Helping You Prepare for Medicare Enrollment

Rochester Institute of Technology Medicare Retirees

October 15, 2024

We'll get started at the top of the hour.

— You won't hear anything until then —

WELCOME!





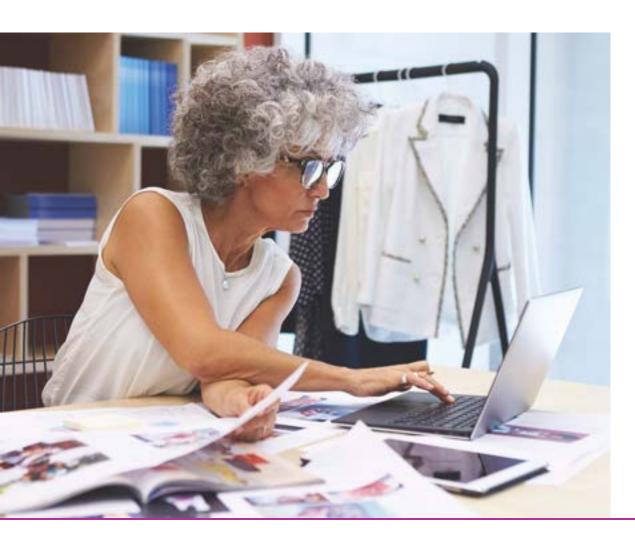


Most of your questions will be addressed in the presentation.

All individual situation questions can be answered by calling the Via Benefits Service Center.



Planning for Your Future Health Benefits



We'll cover:

- Introducing Via Benefits
- Medicare Education
- The Enrollment Process
- Rochester Institute of Technology Funding - HRA
- Next Steps
- Q&A

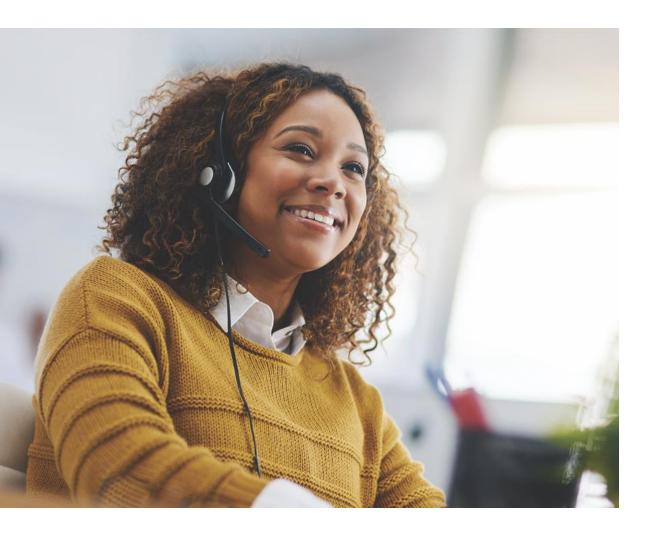
Introducing Via Benefits



Experience That Counts When You Need it Most:

- First and largest Medicare marketplace
- Now in our 20th Enrollment Season
- We've helped over 2 million retirees
- 98% of retirees felt they chose the most effective plan using Via Benefits
- One on One Consultative and Enrollment experience

Via Benefits Care Team



Our U.S.-based Care Team provides compassionate, unbiased support

- All benefit advisors are licensed health insurance agents
- Your benefit advisor will be knowledgeable in Medicare and non-Medicare
- Benefit advisors are trained to help you find the plan that meets your individual needs

Via Benefits Individual Marketplace — How It Works

Rochester Institute of Technology partners with Via Benefits to offer access to:

Individual Medicare Marketplace

- Shop and enroll in Medicare plans
- Education and answers through comprehensive communications
- Support participants and spouses in finding a right-fit plan

