

Medicare-Eligible Retiree Guide

for changes effective Jan. 1, 2019

**Ohio
Police
& Fire** Pension
Fund

Ohio Police & Fire Pension Fund Retiree Health Plan



About your medical plan coverage

When it comes to your medical coverage, it's important to explore the many options available to you through the Aon Retiree Health Exchange. This will help ensure that the plans you are currently enrolled in to supplement Medicare Parts A and/or B—and avoid a gap in coverage—are the right ones for your situation.

IMPORTANT: Your current prescription drug coverage ends on Dec. 31, 2018.

To ensure that you have prescription coverage starting Jan. 1, 2019, you *must* enroll in a prescription drug plan through the Aon Retiree Health Exchange between Oct. 15 and Dec. 7, 2018.

This guide helps you to prepare to enroll in new individual Medicare coverage, which will replace your current health care plan. Aon Retiree Health Exchange™ will help you understand your plan options, provide consulting and guide you through the process — from comparing coverage to enrolling in a plan that's right for your needs.



Already enrolled?

If you are already enrolled in Medicare Plan B, F or L sponsored by OP&F, you may remain in that Plan. However, you can confirm that your current coverage offers the best combination of features and pricing for your situation by reviewing your options with a Benefits Advisor from the Aon Retiree Health Exchange. **Please note:** Even if you keep your current medical plan, you *must* choose a new prescription drug plan through the Aon Retiree Health Exchange. Please be sure to make any coverage changes during the annual Medicare Open Enrollment Period (Oct. 15–Dec. 7, 2018).

There are special circumstances under which you may be able to change your coverage outside the open enrollment window. These include changing where you live or qualifying for a Special Needs Plan (or other special situation), or your plan changes its contract with Medicare. Ask one of our licensed Benefits Advisors for more information or visit [medicare.gov](https://www.medicare.gov).

A look ahead

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You do not have to face Medicare decisions alone

Aon Retiree Health Exchange helps you make decisions and gives you access to a variety of health care plans that offer you more than Medicare Parts A and B. This service is provided to you to help make enrolling in a supplemental Medicare plan easy and worry-free. There is no extra cost to you to use this service. You only pay for the coverage you enroll in.

That is the value of Aon Retiree Health Exchange.





When it comes to your health, change can be good.

Ohio Police and Fire (OP&F) is making a change for the better—for you and your Medicare-eligible dependents. Now you can take advantage of having more choice, more flexibility and a greater plan selection with a range of price points that work with your budget. Beginning Jan. 1, 2019, OP&F will transition its over-age-65 group-sponsored plan to the Aon Retiree Health Exchange.

For most Medicare-eligible retirees in a group health plan, the cost of coverage keeps climbing and plan options are becoming limited. Fortunately, there is a wide range of Medicare plans available outside of group coverage in what is called the “individual market”—to fit your needs and budget.

The idea of moving retirees from group health coverage to individual coverage is catching on fast. Today, a growing number of organizations have replaced, or plan to replace, a traditional group health plan with an “exchange” of individual coverage options for their retirees.

Introducing Aon Retiree Health Exchange

Changing health insurance isn’t something you do every day, so you may need help evaluating your new options. That is why OP&F has partnered with the Aon Retiree Health Exchange—to make understanding Medicare easier for you.

As a national private health exchange that specializes in helping retirees navigate and understand Medicare, the Aon Retiree Health Exchange provides guidance you will appreciate. In addition to Medicare Advantage, Medicare Supplement and prescription drug plans, the Aon Retiree Health Exchange will be offering a suite of products to support your overall well-being, including dental and vision coverage, as well as hospital indemnity, critical illness and final expense insurance.

Whether you prefer to research your options on your own time—through online tools and resources—or with professional assistance, the Aon Retiree Health Exchange offers you the convenience of choice, personalized service and ongoing support.

You will have the choice of:

- More than 100 national and regional insurance carriers you know and trust
- Many Medicare Advantage, Medicare Supplement and prescription drug plans, plus other insurance-related products including dental and vision
- Enrollment online or by phone

The benefits you get from working with the Aon Retiree Health Exchange start before you enroll in coverage and extend through future plan years and as your coverage needs change. You are entitled to advisory services, online decision-making tools and educational information, as well as on-site educational meetings, webinars and enrollment assistance. They also serve as advocates to help you with billing issues and claims processing, as well as solving access-to-care problems and much more.

