Part I – Retiree Education Session

Medicare Basics

Benefits Office

March 2017 – 10:00 a.m. CST

Agenda

- Updated retiree website
- What is Medicare?
- Medicare eligibility and enrollment
- Types of Medicare
- Medicare Advantage plans
- Medigap plans
- Medicare Part D plans
- Medicare Summary Notices
- OneExchange Age-in process
- Frequently Asked Questions

Retiree Website

http://retirees.fnal.gov

Fermilab Retirees

- Towers Watson OneExchange
- Non-Medicare Eligible Retirees
- Contacts
- Retirement Savings Plans

Search this site... Search

This site is a resource to provide easy access to forms, documents and tools for you to manage your benefits. These resources provide valuable information on your coverage through Fermilab.

Resources

Towers Watson One Exchange

- Medicare-Eligible Retiree Forms
- Towers Watson One Exchange Guides

Non-Medicare Eligible Retirees

- Medical Plan Information
- Locate a Medical Provider
- Preventative Care Services
- Non-Medicare Eligible Retiree Forms
- FAQs

Contacts

Retirement Savings Plans

Announcements

Retiree Education Meetings – March 7 and 14

There are no plan design changes. This is an education opportunity.RSVP is not required. All sessions will be held at Wilson Hall in One West. Web conference is available for access at the same time as the onsite sessions.

The same program will be presented in two parts on both dates.

Part I (10:00 a.m. – 12:00 p.m.) – Medicare Basics & Supplemental Coverage Overview

Part II (1:00 p.m. – 3:00 p.m.) – Medicare Part D, catastrophic drug coverage & HRA

Web Conference instructions

Both March 7 and 14 will be available via web conference. To hear the audio and view the slides, login to both the website and dial into the conference call. **To access the web conference go to https://fnal.zoom.us/j/2445358019.** The link will take you directly to the meeting. **To hear the audio, dial 1(408) 638-0968 (US Toll) and enter meeting ID 2445358019#.**

Part I – Medicare Basics

Part II – Medicare Part D & HRA Basics

What is Medicare?

- Medicare is a federal program created in 1965 to provide health insurance for people age 65 or older, and coverage for disabled people under age 65
- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS)
- Decisions on Eligibility, Cost and Covered Services are made by CMS
- CMS contracts with private insurance companies to process and pay claims
- Social Security Administration handles enrollment and collects premiums
- 57 million Medicare enrollees in 2016
- Medicare and Medicaid are two different plans
- Medicare enrollees are not a part of the ACA exchange

What does Medicare cover?

Medicare coverage is based on these factors:

- Federal and state laws.
- National decisions made by Medicare about whether something is covered.
- Local coverage decisions made by insurance companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.
- For details on a specific service or item go to www.Medicare.gov

Medicare Eligibility

- Must be U.S. citizen or legal resident
  - Age 65 or;
  - Disabled for 24 months or;
  - Have end-stage kidney disease or ALS (no wait)
- You or your spouse must have paid payroll tax for 40 quarters to qualify for premium-free Part A.
- If not, must have been permanent, legal U.S. resident for 5 continuous years, and pay Part A premium (up to $413/month in 2017)
- Enroll through Social Security Administration

Medicare Enrollment – Initial Enrollment Periods

- Eligible participants typically enroll in Part A and Part B at the same time.
- For Parts B & D, there is a 7 month individual enrollment period; birth month, 3 months prior and 3 months after.
- If you do not enroll during the enrollment period, you will be subject to a life long penalty upon enrollment.
- **Although Medicare allows for a 7-month Initial Enrollment Period, Fermilab's retiree medical plan does not.**
- **Fermilab's plan coordinates with Part B on the first day of the month in which the retiree turns 65, whether the retiree has Part B or not.**

Initial Enrollment Period

You can sign up when you're first eligible for Part A and/or Part B (for which you pay monthly premiums) during your Initial Enrollment Period. For example, if you're eligible when you turn 65, you can sign up during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

3 months **before** the month you turn **65**	**2** months **before** the month you turn **65**	**1** month **before** the month you turn **65**	The month you turn **65**	**1** month **after** the month you turn **65**	**2** months **after** the month you turn **65**	**3** months **after** the month you turn **65**
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed. See chart below.			

