Complete Your Medicare Insurance Enrollment for Coverage in 2020

For Retirees of IBM
Dear <<FirstName>> <<LastName>>,

As an IBM retiree* or benefit recipient who is about to turn 65 years of age or otherwise become Medicare-eligible, you must take important steps before your 65th birthday or retirement to prepare for changes to your health insurance coverage.

Once you become a Medicare-eligible IBM retiree, your group coverage health options will end, and you will be able to purchase individual coverage on Via Benefits Insurance Services Medicare marketplace.

Via Benefits will offer you a variety of benefits—such as increased choice and flexibility in plan options and more ways to use IBM’s contribution (if eligible)—that are not available in IBM group plan options. The number of plan choices and prices will vary across the country.

Via Benefits offers many health plans across the country, but they do not offer every health plan offered in the individual marketplace. Plan choices available through Via Benefits change over time, so check the Web site (My.ViaBenefits.com/IBM) periodically during the enrollment window.

If you receive an IBM subsidy for your retiree health care, you have more options in how that subsidy is used than you currently have. Please review the attached materials in this packet and refer to the Via Benefits web site for more information.

Please read the following information carefully and take these steps to ensure you have the health care coverage that’s right for you going forward.
Step One: Enroll in Medicare (Part A and Part B)
If you haven’t already, it’s very important that you follow the necessary steps to enroll in Medicare Part A and Part B as soon as possible (even if you are still covered under the IBM Group Plan as a non-Medicare-eligible retiree) to avoid any delay in coverage once you turn 65 years of age, or otherwise become Medicare-eligible.

You should not wait until your 65th birthday, or retirement date, to enroll in Medicare. You must be enrolled in Medicare Parts A and B for any coverage through Via Benefits to be effective. It can take up to two months to receive your Medicare ID card.

Any delay of your Medicare enrollment will impede your ability to enroll in coverage through Via Benefits with the earliest possible effective date, and could result in a gap in coverage. Your IBM coverage will end on the last day of the month prior to your Medicare effective date.

To learn more about the steps required to enroll in Medicare Part A and Part B, and Medicare effective dates, please visit http://www.medicare.gov/sign-up-change-plans/index.html or call 1-800-Medicare (1-800-633-4227).

Step Two: Enroll in Health Plans through Via Benefits
Once you enroll in Medicare and have your Medicare number, you will be able to enroll in health plans through Via Benefits.

You will have access to Via Benefits licensed benefit advisors, who will provide unbiased support and personally assist you during each enrollment step. Benefit advisors will help you match plans to your unique needs and budget, a level of service and expertise that IBM cannot offer under our current model. We strongly encourage you to call early and as often as you like to explore options, ask questions and get ready to enroll.
You must choose a health insurance plan and apply for it (make an enrollment election) in order to have medical coverage in any plan offered through Via Benefits. You will not be automatically enrolled in any health plan. To ensure your coverage is effective as soon as possible, you will need to make your enrollment election prior to your 65th birthday or retirement, whichever comes first. Per CMS** rules, coverage is never retroactive and will be effective the first of the month following your election, unless requested otherwise.

If you are eligible for a subsidy under the IBM Medical Plan for retired employees, and you have enrolled in a medical plan through Via Benefits, you will receive your subsidy as a Medicare-eligible retiree through a Health Reimbursement Arrangement (HRA). The HRA is a tax-free account that’s available for reimbursement of eligible health care expenses.

Certain retirees may also be required to elect whether they want to provide eligible surviving dependents with continued eligibility upon the retiree’s death. If applicable, you will receive information in a separate mailing regarding this survivor election process.

If you have an FHA, your FHA balance will be transferred into a new HRA and will roll over from year to year until it is depleted. FHA participants will not receive an annual contribution to their HRA.