Since the Aon Retiree Health Exchange is not an insurance carrier, you can count on objective guidance—giving you confidence of knowing that the Medicare benefits you choose are right for you. With a wide selection of individual health plan options available, you identify your coverage needs, and the Aon Retiree Health Exchange will help you pinpoint plans that align with your health care needs and budget.

Rest assured, an individual Medicare Advantage, Medicare Supplement or prescription drug plan purchased through the Aon Retiree Health Exchange cannot cost more than buying it on your own. You can trust the Aon Retiree Health Exchange to give you objective guidance before, during and after enrollment.

And, **all Aon Retiree Health Exchange benefits and services are provided at no cost to you.** You only pay for the coverage you enroll in.



By your side: Benefits Advisors

Aon Retiree Health Exchange has Benefits Advisors who are licensed insurance agents with expertise to help you understand and compare Medicare benefits, coverage options and costs. Benefits Advisors play an integral part in ensuring your health insurance needs are met and your expectations are exceeded. Benefits Advisors do not receive special compensation to enroll you in a specific Medicare Advantage, Medicare Supplement or prescription drug plan, or with a certain carrier. It's important to understand that the Aon Retiree Health Exchange's guidance is supporting *your* interests, needs and budget.

Keep in mind: If you enroll in an individual Medicare plan directly through an insurance carrier, independent agent or other resource, after-enrollment support may not be available.



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 the Aon Retiree Health Exchange an A+ rating* for quality and competency in assisting seniors through guidance, resources and enrollment expertise in Medicare health insurance plans.

*Rating evaluation as of June 2017



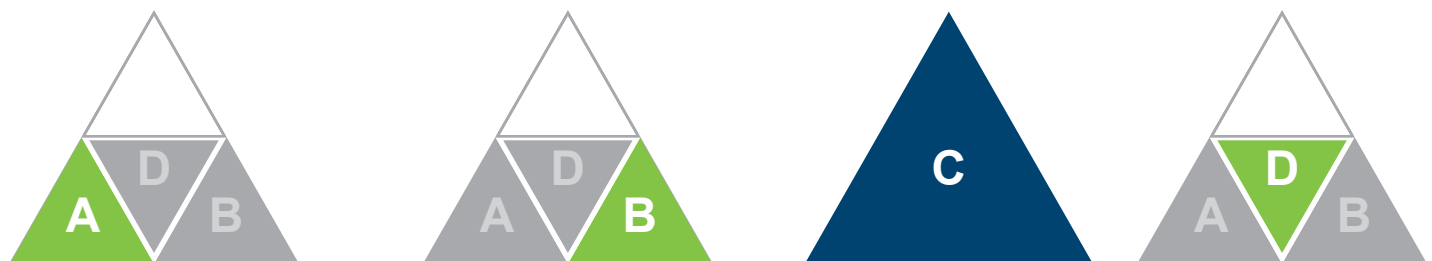
Start

Let's get started

You may or may not be familiar with Medicare. Or maybe you have a general understanding but aren't sure of the particulars necessary to make decisions that will best protect your health and finances. Aon Retiree Health Exchange provides all the help you need.

Many retirees find that Medicare Parts A and B, which are required and government issued, provide coverage for specific services, including certain hospital and medical care, medical supplies, and preventive services. But, there's no limit to how much you could pay out of your own pocket each year. That's why insurance companies offer individual Medicare Advantage, Medicare Supplement and prescription drug plans—to either replace Medicare Parts A and B coverage or provide additional benefits that many people need.

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



Part A Original Medicare	Part B Original Medicare	Part C Medicare Advantage	Part D Prescription
Covers: <ul style="list-style-type: none">• Inpatient hospital care• Skilled nursing facility care• Hospice care• Home health care	Covers: <ul style="list-style-type: none">• 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	Covers: <ul style="list-style-type: none">• Everything parts A and B cover• Many plans cover prescription drugs• Many plans cover dental and vision	Covers: <ul style="list-style-type: none">• Prescription drugs



