Wespath

BENEFITS | INVESTMENTS

VIA BENEFITS™

Center for Health

VIA BENEFITS™

Health Coverage with More Choices

a general agency of The United Methodist Church

Get ready for a different approach to health coverage—
with flexibility to choose a plan that fits your needs.
This brochure explains the health coverage for Medicare-eligible retirees,
and other Medicare-eligible participants and spouses.
When you become eligible, you will choose
a health plan through Willis Towers Watson's **Via Benefits™**
(formerly known as OneExchange). Via Benefits offers access to many
Medicare supplemental plans from more than
85 health insurers nationwide.

Welcome to Willis Towers Watson's Via Benefits

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VIA BENEFITS™

1-866-249-7785
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my.ViaBenefits.com/wespath

Center for Health

wespath.org/cfh

Shortly before you become eligible for Medicare, you will receive an *Enrollment Guide* from **Via Benefits** that explains in detail how to evaluate Medicare supplemental plan options and enroll in the plan that is right for you. Your plan sponsor has selected Via Benefits as their approved partner to help you navigate your options for a Medicare supplement plan and ensure that you are well-equipped to make an informed and confident selection of health care benefits.

A Via Benefits licensed benefit advisor will become your advocate—helping you find and enroll in the plan that best serves your medical needs and fits your budget. After your *Enrollment Guide* arrives, you will work with a Via Benefits benefit advisor to select and enroll in a health plan.

Why Via Benefits?

Confronting Soaring Health Care Costs

Like many other employers across the United States, your annual conference or employer has worked to contain soaring health care costs without sacrificing quality or coverage for its active and retired clergy, lay employees, eligible dependents and surviving spouses. Offering health benefits through Via Benefits addresses cost and coverage concerns for Medicare-eligible individuals.

Your annual conference or employer has chosen a solution that gives you the ability to choose from a wide selection of Medicare supplemental plans, allowing you to personalize your Medicare benefits. Most plan sponsors also will provide eligible participants with a health reimbursement account (HRA) that helps offset the cost of an individual Medicare supplemental plan.

You will now be responsible for choosing and paying for your own health coverage—but an HRA* may help cover the cost.

The Center for Health understands that you will need to make important choices about your health care coverage. To help you make informed decisions with confidence, we have partnered with Via Benefits. Via Benefits's licensed benefit advisors will be your advocates and will help you choose the Medicare coverage plan that best serves your medical needs and fits your budget. These knowledgeable, objective advisors will be available to support and assist you in making these decisions. They will guide you through the entire process. Via Benefits's online (Internet) tools, as well as access to benefit advisors, are provided at no cost to you and are offered in recognition of your dedication and service. To date, Via Benefits has helped more than 1.7 million retirees evaluate and enroll in plans.

* About HRAs (if offered by your plan sponsor)

Health reimbursement accounts (HRAs, also called health reimbursement arrangements) are tax-free accounts established and funded by employers and plan sponsors, such as annual conferences. You can use funds in the Via Benefits HRA to reimburse yourself and your eligible dependents for eligible health care expenses, including your retiree health insurance premiums or other out-of-pocket costs not paid for by your health plan. (See page 11 to learn more about HRAs.)

More About Via Benefits

Your Transition to Medicare Supplemental Health Benefits

Via Benefits is dedicated to making the transition to your Medicare supplemental health coverage as easy and straightforward as possible.

Willis Towers Watson's Via Benefits (formerly OneExchange) is the nation's leading provider of health care solutions for Medicare-eligible individuals. With Via Benefits's assistance, retirees and other Medicare-eligible individuals gain access to a marketplace of many different Medicare plans, including those offered by well-known national and regional insurance companies. Via Benefits works as a portal, providing access to many insurance carriers. *Your insurance will actually be provided by the carrier you choose in consultation with a Via Benefits benefit advisor.* You can learn more about Via Benefits's services and experience at **my.ViaBenefits.com/wespath**.