Please read the frequently asked questions and answers along with the Enrollment Guide included in this packet to understand the HRA, how it works, how you qualify for it (if you’re eligible), and the process to enroll in health plans through Via Benefits. Please visit the Via Benefits web site My.ViaBenefits.com/IBM to read an important newsletter, create a personal profile, learn more about Medicare and the private marketplace, and make an appointment with an expert benefit advisor who can assist you with your health benefits options. You can also call Via Benefits at 1-855-359-7380 (TTY: 711) to learn more and enroll.
If you have any eligible dependents*** who are under age 65 and not yet Medicare-eligible, they will not be able to elect coverage through Via Benefits. Instead, these dependents may enroll in health care coverage through IBM’s non-Medicare retiree plan options. You can expect to receive a separate IBM enrollment kit about 60 days prior to your 65th birthday or shortly following your retirement if you are over 65 and retiring. Once your dependents become eligible for Medicare, they must enroll in Medicare Parts A and B, and they will have access to individual plans and enrollment support through Via Benefits.

**If You Have Questions**

If you have questions, please call Via Benefits at 1-855-359-7380 (TTY: 711), Mon-Fri 8:00 a.m. - 9:00 p.m. Eastern to speak with a licensed benefit advisor.

Sincerely,

IBM Benefits Team

---

*The term “retiree” also includes Medicare-eligible individuals who are: surviving spouses; receiving Medical Disability Income Plan (MDIP) benefits or Long-Term Disability (LTD) Plan benefits; eligible for benefits under the Future Health Account (FHA), the Special Retiree Medical Option (SRMO) and Access-Only.

**CMS is the Centers for Medicare and Medicaid Services, the federal government agency that oversees the Medicare program.

***The term “dependent” includes the following to the extent they are eligible dependents under the IBM medical plan: your spouse (regardless of sex); your civil union partner; your domestic partner; your dependent children.
How to Contact Us

Please take a moment to review this guide and learn how Via Benefits can help you evaluate your options on the phone or online. Most retirees are able to find coverage equal to or better than their current plan, often with significant savings, when they choose a plan from our marketplace.

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

Contact us by phone:
1-855-359-7380 | (TTY: 711)

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

Review your options online:
my.viabenefits.com/IBM

Our online tools are easy to use and can speed up the enrollment process. Read the “Before Your Enrollment Call” section to learn more.

IMPORTANT!

Your current group health care coverage ends <<CoverageEndDate>>.

IBM
Your Enrollment Guide
Evaluate Your Medicare Coverage Options for 2018

Dear <<FirstName>> <<LastName>>,

IBM has selected Via Benefits to help support you as you transition from your group plan into individual supplemental coverage. We help you find and enroll in new individual Medicare coverage that will supplement Medicare Parts A and B. After <<CoverageEndDate>>, you will no longer be covered by the IBM group plan. To avoid a gap in coverage and make any supplement elections, you must be enrolled in Medicare Parts A and B, then make new elections by <<CoverageEndDate>>.

Introducing Via Benefits

Via Benefits is not an insurance company. We are a resource, operating the country’s largest private Medicare marketplace, and helping you find, review and enroll in the <<ProductOffering>> coverage that fits your needs. Our comprehensive knowledge, licensed benefit advisors, and online tools have made us the advisor for over one million retirees, many of them new to Medicare.

Ensure continued coverage

To avoid a disruption in coverage, contact us and complete your enrollment before <<CoverageEndDate>>. You are guaranteed coverage, regardless of your current health status, provided you enroll by <<CoverageEndDate>>. Your health will not affect the rate you pay.
Included in this mailing

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

Contact us

After you have read this guide and collected the information it requests, you’re ready for your enrollment call. Call us at the number below before <<CoverageEndDate>> for assistance evaluating your options and enrolling in new coverage.

To prepare for your enrollment call, we encourage you to visit our website. Our online tools are easy to use, and creating an account and filling out your information may reduce the amount of time you spend on the phone.

