



# 2019

## Making Sense of Medicare

A retiree guide to getting  
complete health care coverage



Aon Retiree Health Exchange™

# Medicare made easier

## A look ahead

- 3 | About Aon Retiree Health Exchange
- 4 | Medicare overview
- 6 | Understanding Medicare
- 8 | Beyond Original Medicare
- 10 | Comparing your Medicare options
- 12 | Types of Medicare Supplement Plans
- 14 | Prescription Drug Coverage
- 15 | Knowing what's right for you
- 17 | Getting started
- 18 | How to enroll

This guide is not intended to replace information available to all Medicare recipients in the *Medicare & You* handbook. Please review this and all information available at **medicare.gov**, which will provide you with complete details about Medicare plans, including beneficiary rights, coordination of care, preventive services, how to change plans, state assistance options, definitions and more.





Medicare is something you've earned, a benefit you count on. Understanding how it works, how to navigate and make the most of it, however, is no easy task — especially if you try it on your own.

Trusted, impartial guidance from **Aon Retiree Health Exchange** can help you make sense of Original Medicare — and individual Medicare plans that can help complete your health care coverage needs. Whether you rely on our secure, user-friendly website, or prefer speaking with one of our licensed Benefits Advisors, we'll help you understand your options so you can make the right decision for your health.

## Aon Retiree Health Exchange provides:

- Access to a variety of national and regional insurance carriers with a selection of individual Medicare plans in your area.
- Clear, current and complete information about the Medicare Advantage, Medicare Supplement, Prescription Drug, Dental and Vision Plans available to you.
- Help with evaluating your options, comparing and identifying plans that fit your needs and budget, and enrolling in coverage.
- Objective and personalized guidance so you can make informed decisions about your benefits.
- Continued assistance after you enroll and as your needs change in the future.
- Services at **no additional cost to you** — you only pay for the plan(s) you enroll in.
- Licensed Benefits Advisors who are not incented to promote any carrier or plan over another. Our only goal is to help you find coverage that works best for you.



# Medicare overview

Medicare is a federal program that offers health insurance to Americans and other eligible individuals. Here's a quick overview of the basics that you'll read more about on the following pages of this guide.

## Check your eligibility

To be covered by Medicare, you must be a U.S. citizen or legal resident who has lived in the U.S. continuously for at least the last five years, including the five years just before applying for Medicare. You must also meet one of these three criteria:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

## How to enroll

Original Medicare Parts A and B helps pay for hospital stays and doctor visits, but it doesn't cover everything — and it doesn't cover prescription drugs.

You should be automatically enrolled in Original Medicare if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible. If you're not receiving benefits, you need to sign up for Medicare when you become eligible.

You must have Medicare Parts A and B before enrolling in supplemental coverage. You can sign up in one of three ways:



Visit your local  
Social Security office



Call Social Security  
at 1-800-772-1213  
(TTY 1-800-325-0778)



Apply online  
at [ssa.gov](https://ssa.gov)

If you worked for a railroad, call your local Railroad Retirement Board office or 1-877-772-5772.

While Congress has shifted the full retirement age for Social Security benefits from 65 to 66 (and 67 in the future), 65 has remained the eligibility age for Medicare. This means it's up to you to watch the calendar.

Keep in mind that it may take up to 60 days to get approved for Medicare Part B, and up to three weeks to receive your Medicare card in the mail.

Many people who are still working sign up for Medicare Part A at 65 but delay signing up for Part B if they're covered by their employer's insurance. But you must sign up for Medicare Part B no later than eight months after you leave your job and lose coverage, or you may have a lifetime penalty and a gap in coverage.

If you miss the Part B initial enrollment period, you must wait to sign up for Part B until the next general enrollment period (January 1 to March 31), and coverage won't begin until July 1.

## Other coverage choices

Many Medicare-eligibles choose additional coverage by enrolling in one or more individual Medicare plans.

- Medicare Advantage Plans (Part C) combine Part A and Part B, and often include prescription drug coverage. Some plans may offer additional benefits like coverage for routine vision and dental care.
- Medicare Supplement Plans (Medigap) help pay some of the out-of-pocket costs that aren't covered under Original Medicare.
- Medicare Prescription Drug (Part D) Plans help pay for prescription medications.