Participants can select plans that work with their health and financial needs

Provides lifetime advocacy for retirees



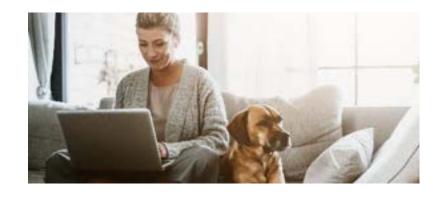
How We Help



Consultative Process

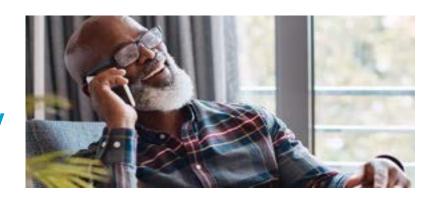
Simplified Selection





Effortless Enrollment

Ongoing Advocacy







Your Future Coverage — How Medicare Coverage Works CMS



Original Medicare (Parts A & B)



Medicare Advantage with Prescription Drug (Part C)

Takes over provisioning of Medicare Part A & B

Medicare Supplement (Medigap)



Works with Medicare Part A & B



Medicare Advantage with Prescription Drug [MAPD] Plans

Subsidized by CMS

All-in-One bundled benefits



Takes Over Provisioning of Care

Just use MAPD member ID card

Medicare Supplement Insurance (Medigap)

Single-Lettered Plans in 47 States (different in MA / MN / WI)

	Medicare Supplement Insurance (Medigap) Policies							Medicare-Eligible Before 2020 ONLY		
Benefits	Α	В	D	G	K	L	M	N	С	F
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Part B deductible									100%	100%
Part B excess charges*				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%

Source: CMS

* No Excess Charges States

- CT, MA, MN, NY, OH, PA, RI, VT.

Out-of-Pocket Limit in 2024 \$7,060 \$3,530

Prescription Drugs — 5 Tiers of Copays



- Tier 1 Preferred Generic
- Tier 2 Non-Preferred Generic
- Tier 3 Preferred Brand
- Tier 4 Non-Preferred Brand
- Tier 5 Specialty Drugs

Medicare Prescription Drug Coverage 2024

Catastrophic Coverage **Coverage Gap Deductible Initial Coverage Phases** (only 4% reach (only 25% will reach) Catastrophic) Eliminates 5% Copays for your Full retail until 25% for Brands coinsurance and **Participant Pays** plan coverage deductible is met 25% for Generics copays for (25%) beneficiaries **Total Cost \$0 - \$545** \$5,030 \$8,000

Medicare Prescription Drug Coverage 2025

Phases

Deductible

Initial Coverage

Catastrophic Coverage

(only 4% reach Catastrophic)

Participant Pays

Full retail until deductible is met

Copays for your plan coverage (25%)

Part D plans & drug manufacturers pay a larger share vs. Medicare

Total Cost

\$0 - \$590

Maximum \$2000 out-of-pocket for the year

\$0

Medicare Prescription Payment Plan – Starts 2025



A monthly payment plan option – either before the beginning of the plan year or in any month during the plan year.

- Only applies to out-of-pocket costs for prescription medications.
- Not for premiums.
- Not income-based; all Medicare drug plans MUST offer this option.
- Once enrolled, the monthly payment will be determined based on the estimated OOP costs and the remaining months in the calendar year.

Part D Smoothing option at the \$2K cap - \$166 per month

\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec



Your Future Coverage — All Medicare plan types available

PLANS

Medicare Advantage

With Prescription Drug (part C)

Medicare Supplement

(Medigap)

Prescription Drugs

(Part D)

INSURERS

- AARP
- Aetna SilverScript
- Blue Cross Blue Shield
- Cigna Express Scripts
- Humana
- United Healthcare
- Wellcare
- Wellpoint



Top Frequently Asked Medicare Questions

1. Will I be asked questions about pre-existing medical condition?

Not if your group plan is ending or you are newly eligible for Medicare. RIT has activated a Special Enrollment Period (SEP) whereby you are guaranteed issue (GI) for any medical plan – Medicare Advantage or Medigap; no pre-existing medical condition questions.