How to contact us:

1-855-359-7380 | (TTY: 711)

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

Review your options online:
my.viabenefits.com/IBM

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

The Via Benefits team
Funding and Reimbursement

Health reimbursement arrangement funding and reimbursement

If you are currently eligible to receive a premium subsidy from IBM, you will continue to receive a contribution from IBM as long as you are enrolled in a medical and/or prescription drug plan through Via Benefits. However, this subsidy will be in the form of a Health Reimbursement Arrangement (HRA). The amounts in your HRA are tax-free and can be used to reimburse yourself for health care premiums and eligible out-of-pocket expenses, including deductibles, co-pays and coinsurance.

The HRA will be set up in your name and administered by Via Benefits.

Retirees participating in an IBM plan option through Access-Only or the Special Retiree Medical Option are not eligible for an HRA contribution.

For retirees with a Future Health Account (FHA), prior to your enrollment through Via Benefits you will be able to check your FHA balance by going to the NetBenefits homepage and clicking on Quick Links under Health and Insurance. It will be the last selection Future Health Account. Click on that and it will take you directly to the FHA landing page.

Once your FHA balance transfers into a new HRA, you will be able to follow your balance by contacting Via Benefits or logging into your Via Benefits account. Your account will roll over from year to year until it is depleted. FHA participants will not receive an annual contribution to their HRA.

To receive your HRA, you must enroll in a medical and/or prescription drug plan through Via Benefits (certain exceptions apply as noted in side box on the next page).
Some retirees may also be required to elect whether or not they want to designate surviving dependents with continued eligibility upon the retiree’s death. If applicable, you will receive information regarding this survivor election process separately from Budco, the IBM administrator.
The 2020 HRA retiree amounts are as follows:

For those participating in the Future Health Account (FHA), your HRA will be your FHA balance at the time you retire.

<table>
<thead>
<tr>
<th>Annual Allocation</th>
<th>Retiree elects No Survivor Option</th>
<th>Retiree elects Survivor Option</th>
<th>Surviving Spouse/Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired after December 31, 1991</td>
<td>$3,000</td>
<td>$2,374</td>
<td>$1,187</td>
</tr>
<tr>
<td>Participants receiving LTD or MDIP benefits who are prior plan eligible</td>
<td>$3,000</td>
<td>$2,374</td>
<td>$1,187</td>
</tr>
<tr>
<td>Participants receiving LTD or MDIP benefits who are not prior plan eligible</td>
<td>$3,000</td>
<td>N/A</td>
<td>One year of COBRA coverage subsidized by IBM</td>
</tr>
</tbody>
</table>

You can use your HRA to reimburse yourself and your tax-qualified dependents for the following expenses in a given year.

**IMPORTANT!**

If you enroll in a medical and/or prescription drug plan through Via Benefits during the year with an effective date after January 1, your HRA amount will be pro-rated based on the number of months in the year beginning with your effective date of plan coverage.

The following list is a sample of commonly reimbursed expenses. Via Benefits will send you a more complete list.

- Premiums for individual Medicare supplemental insurance, such as Medicare Advantage, Medigap and prescription drug plans
How Funding and Reimbursement Works

Submitting claims for your qualified expenses

Via Benefits will become the administrative service provider of your HRA, meaning once you have qualified, you will submit your claims to us for reimbursement.

Automatic reimbursement

Automatic reimbursement allows you to obtain reimbursement for premiums without submitting a monthly claim form. This feature is available with many of the plan options available to you. If you’d like to take advantage of the convenience of automatic reimbursement, ask your benefit advisor about this feature during your call. You may also activate this feature, if it is available for the plans that you selected, in your online account.

The automatic reimbursement is offered to reduce the inconvenience of submitting claims for premium reimbursement each month. It is not intended to be the fastest method to receive reimbursement. The majority of automatic reimbursements will arrive in the second month following the start of your plan. The first payment will usually include a reimbursement for the first two months. Some of this timing depends on your specific insurance carrier and when your policy was issued. Ongoing automatic reimbursements will usually arrive about the same time each month.

