

# Enrollment Guide



## Welcome to Gallagher Alternative Health Solutions (AHS)

Now that you are approaching age 65, you can sign up for Medicare. Although Medicare covers many expenses, it does not cover things such as prescription drugs, deductibles, copayments, or other select health care services.

As a result, most Medicare participants purchase additional insurance to pay for expenses not covered by Medicare.

Savannah River Nuclear Solutions (SRNS) has selected Gallagher AHS to help you find, compare and enroll in the health insurance plans that best meet your needs and budget.



In addition, beginning on your Medicare coverage effective date, SRNS will provide you with an annual tax-free subsidy through a Health Reimbursement Account (HRA) to help you pay for the plans you choose.

And, best of all, there is no cost for you and your Medicare-eligible dependents to use Gallagher AHS.

Let's get started!

# Helping you make the right Medicare decisions

Gallagher AHS is a leader in personally helping thousands of other retirees just like you. We will be there every step of the way to help you determine your health insurance needs, evaluate your options, and enroll you in high-quality coverage.

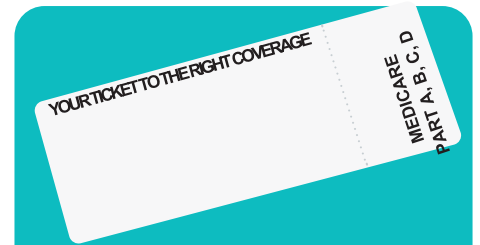
There are many Medicare plans available to you. And, although it's great to have options, the vast number of choices can be confusing.

## Gallagher AHS can help you navigate Medicare

Gallagher AHS can help you understand Medicare and enroll in the plans that make sense for your unique situation.

We provide you with free access to licensed and experienced experts – called Advocates – who will work with you on the phone and help you:

- Understand Medicare
- Learn about the Medicare plans available in your area
- Review and compare plans according to total out-of-pocket costs, premiums, health care providers and other factors important to you
- Enroll in the plans that are best for you
- Help you understand how to use your Health Reimbursement Account (HRA) to pay for premiums and other eligible expenses



### Your ticket to finding the Right Option for Medicare insurance

You're on a journey to find the Medicare plans that are best for you. Although this is not the journey one dreams of in retirement, it is an important one. To help you understand the different terms and concepts used in this guide, we compare some of them to travel – something we hope many of you have experienced over the years. When you see



text next to a compass such as the one at the left, we're using

travel-related metaphors to help you understand what Gallagher AHS can do for you.



# Benefits of using Gallagher AHS

Times have changed. Today you not only have access to numerous insurance options and companies, but you also have several ways to get insurance. There are many advantages to using Gallagher AHS vs. searching for coverage on your own or using a local insurance agent/broker to select and enroll in coverage.



## A trusted partner.

SRNS has selected Gallagher AHS to provide the comparison tools and unbiased personal assistance you need when exploring insurance options.



## Personal assistance.

Our Advocates are available to help you one-on-one and answer your questions about Medicare, your insurance options and enrollment.



## Help with understanding how to use your HRA.

When you enroll in a medical plan through Gallagher AHS, SRNS will provide you with a tax-free subsidy in the form of a Health Reimbursement Account (HRA). Our Advocates can help you understand how to use your HRA to pay for premiums and other eligible expenses.



## No cost to you.

Best of all, it doesn't cost you anything to use any of LIG's services.



Travel sites and agents help you compare prices and

purchase tickets based on where you want to go and how much you want to spend. Similarly, LIG Solutions guides you through the various plan options and costs so you can enroll in the Medicare insurance plans that best meet your needs.

# Want to understand Medicare? It's in the bag!

## Original Medicare: the Basics



**Part A** covers inpatient care in hospitals and other skilled nursing facilities, as well as hospice, home health care and other special coverage. You generally don't pay a monthly premium for Part A if you or your spouse paid Medicare taxes while working.



**Part B** covers doctor visits and other outpatient services. It also covers some preventive services to help maintain your health and keep certain illnesses from getting worse. You pay a monthly premium for Part B coverage. This is usually reflected as a deduction from your monthly Social Security check.