2. Is there going to be a cap on prescription drug expenses?

The Inflation Reduction Act offers different provisions that activate in different years. In 2024, the Catastrophic Coverage phase copays ends (if you reach that level), and then in 2025, there is indeed a \$2K cap on all Medicare prescription drug OOP expenses.

3. Do I need to have Part B if I select Medicare Advantage or Medigap?

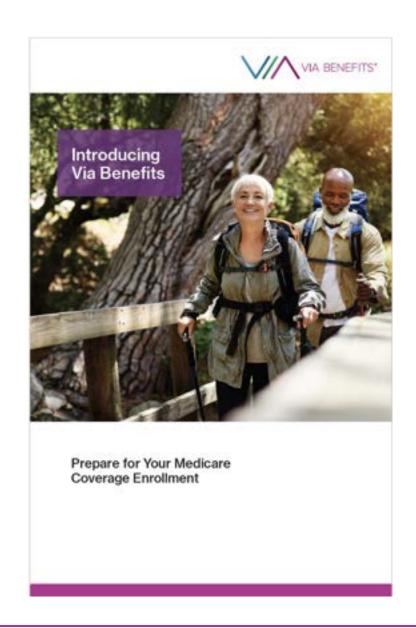
Yes. You must continue to have effective dates for Original Medicare (Part A and Part B) in order to be considered for either Medicare Advantage or Medigap supplemental Medicare insurance.



Introducing Via Benefits Guide

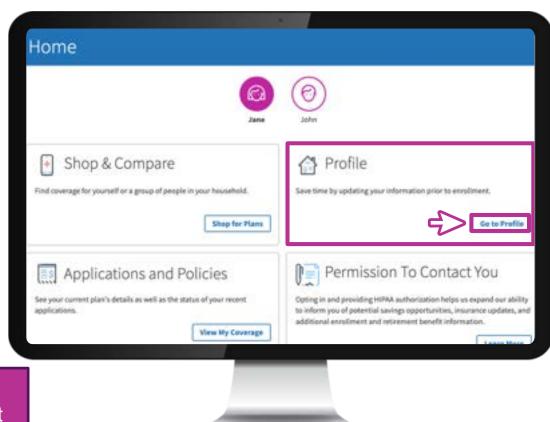
- Medicare education
- Create an account
- Enrollment process

my.viabenefits.com/RIT 888-586-0693



Pre-Enrollment — Create a Via Benefits Profile

- Select Go to Profile
- Enter your personal and health information





For step-by-step instructions, watch our video "Create a Via Benefits Profile" in the <u>video library</u> at **my.viabenefits.com/RIT**

Pre-Enrollment — Caregiver Permission

Granting Caregivers' Permission

Establish permission for a family member or trusted friend to help you



Authorization to Release Personal Information (Limited)

Allows a representative to get information only

Authorization to Release Personal Information (Full)

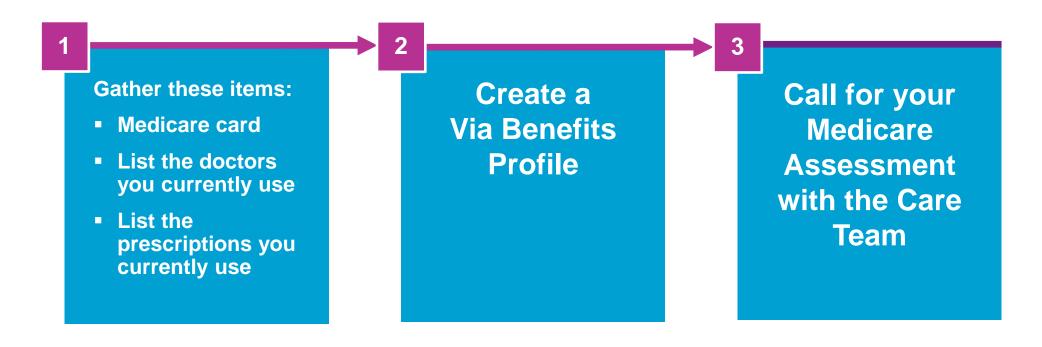
Allows a representative to take action on your behalf

Financial Power of Attorney (POA)

Allows a representative to take action on your behalf and make decisions



Preparing for the Medicare Assessment



Take these steps online to maximize your time.