Helping You Make an Informed Selection

Via Benefits provides personalized assistance to you and your Medicare-eligible spouse, if applicable. An experienced Via Benefits benefit advisor provides:

- **Individualized telephone support** to help you make an informed and confident enrollment decision for your Medicare supplemental coverage;
- **Education** about the differences between various plans, and the costs of each of those plans;
- **Advice and decision-making support**, based on your current coverage and future needs; and
- **Assistance with enrolling** in medical, prescription drug, dental and vision plans.

Via Benefits also offers a customized website where you can learn about plan options available in your area, begin evaluating those options, and get more details about the enrollment process. Your customized website is **my.ViaBenefits.com/wespath**.

VIA BENEFITS™

Who Is Eligible for Via Benefits?

The information in this guide pertains to Medicare-eligible retirees, Medicare-eligible spouses of retirees, individuals who are Medicare-eligible due to disability, Medicare-eligible participants who are employed by a plan sponsor that qualifies for and has elected the Medicare Secondary Payer Small Employer Exception (MSPSEE), Medicare-eligible spouses of disabled participants, and surviving spouses of individuals who are Medicare-eligible due to age or disability. If your spouse is currently not Medicare-eligible, he or she may be able to remain on your conference's or employer's existing active plan coverage until he or she becomes eligible for Medicare, depending on your plan sponsor's rules.

Steps Toward Enrollment

A Step-by-Step Guide to Enrolling in a Medicare Supplemental Plan

Via Benefits will help you enroll in the individual Medicare supplemental plan that best fits your needs. Via Benefits has identified three steps in completing this process: Education, Evaluation and Enrollment. You will be fully supported through each of these steps by benefit advisors from Via Benefits and through use of Via Benefits's online tools and services.

1. **Education**—You will receive an *Enrollment Guide* from Via Benefits containing instructions about how to evaluate and enroll in the plan that is right for you. This guide will include comparisons of plan options, helpful information on eligibility, and additional information about working with Via Benefits.

2. **Evaluation**—Using the *Enrollment Guide* and Via Benefits's online tools, you will review the options available to you before speaking with a benefit advisor. Before or during your dedicated call-in time, you will provide medical background and other basic information to a licensed benefit advisor and will learn how your background and specific information shapes future choices. (You can complete this information online or by phone before your enrollment appointment with your benefit advisor—a recommended step that will ensure your advisor has all the information he or she needs to help you find the best plan for your particular situation and to reduce your time on the phone.)

   Your Via Benefits benefit advisor will make recommendations based on this data in order to help you determine which options make sense for you. You'll be able to compare your options and decide what level of coverage you require to best meet your medical needs and budget.

   Your discussion with the Via Benefits benefit advisor is confidential.

3. **Enrollment**—Your licensed benefit advisor will expedite the process of enrollment, and will help you apply for and enroll in the Medicare plan(s) you choose. Using Via Benefits's customized tools, your benefit advisor will help you make informed decisions and provide support throughout the entire process. Once you select a plan, the Via Benefits benefit advisor will handle your enrollment—*you won't need to fill out applications yourself.*

Become Familiar with Medicare

How the Parts Combine to Give You Comprehensive Coverage

Medicare benefits are divided into several component "parts." To decide how to best meet your medical needs and budget, it helps to understand how these parts work together. The table below will familiarize you with the parts of Medicare and the decisions you must make. You can learn more about Medicare online at **www.medicare.gov** and **www.socialsecurity.gov** (click on "**Medicare**").

What You Get Through the Government-Provided Medicare Program

Medicare consists of Part A and Part B. If you are Medicare-eligible, you automatically receive Part A. You become eligible for Part B when you qualify for Medicare either due to age or disability.

There is no cost to you for Medicare Part A if you paid into Social Security during your working years. You pay a monthly premium for Medicare Part B.

Note: *If you opted out of Social Security early in your career, you must enroll in Medicare now in order to apply for coverage through Via Benefits. You will have to pay premiums for Medicare Parts A and B.*

Part A	Part B
Part A covers inpatient hospital stays, stays in skilled nursing facilities, home health care and hospice care.	Part B provides you with outpatient care and covers physician fees and other medical services not requiring hospitalization. You must enroll in Part B to receive this coverage.