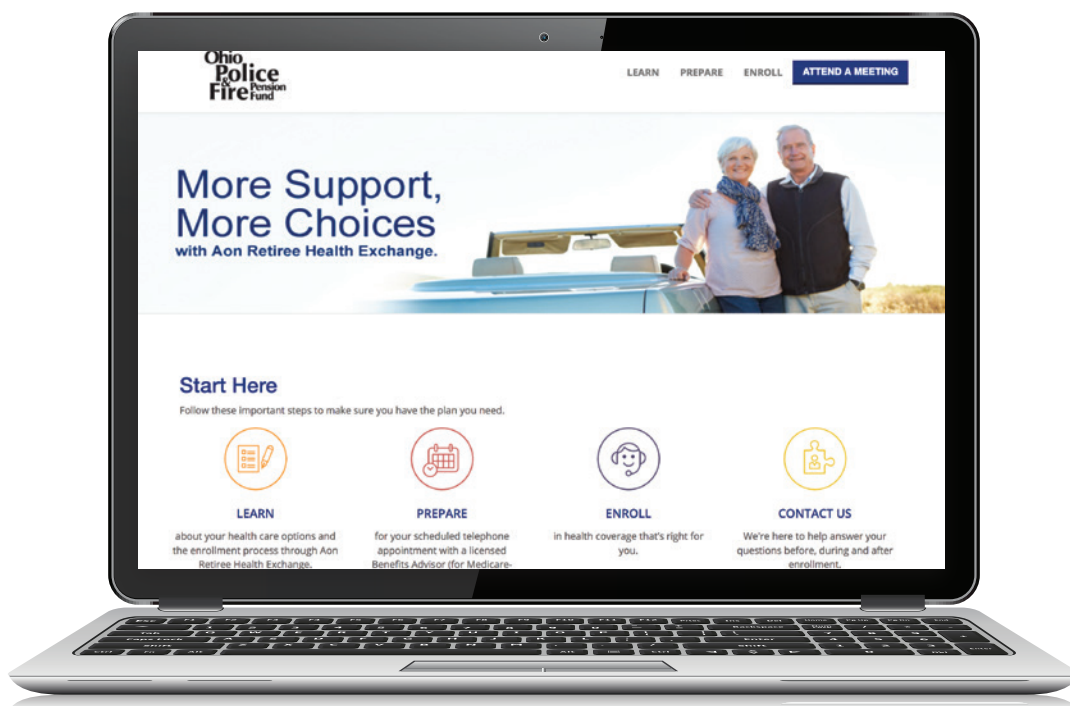
Between Oct. 15 and Dec. 7, 2018, you can enroll in an individual Medicare Advantage, Medicare Supplement, and/or prescription drug plan through the Aon Retiree Health Exchange website or by speaking with a Benefits Advisor.

As a Medicare-eligible retiree or spouse, you will **need to enroll in both Medicare Part A and Part B** to get full benefits from your retiree coverage. Medicare Part B is required if you want to enroll in additional individual coverage such as a Medicare Advantage or Medicare Supplement plan. If you are not already enrolled in Medicare Parts A and B coverage, contact the Social Security Administration at ssa.gov or call **800-772-1213** (TTY 800-325-0778).

Being prepared and having a solid understanding of what you will need to do ahead of time will make it easier to review your options, select a plan and enroll in coverage.

Start by visiting the Aon Retiree Health Exchange website at myexchangeconnection.com/OP-F. Here, you can:

- Learn about Medicare and various types of Medicare Advantage, Medicare Supplement and Prescription Drug plans; how to activate your account; and what you will need to do before enrolling in a plan.
- Watch online videos, review frequently asked questions and information about the OP&F stipend through a Health Reimbursement Account (HRA), and to prepare for your personal appointment with a Benefits Advisor.
- Register to attend an in-person educational meeting or webinar, where you can get in-depth details and answers to any questions you may have.





Learn what's new for 2019



To understand the ins and outs of all your options, please plan to join an online webinar presentation from the comfort of your own home. Or, if you live nearby, plan to attend one of the convenient educational meetings being offered. **Please see the enclosed insert to find a city near you.** By attending a meeting, you'll be able to:

- Hear the latest updates and changes in Medicare
- Learn about your OP&F stipend
- Understand Qualifying Life Events
- Get more details about your Health Reimbursement Account



What's Next

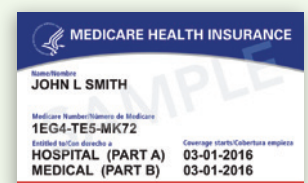
In October, you will be able to talk one-on-one with an Aon Retiree Health Exchange Benefits Advisor. This telephone appointment will be pre-scheduled for you and you will receive notification by mail in September. The Centers for Medicare & Medicaid Services (CMS) requires your permission for an advisor to call you. So, prior to your appointment, ***you must confirm your appointment—either online or by phone—to have an advisor contact you.*** Or you can reschedule for a more convenient time. The time you spend on the call will depend on your preparation and if you decide to enroll in a plan at that time. Please allow 30–60 minutes for the call.