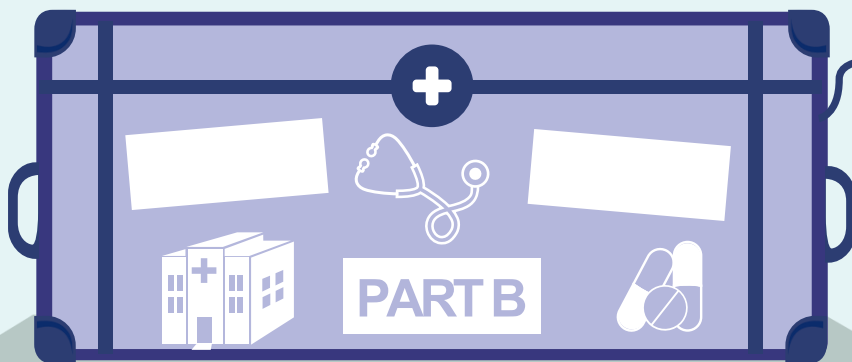
Since Part A and Part B don't cover all medical expenses, you have a few options to get additional coverage.

You can add Part D – prescription drug coverage.



OR

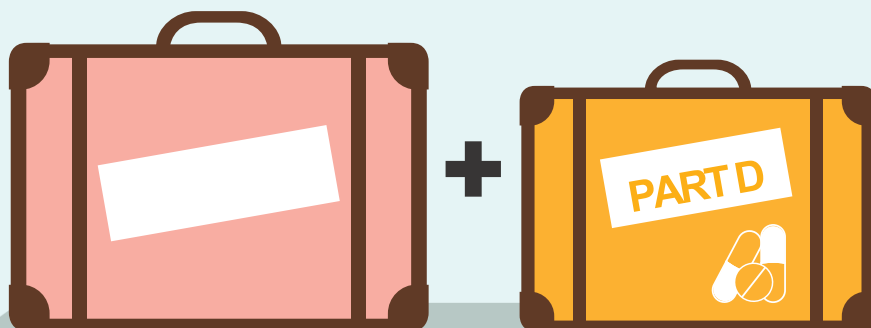
You can replace Medicare Part A and Part B with Part C (Medicare Advantage)



**Medicare Advantage** plans include Medicare Part A, Part B, some services not covered by Parts A and B, and usually Part D (prescription drug coverage).

OR

You can supplement Medicare with a Medigap Plan



In addition to enrolling in Medicare Part A and Part B, you can purchase a **Medigap Plan**. It pays for some costs not covered by Parts A and B. It does not include Part D (prescription drug coverage). You can add and pay for prescription drug coverage separately.

# Four steps to enrolling in your new health insurance:

## Step 1. Enroll in Medicare (if you haven't already).

Original Medicare includes Part A (hospital insurance) and Part B (medical insurance to help cover doctor appointments and other outpatient services). You need to be enrolled in Medicare Part A and Part B to receive the company HRA subsidy. You must also enroll through Gallagher AHS for any supplemental Medicare coverages to receive the company HRA subsidy.

## Step 2. Decide if you want additional medical coverage. You have two options:

Medicare Advantage Plan	Medigap Plan
Since this plan replaces original Medicare coverage (both Parts A and B), you'll use a Medicare Advantage card rather than your Medicare card when you receive health care services.	This plan supplements your original Medicare coverage (Parts A and B) by paying many of the costs Medicare doesn't cover (copayments, coinsurance, deductibles).
Everything is covered under one plan and you pay a single, often lower, monthly premium.	Monthly premiums may be higher than those in medical insurance, but they also cover most copayments and coinsurance.
Prescription drug coverage is usually included and is identified as a Medicare Advantage Prescription Drug (MAPD) plan. (If it's not included and there are no MAPD plans in your area, you can add Part D – prescription drug coverage – for an additional cost.)	Plan does not include prescription drug coverage. If you want this coverage, you need to enroll in Part D – prescription drug coverage – for an additional cost.
Most plans require you to use participating doctors, hospitals and other providers to get their full benefits.	Plan is accepted by most doctors and hospitals around the country.
Plans may not cover medical services outside your service area, except for emergencies.	Since plan is accepted most anywhere in the United States, it may be easier to receive care while traveling.