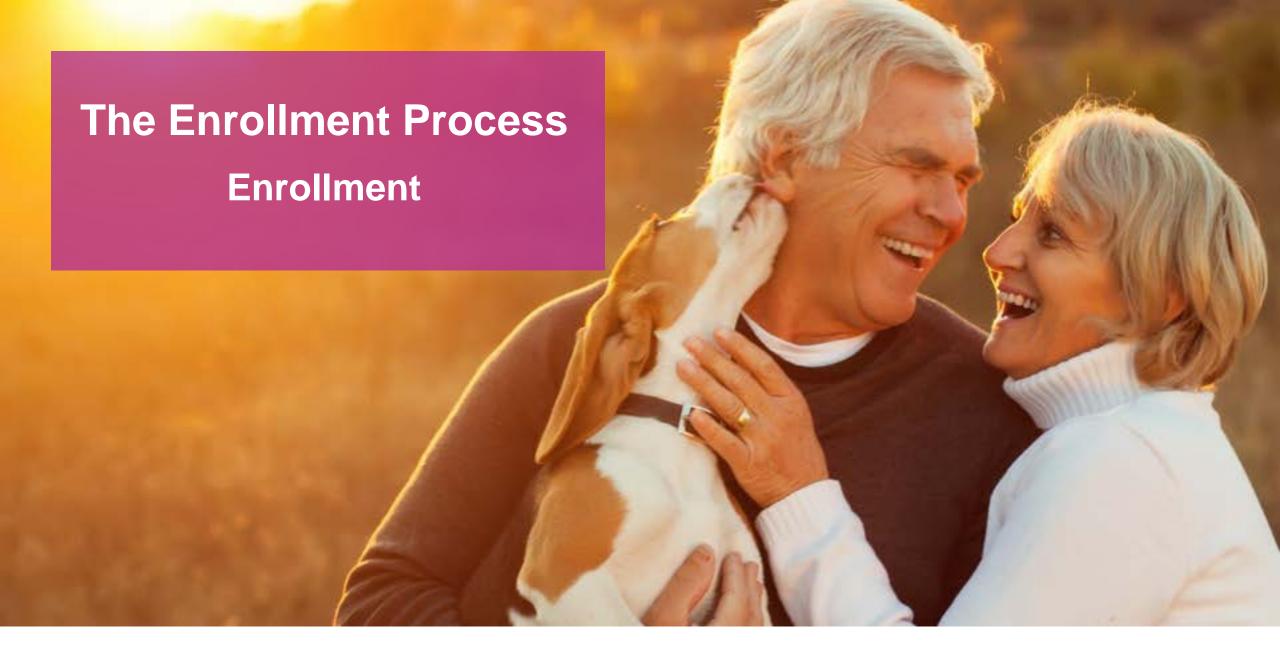
Call Our Via Benefits Care Team

During Your Medicare Assessment We Will:





- 1. Verify your profile, if needed
- 2. Talk about your coverage needs
- 3. Evaluate different medical plan types: Medicare Advantage, Medicare Supplement and Part D prescription drug plans
- 4. Provide a plan type recommendation
- 5. If enrolling by phone, schedule an enrollment appointment
- 6. If enrolling using the Via Benefits website, enroll during your enrollment window



Shop and Compare

Compare the details of up to 3 plans side-by-side

Estimated Annual Cost

Formulary covered Drugs

In-network Doctors

Expanded plan details







Ready to Enroll

Enroll Online

- Enroll anytime
- Compare plans side-by-side, select a plan, and enroll using the website
- Identity is verified when you sign into Via Benefits
- You read the disclaimers and confirm on the site
- Shop Via Benefits with help from a friend or family member

