be able to see the plans in your cart, discuss them with you, and help you complete the enrollment process.

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. The website will guide you on how to complete your purchase.

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 how to enroll in insurance, shop for plans, get reimbursed for medical expenses, and much more.

Why can't I see pricing and information for AARP Medicare Supplement policies?

We regret that OneExchange is not allowed to show plan designs or pricing for these plans on our website. You can get information, including premiums, on UHC AARP plans by calling a OneExchange licensed benefit advisor.

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:

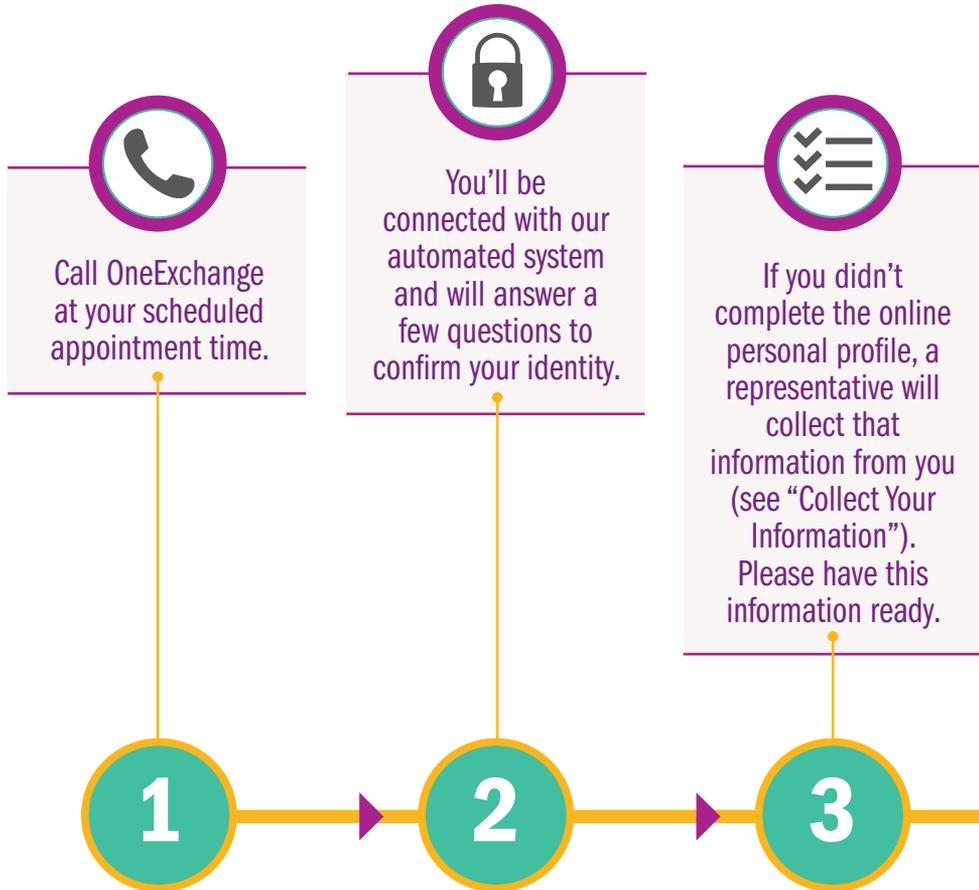
- Some insurance companies have chosen not to participate in our marketplace.
- Some insurance companies will offer one type of plan on the marketplace—Medicare Supplement Insurance, for example—but not others.
- Other insurance companies may not have the technical capabilities required to offer their plans through an online marketplace.

**THAT'S IT.
YOU'RE DONE!
NOW YOU'RE
READY FOR YOUR
CALL TO
ENROLL!**



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.





You'll be transferred to a licensed benefit advisor, who will help you with plans and answer questions.



Once you have selected the plans you like, an application data processor will complete your application(s) and submit electronically. No need to complete forms or paperwork.



You're done!

4

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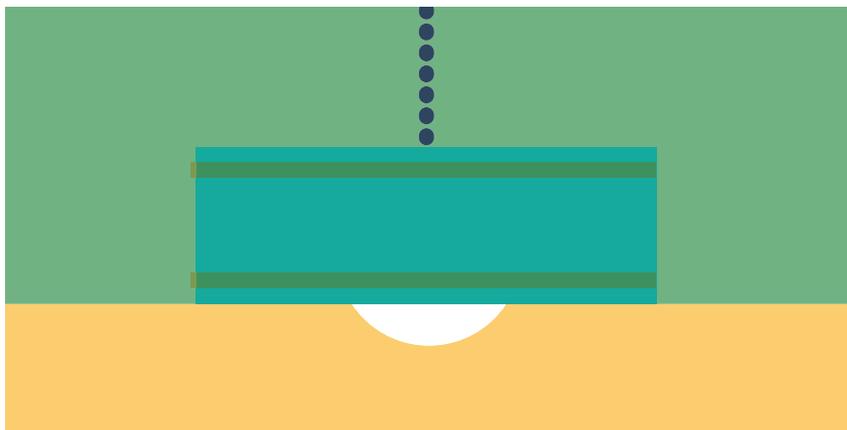
6

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 complaint, 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.