More information on Medicare supplemental plans is on the next four pages.

Become Familiar with Medicare

What You Choose Through Via Benefits

You can choose between these three different types of supplemental plans, which add coverage where Medicare may have less than you require.

Medicare Advantage	Medigap	Part D
Medicare Advantage is a plan offered by a private company to provide you with all your Medicare Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage plans: Medicare Advantage Prescription Drug (MAPD), which includes prescription drug coverage, and Medicare Advantage (MA), which does not include prescription drug coverage. Within these two Medicare Advantage types there are three doctor networks: HMO, PPO, and Private Fee-for-Service plans (PFFS). Medicare Advantage is also sometimes called "Part C."	**Medigap** is supplemental insurance sold by private insurance companies to fill "gaps" in Medicare plan coverage. Medigap plans do not include prescription drug coverage.	**Part D** refers to optional prescription drug coverage, which is available to all people who are eligible for Medicare. Part D prescription drug plans are offered through private insurance companies.

How to Decide

You may combine the supplemental plans above to get a package that covers all of your needs. Choosing the best combination requires some education and some comparison of plan features and costs. For additional details on the options available, please review the following pages for a more complete description of each plan type.

Medicare Summary Chart

Understand Your Medicare Options

Understanding the various components of Medicare is important as you make choices for health care benefits and coverage. The tables below and on pages 8 and 9 summarize specific information about Medicare plans in more detail than the previous pages. If you're unfamiliar with the terms used in these charts, refer to the glossary on page 10 of this guide.

	Part A	Part B
What does it cover?	**Hospital Insurance** Part A covers hospice care, home health care, skilled nursing facilities and inpatient hospital stays.	**Medical Insurance** Part B covers physician fees and other medical services not requiring hospitalization.
How do I enroll?	Enrollment is automatic when you become Medicare-eligible.	You must choose to enroll.
Is there a premium?	There is no premium for Part A if you have more than 10 years of Medicare-covered employment.	Yes. The monthly premium for Part B varies depending on when you were first enrolled in Part B and if you are subject to a premium surcharge due to your income level. For 2018, the Part B premium is $134 per month (but could be higher based on higher-income surcharges).
What is the deductible?	In 2018, the Part A deductible is $1,340 for the first 60 days of inpatient care. The 2019 deductible will be determined by the Centers for Medicare and Medicaid Services (CMS) later in 2018.	In 2018, the Part B deductible is $183. The 2019 deductible will be determined by the CMS later in 2018.
Is there co-insurance?	There is no co-insurance for your first 60 days of inpatient care.	Part B covers 80% of medically necessary services. You are responsible for the remaining 20%. Part B covers 50% of approved outpatient mental health services.

Medicare Summary Chart

Understand Your Medicare Options

Medicare Advantage is a plan offered by a private company to provide you with Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage Plans: MAPD, which includes prescription drug coverage, and MA, which does not include prescription drug coverage. Medicare Advantage plans vary by the type of doctor network they provide: PFFS, PPO and HMO.

	Medicare Advantage/Part C		
	Private Fee-for-Service (PFFS)	**Preferred Provider Organization (PPO)**	**Health Maintenance Organization (HMO)**
What does it cover?	PFFS plans cover visits to any primary care doctor, specialist or hospital that accepts the terms of the plan's payment. PFFS plans usually include a prescription drug plan.	PPO plans cover visits to any physician, whether they are in or out of the plan's network. However, you will pay less if you use primary care doctors, specialists and hospitals *in the plan's network*. A PPO usually includes a prescription drug plan.	Except for emergencies, an HMO only covers care that is provided by primary care doctors, specialists or hospitals *in the plan's network.*
How do I enroll?	You can choose to enroll in a Medicare Advantage plan. (This is a one-time enrollment, unless you decide to change plans in the future.)		
Is there a premium?	Each Medicare Advantage plan sets its own premium, deductible and co-insurance. In addition, you will continue to pay your Medicare Part B premiums.		
What is the deductible?	Determined by carrier.		
Is there co-insurance?	Determined by carrier.		

