



Aon Retiree Health Exchange



What your retirees need to know

Q. Why is OP&F changing our current health care coverage?

A. Funding for the retiree health care plan at OP&F is limited, making the group health care 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 health care. That work has resulted in a stipend-based model that should keep health care 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 to 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 — so you have 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 health care costs, we have partnered with Aon Retiree Health

Exchange. Aon can help you determine which plans are right for your needs and your budget.

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

A. Our partner, Aon Retiree Health Exchange, will provide you with all the information and support you will need to understand and enroll in an individual health care plan.

You will receive a personalized letter and booklet outlining details of this transition, an introduction to Aon Retiree Health Exchange and the role they play, and the advantages of selecting and enrolling in coverage through a private exchange. You will also learn about the enrollment process and timelines, so you know what to expect.

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

Specifically, in September, an Aon Retiree Health Exchange online account will be created for you. Once your account is set up, an education package will be mailed to your home. This will include an instructional letter with a pre-scheduled telephone appointment with an Aon Benefits Advisor, who is a licensed insurance agent, and a Medicare insurance guide.

Frequently Asked Questions

- You will receive details about how to log on to Aon's website, your personal Aon 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 health care 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 pre-scheduled telephone appointment with an Aon Retiree Health Exchange licensed Benefits Advisor in order to give them permission to call you.
- For further assistance, you can choose from a list of educational meetings that you can attend in-person or online (along with any friends or family who may help you make important benefit decisions). These meetings will provide general information about individual Medicare coverage, your OP&F stipend and support available to you. You will want to save questions about your specific coverage options and needs to discuss with a Benefits Advisor.

Q. Why should I trust Aon Retiree Health Exchange?

A. 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. 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. Aon has enrolled over 500,000 retirees from hundreds of clients nationwide.

*Rating evaluation as of June 2017

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

A. Enrolling through Aon Retiree Health Exchange 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 Aon Retiree Health Exchange website, you can speak with a Benefits Advisor, who is a licensed agent, available by phone, to help you. Even if you cancel the appointment that's scheduled for you and you plan to use Aon's 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

Frequently Asked Questions

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.

In advance of your appointment, it will be helpful for you to set up your personal Aon online account to compare plans and narrow down your options. Look for your pre-scheduled appointment time and your personal Aon ID log in on the letter you will receive in September.

- Go to retiree.aon.com/OP-F (available in September)
- Log in with your Aon ID, which you can find on the letter you receive confirming your phone appointment
- Customize your profile
- Add your doctors, hospitals, specialists and other providers, and verify and/or update the 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 Aon Retiree Health Exchange offer every policy available in my area?

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

- Carefully selecting insurance carriers and products based on the carriers' financial ratings, premium stability, member service level and Medicare Star ratings.
- Not offering the policies of carriers that cannot meet Aon'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 carriers may not be listed because they currently chose not to offer their plans through a private retiree health exchange. However, Aon'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 during the transition to Aon Retiree Health Exchange?

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 current plan, including your 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 health care needs.

Frequently Asked Questions

*If you have End Stage Renal Disease, you generally may not be able to enroll in a Medicare Advantage plan. For more information, talk with a Benefits Advisor.

Q. Does OP&F choose the insurance coverage options offered through Aon Retiree Health Exchange?

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

Q. Is there a deadline for choosing new coverage?

A. Yes. The enrollment deadline is Dec. 7, 2018 to have benefits on Jan. 1, 2019 and avoid a lapse in coverage. Our group plans will end Dec. 31, 2018. The sooner you enroll, the sooner you will get your new ID cards and be able to use your insurance.

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

A. Even if you choose not to enroll in a health plan, you will need to choose a new prescription drug plan since your OP&F plan will no longer be offered. However, we recommend that you consider additional Medicare coverage to supplement 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 supplemental coverage during the specified enrollment period but decide to enroll later. You can find more information at www.medicare.gov.

If you are under the age of 65 and eligible for Original Medicare (Parts A and B) due to a disability, and you are enrolled in the UnitedHealthcare Medical Plan, your health and prescription drug coverage is ending as of Dec. 31, 2018. If you do not enroll in an individual Medicare plan you will only have Original Medicare coverage. Keep in mind, most

prescription drugs are not covered under Medicare Parts A or B.

Q. My spouse and children are not eligible for Medicare. Can they continue to receive group coverage?

A. No, the OP&F group plan will no longer be offered. They will need to enroll in an Individual & Family plan through eHealth.

Q. Can Aon Retiree Health Exchange help me find coverage for a Medicare-eligible dependent under the age of 65?

A. Yes. Through Aon Retiree Health Exchange 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 Aon Retiree Health Exchange 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 Aon Retiree Health Exchange or through another broker.
- Aon Retiree Health Exchange cannot add a surcharge to any premium.
- The quotes you receive directly from local brokers or carriers may already include potential discounts for a number of factors like direct debit payments, couple enrollment discounts, etc. In general, the prices listed on Aon Retiree Health Exchange may not yet reflect these 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 Aon, you will get the same discounted rate as you would from a local agent or broker.

Frequently Asked Questions

- 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 Aon Retiree Health Exchange. 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 Aon Retiree Health Exchange?

A. OP&F will no longer deduct health care premiums from your benefit check. Instead, you will be responsible for paying premiums directly to your new insurance company. So that you do not miss 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. The Center for Medicare & Medicaid Services (CMS), the agency that administers Medicare, invoices your Medicare Part B premium every three months.

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

A. Yes. To qualify for your stipend, you must enroll in a health or a prescription drug plan through Aon Retiree Health Exchange.

Each year, we intend 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 Aon, the contribution amount will be increased. Contributions will be prorated, if you enroll after January. Should you or your eligible dependent turn 65 and become eligible for Medicare during 2019, 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, in the education package you will receive by mail in September.

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

A. You are entitled to ongoing support from Aon if you enroll in your plan through Aon Retiree Health Exchange. 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 Aon Retiree Health Exchange at no additional cost to you.



Here is a high-level look at what you can expect

June 2018

You will receive a *Medicare-Eligible Retiree Guide*, which includes general information about the transition and specific action steps.

September – October 2018

You will be able to attend an education meeting or webinar to learn more about enrolling in individual Medicare coverage, your stipend and available support. You can discuss specific coverage options for your individual situation with a Benefits Advisor.

September 2018

You will receive a Medicare Insurance Guide, *Approaching Medicare with Confidence*, in the mail with a personalized letter reflecting the date and time of your prescheduled telephone appointment with a Benefits Advisor. Your package will also include the amount of your stipend.

Oct. 15 – Dec. 7, 2018

Time to select an individual Medicare plan through Aon Retiree Health Exchange. If you do not enroll during this time, you will not have this additional Medicare coverage in the coming year.

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.

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