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.

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 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 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. Or 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 new policy will pay those expenses as long as the care you received is included in the list of covered services.

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

Experience Choice newsletter

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.



Reference Section

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.

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 Insurance but require copayments for services. Medicare Supplement 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 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 a Medicare plan tailored to your specific needs. We'll help you compare your options to see how each plan specifically 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 for you.

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 Medicare Parts A and B. Medicare Supplement Insurance on the other hand, work 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 or Medicare Supplement Insurance. 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 policies, 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. Every licensed benefit advisor must, by law, be licensed, certified and appointed to talk with you about the plans in your specific geographic area. 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 online in advance of your call to speed up your enrollment.

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 enrollment call.

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.

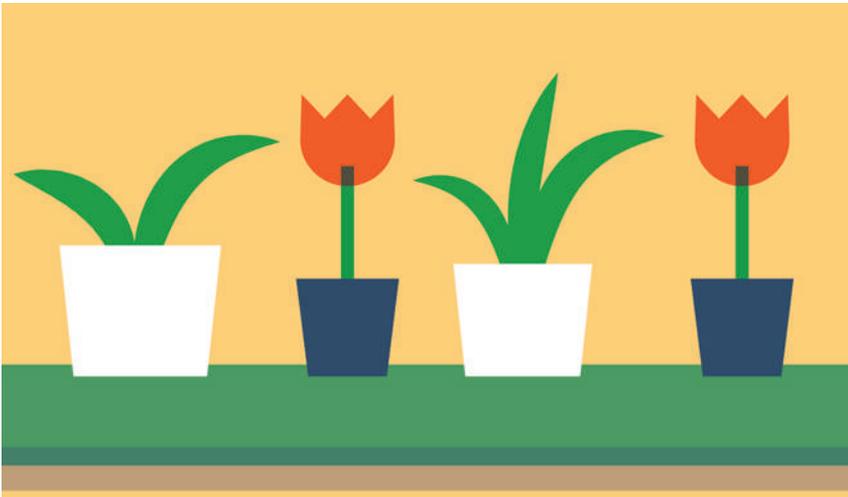
Copayment, also known as copay: A charge collected at the time of service and paid by the patient for certain services, including prescription drugs. Generally, plans do not apply copayments toward deductibles and out-of-pocket maximums.

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 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 enrollment period. If you do not enroll in a Medicare Supplement policy the first time you are eligible, in most states you will lose guaranteed issue rights for future applications. Or if you want to change to a different 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 group plan or already have an individual Medicare Supplement Insurance or Medicare Advantage plan, federal law cannot guarantee your coverage for Medicare Supplement Insurance during this first enrollment period.

Open Enrollment Period: A period of time each year when you can sign up for health insurance. The Open Enrollment Period 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 Open Enrollment Period—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, home health care, 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 eligible for Medicare. 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.

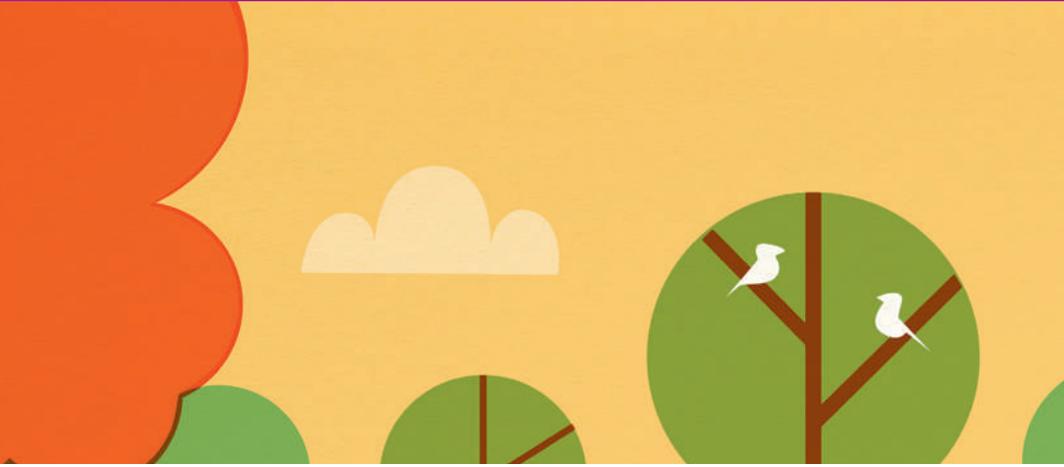
Types of health plans

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.

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 2017 total yearly drug costs reach \$3,700, you get a 49% discount on generic drugs and a 60% discount on brand name drugs, until your total cost (before discounts) reaches \$4,950. Some plans offer generic drug coverage in the gap.



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