Medicare Eligible – Retiring from Active Employment

- If an employee is 65 or older **and actively working**, their current employer's coverage is primary. The same is true for an employee covering a Medicare eligible spouse.
- Medicare becomes the **primary** coverage once the employee is retired (day after actively employed).
- Blue Cross will begin paying as secondary coverage the first day of retirement, **even if you have not enrolled in Medicare B.**

Medicare Enrollment – Special Enrollment Period

- If you (or your spouse) is covered under an employer's group health plan based on **current employment**, you may sign up for Part A and/or Part B any time as long as you (or your spouse) are working, and you're covered by your employer's group health plan as an active employee. **You are not required to sign-up.**
- **If you are covered by an active employer group plan, you have an 7-month Special Enrollment Period** to sign up for Part A and/or Part B.
- The enrollment period includes, **the month you retire, the three months prior to the month you retire and the three months after the month you retire.**
- **COBRA and retiree health plans aren't considered coverage based on current employment**. You're not eligible for a Special Enrollment Period when retiree medical or COBRA coverage ends.
- The Special Enrollment Period doesn't apply to people with End Stage Renal Disease.
- You won't pay a late enrollment penalty if you sign up during a Special Enrollment Period.
- If you don't sign up during the Special Enrollment Period, you will receive a penalty.

Medicare Enrollment – Late Enrollment Penalties

- **Medicare Part A**: most people have premium free Part A coverage, so late enrollment penalties usually will not apply.
- **Medicare Part B**: in most cases, if you don't sign up for **Part B** when you're first eligible (except during a Special Enrollment Period), you'll have to pay a late enrollment penalty for as long as you have Part B.
  - Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it.
  - You may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B, and coverage will start July 1 of that year.
- **Medicare Part D:** a late enrollment penalty may apply if you go without "creditable" prescription drug coverage for 63 or more consecutive days after your **Initial Enrollment Period** ends. Your coverage as a Fermilab employee counts as creditable coverage.
  - The amount of the penalty depends on how long you went without prescription drug coverage.
  - The penalty is 1% of the "national base beneficiary premium" ($35.63 in 2017) times the number of full, uncovered months you didn't have coverage. The amount is added to your monthly Part D premium. The national base beneficiary premium may increase each year, so your penalty amount may also increase each year.

Types of Medicare

- Medicare **Part A** provides coverage for **inpatient hospitalization**
  - Premium paid via payroll tax deduction while actively working
  - Part A is “premium free” while you have the coverage
  - **Coverage is 80% after the deductible is met**
- Medicare **Part B** provides coverage for physician visits, laboratory & x-ray, and other **outpatient care**
  - Premium paid monthly after enrollment typically as a deduction from the retiree’s social security check
  - **Coverage is 80% after the deductible is met**
- Medicare **Part C** is also known as a **Medicare Advantage** plan.
  - This type of plan takes the place of all other types of Medicare, and is offered by private insurance companies approved by Medicare
  - This plan typically has a smaller network and a lower premium
- Medicare **Part D** provides prescription **drug** coverage
  - Premium paid monthly to the carrier
  - Multiple plan design options.

Medicare Part A

In general Medicare Part A covers:

- In patient hospital care including hospital services, semi-private rooms, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies.
- Skilled nursing care provided in a skilled nursing facility (SNF) under certain conditions for a limited time.
- Hospice
  - Your hospice doctor and your regular doctor (if you have one) certify that you're terminally ill (with a life expectancy of 6 months or less).
  - You accept palliative care (for comfort) instead of care to cure your illness.
  - You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions.
- Home health care
  - A doctor must certify that you are home-bound and need intermittent skilled nursing care and/or physical therapy, speech therapy or occupational therapy.
  - Services must be received from a Medicare certified provider and under a plan of care provided by your doctor.

Medicare Part B

- The standard Medicare Part B monthly premium is $134 in 2017.
- If your income is above $85,000 (single) or $170,000 (married couple), then your Medicare Part B premium may be $187.50 per month.
- Unlike Part A, where enrollment is often automatic, you will need to enroll in Part B.
- There will be a late-enrollment penalty if you do not enroll in Medicare Part B during your designated enrollment period.
  - During **Initial Enrollment Period** when turn age 65, *and are already retired, or*
  - **Special Enrollment Period**, for those who retire after age 65.