If you would like a spouse, caregiver, trusted friend or family member to join your appointment, they are welcome. If you have assigned someone with power of attorney (POA) to help select your health care plan and enroll for you, please let the Benefits Advisor know in advance.

You will also receive an *Approaching Medicare with Confidence* educational guide with more details about your plan options. Keep this in mind so, as you review information online or attend a meeting, you can take notes or write down questions that you'd like to ask about your particular situation.

Before your appointment, be sure you have your Medicare card available to verify that you have coverage through Medicare Parts A and B. You will need your Medicare Number and your effective dates.





A Look Ahead

To make the best use of your time during your appointment with a Benefits Advisor, it helps to be prepared.

In the coming months, you will receive a personal login and ID number for the Aon Retiree Health Exchange's easy-to-navigate website, which has tools and information you will need to help narrow down your options. Our innovative **plan recommendation tool** systematically ranks plans that align with your health care needs and personal preferences when you customize your account.

- Use the plan recommendation tool to help compare plans. It instantly sorts through all the plan options and carriers available in your area, and ranks plans to best match the criteria you provide.
- When you input personal and health details, such as contact information, dependents, doctors and medications, then choose the plans you like, the plan recommendation tool will do the rest.
- Once you see your plan recommendations and compare them, you can then add those you like to your "cart."
- If you have questions or need help deciding which plan is better for you, you can ask a Benefits Advisor during your appointment.

The Aon Retiree Health Exchange website keeps all your health information in one place. It will access your details when recommending plans that meet your preferences and health needs, so it is important to always keep your information up to date. If you do not have internet access, you can update your information—including your new prescription drug coverage—by calling the Aon Retiree Health Exchange at **844-290-3674** (TTY 711), Monday through Friday, 8 a.m.–9 p.m. Eastern time. For address changes, please contact OP&F as well as the Aon Retiree Health Exchange.

Appointment checklist

Before your telephone appointment with one of our Benefits Advisors, you will want to review your guide, *Approaching Medicare with Confidence*. Also be sure to:



Confirm your account online and complete your personal profile. In September, you will receive an Aon Retiree Health Exchange personal ID, which will give you secure access to the website and online plan recommendation tool.



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 health care needs and budget.



As you explore your health plan options, here are some things to keep in mind...

- When you choose a plan through the Aon Retiree Health Exchange, you will have more flexibility and more coverage options (including a variety of dental and vision plans for those who qualify) to meet your personal needs and those of your Medicare-eligible dependents. For example, your spouse may need a higher level of benefits or a more robust prescription drug plan than you do, or vice versa.
- If you or an eligible dependent has access to other group health care or prescription drug coverage, you or your dependent will not be eligible to participate in OP&F-sponsored health care coverage or receive the stipend.
- If you are not already enrolled in Medicare Parts A and B, you may have to pay a penalty if you don't enroll during specific annual open enrollment periods. Visit **medicare.gov** for more enrollment details.
- More information about Parts A and B is also available by calling or visiting your local Social Security office, or by calling Social Security at **800-772-1213**.
- If your spouse is not yet eligible for Medicare and is enrolled in OP&F's under-age-65 group health plan, he/she (and eligible children) will also need to obtain individual medical, prescription drug, dental and/or vision coverage through the Aon Retiree Health Exchange and its partner, eHealth, which specializes in helping pre-Medicare retirees obtain the coverage they need.
- If you are a veteran and have TRICARE® insurance, you may want to contact your TRICARE representative to ask if a Medicare Advantage or Medicare Supplement plan would compromise your TRICARE coverage or eligibility. When you speak with a Benefits Advisor during your pre-scheduled appointment, be sure to ask for help in determining whether your TRICARE plan alone meets your needs.
- If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office.

Not enrolled in the OP&F group health plan?