## Understanding Medicare — we'll help you through it

This guide will help you understand your Medicare options, help you prepare questions for your pre-scheduled telephone appointment with an Aon Benefits Advisor and help you through the enrollment process.

1

Create your personal Aon Retiree Health Exchange account online.

2

Ask questions during your pre-scheduled telephone call with a Benefits Advisor.

3

Pay special attention to the deadlines so you don't have a lapse in coverage.

On page 17, you'll find details about how to prepare for enrollment — information you'll need to have handy, and how our innovative online recommendation tool can help make your buying experience easier.

Your website details, Aon ID and pre-scheduled appointment time are listed on the letter enclosed with this guide.

# Understanding Medicare

Over time and as you age, your health care needs may change. And, everyone's needs — and budget — may be different. That's why there are options that allow you to select the benefits best suited for you.

You can choose Original Medicare Part A for hospital stays and Part B for doctor visits or you can choose a Medicare Advantage Plan (Part C) from a private insurance company. **Medicare Advantage Plans** combine Medicare Part A and Part B coverage, and many also include prescription drug coverage. Some plans come with hearing and vision care benefits as well.

**Medicare Supplement Plans**, on the other hand, help pay some of your out-of-pocket costs. Available from private insurance companies, these plans pay for some of the expenses not covered by Original Medicare, like deductibles and copayments.

## In general, here's what's covered under Medicare Parts A and B



### Part A

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility
- Hospice care services
- Home health care services

#### You pay:

- Typically a \$0 premium
- Or
- A premium of up to \$437 per month, in 2019, based on your work history
- Deductible: per benefit year



### Part B

- Medically necessary — Services or supplies to diagnose or treat a condition that meets accepted standards of medical practice
- Preventive — Health care to identify or stop illness at an early stage
- Doctor visits
- Outpatient hospital care
- Durable medical equipment and supplies

#### You pay:

- Typically, the standard premium amount = \$135.50
- 20% coinsurance, after \$185 deductible

**Note:** Social Security will contact you if you have to pay more based on your income.



There is no out-of-pocket cap for Medicare Parts A and B. That means your share of costs is unlimited. So it's a good idea to plan for these out-of-pocket costs by enrolling in an individual Medicare insurance plan.



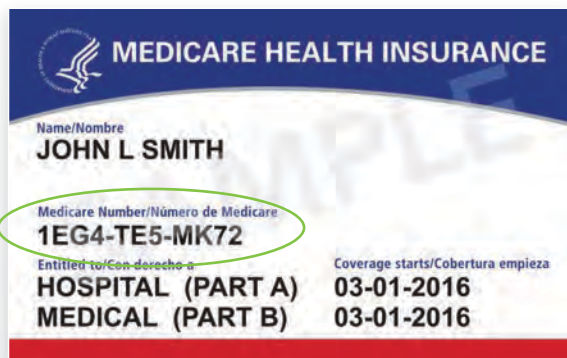
## What's not covered by Medicare Parts A and B

- Most prescriptions
- Health care services not approved by Medicare
- Long-term care (also called custodial care)
- Most dental care
- Eye examinations related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

Even if a service or item is covered, you'll generally still have to pay deductibles, coinsurance or copayments without any annual limit on those costs.



### Good to know



To reduce the risk of fraud, Medicare ID cards have changed. The new cards use a Medicare Beneficiary Identifier (MBI). The MBI will not be based on your Social Security number. If you have an old Medicare Claim Number on file with providers, provide the new MBI number to them.



You can review your coverage and make changes during the Medicare Open Enrollment Period, which runs October 15th to December 7th every year.



The Medicare Advantage Plan Open Enrollment Period (MA OEP) runs

January 1st to March 31st and allows anyone enrolled in a Medicare Advantage Plan on January 1, 2019 (and each January beyond 2019) the opportunity to change plans.