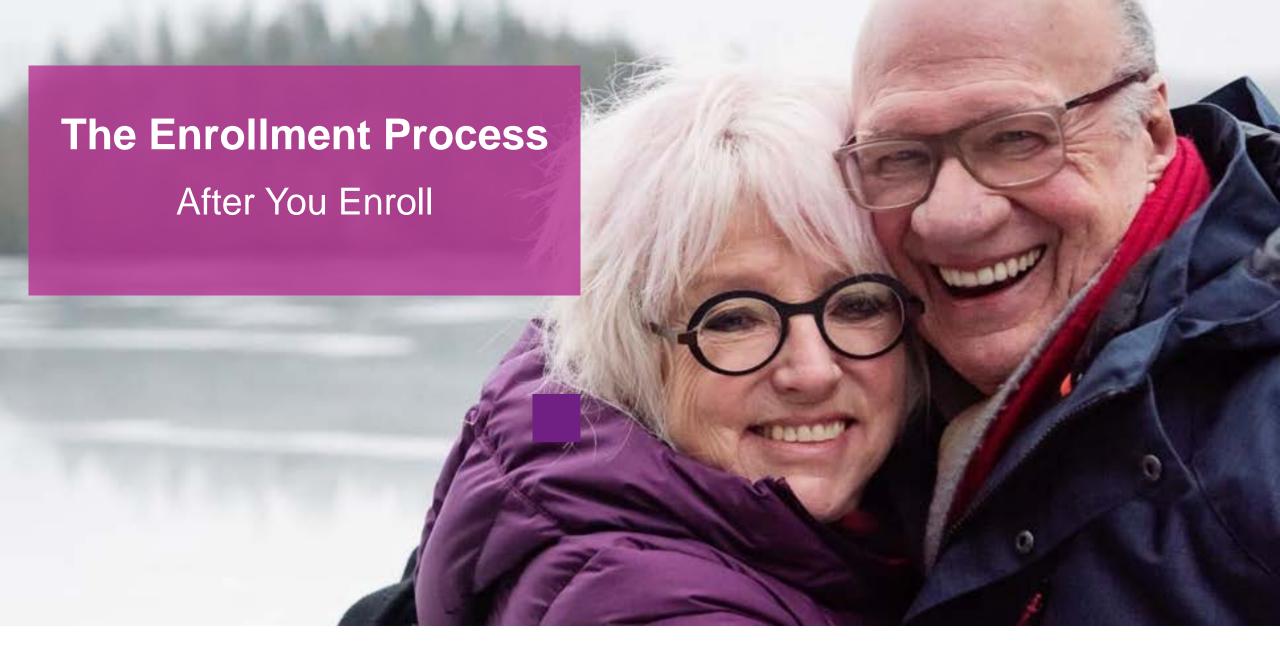
After you select your plan, allow up to 15 minutes to complete your application 15 min.

Enroll By Phone

- Call at your appointment time during the enrollment window
- A member of the care team will help you review and enroll in a plan
- Identity is voice-verified
- Disclaimers are read to you
- With your permission, a friend or family member may join the call



After you select your plan, allow up to 50 minutes to complete your application



Post Enrollment Communications

Selection Confirmation Letter

This will confirm your plan choices

Communications from Your New Insurance Carrier(s)

You will receive a packet with your new insurance cards and information about your new plan benefits

Welcome Letter

Welcomes you to Via Benefits and highlights our advocacy services and available resources