If you waived coverage under the group-sponsored retiree plan for 2018, but would like to enroll for 2019 (or later) and receive the stipend, you must wait until you experience a qualified life event, as defined by Medicare and approved by OP&F. Qualified life events include involuntary loss of employer group coverage and certain family status changes, such as marriage, birth or divorce. To discuss any changes in status, as well as available coverage options and costs, call the Aon Retiree Health Exchange at **844-290-3674** (TTY 711), Monday through Friday, 8 a.m.–9 p.m. Eastern time.

Low-income Stipend Increase Program

OP&F will continue to assist low income families with their health care expenses by offering a stipend increase of 30 percent. To be eligible for the 30 percent stipend increase for 2019, you must be enrolled in the OP&F health care plan and have had a total household income on your most recently filed federal income tax return that is less than 225 percent of the poverty level established annually by the Department of Health and Human Services. For example, if there were a total of two individuals residing in your household in 2017 and your combined income was less than or equal to \$36,540, you would be eligible for the stipend increase.

Benefit recipients may apply annually for this program during your plan's open enrollment period. To apply, contact OP&F or go to the OP&F website for the 2019 Health Care Stipend Increase form. Send the completed form to OP&F and attach a copy of the benefit recipient's signed federal income tax return for the most recent filing period. New retirees and survivors may apply for the discount when they are first eligible for the OP&F health care plan. OP&F must receive a completed 2019 Health Care Stipend Increase form within 60 days of retirement if you are the benefit recipient. Survivors have 90 days from the date that OP&F sent the application to apply.

Contact OP&F for detailed information on eligibility for this program.

Medicare Part B Reimbursement Program

OP&F's Medicare Part B reimbursement program is not changing. If you qualify for this reimbursement, it will continue to be included in your monthly pension benefit.

OP&F will reimburse you for your Medicare Part B insurance premium established by the OP&F Board of Trustees, provided that you are not eligible to receive this reimbursement from any other source and you file the appropriate paperwork with OP&F. You qualify for the reimbursement regardless of your enrollment in the OP&F health care plan, reimbursement will begin after OP&F's receipt of:

- Your fully completed *Medicare Part B Reimbursement Statement*; and
- A copy of your Medicare card or letter of enrollment.

It is your responsibility to enroll in Medicare Part B at the earliest date you become eligible and submit the appropriate paperwork to obtain reimbursement for your Medicare Part B premium.

Contact OP&F for additional information about this program.



Your Health Reimbursement Account (HRA)

To help you pay for your health care coverage, OP&F will provide a stipend in the form of an annual contribution to a Health Reimbursement Account (HRA).

An HRA is a tax-free account that will be established in your name and funded by OP&F. You can use these funds to help pay for medical and prescription drug coverage premiums, as well as copays, deductibles and other eligible out-of-pocket health care expenses. Because the account is tax-free, you do not pay taxes on your balance or reimbursements. These accounts do not bear interest.

To be eligible for the stipend from OP&F (see table below), you must be enrolled in Medicare medical and/or prescription drug coverage through the Aon Retiree Health Exchange. The stipends below do not include the Medicare Part B reimbursement you may also receive as a part of your monthly OP&F pension benefit.

OP&F Stipend Amounts

Coverage	Medicare Status		OP&F Stipend	Part B Reimbursement	Total Subsidy
	Retiree	Spouse			
Retiree Only	Medicare		\$ 143	\$107	\$ 250
	Non-Medicare		\$ 685	\$ 0	\$ 685
Retiree + Spouse	Medicare	Medicare	\$ 239	\$107	\$ 346
	Medicare	Non-Medicare	\$ 525	\$107	\$ 632
	Non-Medicare	Medicare	\$ 788	\$ 0	\$ 788
	Non-Medicare	Non-Medicare	\$1,074	\$ 0	\$1,074
Retiree + Dependent	Medicare	Not Applicable	\$ 203	\$107	\$ 310
	Non-Medicare	Not Applicable	\$ 865	\$ 0	\$ 865
Retiree + Spouse + Dependents	Medicare	Either Medicare or Non-Medicare	\$ 525	\$107	\$ 632
	Non-Medicare	Either Medicare or Non-Medicare	\$1,074	\$ 0	\$1,074
Surviving Spouse	Medicare		\$ 143	\$107	\$ 250
	Non-Medicare		\$ 685	\$ 0	\$ 685

To help you fully understand how the stipend works, you will receive a Welcome Kit from Your Spending Account (YSA), the administrator of your account, once your HRA has been set up. This will outline details including the reimbursement process, how to access your account online and support services. Your Welcome Kit will be mailed around the same time as your coverage effective date.