There is also an individualized Medicare Advantage Open Enrollment Period that's **limited to new Medicare beneficiaries with Medicare Parts A and B**. These individuals have a three-month MA OEP to switch plans. Both the individual and the annual MA OEP allow Medicare beneficiaries already enrolled in a Medicare Advantage Plan a one-time election or opportunity to either:

- Switch to a different Medicare Advantage plan,  
OR
- Switch from a Medicare Advantage Plan to Original Medicare and a Medicare Prescription Drug Plan.

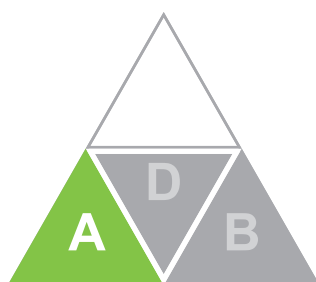
# Beyond Original Medicare

As Medicare has evolved, the federal government allowed private insurance carriers to offer additional options that cover a wider range of services and help retirees manage the out-of-pocket costs. Because Medicare Parts A and B don't pay for everything, you may want to consider a Medicare Advantage Plan, or a Medicare Supplement Plan along with a Prescription Drug Plan.

**MA** **Medicare Advantage Plans** provide medical benefits as good as those covered by Medicare Parts A and B, but with greater financial protection. Many Medicare Advantage Plans also include Medicare Prescription Drug coverage.

With a Medicare Advantage Plan, sometimes abbreviated as “MA Plan” or called “Part C,” the insurance company that offers the plan determines the monthly premium and cost-sharing amounts. If you join a Medicare Advantage Plan, you still have Original Medicare (Parts A and B), but a private insurance company is responsible for coordinating your care and paying claims. Ongoing changes to Medicare Advantage Plans include additional supplemental benefits designed to diagnose, treat, or prevent health conditions. Now benefits may include transportation services, meals deliveries, or even home and bathroom safety devices.

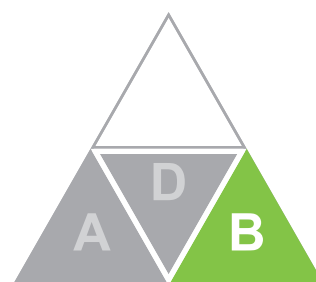
In this illustration, each of the triangles represent a different part of Medicare. Part C shows a full triangle because it includes Medicare Parts A, B and, in many cases Part D, under one plan with one ID card.



## Part A Original Medicare

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care



## Part B Original Medicare

Covers:

- Medically-necessary services: clinical research, ambulance services, durable medical equipment, mental health services, partial hospitalization, second opinions before surgery
- Preventive health care services
- Doctor visits
- Outpatient hospital care
- Durable medical equipment and supplies



**MED  
SUPP**

## Medicare Supplement Plans

are designed to “fill the gaps” of Medicare Parts A and B. However, these plans do not cover prescription drugs. While there are several different Medicare Supplement Plan levels, they are the same nationwide, except in Massachusetts, Minnesota and Wisconsin.

You’ll pay a monthly premium for a Medicare Supplement Plan in addition to your monthly Medicare Part B premium. When you choose a Medicare Supplement Plan, you must enroll in a Prescription Drug Plan. If you delay, you will pay a penalty.

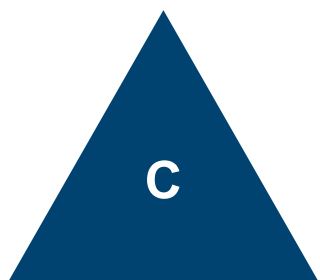
**PART  
D**

## Medicare Prescription Drug Plans

cover much of the costs for prescription drugs and can be useful in situations where prescription drugs aren’t already covered. Some plans have pharmacy networks that offer discounted prices. Plans may also offer a mail-order pharmacy benefit.

As of January 1, 2019, some Medicare drug plans have a program in place to help use opioid medications safely. For drug plan coverage rules visit [medicare.gov](https://www.medicare.gov).

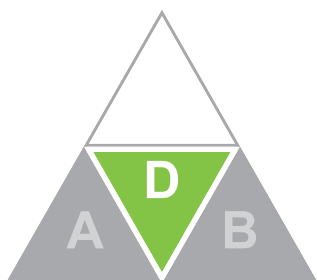
These optional plans are highly regulated and have standardized benefits: Medicare Advantage and Medicare Prescription Drug Plans are regulated by the federal government; Medicare Supplement Plans are regulated by individual states.