Medicare Summary Chart

Understand Your Medicare Options

	Medigap	Part D Prescription Drug Coverage
What does it cover?	Medigap is Medicare supplemental insurance designed to fill "gaps" in Medicare plan coverage. Sold by private insurers, these 10 plans—labeled Plans A, B, C, D, F, G, K, L, M and N—offer standardized menus of benefits. (Massachusetts, Minnesota and Wisconsin have their own versions of these plans.) Medigap policies only work in conjunction with a Medicare plan. Generally, there is no prescription drug coverage.	Part D covers generic and brand-name drugs included in the plan's formulary, which is a list of drugs the plan will pay for.
How do I enroll?	You can choose to enroll. (This is a one-time enrollment, unless you decide to change plans in the future.)	You can choose to enroll. A premium penalty is applied if you do not enroll when you first become Medicare-eligible. (This is a one-time enrollment, unless you decide to change plans in the future.)
• **Is there a premium?** • **What is the deductible?** • **Is there co-insurance?**	If you choose to enroll, you will pay a monthly premium to the insurance company you select. In addition, you will continue to pay your Medicare Part B premiums and you are responsible for Part B deductibles and co-insurance. There are no deductibles or co-insurance specific to most Medigap plans.*	Whether you pay a Part D premium, deductible or co-insurance depends on the plan you choose, as each Part D plan has a different cost-sharing structure. Depending on the plan, you may pay both a monthly premium and a share of the cost of your prescriptions (co-insurance or co-payment) in a Part D plan.

Vision, Behavioral Health and Dental Coverage

You will have the opportunity to elect and purchase dental and/or vision coverage through Via Benefits. This coverage is optional. A Via Benefits benefit advisor can explain your options. Behavioral health coverage may be offered through the Medicare Supplement Plan you select.

* Plan F also offers a high-deductible plan. If you choose this plan, you must pay for Medicare-covered costs up to the deductible ($2,240 in 2018) before the Medigap plan pays anything.

Glossary

Important Medicare Terms

Co-Insurance: A set percentage of covered expenses that a Medicare user must pay out-of-pocket.

Co-Payment (Co-Pay): A set charge collected at the time of service and paid by the Medicare user for certain services, including prescription drugs. Co-payments are not applied toward the deductibles and out-of-pocket maximum.

Deductible: The amount paid out-of-pocket toward covered medical expenses before the plan begins paying.

Gap or Donut Hole: Medicare drug plans may have a "coverage gap," sometimes called the "donut hole." After your total yearly drug costs in 2018 reach $3,750, you will pay 35% of the cost of brand-name prescription drugs until your out-of-pocket drug costs for the year reach $5,000. Most plans offer generic drug coverage in the gap, and your maximum co-pay on generic drugs will be 44% of the cost of the drug. The amount you pay for in generic drugs in the coverage gap will decrease gradually each year until it reaches 25% in 2020.

Out-of-Pocket Maximum: The maximum you will pay each year for deductibles and/or co-insurance.

Medicare Advantage Plans: Health plan options that are approved by Medicare but run by private companies. Medicare Advantage plans vary by the type of doctor network they provide: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and Private Fee-for-Service (PFFS).

Medigap (Medicare Supplement Insurance) Policies: These policies are sold by private insurance companies to fill gaps in Medicare plan coverage. In general, Medigap policy participants receive help paying for some of the health care costs not covered by the Medicare plan.

Part D (Medicare Prescription Drug Plans): These stand-alone plans add prescription drug coverage to the Medicare supplemental plan. Medicare prescription drug plans are offered by insurance companies and other private companies approved by Medicare.