Things to keep in mind about your stipend and reimbursement:

- You can start using your stipend as soon as your health care plan goes into effect.
- Once your HRA has been established, you can find a full description of eligible expenses on the Aon Retiree Health Exchange website.
- You may use your stipend to pay for your health, prescription drug, dental and vision insurance premiums, as well as other eligible expenses such as copays, deductibles and other health-related services.
- For tax reasons, your stipend cannot be used to reimburse any before-tax group health plan premium or related health care expenses.
- You will be reimbursed for eligible expenses up to the amount of your stipend. Be sure to use the money in your account by the end of each year or you will forfeit the remaining funds.
- You must pay your expenses out of pocket first and then be reimbursed.
- Many carriers offer enrollment in an auto-reimbursement program so your premiums can be reimbursed or deposited directly into your bank account—no paperwork required.

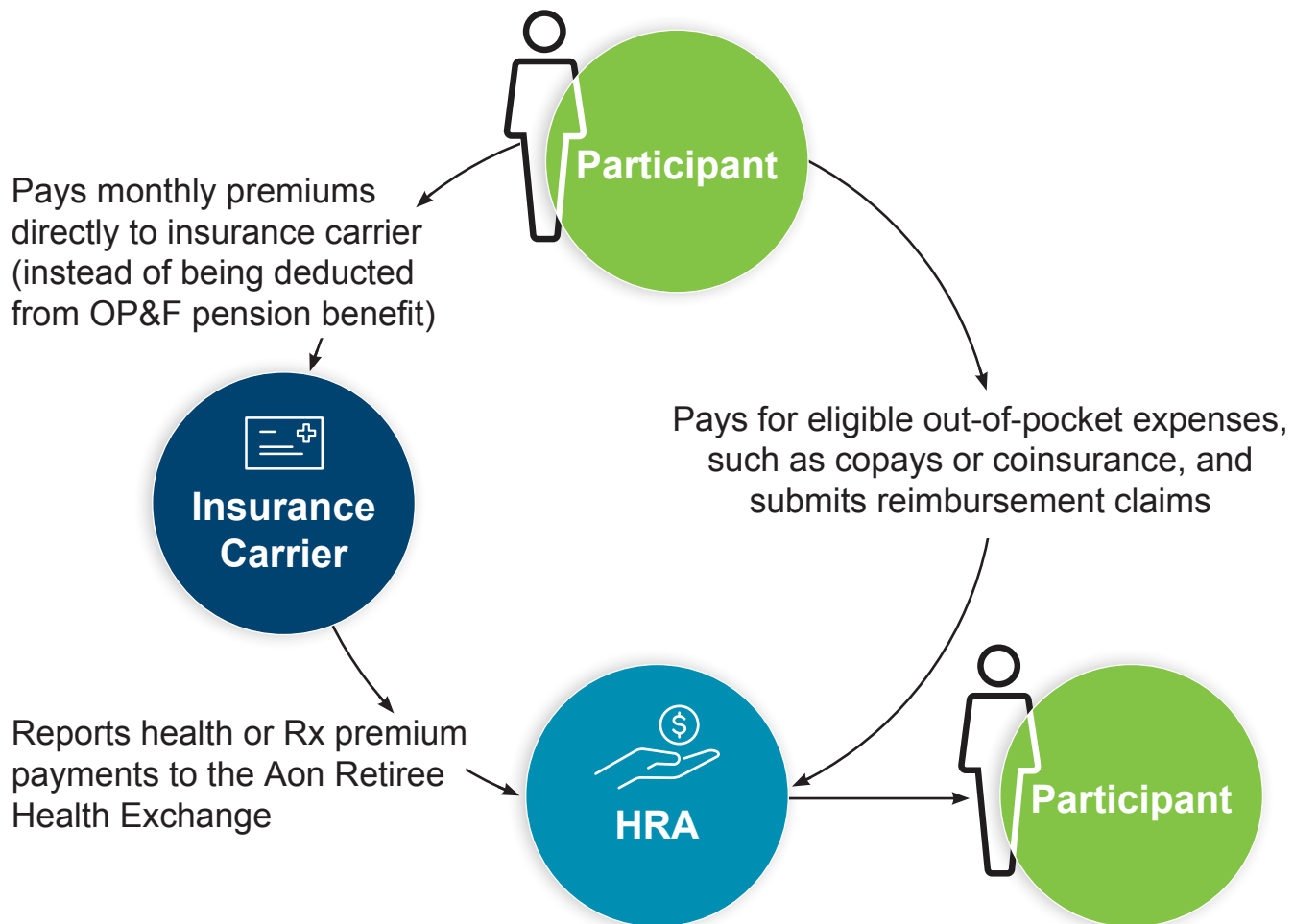
While you are not required to use the Aon Retiree Health Exchange to help you choose and enroll in an individual Medicare or Prescription Drug Plan, OP&F will not provide you with a stipend unless you do so. In addition, if you do not select a plan through the Aon Retiree Health Exchange for the 2019 plan year, you will not be eligible for a stipend in the future.