### Part C Medicare Advantage

Covers:

- Everything Medicare Parts A and B cover
- Many plans cover prescription drugs
- Many plans cover dental and vision



### Part D Prescription Drug

Covers:

- Prescription drugs



## Here are a few things to keep in mind about Medicare Advantage Plans:

- You’ll usually pay a monthly premium for your Medicare Advantage Plan, but in most cases there are no deductibles.
- You’ll pay a copayment instead of coinsurance for most medical services.
- These plans have an out-of-pocket maximum, which protects you by setting a yearly cap on your cost for health services.
- If you need prescription drug coverage, check the plan to be sure your medications are included.
- Check that your preferred doctors and specialists participate in the plan’s provider network or accept Medicare (depending on which plan type you choose).
- Before traveling, check with your provider to understand benefits available to you.
- You should review your plan details provided by your insurance company since benefits, premiums and terms can change annually.

# Comparing your Medicare options

To help you explore which type of coverage would be better suited to your health care needs and budget, let's take a closer look at your options.

Keep in mind these high-level comparisons:



## Medicare Advantage Plans

- Medical benefits similar to those covered by Medicare Parts A and B
- Offer greater financial protection
- Most include Medicare Part D prescription drug coverage

OR



## Medicare Supplement (Medigap) Plans

- Designed to “fill the gaps” of Medicare Parts A and B.
- Do not cover prescription drugs



## Medicare Prescription Drug Plans (Part D)

- Helps pay for medications

## Types of Medicare Advantage Plans

In general, most Medicare Advantage Plans offer nationwide coverage for emergency room, urgent care and renal dialysis. With some Medicare Advantage Plans you'll need to choose your primary care doctor from a network who will coordinate your care, including if you need to see a specialist or go to the hospital.

**Health Maintenance Organization (HMO) plans:** You're required to seek care from providers in the plan's network and you may need a referral to see specialists.

**Preferred Provider Organization (PPO) plans:** Typically you're not required to get a referral to see a specialist and you can see providers outside the network without having to pay all the costs yourself.

**Fee-For-Service plans:** You can get care from any Medicare-eligible provider who accepts your plan. These plans do not offer coordinated care.

**Coordinated care plans:** A network of doctors and hospitals who work together to provide your care. Each plan creates its own network. In most cases, you will pay most or all costs if you see a provider outside the network.



## Important considerations

- You must enroll in Original Medicare Parts A and B and pay any premiums.
- You must enroll in a Medicare Advantage Plan through a private insurance carrier. These plans are not offered by the federal government.
- At a minimum, all plans provide the same benefits as those available under Original Medicare.
- Most include prescription drug coverage as part of the premium.
- Many plans also include one or more benefits you'd otherwise have to purchase separately, such as dental, vision and/or hearing care, wellness programs, gym memberships and a nursesline.
- Many plans have an out-of-pocket maximum, which caps your financial liability in a given plan period. If your out-of-pocket costs exceed this amount, you pay \$0 for additional eligible services until a new plan period begins.
- Most Medicare Advantage Plans are limited to a defined geographic area.

**Point of Service (POS) plans:** This type of HMO plan allows you to visit doctors and hospitals outside the network for some covered services, but your copayment or coinsurance is usually higher.

**Special Needs Plans (SNPs):** For people with a range of special needs, including those with chronic diseases, nursing home residents and people who are eligible for both Medicare and Medicaid.

**Private Fee-For-Service (PFFS) plan:** You can see any providers in the U.S. who accept Medicare. Medical Savings Account (MSA) plans combine Medicare Advantage Plan coverage with a special savings account that offers tax advantages to help pay for covered medical expenses.



# Types of Medicare Supplement Plans



There are a variety of standardized Medicare Supplement Plans to choose from. Each plan provides different benefits, so it's important to compare plans before choosing one. The monthly premium for your plan will vary and may be based on the coverage offered and which insurance company you choose.