- Premiums for long term care insurance
- Unreimbursed premiums for Medicare Part B
- Premiums for dental and vision plans
- Out-of-pocket expenses, including deductibles, coinsurance and co-pays for medical, prescription drug, dental and vision plan
Direct deposit
To receive your reimbursements as quickly as possible, we encourage you to activate direct deposit. Information on how to activate direct deposit will be included with the mailing you will receive no later than two weeks after your coverage start date. Unless you set up direct deposit, all reimbursements will be made by check and mailed to you at the address we have on file.

Select your plan(s) and qualify for funding
Select your plan(s) in our Medicare marketplace. Your benefit advisor can discuss your specific qualification requirements during your enrollment call. Once you have qualified, we will open your account and become the administrative service provider for your funding program.

1. Pay for your expenses
   Make your payments for eligible health care expenses directly to your health care provider.

2. Submit reimbursement requests
   Submit a reimbursement request for eligible health care expenses to Via Benefits. Ask your benefit advisor how to activate automatic reimbursement for your eligible premiums.

3. We reimburse you from your funding program
   Via Benefits will reimburse you for eligible expenses from the available funds. Activate direct deposit to receive your reimbursements quickly. If you choose not to set up direct deposit, your reimbursement check will arrive by mail.

IMPORTANT!
You will receive information in the mail on how funding and reimbursement works about two weeks after your new plan starts. This mailing will explain in detail all aspects of your funding arrangement.
Introducing Via Benefits

Trusted advisor to over one million Medicare-eligible participants

Your former employer or benefits provider has chosen Via Benefits to work with you as you enroll in new individual coverage, which will replace your current group plan (see page 17 for more about individual and group plans).

Via Benefits is not an insurance company. We are a resource that offers you a state-of-the-art Medicare supplemental insurance marketplace with a wide variety of plans from the nation’s leading health insurers. The marketplace has Medigap (Medicare Supplement), Medicare Advantage and Medicare Part D Prescription Drug plans, as well as vision and dental plans.

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

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

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

We look forward to helping you make an informed and confident choice.
What to Expect From Us

**Personalized service and enrollment assistance**

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

This marketplace serves over one million people like you. It offers you and your Medicare-eligible spouse or dependent personalized assistance with finding and enrolling in the plans that fit your needs. Because these individual Medicare plans cover many more people than the plans provided by your former employer or benefits provider, the plans offered in our marketplace can cost the same or less than your group plan. Best of all, we provide this service at no cost. When you work with Via Benefits, you can expect:

**Personalized, step-by-step guidance**

Our licensed benefit advisors and easy-to-use online tools will guide you step-by-step through the Via Benefits marketplace. By the time you’re ready to enroll, you can feel confident that you’re choosing the right coverage to fit your needs.

**Unbiased, objective support**

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

**Efficient, accurate enrollment**

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

**Support after you enroll**

When you purchase your coverage through us, we continue to be your advocate after you enroll. Every year we will be available to discuss whether your current plan is still right for you.
Individual plans vs. group plans

Insurance plans offered by employers or benefits providers are called “group plans” because they group together a company’s employees or retirees. Individual plans actually bring a larger number of people together under one plan than employer group plans, which is one reason why they can have lower premiums.

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

Insurance groups (risk pools)

Insurance companies need to group the people they cover together in “risk pools” in order to determine how much to charge for insurance premiums. A risk pool with many healthy people in it will have lower insurance premiums than one with many sick people. Larger groups (or risk pools) tend to cost less per person to insure because they are less affected by any given individual's health status.
Understand Your Options
How to choose the plan that is right for you

Group plans and individual plans are different. The individual insurance plan(s) you will purchase on the Via Benefits marketplace will replace the group plan currently provided by your former employer or benefits provider.