OP&F will provide a level of protection for prescription drug expenses through a Catastrophic HRA, if you hit the catastrophic threshold as defined by Centers for Medicare and Medicaid Services. This coverage assists eligible retirees who have reached the annual out-of-pocket threshold on prescription drugs and are no longer in the coverage gap (donut hole). Coinsurance and/or copayments will apply for covered drugs for the remainder of the year.





How Your Reimbursement Works



HRA Opt-out

Some retirees may be eligible to receive federal assistance in the form of premium tax credits to help them purchase qualified health plans through the Health Insurance Marketplace established under the Affordable Care Act. Retirees who qualify for federal assistance will have the opportunity to determine whether it makes sense to accept federal assistance or choose the OP&F HRA. Retirees who qualify for and choose to accept federal assistance are then no longer eligible for the OP&F HRA. The federal government does not allow you to receive federal assistance and participate in the OP&F HRA at the same time.

Retirees who qualify for and choose to accept federal assistance must individually provide notification to opt out of the OP&F-sponsored HRA in order to receive federal assistance.

You are required to notify OP&F of your election to opt out of the HRA. OP&F has created a specific form for members to complete and return to make this election. The form is available on the OP&F website or by contacting OP&F Customer Service at **888-864-8363**.

Opting Out of COBRA

Beginning in 2019, OP&F members who become ineligible for their employer's health care plan because of separation of service must be aware of rules for enrolling in OP&F's retiree exchange. You should be aware that in past years, OP&F was able to retroactively enroll members into the sponsored health care plan if they did not enroll within 60 days of termination of service. Since OP&F will no longer sponsor a group health care plan, we do not control the rules or timing of the plan you choose in retirement.

After you terminate service, you generally have 60 days to enroll in an insurance policy on the Aon Retiree Health Exchange and receive a stipend (OP&F Stipend Program). However, there are times when you may not be able to enroll within 60 days. For example, if you terminate service and apply for a disability retirement benefit from OP&F, you may not yet be eligible to enroll in the OP&F Stipend Plan until OP&F approves your disability retirement claim. That approval process takes more than 60 days.

If you cannot enroll in the OP&F Stipend Program within 60 days of retirement or termination of service, you should still contact Aon to weigh your health care options between application and consideration of your disability application. Aon can help you evaluate whether it is economically advantageous for you to select coverage offered to you by your former employer under the Consolidated Omnibus Budget Reconciliation Act (COBRA) or purchase a plan yourself on the exchange. COBRA becomes available to individuals after they have left employment and are no longer eligible for their employer's health care plan. Though you are not eligible for a stipend until your disability application is approved, you are eligible to participate in the exchange at your own expense. If your application is granted, you will receive the stipend from that point forward.

If you do not enroll in an individual insurance plan (medical and/or prescription drug) through Aon Retiree Health Exchange within 60 days after you terminate service and you elect to receive health care coverage through COBRA, you will have waived your election for the OP&F Stipend Program. However, if you are otherwise eligible for the OP&F Stipend Program, you may enroll in a plan offered on the Aon Retiree Health Exchange (by enrolling in a medical and/or prescription drug plan through Aon Retiree Health Exchange) and begin to receive a stipend when you completely exhaust your 18-month COBRA period, or, during the next open enrollment period that occurs after you become eligible for OP&F coverage. The enrollment period generally occurs in October of each year for Medicare and November for Pre-Medicare with coverage effective as of the following January 1. If you are on COBRA coverage, you should keep it until the health care plan you select on the Aon Retiree Health Exchange becomes effective so that you do not have any gap in health care coverage.