2019 Coverage	A	B	C	D	F <sup>1</sup>	G	K <sup>2</sup>	L <sup>2</sup>	M	N <sup>3</sup>
<b>Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used up)</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Medicare Part A deductible</b>		✓	✓	✓	✓	✓	50%	75%	50%	✓
<b>Skilled nursing facility care coinsurance</b>			✓	✓	✓	✓	50%	75%	✓	✓
<b>Medicare Part A hospice care coinsurance or copayments</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Medicare Part B deductible</b>			✓		✓					
<b>Medicare Part B coinsurance or copayments</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Part B excess</b>					✓	✓				
<b>Blood (first three pints)</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Foreign travel emergency (up to plan limits)</b>			80%	80%	80%	80%			80%	80%

(A ✓ indicates areas where the plan pays 100% of the benefit cost.)

<sup>1</sup>Some insurance companies offer a high-deductible version of Plan F, which requires you to pay a deductible of \$2,300 before these costs are covered (in 2019).

<sup>2</sup>Maximum out-of-pocket expenses of \$5,560 for Plan K and \$2,780 for Plan L apply (in 2019).

<sup>3</sup>Plan N pays 100% of the Medicare Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission (in 2019).



## Important considerations

- To enroll in a Medicare Supplement Plan, you must be enrolled in Medicare Parts A and B.
- Although most Medicare Supplement Plans cover expenses from any provider that accepts Medicare, some private insurance companies also offer a Medicare Select Plan, which provides coverage only within a defined network of providers. Check that your hospital is included in that particular plan's network.
- Most Medicare Supplement Plans don't require a copayment or coinsurance for hospital charges.
- If you enroll in coverage when you first become eligible at age 65, or if your employer stops providing a group retiree health plan, you may not be subject to a health screening or underwriting by the insurer.
- Medicare Supplement Plans are standardized in a different way in Massachusetts, Minnesota and Wisconsin. Go online to review the plans available in your area or discuss your options with a Benefits Advisor.

## Planning for the future

While considering your plan options, if a Medicare Supplement Plan seems to fit your needs, consider future changes affecting Medicare Supplement Plans C and F.

In 2020, under the Medicare Access and CHIP Reauthorization Act (MACRA), existing Medicare Supplement Plans C and F will be replaced by new plans that do not include the Medicare Part B deductible.

How this could affect you and/or your individual Medicare coverage plan selection:

- If you choose Medicare Supplement Plans C or F in 2019, or if you're already enrolled in one of these plans, you'll be grandfathered in. After January 1, 2020, these plans will not be available to NEW Medicare beneficiaries.
- In 2020, monthly premiums for these plans may increase, so you may find it advantageous to consider switching to a different Medicare Supplement Plan at some point.
- The new Medicare Supplement Plans (named D and G) will offer mostly the same coverage as the plans they replace, except they will not cover the Medicare Part B deductible.
- Switching from Medicare Supplement Plan C or F to the new plans (D or G), or switching to a different insurance company, may trigger a review by medical underwriters. This means your medical history may influence your monthly premium.
- Medicare Advantage Plans will not be affected.

**Medicare Cost Plans** are a type of Medicare health plan. Private insurance companies contract with Medicare to deliver your Original Medicare Part A and Part B benefits. Medicare Cost Plans are being phased out in some areas starting in 2019. Talk with a Benefits Advisor to explore options in your area.

# Prescription Drug coverage

Medicare Part D coverage helps you pay for prescription drugs and can help you manage your health care budget by providing predictable drug costs. Since Original Medicare doesn't cover most prescription drugs, you'll want to enroll during your Initial Enrollment Period (IEP), otherwise you may pay a late enrollment penalty.

The federal government sets basic guidelines that all Part D plans must meet. Each plan has a list of drugs that it covers (known as a formulary). Before choosing a Part D plan, review its formulary to ensure the drugs you take are covered. In addition, plans have different costs, so check the annual deductible, premiums, copays and coinsurance to make sure you have the appropriate coverage to cover your costs.

Once you've spent \$5,100 out-of-pocket in 2019, you're out of the Medicare drug plan coverage gap (also known as the "donut hole"). Once you get out of the gap, you automatically get "catastrophic coverage." It assures you only pay a small coinsurance amount or copayment for covered drugs for the rest of the year.