Watch our video at my.viabenefits.com/RIT

Frequently Asked Enrollment Questions

1. Can I enroll online? Can I get help from a benefit advisor when enrolling?

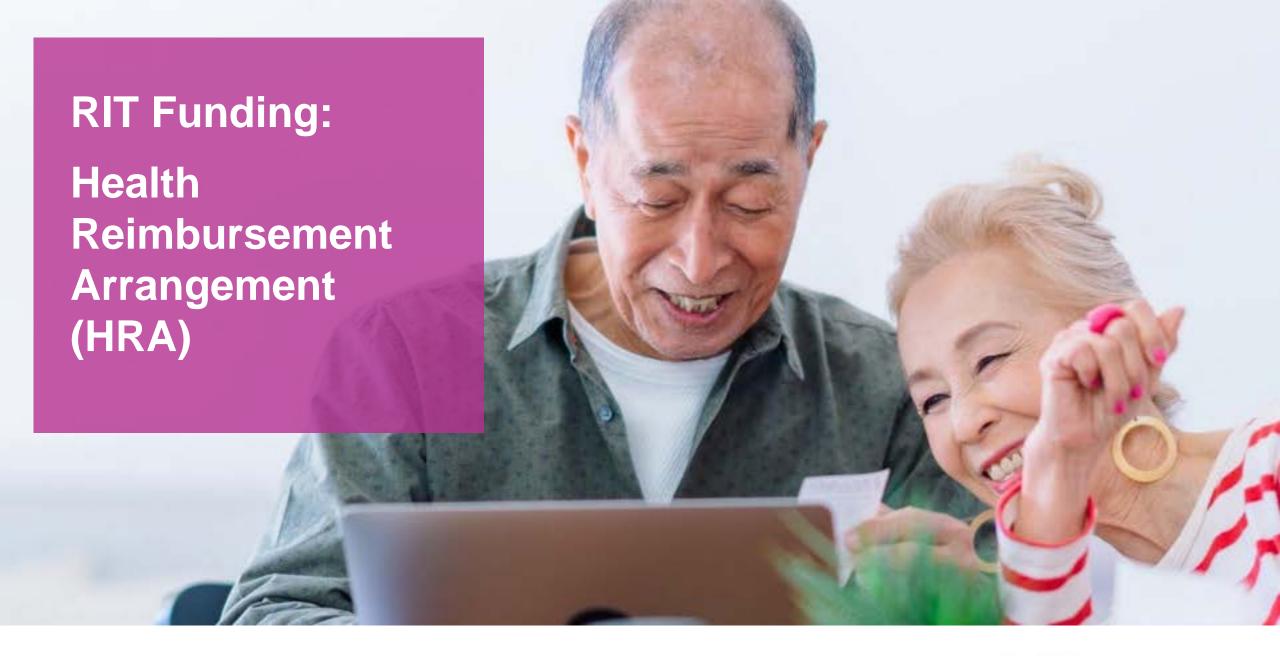
Yes. If you would like to do self-service online enrollment, that is available 24/7 for about 93% of the plans that we represent. OR you may schedule an enrollment consultation appointment, and a licensed benefit advisor will conduct a phone consultation and enroll you over the phone. If you have questions, you may call into our service center.

2. Is there a fee for the Medicare Assessment?

No. There is never a fee for any of our consultative services. We would be delighted to serve as your healthcare advocate for as often and as long as you would like to use us.

3. What if I can't make an election during the enrollment window?

You will still be able to enroll in coverage until December 31, 2024 and have your new plans effective January 1, 2025.





Health Reimbursement Arrangement (HRA)

Your HRA funding will be available: the 1st of the month that you turn 65 or after you retire



Tax-Free Account

Used to reimburse you for eligible post-tax health care costs

Per the IRS

HRA contributions are tax free, if you are eligible. You pay first and then get reimbursed

If You Are Eligible

RIT will make an annual contribution to your HRA

Get Reimbursed

For eligible plan premiums and eligible OOP health care expenses

Unused funds WILL rollover

Healthcare Expenses Eligible for HRA Reimbursement

Post-Tax Premiums & Eligible OOP Expenses

- Up to the Amount Available in Your HRA



- ✓ Medical Plan Premiums
- ✓ Prescription Drug Plan Premiums
- ✓ Dental, Vision & Hearing Plan Premiums
- ✓ Part B Premiums
- ✓ Medical OOP Expenses
- ✓ Dental, Vision & Hearing OOP Expenses