The individual marketplace gives you more plan options and places you in control to decide which plan(s) fit your needs. As you move from a group health plan into an individual Medicare plan, you will need to take a more active role in evaluating your options.

That is where Via Benefits comes in. We help you understand what these choices mean to you and work with you to find plans that fit your needs.

Because your group coverage is ending, federal law guarantees coverage by at least one of the plans available in your area. As long as you enroll during your special enrollment period, you are guaranteed coverage regardless of your current medical conditions or income.

Special Enrollment Period (SEP)

An SEP is granted when certain life events occur – losing group coverage, moving to another state and others. These circumstances allow you to enroll in new Medicare plans outside of the annual enrollment period in the fall of each year.

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

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

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

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

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

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

What is guaranteed issue?

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

IMPORTANT!

In order to purchase Medicare supplemental plans you must first enroll in Medicare Part A and Part B. You apply for Original Medicare through Social Security; apply online at ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
Finding information about specific plans

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

If you don’t have a computer, not to worry; a Via Benefits licensed benefit advisor will guide you through your plan options. To learn more about searching for plans in your area, read the “Before Your Enrollment Call” section on page 28 of this guide.

Note: Insurance policy prices vary by state and by insurance company. We work with insurance companies all across the United States, and our marketplace offers too many plans to include information about specific plans in this guide.

We’ll take the time you need to guide you through your plan options.
Evaluate Your Options

In most cases, when a person enrolls in Medicare supplemental insurance, they will choose between these options:

<table>
<thead>
<tr>
<th>Option 1: Medicare, plus a Medigap plan and a Part D plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDIGAP</strong></td>
</tr>
<tr>
<td><strong>PART D</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 2: An MAPD plan (a Medicare Advantage plan that includes prescription drug coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAPD</strong></td>
</tr>
</tbody>
</table>
**Self-Quiz: Evaluate Your Options**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many doctors or specialists do you see regularly?</td>
<td></td>
</tr>
<tr>
<td>More than 6</td>
<td>3</td>
</tr>
<tr>
<td>4 to 6</td>
<td>2</td>
</tr>
<tr>
<td>3 or fewer</td>
<td>1</td>
</tr>
<tr>
<td>How many times per year do you see your doctors?</td>
<td></td>
</tr>
<tr>
<td>More than 10 visits</td>
<td>3</td>
</tr>
<tr>
<td>6 to 10 visits</td>
<td>2</td>
</tr>
<tr>
<td>Fewer than 6 visits</td>
<td>1</td>
</tr>
<tr>
<td>Do you have any chronic conditions, such as diabetes or heart disease,</td>
<td></td>
</tr>
<tr>
<td>or upcoming major treatments, such as surgery?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Do you travel often, or spend much of the year in a part of the country</td>
<td></td>
</tr>
<tr>
<td>other than your home?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Are you willing to pay deductibles or copayments in exchange for a</td>
<td></td>
</tr>
<tr>
<td>lower premium?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**Your Total**

- **8 points or higher:** A Medigap plan may best meet your needs.
- **6 or 7 points:** Consider a Medicare Advantage plan or a Medigap plan. Your licensed benefit advisor can help you choose during your enrollment call.
- **5 points:** A Medicare Advantage plan may best meet your needs.

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

Select the coverage that fits your needs

<table>
<thead>
<tr>
<th>Option 1: Medicare, plus a Medigap plan and a Part D plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDIGAP</strong></td>
</tr>
<tr>
<td><strong>PART D</strong></td>
</tr>
</tbody>
</table>

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

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

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

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

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

*You travel frequently.*

Medigap plans are accepted by many doctors, hospitals and other health care providers. It’s a smart option if you have multiple residencies or take frequent trips.
An MAPD plan might be right for you if:

You are willing to see doctors within a network.