## Important considerations

- Medicare Part D Prescription Drug coverage is not automatic. You must enroll for coverage to begin.
- If you have other prescription drug coverage, such as Veterans Affairs (VA) coverage, you may not need additional drug coverage. Be sure to discuss any other coverage you have with a Benefits Advisor.
- Part D charges a late enrollment penalty if you don't sign up when you're first eligible — unless you qualify for an exception. The penalty is a fee set by Medicare that gets added to your premium, and you pay it for as long as you have Part D.

## Let's recap your options to consider:

Option 1	PART <b>A</b>	PART <b>B</b>	
Option 2	PART <b>A</b>	PART <b>B</b>	+ MED SUPP
Option 3	PART <b>A</b>	PART <b>B</b>	+ PART <b>D</b>
Option 4	PART <b>A</b>	PART <b>B</b>	+ MED SUPP + PART <b>D</b>
Option 5	<b>MA</b>		
Option 6	<b>MA</b>	+ PART <b>D</b>	

You cannot have a Medicare Advantage Plan and a Medicare Supplement Plan at the same time.



# Knowing what's right for you

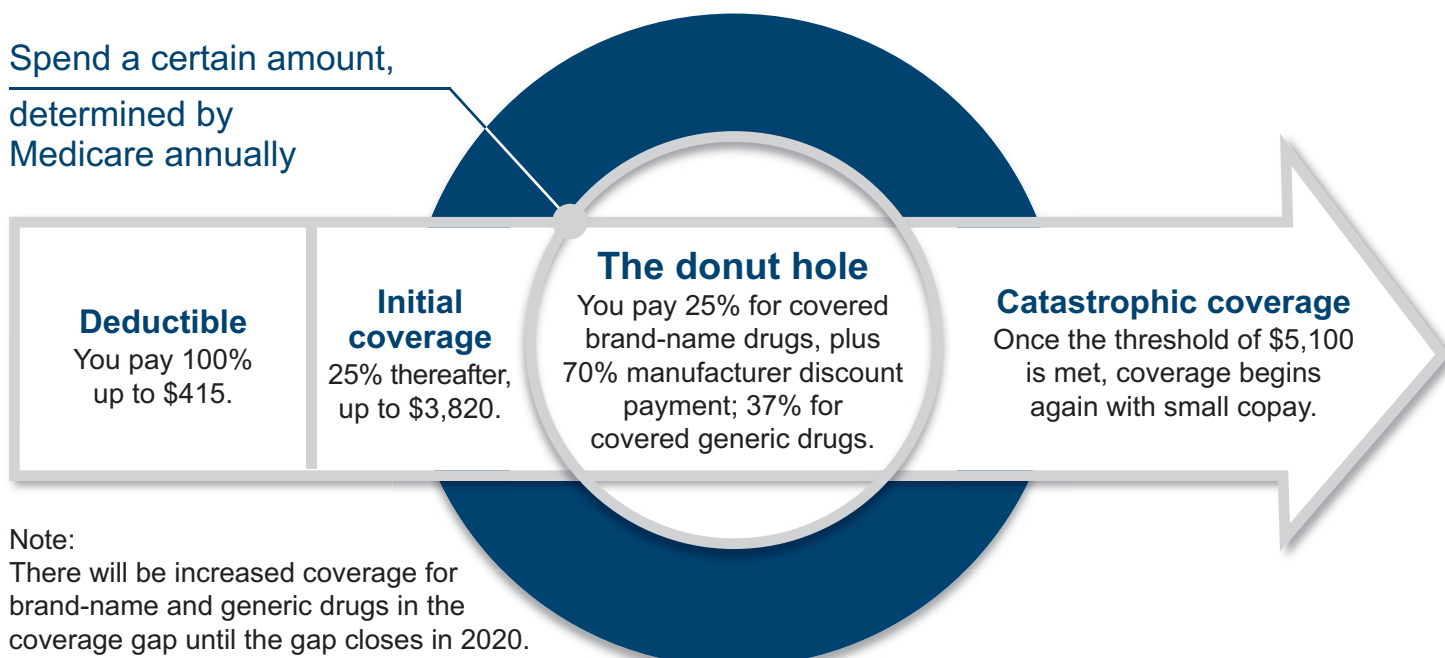
Our Benefits Advisors are ready to help you explore your options, understand the differences between plans and help you enroll — all at no additional cost to you. You only pay the costs of the plans you enroll in.

