

What retirees need to know

Q. Why did OP&F change our current healthcare coverage?

A. Funding for the retiree healthcare plan at OP&F is limited, making the group healthcare plan sponsored for several years no longer an option. OP&F has investigated and considered a wide variety of options to extend the funding for retiree healthcare. That work has resulted in a stipend-based model that should keep healthcare funding solvent for at least 15 years. Of course, we will continue to monitor and make choices going forward that are in the best interests of our entire membership.

Q. What are the advantages of an individual Medicare plan vs. that of group coverage?

A. The individual Medicare marketplace may offer more affordable options and greater flexibility than many group plans, which allows for more choice.

- Competition among insurers in the Medicare market means that plans are competitively priced, and you may pay less for equal or better coverage.
- You can also select a policy for yourself and a different one for your Medicare-eligible spouse — so both your needs are better met.

Q. Why do I need supplemental coverage?

A. Medicare Parts A and B alone do not limit your annual out-of-pocket expenses. To protect yourself from unexpected healthcare costs, we have partnered with Alight Retiree Health Solutions (Alight). Alight can help you determine which plans are right for your needs and your budget.

Q. How can I learn more about what I need to do?

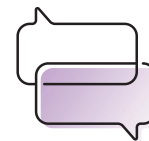
A. Our partner, Alight, will provide you with all the information and support you will need to understand and enroll in an individual healthcare plan.

You will receive a personalized letter with details about an appointment with a licensed Benefits Advisor, enrollment timelines, and your OP&F stipend.

A custom website will provide you with information about Medicare Advantage, Medicare Supplement and Prescription Drug plans, how to prepare for enrollment and how Alight helps you through the process. You will find answers to questions and educational videos online as well.

- You will receive details about how to log on to Alight's website, your personal Alight ID to access your secure account, a checklist of action items and key dates, as well as an overview of Medicare coverage options available to you.
- You will want to confirm your account online and complete your profile. Then add the names of your preferred doctors, clinics and hospitals, including phone numbers and addresses; verify and/or update your prescription details, including the name of each medication, dosage and how often you take it. Once you do that, you can find the plans you like and compare them. This is a recommendation tool that gives you the top options to consider based on your indicated healthcare needs and budget. If you add your potential choices to the online cart, you can ask a Benefits Advisor for guidance on the best option for you.
- You will need to confirm your telephone appointment with an Alight Benefits Advisor in order to give them permission to call you.

Frequently asked questions



Q. Why should I trust Alight?

A. Alight Retiree Health Solutions is an official partner of the National Council on Aging (NCOA). Alight Retiree Health Solutions has met NCOA's stringent Standards of Excellence for Medicare Brokerage Services. The Better Business Bureau gives Alight Retiree Health Solutions an A+ rating for quality and competency in assisting seniors through guidance, resources and enrollment expertise in Medicare health insurance plans.

Q. What services are available through Alight that I cannot get by enrolling someplace else?

A. Enrolling through Alight gives you several value-added services including:

- Access to an OP&F stipend.
- Automatic premium reimbursement from the stipend.
- Ongoing access to Benefits Advisors who have knowledge of all your health plan choices. This service does not cost you anything. You only pay for the plans you enroll in.
- Access to exclusive insurance policies that you cannot find elsewhere.
- Advocacy services that provide help with billing procedures, claims and appeals, benefit issues and access-to-care problems.

Q. What more can you tell me about Benefits Advisors?

A. Although you will find everything you need to choose and enroll in individual health coverage on the Alight website, you can speak with a Benefits Advisor, who is a licensed agent, available by phone, to help you. If you plan to use the Alight website to enroll directly, personal assistance will be available by phone or online chat if you need it.

Q. Do Benefits Advisors charge a fee for helping me?

A. No. You only pay the cost of the plans/coverage you select. If you consult with a Benefits Advisor, understand that they receive no special compensation to enroll you in a specific plan or with a specific carrier. You can be assured that they will offer objective advice to help you make the choice that's right for you.

Q. How long will the phone appointment with a Benefits Advisor last?

A. Depending on whether you enroll that day, or how many questions you have, your call may be as long as 45-60 minutes. The length of your call will also depend on how much preparation you do in advance.

To prepare for your appointment, it will be helpful to set up your personal Alight online account to compare plans and narrow down your options. Look for your personal Alight ID in the communication you received from Alight.

- Go to retiree.alight.com/OP-F
- Customize your profile by adding your doctors, hospitals and specialists. You may also update any medications you take.
- Use the plan recommendation tool to compare plans and add them to your cart.

Note: Each person enrolling in a plan will need to activate his/her account separately.

Keep in mind, a Benefits Advisor is an excellent resource and will take as much time as you need to feel comfortable with your plan selection.

Q. What happens if I do not confirm my telephone appointment?

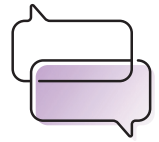
A. Benefits Advisors can only call if you have confirmed the appointment. This is regulated by the Centers for Medicare & Medicaid Services (CMS). You also have opportunities to reschedule your appointment if the pre-scheduled time isn't convenient for you.

Q. Does Alight offer every policy available in my area?

A. No. Their goal is to create a competitive marketplace where you can shop for a wide variety of high-quality health policies. To maintain this, Alight follows stringent guidelines about the insurance companies that participate in its exchange by:

- Carefully selecting insurance companies and products based on the insurers' financial ratings, premium stability, member service level and Medicare Five-Star Quality Rating System.