## Step 3. Decide if you want/need prescription drug coverage (Part D).

Most retirees add a prescription drug plan, especially if they:

- Enroll in a plan that doesn't include prescription drug coverage.
- Have significant drug costs or want the security of insurance to protect against higher drug costs in the future.
- Want to avoid a late enrollment penalty if they decide to add prescription drug coverage at a later date and not when first eligible.

## Step 4. Learn more and enroll.

- Call Gallagher AHS to speak with an Advocate, to ask questions, compare options and enroll.

# Medicare Frequently Asked Questions & Answers

## ? How do I sign up for Medicare?

Visit your local Social Security office or call 800-772-1213 (TTY 800-325-0778). You can also apply online: [www.ssa.gov](http://www.ssa.gov). You can sign up for Medicare Part A and Part B during a seven-month period that begins three months before the month you turn 65, includes the month you turn 65 and ends three months after the month you turn 65. For more information and an eligibility calculator, visit [www.medicare.gov](http://www.medicare.gov).

## ? If I enroll in Medicare, isn't that enough coverage?

Original Medicare (Parts A and B) does not pay for all of your health care costs. You pay deductibles and copayments for most basic services subject to cost-sharing obligations. Original Medicare does not cover prescriptions, vision or dental care, or medical services outside of the United States.

## ? Do I have to sign up for supplemental Medicare coverage every year?

No. Your supplemental coverage carries over from year to year unless you want to change it. You can make changes to your coverage during the Medicare open enrollment period each fall.

## ? What if I need to change my coverage outside of that enrollment period?

Medicare rules limit your ability to change your coverage to a Special Enrollment Period if you experience one of several qualifying events. This can include moving to an area that doesn't offer your plan, a change in eligibility for Medicaid, an opportunity to get additional coverage elsewhere, etc. Contact your Advocate about your ability to change your coverage.

## ? Do I need to be pre-approved for coverage?

No. Since you are losing your group coverage, this qualifies as a Special Enrollment Period and many Medicare plans are guaranteed issue. That means the insurance company cannot underwrite or ask questions about your health to decide if you qualify for coverage. However, after this initial enrollment period, depending on the state you live in, insurance companies are allowed to ask questions to determine future pricing and eligibility. Only Medicare Advantage medical plans are guaranteed issue for all Medicare beneficiaries regardless of their home state, age, gender, or health condition.

### For more information about Medicare:

800-MEDICARE (800-633-4227) • TTY users call 877-486-2048 OR Visit [Medicare.gov](http://Medicare.gov)  
Get a copy of the Medicare & You booklet, available online or by phone.



## How do I know my information is secure?

Gallagher AHS has safeguards designed to protect your personal health and financial information. We must adhere to strict government and insurance company requirements regarding data security and confidentiality of personal information. Our data security and systems have been described as “exemplary” by a major insurance company auditor.

# How to work with Gallagher AHS

Gallagher AHS can help determine your health insurance needs, evaluate your options, and enroll you in the plans that make sense for your unique situation.

You can learn more about Gallagher AHS, the types of Medicare plans available in your area, insurance companies and other benefits while online or on the phone. You can even be online while talking to a Gallagher AHS Advocate on the phone!



### **Over the phone: 855-662-0681 Press 1**

You have free access to licensed experts – called Advocates – who will work with you over the phone at a time that is convenient for you. They will call (if they have not already) to set up an appointment to review your options and get you enrolled. You can also call them.

Advocates are available 9 a.m. - 6 p.m. Eastern time, Monday - Friday.