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

However, many doctors work with Medicare Advantage plans, so changing physicians may not be necessary. Ask your licensed benefit advisor to check whether your current doctors accept the plan.
**You visit the doctor infrequently.**
People who visit the doctor infrequently may not mind paying a per-visit fee in exchange for the lower monthly premium of a Medicare Advantage plan.

**You want the simplicity of having one plan and one premium.**
Medicare Advantage plans combine medical and drug coverage in one plan, including all of your benefits in one premium.
If you can use a computer, or know someone who does and will search our website with you, you’ll find extensive information about all the plans we offer in your area. You can also download and print out detailed information on plans that interest you.

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

<p>| Does it include hospital coverage? | Yes |
| Does it cover doctors and specialists? | Yes. Any doctor that accepts Medicare and is accepting new patients will accept Medigap plans. |
| Does it provide dental and vision benefits? | No. However, separate dental and vision plans are available. |
| Does it provide prescription drug coverage? | No. You must enroll separately in a Part D plan to ensure prescription drug coverage. |
| Does it cover me when I travel? | Every Medicare-participating provider in the United States accepts Medigap plans. Some plans offer emergency benefits worldwide. If you travel frequently or live part of the year out of state, these plans may be right for you. |</p>
<table>
<thead>
<tr>
<th>PART D PLAN</th>
<th>MEDICARE ADVANTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Part D plans only cover prescription drugs. They do not provide hospital, doctor, specialist, dental or vision coverage.</td>
<td>Yes. There are three types of Medicare Advantage doctor networks: HMO,* PPO* and PFFS.* Note that if you wish to keep your current doctors you must know which Medicare Advantage plans they accept prior to enrolling.</td>
</tr>
<tr>
<td>Yes. Part D plans only cover prescription drugs.</td>
<td>Dental and vision coverage varies by plan. Separate dental and vision plans are available if you choose a plan without dental and vision coverage.</td>
</tr>
<tr>
<td>Part D plans provide nationwide coverage from participating pharmacies.</td>
<td>There are two types of Medicare Advantage plans: MAPD plans, which include prescription drug coverage, and MA, which do not.</td>
</tr>
<tr>
<td>Medicare Advantage plans cover urgent and emergency services nationwide, but may not provide nationwide coverage for nonemergency services. If you live part of the year out of state, these plans may not be right for you.</td>
<td></td>
</tr>
</tbody>
</table>

* Please see the “Glossary of Terms” on page 47 of guide for definitions.

**IMPORTANT!**

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

Your former employer or benefits provider usually gave you information on the plans it offered you, including their coverage and prices. Via Benefits offers too many plans on the marketplace to print that information here.
Before Your Enrollment Call

Online tools to research your options

If you use a computer, visit our website at the address printed on every other page of this document. Be sure to give yourself some time to explore your options, keeping your health care priorities in mind. Our online marketplace makes it easy to review your options before you call.

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

Shop & Compare

The Shop & Compare section of our website allows you to search for plans available in your area and sort them by price, plan type, insurance company and other factors. With just a few clicks, you can compare plans side by side and review the details of the plans that interest you.

Use your shopping cart

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

Enroll online

If you see a plan you want to purchase place the item 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 call Via Benefits to complete the enrollment. The website will guide you on how to complete your purchase.
Why can’t I see pricing and information for AARP Medigap plans?

We regret that Via Benefits 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 Via Benefits licensed benefit advisor.

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

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

- Some insurance companies have chosen not to participate in our marketplace.

- Some insurance companies will offer one type of plan on the exchange – Medigap (Medicare Supplement), for example – but not others.

- Other insurance companies may not have the technical capabilities required to offer their plans through an online marketplace.

- Occasionally, Via Benefits will remove an insurer’s plans from our website because they no longer meet our qualification criteria.

Prescription Profiler

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

All plans available in our Medicare marketplace offer their summary of benefits for review online. If you’d like to review the summary of benefits of a plan that interests you, just click on the plan’s name in the search results, and then click on the View link in the Outline of Coverage/Summary of Benefits row of the plan details. This link is toward the bottom of the plan details, so you will need to scroll down to find it.