Publication 502

Medical and Dental Expenses

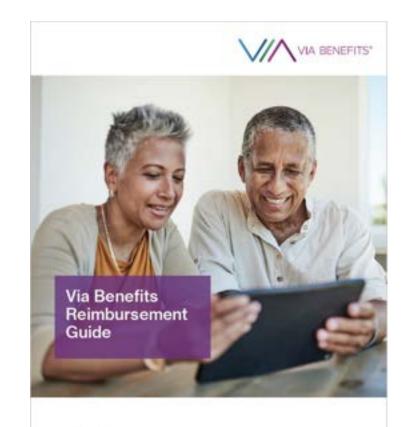
If Eligible for the HRA

Via Benefits Reimbursement Guide

- Contains all necessary instructions on how to use your HRA, including setting up direct deposit, use of the mobile app, and filing claims for reimbursement
- Should arrive by within 2 weeks after your new coverage begins

Reimbursement Arrangement

- Enroll in a medical plan through Via Benefits before your enrollment period ends to have access to your HRA
- You must remain enrolled through Via Benefits to continue to have access to your HRA
- You must first pay for your medical/prescription coverage and then you will be reimbursed



How to use your

Rochester Institute of Technology Health Reimbursement Arrangement (HRA)

Health Reimbursement Account

You set up

automatic

reimbursement

You pay for

your premiums

Automatic Reimbursement for Premiums

'You Pay First, Then Get Reimbursed'

Let auto-pay with your insurance carrier + A/R with Via
Benefits work behind the scenes for you!

Insurance
Carrier sends
notification
of payment

Via Benefits reimburses you



'Via Benefits Accounts' - Mobile App

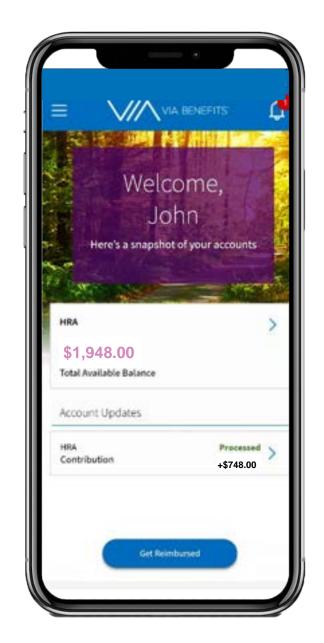
- □ Download and install use the QR code OR from the Apple iOS App Store or the Android Google Play Store
- ☐ Use same username / password as your online account
- □ Take a snapshot of your proof of payment Easy!
- ☐ Set up push notifications to keep informed on the go
- *** Note >> Won't activate until the HRA is funded



Download our mobile app by scanning this QR code with your smartphone's camera







Frequently Asked Funding Questions

1. Can I set up monthly recurring reimbursement?

Yes. About 93% of the plans that we represent participate in our Automatic Reimbursement (A/R) process. This means you can toggle ON/OFF if you would like a particular premium to be automatically reimbursed each month (up to the amount available in your HRA) – you won't have to submit any proof of payment. For the 7% of plans that do not participate in our A/R, you may submit a one-time "recurring reimbursement request" with proof of payment at the beginning of each year. Our system will know that you would like us to queue this for payment each subsequent month of that year, without you having to submit any future proof of payment.

2. Can I submit any amount for reimbursement?

We reimburse like-dollar-for-like-dollar amounts based upon what amount is shown on your proof of payment, up to the amount available in your HRA account.

3. What happens if I submit an expense for reimbursement and there isn't enough money in my HRA account?

You can only be reimbursed up to the amount available in your HRA account.





Ready, Let's Go!