## Quick coverage comparison

2019	Medicare Advantage (with prescription drug coverage)	Medicare Supplement + Medicare Prescription Drug coverage (Part D)
<b>Copayments/ Coinsurance/ Deductibles</b>	Varies by plan	Varies by plan
<b>Health Care Provider</b>	Varies by plan; some restrictions or network pricing for certain providers may apply	See any Medicare provider
<b>Prescription Drug Coverage</b>	Yes (often included or available via enrollment in a stand-alone Medicare Prescription Drug Plan)	Yes (via enrollment in a stand-alone Medicare Prescription Drug Plan)
<b>Other Considerations</b>	<ul style="list-style-type: none"> <li>• Can be a good value — may be less expensive than Medicare Supplement Plans</li> <li>• Plans can change every year</li> <li>• Some plans have extra benefits available</li> <li>• Medical underwriting not required</li> </ul>	<ul style="list-style-type: none"> <li>• Generally a good value if you need frequent medical care</li> <li>• Plans are standardized</li> <li>• Covers Medicare services only</li> <li>• Medical underwriting may be required</li> </ul>

## Prescription Drug Plans: The 2019 donut hole

Spend a certain amount,  
determined by  
Medicare annually



If you're unsure which type of plan may best meet your needs, answer these questions then consult one of our Benefits Advisors.



**Q. Can I afford to pay the health care costs Original Medicare doesn't cover?**

☐ Yes ☐ No

You'll pay:

- Medicare Part A and Part B deductibles before coverage begins
- A monthly Medicare Part B premium
- 20% of the amount Medicare approves for the medical services it covers
- The full cost for services not covered by Medicare

If "No," you may want to consider other plan types, such as a Medicare Advantage Plan. Ask a Benefits Advisor to help you compare costs and coverage. Financial assistance programs are available if you're eligible.

**Q. Do I want prescription drug coverage?**

☐ Yes ☐ No

If "No," you may have to pay a penalty if you enroll later. Even if you don't take medications now or don't think you need drug coverage, you may still want to consider enrolling in Medicare Part D coverage through a private insurance plan to protect yourself from unforeseen expenses.

**Q. Do I want coverage for hearing aids, routine eye exams, dental services and extra preventive care not covered by Medicare?**

☐ Yes ☐ No

If "Yes," many Medicare Advantage Plans offer these additional benefits, but they may cost extra. A Benefits Advisor can also review individual dental and vision plan options with you.

If "No," consider Original Medicare, Medicare Supplement or a Medicare Advantage Plan with limited or no coverage for these benefits.

**Q. Is my current doctor in a Medicare Advantage Plan network?**

☐ Yes ☐ No

If your doctor is in a Medicare Advantage HMO or PPO network, consider joining it. You may be able to save money.

If "No," consider Original Medicare, Medicare Supplement or a Medicare Advantage PPO that lets you see doctors outside their network.

**Q. Do I want a primary care doctor who'll coordinate my specialty care?**

☐ Yes ☐ No

If "Yes," you may want to consider a Medicare Advantage HMO Plan. Your primary care doctor and your specialists will coordinate your care. Most services require a referral from your doctor.

If "No," a Medicare Advantage PPO Plan or Original Medicare might be a good option.

# Get started online

Our easy-to-use online recommendation tool allows you to narrow plans in your area through an automated process that helps define and rank coverage options based on the details you provide.

- Compare your needs against all available plan options to identify and recommend the right benefits specifically for you.
- Significantly reduce your shopping time and get optimal coverage for your providers and medications.
- Results are ranked to show the best comprehensive package of benefits to meet your needs.
- Look for this symbol in your plan recommendation results:

 Score: 94 *This score is used for example purposes only.*

In addition, our licensed Benefits Advisors can answer questions about benefits, coverage and costs, and then help you enroll in the plan of your choice. It's important to keep your health details updated so as your needs change, plan recommendations are updated as well.

