<exchangeurl.com/xxx>

# Get ready

It’s almost time to shop for your new plan

[You can enroll in a new plan beginning <date>]

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<exchangeurl.com/xxx>

# WELCOME TO YOUR ENROLLMENT GUIDE

[It's almost time to enroll in your new health plan. Beginning <date>,] [Y] [y]ou can [now] shop for your health plan by visiting <URL>. Or you can call us toll-free at <1-877-XXX-XXXX (TTY: 711)>, <Monday through Friday>, <9 a.m. – 7 p.m. ET>. One of our licensed sales agents will be happy to walk you through your options. They'll help you find the best plan for your needs.

## Get ready to enroll

This guide will help you prepare as you start shopping for your new health plan through the MyRetiree Health exchange. Shopping for health plans through an individual exchange may be different from what you're used to. But we're here to walk you through it, step by step. So when it's time to shop and enroll, you'll be good to go.



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## Important dates to remember

### [<date>][Today]

Plan information is available, and you can enroll. Visit <**RETIREE EXCHANGE URL**>, or call us toll-free at <**1-877-XXX-XXXX (TTY: 711)**>, <Monday through Friday>, <9 a.m. – 7 p.m. ET>, to speak to a service adviser.

You have until [<date>] [90 days from when your current coverage ends] to enroll in an individual plan through the MyRetiree Health exchange. **However, to avoid a gap in coverage you'll need to enroll before [<date>].**

### Seven to 10 days after your enrollment is approved

You'll get an enrollment confirmation from your new insurance carrier. This will include information about your plan and your ID card.

### Three weeks prior to your effective date

PayFlex®, your RRA administrator, will mail your welcome kit to you.

### <Date>

This is when your current [Aetna] group coverage will end. To avoid a gap in coverage, you should enroll in your new plan before this date.

# Worksheet: Get ready to enroll

## Let's make it easy to shop for your plan

Take a few minutes to complete this simple worksheet. When picking the right plan for you, your doctors and your medicines are important factors. So the information you provide here will help you when it comes time to enroll.

### 1. Are you enrolled in both Medicare Part A and Part B?

- ☐ **Yes**
- ☐ **No**

If not, you can enroll in Medicare Part A and Part B by visiting **www.cms.gov** or calling <**1-xxx-xxx-xxxx**>.

- ☐ **I don't know**

We can help determine if you're enrolled in both Medicare Part A and Part B. Call us at <**1-xxx-xxx-xxxx (TTY: 711)**, Monday through Friday, 7 a.m. to 9 p.m. ET>.

### 2. Do you currently take any prescription drugs?

- ☐ **Yes**
- ☐ **No** — go to question 4

**What is the name of the pharmacy where you usually fill your prescriptions?**

______________________________

☐ **Check here if you would like to use a mail-order pharmacy.**

### 3. What prescriptions do you fill most often?

| **Drug name** | |
|---|---|
| Dosage | Number of pills per month |
| **Drug name** | |
| Dosage | Number of pills per month |
| **Drug name** | |
| Dosage | Number of pills per month |
| **Drug name** | |
| Dosage | Number of pills per month |

### 4. Why do you see your current doctor(s)? (Check all that apply.)

- ☐ I see my doctor(s) mostly for preventive care or an occasional health problem
- ☐ I see my doctor(s) for one chronic (long-lasting) condition or multiple health issues
- ☐ I see my doctor(s) for more than one chronic (long-lasting) condition or if I need a major procedure

### 5. Rank the four items below based on what's most important to you in selecting your health coverage.

Keep in mind that "1" is the most important and "4" is the least important. Be sure to enter a different number (1, 2, 3 or 4) on each line.

__ Low monthly premium

__ Physician choice

__ Low payment when admitted to the hospital

__ Low payment for doctor office visit

## Who are the doctors you see most often?

Name ______________________________

Address ______________________________

Specialty ______________________________

Name ______________________________

Address ______________________________

Specialty ______________________________

Name ______________________________

Address ______________________________

Specialty ______________________________

# Exploring the website

The MyRetiree Health exchange website makes it easy for you to understand your options. Beginning <date>, you can log in to the website and start shopping for your new health plan. The first time you visit the website, you'll need to register your account.

Important note: Each family member will need to register for their own account. This means each person will have their own login and password.

## How to register

**Step 1:** Go to <**Retiree Exchange URL**>.

**Step 2:** Select "**Register now**" and follow the prompts.

**Step 3:** Now you're registered. Next, you can start shopping for your health plan.

## We're here to help if you're having trouble registering for your account.

Give us a call at <**1-xxx-xxx-xxxx (TTY: 711)**>, <Monday through Friday, 7 a.m. to 9 p.m. ET>.