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

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

Help Me Choose

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

Answers to popular questions

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

Prepare for your call in a few simple steps

To prepare for your enrollment call, if you have access to a computer, we encourage you to visit our website. You’ll find the web address printed on every other page of this guide.

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

Create your account

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

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

Security and privacy

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

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

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

Once you create your profile, you’re ready to shop for and compare plans. Learn more about the Shop & Compare section of our website on page 28 of this guide.

Have your information ready

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

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

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

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

Before you make your call, take some time to ensure you have collected all the information that you’ll need to complete your enrollment. Consider the questions below, and complete the checklist. Use the “Notes” section on pages 38 and 39 to record your information.

Questions to consider:

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

Have you:

- Created your online account and verified your personal profile (optional)?
- Researched your plan options online, noting plans that interest you and reasons why?
Do you have the following information available for each person planning to enroll?

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

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

- If so, have them available during your call. Your licensed benefit advisor can connect them if they are calling from a different phone number.*

*Your licensed benefit advisor will ask that you give recorded permission for your caregiver to assist. If you are unable to be on the call or unable to listen to required recorded legal information, your caregiver will need to have your legal Power of Attorney document available authorizing them 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.
Call and Enroll

What to expect when you call to enroll

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

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

When should I call?

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

How long will it take?

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

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

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

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

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

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

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

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

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

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

Why do I have to listen to recorded messages?

The recordings are required by the insurance company and/or your state’s Department of Insurance, and/or Medicare. They are the “fine print” regarding the terms of the policy for which you are applying. They are provided for your protection.
Is there any paperwork?
Other than what you’re collecting and noting in this guide, no!

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

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

Notes for your call and for future reference

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

Contact information and Medicare details

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

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

Your prescription medications

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

Your doctor information

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

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

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

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

Plans I want to discuss during my call:

Why I am interested in these plans:

Questions:

**Before you conclude your call**

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

Plan(s) I have applied for:

Why I chose them:

Premium information:

Who I spoke with:
A Timeline: After Your Call

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

Selection confirmation

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

**IMPORTANT!**

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

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

Communications from your new insurer

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

**IMPORTANT!**

Please respond to communications from your new insurer as soon as possible. Your response may be required before they can issue your new policy.
Insurance cards
Once your application is accepted, your new insurance company will mail identification cards. These cards will arrive by mail six to eight weeks after you have enrolled.

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

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

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

Online account and website
After your enrollment call, the My Account section of our website allows you to track your application’s status.

Stay informed and engaged
Once or twice a year we’ll send you our Experience Choice newsletter, which we fill with helpful information on Medicare-related topics. Keeping your email and mailing addresses up-to-date with us will ensure that you don’t miss any issues.
Medicare’s Open Enrollment period

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

We will send you a newsletter around the start of Open Enrollment containing information to help you evaluate whether you might want to change your coverage.

But if you are satisfied with your coverage at the time of Open Enrollment, you won’t need to take any action. You don’t even need to contact us.

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

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

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

We work with top national and regional insurance companies to ensure that you have quality individual plan options. Individual plans might be similar to your current group plan, but you may be surprised to learn that a different plan could be better suited to your needs. Since we offer multiple options, you’ll be able to find a plan that closely matches your specific needs.

Does my current or past health affect my options?

No—as long as you enroll in your individual plan during your special enrollment period and before your former employer or benefits provider health coverage expires. Insurers also cannot charge you more because a doctor has already treated you for a health condition.

What can I expect to pay for my new plan?

What you will pay depends on the type of plan that you select. Generally, Medicare Advantage plans have lower premiums than Medigap plans, but require copayments for services. Medigap plans tend to have higher premiums with low or no copayments for services. During your call, your licensed benefit advisor will work with you to understand the costs—and the benefits—of the different coverage options available to you.
How much should I expect my rates to increase next year?