Understanding HRAs

Instead of receiving medical, prescription drug, behavioral health, dental and/or vision coverage through your annual conference or employer, you will now be responsible for choosing your own health coverage through Via Benefits and paying your monthly premiums directly to the company you select for health care coverage (i.e., health insurance). If your spouse will also be covered through Via Benefits, you will also pay your spouse's monthly premiums directly to the company you select for health care coverage. If your spouse remains in your conference's/employer's active plan, your spouse's monthly premiums may continue to be deducted from your pay or retirement benefits, depending on your plan sponsor's rules.

Your annual conference or employer is committed to keeping your health care costs as affordable as possible, and therefore *may* offer and fund a health reimbursement arrangement (also called a health reimbursement account or HRA). If eligible, you can use funds in the HRA to help pay your retiree health monthly premiums and any eligible health care costs. You will be reimbursed for these expenses from the HRA to the extent that funds are available in your HRA.

What Is an HRA?

An HRA is an account that is used to reimburse you for eligible health care expenses on a tax-free basis. Under existing Internal Revenue Service (IRS) regulations, HRA reimbursements are not taxable.

If your plan sponsor provides an HRA, Via Benefits will become the administrator for your HRA. This means you will submit claims to Via Benefits, and Via Benefits will reimburse you from your HRA account—as long as funds are available in your HRA. The following are some HRA-qualified health care expenses that can be reimbursed:

- Premiums for Medicare supplemental insurance such as Medicare Advantage, Medigap and prescription drug plans;
- Out-of-pocket expenses like deductibles and co-payments;
- Premiums for dental and vision plans; and
- Eligible expenses incurred by your dependent children (IRS rules determine who is a dependent child for these purposes).

If you are eligible for an HRA, Via Benefits will mail you an *HRA Guide* later this year to help you access and manage your HRA. The guide will include information about filing and processing claims for reimbursement.

Establishing Direct Deposit for Your HRA Reimbursements

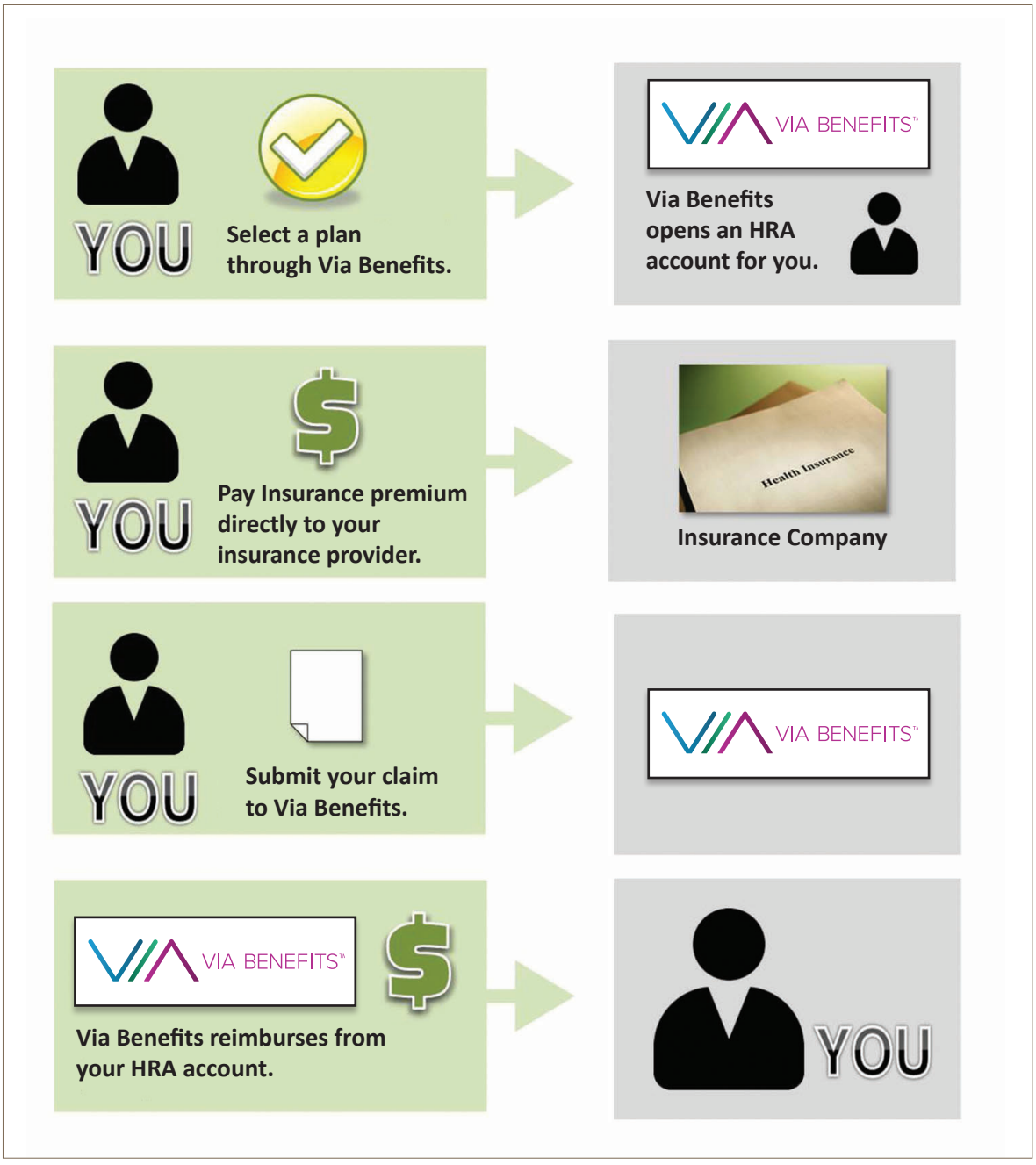
If you will have an HRA, we encourage you to establish direct deposit so you can receive your reimbursements as quickly as possible. Information on how to set up direct deposit will be provided in the Via Benefits *HRA Guide*. If you choose not to set up direct deposit, all reimbursements will be made by check and mailed to the address on file with Via Benefits.