## Once you log in

After you log in, you'll be taken to the homepage of the website. From here, you can:

- View your account information
- [View your RRA balance — there is also a quick link to bring you to the PayFlex site to manage your account]
- Explore our gallery of videos that cover topics related to managing your health

# Learn more about our easy-to-use tools

These tools can help you make informed decisions about your health care needs. They can also give you an estimate of what your annual costs could be for each plan. These tools are available to you once you log in to our retiree benefits website.

### [Ask Emma

Ask Emma is your personal guide on our retiree benefits website. You'll meet Emma right when you start your enrollment. She'll walk you through all the steps to complete your enrollment.]

### [Out-of-pocket estimate

You can begin to get an idea of what each plan will cost you with this tool. It starts by asking you simple, confidential questions about your expected medical needs. Things like how many primary care visits, specialist visits or surgeries you anticipate this year. Then, it takes the costs of the premiums, deductibles, copays and coinsurance for each plan and compares them to how you answered the questions. Your estimated costs are then organized and displayed for each plan.]

### [Provider search

Making sure your doctors are in your network is important. Use the provider search tool to find out if your doctor is in network for a plan. And it's not just your doctors you can search for. You can find in-network specialists, hospitals, pharmacies and other health care facilities.]

### [Rx lookup

With this tool, you can look up any medicine and see if it's covered under each plan. You can even search for a pharmacy to get your prescriptions filled. And, if you prefer mail-order pharmacy instead, there's an option for that. Based on your medicines and selections, this tool gives you an estimate of what you can expect to pay for your prescriptions under each plan.]

Our goal is to equip you with the knowledge you need to choose the health plan that's right for you. Once you're ready to start shopping for your plan, follow the instructions below.

# How to shop for plans

**Step 1:** Once you're logged in, click the "<Start Your Enrollment>" button and follow the prompts. You'll be asked some questions to determine the plans available to you.

**Step 2:** Next, you'll see the types of plans available to you. From here, you can explore your plan options by clicking on the "View plan options" button in each plan type section.



**Step 3:** When looking at the Medicare plans, you'll see three tabs with the different kinds of Medicare plans available to you. The three different kinds of Medicare plans are:

- Medicare Advantage
- Medicare Supplement (Medigap)
- Medicare Prescription Drug Plan

If there are no plans listed when you click on a tab, it means that kind of Medicare plan is not available to you. But don't worry. There are most likely plans available to you under one of the other Medicare plan tabs.

Once you've clicked on one of the tabs on the Medicare plans page, you can:

- See if your prescriptions are covered
- Use the payment estimator tool to calculate your medical costs for the year. This interactive decision-support tool will give you a clear picture of the type of health coverage you need
- Look at plans side by side to compare costs and coverage. You can see the value of health care services covered in addition to premiums, deductibles and coinsurance for each plan

**Step 4:** Once you've reviewed your plan options, select the plan you want to enroll in by clicking the "Select" button next to that plan.

If you want to enroll in more than one plan (for example, a separate medical plan and prescription drug plan), then you will need to repeat this process for each plan.

Important note: Some Medicare Advantage plans include prescription drug coverage. If you enroll in a Medicare Advantage plan that doesn't include prescription drug coverage, you can't enroll in a separate prescription drug plan. If you select a Medicare Advantage plan, you won't be able to select any more Medicare plans. However, if you enroll in a Medicare Supplement (Medigap) plan instead of a Medicare Advantage plan, you can enroll in a separate prescription drug plan.

If you're not ready to enroll, but have reviewed your plan options and have a plan you're considering, it's still a good idea to select that plan. That way, if you need more time and want to come back to the website later, it will be saved to your account. Or if you have questions, you can give us a call and our service advisers will be able to see the plan(s) you selected in your account.

**Step 5:** Once you've selected all the plans you want to enroll in, click on the "Continue" button and follow the prompts to complete your enrollment. Or, you can enroll over the phone by calling <**1-xxx-xxx-xxxx (TTY: 711)**, Monday through Friday, 7 a.m. to 9 p.m. ET>.

# Worksheet: Compare plans

When you go to <**RETIREE EXCHANGE URL**>, you can use this worksheet to help you compare the important details for each of the plans you're considering.

| | Example | | | |
|---|---|---|---|---|
| **Plan name/type** | ABC PPO | | | |
| **Deductible** | $3,000 individual/<br>$6,000 family | | | |
| **Coinsurance** | 20% | | | |
| **Out of pocket** | $10,000 | | | |
| **Primary doctor office visit** | $25 copay | | | |
| **Specialist** | $40 copay | | | |
| **Emergency room** | $500 copay | | | |
| **Other notes** | | | | |

# Using your retiree reimbursement account (RRA)

<Your former employer> has set up an RRA for you [and your eligible dependents]. PayFlex will administer your RRA.

An RRA is an account that is funded only by <your former employer> and is used to reimburse you for [eligible health care expenses] [health care plan premiums] [for you and your eligible dependents].