## Gallagher AHS Advocates

- Offer objective, expert advice
- Are experienced and licensed
- Are all located in the United States
- Have 100% of their calls recorded
- Are experienced in working with retirees

# Now it's time to Prepare, Compare and Enroll!

Just like packing for a trip, you need to gather a few things before your first call with an Advocate. Be sure to have the following:



Your Medicare card (if you have already signed up)

Names and doses of your prescription drugs (or just have your actual prescriptions handy)

Name and address of your preferred pharmacy

Names and phone numbers of your preferred health care providers

The ZIP code of your primary residence (along with any other residence where you live for more than six months during the year)

A list of questions you want to ask

Your Advocate will ask you a few questions to help determine which Medicare plan is right for you. In advance of your call, you may want to consider how you'll answer the following:

- How is your health? (good, fair, poor)
- Do you see any other doctors outside of your primary residence on a regular basis?
- How much do you currently spend on health care each month?
- Do you want dental or vision coverage?

## Are you assisting a Medicare participant?

If you provide Medicare participants with assistance, you can receive their permission to be on the phone with them while speaking with an Advocate. If you are a health care proxy – someone who can make health care decisions for Medicare participants if they cannot speak for themselves – you can contact Gallagher AHS on your own, on their behalf.

# See how medical plans compare for you

While online or working with your Advocate over the phone, you can fill in the blanks below so you can compare and review each medical insurance option on your own, with a spouse, or with other friends and family members who may want to help.

<b>Plan Name</b>			
<b>Insurance company</b>			
<b>Plan Type</b> (Medicare Advantage, Medigap,			
<b>Monthly Premium</b>			
<b>Medical Costs</b>			
<b>Prescription</b>			
<b>Drug Costs</b>			
<b>Deductibles/Copays</b>			
<b>Minus your HRA</b>			
<b>Estimated Total Yearly Costs</b>			

## Enroll

After you have compared the plan options available in your area, it's time to enroll!

- Call your Advocate, who can help you while you're online or over the phone, and select the medical, prescription drug, dental and vision plans that best meet your needs and budget.
- Gallagher AHS will complete your enrollment with you.
- The insurance company you elect will send you enrollment verification.
- Remember, it is your responsibility to pay your insurance premiums promptly. Most insurance companies have a variety of payment options. Your Advocate can explain these options to you.



## Dental and Vision Coverage

We know it's important for you to keep a healthy smile and take care of your vision at every stage of life. That's why we have plans from some of the top dental and vision insurance carriers on the market today to closely match your dental and vision care needs. You can learn about your plan options online or over the phone.

**Call Gallagher AHS at: 855-662-0681**

Call your Gallagher AHS Advocate to learn about plan options and costs.

## Dental/Vision Coverage Frequently Asked Questions & Answers

### ? Do new dental and vision plans mean new waiting periods?

In many cases, dental plans require a waiting period of six months for basic dental work and 12-18 months for major dental work. However, the waiting period may be waived if you have had dental insurance for the past 12 months and are switching to a new plan, without any gap in coverage. (Your Advocate can help you determine if waiting periods apply.) The vision plans do not have waiting periods.

### ? What's the difference between basic and major dental work?

Basic dental procedures, in addition to checkups and cleanings, are those that repair or restore teeth that have been damaged by decay or trauma. This usually includes fillings and extractions. Major dental work often refers to procedures that must be performed by a specialist or is complex in nature. This may include crowns, bridges, or oral surgery.

### ? Are there plan maximums and deductibles?

Many dental plans have plan maximums ranging from \$750 to \$2,000 per family member, per calendar year. Deductibles are usually applied to basic and major dental work, but not for preventive and diagnostic care such as routine oral exams or fluoride treatments.



# Your Health Reimbursement Account

When you enroll in a Medicare Advantage or Medigap plan through Gallagher AHS, SRNS will provide each Medicare-eligible retiree and spouse with an annual tax-free subsidy through a Health Reimbursement Account (HRA).

## The HRA stipend will be provided as follows:

	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
Age Band	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>
Amount	<u>\$2,508</u>	<u>\$2,604</u>	<u>\$3,000</u>	<u>\$3,444</u>

### Please note:

- The HRA stipend will be applied at the beginning of the year in which you transition to a new age band. For example, if you turn age 70 at any time during the year, you will receive a Tier 2 stipend for the year.
- Each participant will receive his or her own stipend based on his or her own age.
- For new enrollments, the stipend will be prorated by the number of months in the plan for that year.
- There will not be individual spousal HRA accounts. In cases of retiree and eligible spouse the HRA account will be in the name of the spouse who first enrolled.