Qualifying for the HRA

To qualify for your HRA, you must enroll in a medical plan through Via Benefits. If you change plans in future years, you must use the Via Benefits service to find and enroll in your new medical plan—**or you will lose your HRA eligibility**.

How an HRA Works*

(**Note:** This page applies only if your annual conference or employer provides and funds an HRA.)



* *Some annual conferences or employers may not offer and fund an HRA for all eligible individuals.*

How an HRA Works

(**Note:** This page applies only if your annual conference or employer provides and funds an HRA.)

- **Funding frequency:** If you have an HRA, it will generally be funded on January 1 of each year with the entire annual amount available for that year. Unused funds will be rolled over to the next plan year, with no limit to the amount of funds to be accumulated from year to year.
- All participants eligible for Medicare on January 1 of a plan year will receive a full year's funding for that plan year. Participants who retire or become Medicare-eligible during the year (after January of any plan year) will receive a prorated funding amount based on the month they become eligible. (For example, participants becoming Medicare-eligible on April 1 would receive 75% of the annual funding amount for the remaining nine months of that plan year.)
- If you are a retired couple, you will have a joint account that covers you and your Via Benefits-covered spouse. This means you will have one HRA that is shared. All funds contributed to your HRA can be used by both you and your spouse in retirement, even if your spouse receives no contributions.
- If your spouse remains in your annual conference or employer plan and he or she has an HRA through another employer/salary-paying unit, he or she will not have access to the funds in the HRA that is administered through Via Benefits.
- Rules for HRA eligibility include:
  - Individual must be eligible for Medicare due to age (at least age 65).
  - Eligible over-65 retiree must enroll in a medical plan with Via Benefits and remain enrolled for an HRA.
  - If the retiree enrolls in a plan outside of Via Benefits, **he or she loses HRA eligibility**.
  - If you lose HRA eligibility, you are not allowed to keep any remaining funds.
  - Due to Affordable Care Act (ACA) regulations, HRAs are not allowed for participants who are Medicare-eligible due to disability.
  - Individuals with Via Benefits due to the Medicare Secondary Payer Small Employer Exception may be eligible for an HRA; please contact your benefits office.

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