Online, you get the convenience of 24/7 shopping plus educational information you need to make an informed decision about your health care coverage. To start exploring your options, log in to your account today using your personal ID shown on the letter enclosed.



Before your telephone appointment with a Benefits Advisor, confirm your account online and complete your personal profile.



Enter the names of your preferred doctors, clinics and hospitals, including phone numbers and addresses.



Enter your prescription details, including the name of each medication, dosage and how often you take it.



Check out personalized plan comparisons and recommendations based on your requirements. Save plans that you want to consider.



# How to enroll

You can enroll online or by phone with the assistance of a Benefits Advisor. Be sure to:

- ✓ Have your Medicare ID card and any other ID cards available
- ✓ Create a list of things you need in your new coverage
- ✓ Gather all necessary legal documents if a Power of Attorney will be signing any enrollment forms on your behalf
- ✓ Log in to your Aon account with the personal ID, shown on the enclosed letter
- ✓ Verify your information and review the plans you've saved online
- ✓ Choose the plan you'd like to enroll in

If you're satisfied with your current coverage and it's available in 2020, there's no need to contact us during Open Enrollment — your policies will automatically renew. Remember to review your plan details provided by your insurance company since benefits, premiums and terms can change annually.

## Things to keep in mind

To ensure timely payment of your premiums, you may want to enroll in the automatic payment option if the insurance company offers it. Once you submit your application for coverage, the insurance company will contact you to verify your enrollment (as required by the Centers for Medicare & Medicaid Services as a security measure). Carefully review the insurance cards and plan information you receive.



**1-800-350-1470 (TTY 711)**

Monday through Friday, 8 a.m. – 8 p.m.  
Central Time, excluding holidays.

## After you enroll

If you have an issue regarding a bill or have a coverage question, you should first call your insurance company to attempt to resolve the issue.

If you need to change your plan after your initial enrollment, you should call an Aon Benefits Advisor. We can also help with Medicare questions, insurance claims, access to care and other issues.

The benefits you get from working with Aon start before you enroll in coverage and extend through future plan years as your coverage needs change. You're entitled to free advisory services, online decision tools and educational information, webinars and enrollment assistance.



# Notes

As you review this guide and future materials, write down your health care coverage considerations, details that may impact your benefit choices and any questions you have. Feel confident knowing that Aon is by your side and can help you along the way.



National Council on Aging

Aon Retiree Health Exchange is the only exchange recommended by the National Council on Aging (NCOA) for continually meeting and exceeding rigorous standards of excellence. NCOA has been a leading nonprofit organization committed to improving the health and economic security of older adults.

**A+** The Better Business Bureau also gives Aon an A+ rating\* for quality and competency in assisting seniors through guidance, resources and enrollment expertise in Medicare health insurance plans.

\*Accredited since July 10, 2017.



Aon plc (NYSE:AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance. For further information on our capabilities and to learn how we empower results for clients, please visit [aon.com](http://aon.com).

© Copyright 2019 Aon Hewitt Health Market Insurance Solutions Inc.

Medicare has neither reviewed nor endorsed this information.

Aon Retiree Health Exchange is available through Aon Hewitt Health Market Insurance Solutions Inc., a third party marketing organization (TMO), retained to promote or sell a plan sponsor's Medicare products on the plan sponsor's behalf who holds the contract with the Federal government.

Aon Hewitt Health Market Insurance Solutions, Inc. is contracted to represent insurance plans in your state. California Agency License Number: OE97576, Arkansas Agency License Number: 100102657, DBA in North Dakota: Aon Hewitt Health Insurance Agency Solutions, Inc., Fictitious Name in New York: Aon Hewitt Health Insurance Agency Solutions.

While every attempt is made to keep this information correct and up to date, nothing contained herein is to be construed as a guarantee and/or medical, legal, tax or other professional advice. We take no responsibility or liability for any actions taken as a result of using the information presented in this booklet. We will not be liable as a company or as individuals for damages, losses or other expenses incurred as a result of reading this material or for any other reason.