### Other highlights include:

- SRNS adds funds to an account (your HRA).
- You are reimbursed for those eligible expenses from the available funds in your HRA.
- You can use your HRA to pay for premiums and other eligible out-of-pocket expenses, including copays, deductibles, and coinsurance.
- Any amount not used during the year carries over into the next plan year.
- The HRA subsidy is not taxable to you and any reimbursements you receive are not taxable as long as they are used for eligible health care expenses.
- You can check your HRA balance and submit claims online.
- Once you enroll in a medical plan through Gallagher AHS, your HRA will be established and you will receive more information in the mail from HealthInvest, the HRA administrator.



# How does it work?

Depending on the insurance company you elect, there may be up to three ways to get reimbursed for insurance premiums from your HRA.

## 1. Automatic premium reimbursement (Many insurance companies offer this option.)

- Sign up for this option with your Advocate.
- You pay your monthly premium directly to your insurance company.
- The insurance company reports your payment to Gallagher AHS.
- You are reimbursed from your HRA for the premiums paid by check or direct deposit. You do not need to submit a claim.

## 2. Pay Me Back

- Pay using your own credit card or check. (Make sure you keep your billing statement and receipt as documentation.)
- Go online or file a paper claim to request reimbursement for the premiums paid.
- You are reimbursed from your HRA for the premiums paid via check or direct deposit.

Remember, not all insurance companies allow for each of these options. Your Advocate can let you know about the options in which your elected insurance company participates.

You may also be reimbursed for other eligible expenses – such as a copayment at the doctor’s office – that you pay yourself. You can submit these expenses by using a paper or online claim form so you can be reimbursed.

Once your HRA is set up, HealthInvest will send you more information about how to use and manage your account.

# HRA Frequently Asked Questions & Answers



## ? When can I start using my HRA?

You have access to the account when your plan becomes effective. However, you will only be reimbursed based on the balance available at the time of your request. Any unpaid amount will be paid as additional funds are credited to the account. Services must take place before they will be reimbursed.

## ? How can I find out my account balance and review transactions?

Account balance and claim status information is available by logging in to your online account at any time or contacting HealthInvest, the HRA administrator.

## ? How can I submit claims?

You can submit claims online or by using a mobile app. You can also submit paper claim forms through the mail or by fax.

## ? What documents do I need to submit with my claims?

To be reimbursed for a claim, you need to submit documents that show proof of coverage. These may include a statement from your insurance company showing that you are enrolled in their plan. You must also submit documents that show proof of payment. These may include credit card statements showing premium payment, front and back of canceled checks for premium payment, or insurance company statement showing payment made in full for coverage period.

## ? How will I be reimbursed for claims?

You can be reimbursed by check or direct deposit. (Sign up for direct deposit online.)

## ? What happens if the amount I request for reimbursement is larger than my available account balance?

Reimbursement requests that exceed your account balance will be paid up to the amount available in the account. You will continue to be reimbursed as additional funds are made available according to the contribution schedule set up by SRNS.



# When to Enroll

If you want medical insurance in addition to benefits provided by Medicare Part A and Part B, you need to enroll in supplemental Medicare insurance.

Your current health care insurance will end on the first of the month in which you turn age 65 or retire. (If your birthday falls on the first of the month, your coverage will end on the first of the month prior to your 65th birthday.) If you do not enroll in supplemental Medicare insurance before your current medical insurance ends, you could have a gap in coverage. Contact Gallagher AHS to learn more about your enrollment period.

Call 855-662-0681



Insurance brokerage services are delivered through Gallagher AHS and/or a designated third-party brokerage. All insurance policies are underwritten and issued by various third-party insurance companies, for which Gallagher AHS, a licensed insurance agency, and/or a designated third-party brokerage could act as an appointed producer, subject to applicable terms.