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- Not offering the policies of insurers that cannot meet Alight's technology requirements for electronic enrollment, automatic premium reimbursements, etc., or have not demonstrated historical stability in a particular geographic area.

In some cases, certain insurance companies may not be listed because they currently chose not to offer their plans through a private retiree health exchange. However, Alight's experience has shown that the majority of retirees have a wide variety of competitively priced plan options and are able to find a policy that is the same or better than group coverage.

Q. Do all policies have guaranteed issue through Alight?

A. Most policies (but not all) offer this feature, which allows you to enroll in a plan without answering any medical questions. Here is how it works:

- All Medicare Advantage plans and Prescription Drug plans are guaranteed issue (GI)* — both during the initial transition and during each future Open Enrollment Period. Most Medicare Supplement plans offer GI when you are losing eligibility for your employer group plan. There are exceptions, so we advise that you speak with a Benefits Advisor to get details that impact the decisions you make for your own healthcare needs.

*Effective January 1, 2021, individuals with End Stage Renal Disease (ESRD) are eligible to enroll in Medicare Advantage plans. For more information, talk with a Benefits Advisor.

Q. Does OP&F choose the insurance coverage options offered through Alight?

A. No. As a private exchange, Alight is able to offer thousands of plans from hundreds of regional and national insurance companies so you have many more options to choose from.

Q. Is there a deadline for choosing new coverage each year?

A. Yes. The deadline to enroll is Dec. 7 in order to have benefits on Jan. 1, and avoid a lapse in coverage. The sooner you enroll, the sooner you will get your new ID cards.

Q. What if I do not enroll in an individual medical plan?

A. Even if you choose not to enroll in a medical plan, you will need to choose a new prescription drug plan through Alight to be eligible for the OP&F stipend. However, we recommend that you consider additional medical coverage in addition to Original Medicare (Parts A and B). This is because, under Medicare Parts A and B alone, there is no limit on your out-of-pocket expenses. Plus, you could face penalties if you do not enroll in coverage during the specified enrollment period but decide to enroll later. You can find more information at www.medicare.gov.

Q. I'm retiring and my spouse and children are not eligible for Medicare. Can they continue to receive OP&F group coverage?

A. No, the OP&F group plan will no longer be offered. They will need to enroll in a qualified Individual & Family plan through eHealth, healthcare.gov, or a local agent.

Q. Can Alight help me find coverage for a Medicare-eligible dependent under the age of 65?

A. Yes. Through Alight, your dependents also have access a variety of plans and coverage options. These services are at no additional cost. You only pay the insurance premium for the plans you choose.

Q. Is it possible that a local insurance broker can get me a better rate than what I can buy through Alight for the same plan?

A. If the rate is different for the same plan, there is a reason for it. Here is why:

- By law, the price you pay to purchase the same policy from the same carrier will not differ, whether you purchase it through Alight or through another broker.
- Alight cannot add a surcharge to any premium.
- The quotes you receive directly from local brokers or insurance companies may already include potential discounts for a number of factors like direct debit payments, couple enrollment discounts, etc. In general, the prices listed on Alight may not yet reflect these

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discounts since the carrier has to review and approve your application to determine which discounts may apply. If you qualify for a discounted rate when enrolling with a carrier through Alight, you will get the same discounted rate as you would from a local agent or broker.

- Though the same policies from the same carrier will have the same price regardless of where or how you enroll, in some cases, the policy that a local agent or broker offers, while similar, is actually different from the one offered through Alight. There may be value-added services and features that could affect the premium, so it is important to carefully review plan details.

Q. How do I pay the premiums for the plans I enroll in through Alight?

A. You will be responsible for paying premiums directly to your new insurance company. To avoid missing a payment and risk losing coverage, we recommend that you take advantage of automatic payment features, like direct debit, through your new insurer.

Q. When do I pay for my coverage?

A. Medicare Advantage and Medicare Supplement plans generally invoice monthly and may require you to authorize automatic debit from your financial institution.

Q. Is there financial assistance to help pay for coverage?

A. Yes. To qualify for your OP&F stipend, you must enroll in a medical or a prescription drug plan through Alight.

Each year, OP&F intends to issue a stipend that you can use to reimburse yourself for qualifying expenses.

Premiums: You may use your stipend to pay for your health, prescription drug, dental and vision insurance premiums.

Out-of-pocket expenses: You may also use your stipend to pay for eligible expenses such as copays, deductibles and other health related services, up to the amount in your account.

If you and an eligible dependent enroll through Alight, the contribution amount will be increased. If you enroll after January, contributions will be prorated. Should you or your eligible dependent turn 65 and become eligible for Medicare mid-year, your stipend will change and will again be prorated at that time.

OP&F also sponsors a Low Income Stipend Increase Program for individuals or families who qualify. For more information on this program, please contact OP&F.

Q. Where can I go with questions?

A. You will find detailed answers to most questions, as well as contact information at retiree.alight.com/OP-F, or by calling Alight at 1-844-290-3674.

Q. What do I do if I have an issue with my new plan after enrolling?

A. You are entitled to ongoing support from Alight if you enroll in your plan through Alight. First, however, to get answers to basic questions about your plan, consult your plan provider directly. More complex issues involving claims, billing procedures, appeals, or difficulty getting appointments with specialists can be directed to Alight at no additional cost to you.

Medicare has neither approved nor endorsed this information.

Alight Retiree Health Solutions is available through Alight 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.

Alight Health Market Insurance Solution Inc. is contracted to represent insurance plans in your state.