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

Medigap insurers base their plan rates on a schedule filed with your state’s Department of Insurance. Your premium may increase based on your age group. In general, even with an increase, your plan premium will still be very competitive with other comparable Medigap plans in your area for people of your age and health status.

Can I continue to see my current doctor?

It depends on the plan you choose. We understand the importance of continuing to see your doctor(s), so your licensed benefit advisor will work with you to find the plan or plans that include your doctors in their network. 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 an individual plan tailored to your specific needs. We’ll help you compare your options to see specifically how each plan fits your needs. Your current insurance company may provide the right plan, or you may discover that another insurer offers a plan that is a better fit.
Will I lose or “replace” my Medicare?

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

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

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

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

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

When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance company to maintain your coverage. Some insurers may require the first month’s premium payment during the application process. In this case, expect to make a payment within a few days of your enrollment. To speed up your enrollment call, have your payment information ready when you contact us. Most insurance companies give you several billing options for ongoing payments: direct billing, electronic funds transfer from your checking account or automatic deduction from your Social Security check.
Will Via Benefits be available to assist me next year?

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

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

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

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

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

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

The person you enjoyed dealing with before may not be available due to other scheduled appointments or high call volume. Every licensed benefit advisor must, by law, be licensed,
certified and appointed to talk with you about the plans in your specific geographic area. We won’t go into the art and science of scheduling licensed benefit advisors to make sure we have the right people on duty at all times to meet the needs of our callers—but it is a complex task, as you might imagine.

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

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

Yes, but we must have your verbal permission, or if you can’t provide your verbal permission, someone with your Power of Attorney can complete the enrollment on your behalf. You may provide your Power of Attorney information to us online in advance of your call to speed up your enrollment.

**Do you offer dental insurance?**

Via Benefits 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?**

Via Benefits 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 of Terms

Understand some of the key terms of Medicare coverage

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

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

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

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

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

To put it another way: An employer chooses a group plan on behalf of its employees or retirees. An individual chooses an individual plan for him or herself. The insurance company then “groups” the individual with others who live in the same geographic area.
The Medicare “Parts”

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

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

**Part C: Medicare Advantage.** Private insurance companies that contract with Medicare to provide your Medicare Part A and Part B benefits offer these plans. Medicare Advantage plans may also cover other services, like prescription drugs. Earlier we discussed MAPD in the “Evaluate Your Options” section on page 21. MAPD plans bundle your medical and prescription drug coverage together. Medicare Advantage plans may be HMOs, PPOs, or PFFS. If you enroll in a Medicare Advantage plan, it pays for your Medicare services. Part A and Part B does not pay for any health care services that you get in your Medicare Advantage plan.

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

Part D coverage is optional, but you may be charged a penalty fee if you are without prescription drug coverage and later want to enroll in a Part D plan.
Medigap (Medicare Supplement Insurance): Policies sold by private insurance companies to fill gaps in Medicare coverage. In general, with a Medigap policy, beneficiaries get help paying for some or all of the health care costs not covered by the Medicare plan.

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

Preferred Provider Organization (PPO): Sometimes referred to as a participating provider organization, a PPO is an organization of medical doctors, hospitals, and other health care providers who have contracted with an insurer or a third-party administrator to provide health care services at reduced rates to the insurer’s or administrator’s clients. Members can seek services outside the contracted providers, but generally at a higher cost.

Prescription Drug “Gap”: Medicare drug plans have a coverage gap, sometimes called the “donut hole,” 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 $3,700, 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.
Extend Insurance Services, LLC* is Extend Health, LLC’s licensed insurance agency. Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a nonresident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services, and may receive other performance-based compensation for its sale of the insurance products and services provided to you. Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services, LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare Open Enrollment period.

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

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

11 SP 0.900
**************SNGLP T1 P1
<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <ZIP CODE>