Pre-Enrollment

- ☐ Create a Via Benefits Profile at my.viabenefits.com/RIT
- □ Call us at **1-888-586-0693** and complete your **Medicare assessment**
 - Schedule your enrollment appointment either during the call or enroll online

Enrollment

- ☐ The Annual Enrollment Period is Oct. 15th Dec. 7th
- ☐ Call us at your scheduled appointment time
- ☐ Enroll using the Via Benefits website any time during your enrollment period

Post-Enrollment

☐ Watch for communications about your new coverage

Helpful Resources

Videos





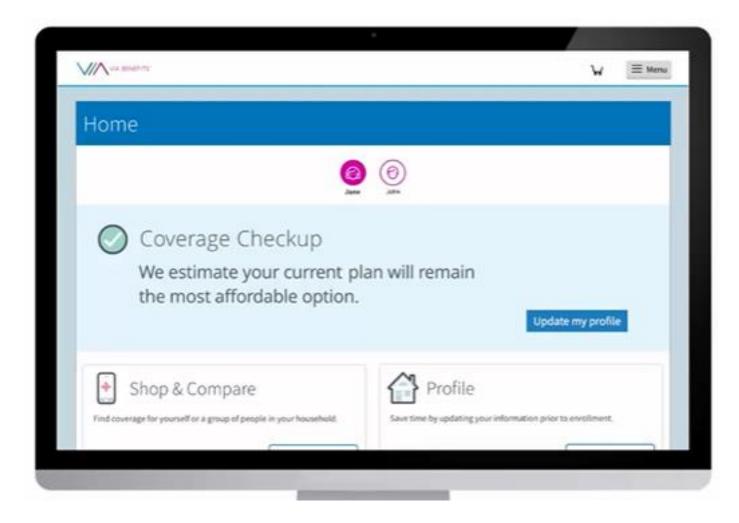
Helpful Resources

Via Benefits has produced a collection of videos to assist you in finding the answers you need. View our <u>full video library</u> to access this additional guidance and information.

Start Watching

Coverage Checkup

Annual analysis that checks your current plan with what's newly available in your area [available during the Annual Enrollment Period]



Frequently Asked Questions

Q: Are there plans that will cover me when I travel domestically or internationally?

Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you. Many Medicare Advantage plans also have national networks as well as worldwide emergency coverage.

Q: If I don't like the plan that I enrolled in, when can I change?

Every year you will have a Medicare Annual Enrollment Period during which you may investigate other medical and drug plans and potentially enroll in a different plan. You will receive notification from Via Benefits of the Medicare Annual Enrollment Period (October 15 – December 7); we encourage you to contact us **if** you have any questions. You may also change plans or disenroll from Medicare Advantage plans back to Original Medicare and a PDP during the MA-OEP (January 1 through March 31). You can change Medigap plans any time throughout the year but may be subject to underwriting.

Q: I have a current MAPD or Medigap plan, what do I need to do?

Talk with a benefit advisor about your specific situation and what you will need to do at this time.

Frequently Asked Questions

Q: Can my spouse/partner and I enroll in the same plan?

Yes. You can enroll in the same plan, but you may also enroll in different plans. Supplemental Medicare plans are individual plans, and so you are not obligated to have the same coverage as your spouse as was the case when you were covered under the group retiree medical plan.

Q: Do you offer plans that cover me in multiple states – I am a snowbird?

Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you. Part D plans provide nationwide coverage from participating pharmacies. Medicare Advantage plans cover urgent and emergency services nationwide and many provide nationwide coverage for non-emergency services. If you live part of the year out-of-state, discuss these needs with your benefit advisor.

Q: Do I have to enroll every year?

No, you do not need to contact us unless you wish to make a change to your coverage, or you receive notification that your plan is being **discontinued**. You may want to change plans if your providers change, there are changes in your medications, lifestyle, finances, or if you're just unhappy with your plan. You can then go online and shop plans or give us a call for assistance.

Go online now to set up your profile and complete your pre-enrollment assessment!

my.viabenefits.com/RIT

1-888-586-0693

Monday – Friday 8:00 a.m. – 7:00 p.m. ET