[Any funds left in your RRA at the end of the plan year will carry over to the next plan year.]

### [Examples of eligible health care expenses include:

- Copays
- Deductibles
- Prescription drugs
- Dental care
- Vision care, eyeglasses and contacts
- Over-the-counter items (OTC drugs and medicines will require a doctor's prescription if you wish to use your RRA funds)
- Health care plan premiums]

[Beginning <date>,] [Y] [y]ou have 24/7 access to your account information. You can see your account balance, view contributions, submit claims for reimbursement and enroll in direct deposit. PayFlex, your RRA administrator, will mail you a welcome packet about three weeks before the starting date of your coverage. This welcome packet will include more information on your RRA.]

# Next steps

Beginning <date>, we invite you to visit <**AETNA RETIREE EXCHANGE URL**> where you can shop for your new health plan(s).

If you have any questions in the meantime, we're here to help. Call us at <**PHONE NUMBER**>.



# Glossary of health plan terms

### Benefits

The services and expenses covered by the plans offered.

### [Carrier

The insurance company.]

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20 percent would be $20. The health insurance or plan pays the rest of the allowed amount.

### Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Cost sharing

The share of costs covered by your insurance that you pay out of your own pocket. This generally includes deductibles, coinsurance and copayments, or similar charges, but it does not include premiums, balance billing amounts for non-network providers or the costs for non-covered services.

### Deductible

This is what you pay for covered services before your plan starts to pay.

### Dependent

A family member, as defined by the health plan, who is eligible for coverage (for example, a spouse or dependent child of the individual who is initially offered coverage).

### Drug formulary

A restricted list of prescription medicines that are chosen for use in specific treatments and dispensed through pharmacies. Drugs that aren't included in the drug formulary may be covered by your plan under a special exception or at a higher cost.

### Effective date

The date on which an insurance policy or bond goes into effect and from which protection is furnished.

### End-stage renal disease (ESRD)

The stage of kidney impairment that's irreversible, is permanent and requires dialysis or a kidney transplant to maintain life. ESRD patients are eligible for Social Security payments if found to be disabled.

### In network

Characteristic of medical care or benefits for medical care received from a health care provider who is a contracted participant in a specific carrier's health maintenance organization (HMO) or point-of-service (POS) program.

### Lifetime maximum

The most a plan will pay in claims per covered person for his or her lifetime. Some plans have a lifetime maximum; others don't.

## Medicare

The health insurance program for the aged, the disabled and individuals with ESRD under Title XVIII of the Social Security Act, as amended. Part A, hospital insurance, provides for inpatient hospital services. Part B, supplementary medical insurance, pays for medically necessary doctors' services, outpatient hospital services and a number of other medical services and supplies not covered by Part A.

## Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## Out of network

Characteristic of medical care or medical benefits received from a health care provider who is not a contracted participant in the specific HMO or POS program to which the patient belongs.

## Out-of-pocket costs

Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus all costs for services that aren't covered.

## Out-of-pocket limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges or health care that your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.

## Out-of-pocket maximum

This is the limit to what you will pay in a plan year for covered medical expenses.

## Preferred provider organization (PPO)

A managed care plan in which you use doctors, hospitals and providers that belong to the network. You can use doctors, hospitals and providers outside the network for an additional cost.

## Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

## Prescription drugs

Drugs and medicines that, by law, require a prescription.

## Primary care

Routine medical care normally provided in a doctor's office. This professional care and related services are administered by an internist, a family practitioner or a pediatrician, or, in some cases, an obstetrician/gynecologist in an ambulatory setting with referral to secondary care specialists as necessary.

## Primary care physician (PCP)

A physician (doctor of medicine [MD] or doctor of osteopathic medicine [DO]) who directly provides or coordinates a range of health care services for a patient.

## Provider

A physician (MD or DO), health care professional or health care facility licensed, certified or accredited as required by state law.

## [Retirement reimbursement accounts (RRAs)

RRAs are employer-funded group health plans from which retirees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the account.]

## Rx

A commonly used abbreviation for a prescription or pharmacy benefit.

## Service areas

Because HMOs, POS plans and PPOs involve networks of physicians, they typically define specific service areas to ensure that covered individuals have a range of network doctors available to them. The service areas may be represented as specific counties, cities or ZIP code.

## Specialist

A physician specialist focuses on a special area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A nonphysician specialist is a provider who has more training in a specific area of health care.

## Star Ratings

Medicare uses a Star Rating System to measure how well Medicare Advantage plans and Prescription Drug Plans (Part D) perform. Medicare scores how well plans did in several categories, including quality of care and customer service. Ratings range from 1 to 5 stars, with 5 being the highest and 1 being the lowest score. Medicare assigns plans one overall star rating to summarize the plan's performance as a whole.