Frequently Asked Questions



Q. Do I have to pay to use Aon Retiree Health Exchange services?

- A. No, these services are offered at no cost to you. You only pay the cost of the coverage you choose.

Q. If the service provided by the Aon Retiree Health Exchange is free, how are they paid?

- A. Aon Retiree Health Exchange is paid by the insurance carriers once an enrollment has taken place. Benefits Advisors are salaried employees of the Aon Retiree Health Exchange and do not work on commission. Their responsibility is to provide you with impartial, fair and honest advice so that you get the most appropriate coverage for your needs.

Q. What if I have a pre-existing condition?

- A. When you enroll through the Aon Retiree Health Exchange during the Special Enrollment Period, you can't be charged more or denied coverage or treatment based on health status. Remember: If you don't enroll between Oct. 15 and Dec. 7, 2018, you may have missed your opportunity to choose a new medical plan, and *you will not have any prescription drug coverage starting on Jan. 1, 2019*. Plus, you may be subject to underwriting should you decide to enroll in supplemental coverage after the enrollment period.

Q. Can I get the same health care plan that I have today?

- A. If you are already enrolled in Medicare Plan B, F or L, you may keep that coverage; however, you will need to pay your premiums directly to UnitedHealthcare to maintain your coverage in the new year. You are also welcome to explore other options available through the Aon Retiree Health Exchange that offer different features and pricing. A Benefits Advisor can objectively review your current coverage to ensure that

it meets your health care needs. **Please note:** Even if you keep your current medical plan, you **must** choose a new prescription drug plan through the Aon Retiree Health Exchange during the annual Medicare Open Enrollment Period (Oct. 15–Dec. 7, 2018).

Q. If I'm Medicare-eligible and have coverage as an active employee or as a dependent of an active employee from another employer (not retiree coverage), can I enroll through the Aon Retiree Health Exchange?

- A. No. Because you are employed or have coverage as an active employee or dependent of an active employee through another employer, Medicare is not your primary coverage. Without Medicare as your primary coverage, you are not eligible to enroll in individual health insurance through the Aon Retiree Health Exchange.

Q. Does a Benefits Advisor need to know which medications I take?

- A. Your prescription drug details, including dosage and how often you take them, play an important part in allowing the Aon Retiree Health Exchange's online plan recommendation tool to rate coverage options that most closely match your needs. If you need assistance, a Benefits Advisor can help you add your medications to your health account profile.

Q. If I have a power of attorney, what information is needed?

- A. Your power of attorney (POA) must provide proof that he or she is authorized to act on your behalf, and documentation must be submitted during the enrollment process. Each health insurance plan has specific requirements and deadlines. A Benefits Advisor will let you and/or your POA know what those requirements are when you enroll.



Important dates to keep in mind

You may want to note these important dates so you have an idea of what's ahead. Please look for the Aon Retiree Health Exchange educational package that will be mailed to you in September.

Sept. 2018

Plan to attend an in-person educational meeting or webinar (see enclosed insert to find a city near you, along with RSVP instructions).

You will receive an education package by mail with information about your pre-scheduled telephone appointment (which you must confirm) and the amount of your stipend from OP&F.

Please review this material before your appointment to help you prepare and ask questions about your individual coverage options.

Oct. 15 – Dec. 7, 2018

Your telephone appointment with a Benefits Advisor will take place. This is your opportunity to select medical, prescription, dental and vision coverage. If you don't enroll during this time, you may have missed your opportunity to choose a new medical plan and you will not have any prescription drug coverage.

Jan. 1, 2019

Effective date for coverage enrolled through Aon Retiree Health Exchange.



If you have general questions, call the Aon Retiree Health Exchange at **844-290-3674** (TTY 711), Monday through Friday, 8 a.m.–9 p.m. Eastern time.



Language assistance services are available to you free of charge.



Notes

As you review this guide and future materials, write down any questions so we can provide answers along the way.



About Aon

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 and their employees by using proprietary data and analytics to deliver insights that reduce volatility and improve performance. For further information, please visit aon.com.

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