Medicare Part B

In general Medicare Part B covers:

- **Medically necessary services:** Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice. Including:
  - Doctor's services
  - Clinical Laboratory services
  - Speech, physical and occupational therapy
  - Optometrist's non-routine vision care
  - X-rays
  - Durable medical equipment
  - Outpatient mental health services
- **Preventive care services:** Health care to prevent illness (like the flu) or detect it at an early stage

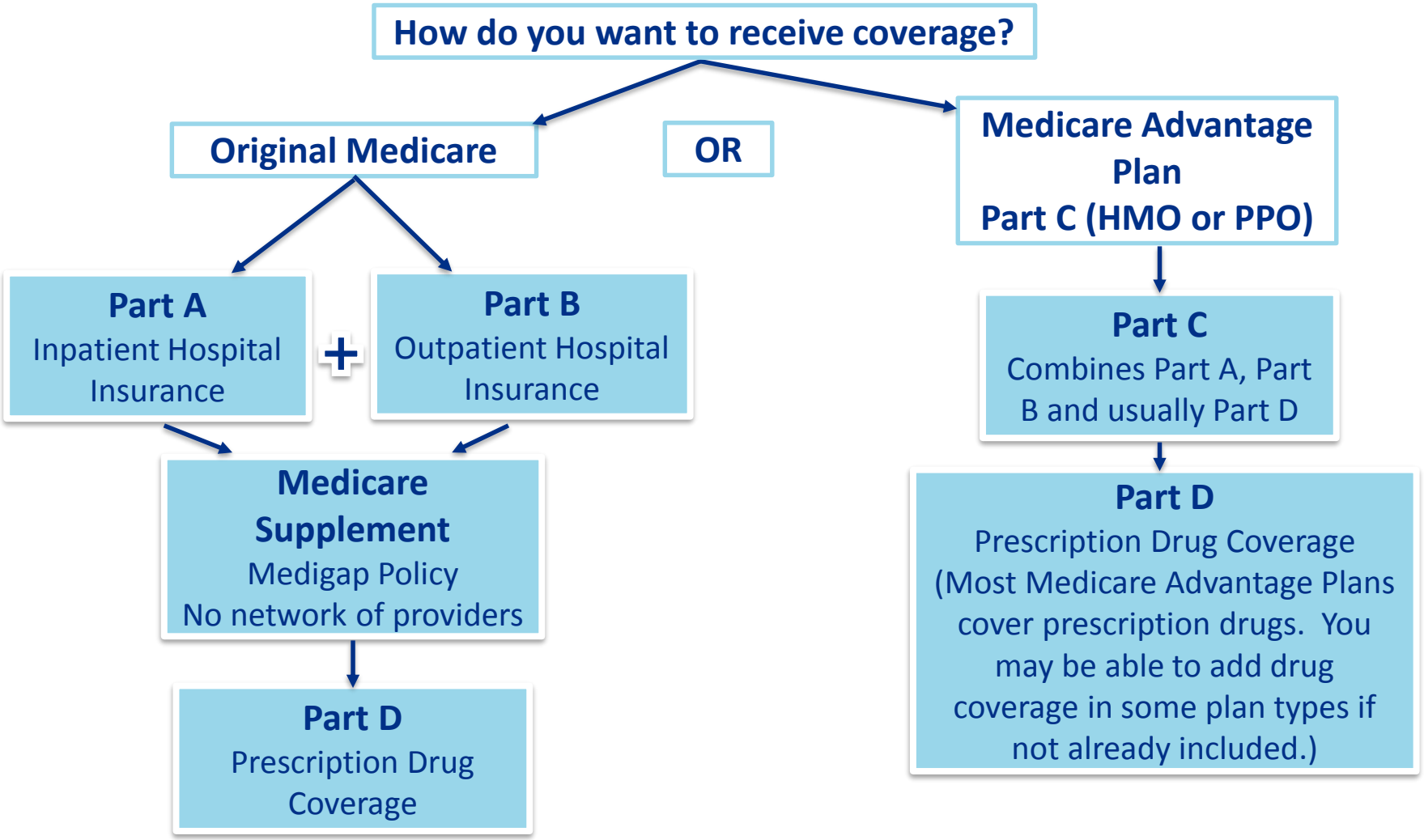
Medicare Part A and B doesn't cover

- Long-term care or custodial care
- Most dental care
- Eye glasses and examinations related to prescribing glasses
- Private duty nurses
- Private hospital room
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

Medicare Advantage, Supplement, Medigap… How does it work?

- Medicare Part A and Part B cover 80% of the cost of medical care.
- Retirees can enroll in a plan to cover the remaining 20%.
- According to Medicare regulations, upon initial enrollment retirees have the right to “guaranteed issue”:
  - Insurance companies may not make enrollment determinations or set premiums based on medical history (exceptions for ESRD).
  - This is a one time opportunity.
  - Retirees should consider their needs for the long term
- Medicare Advantage – Part C - Provide managed care and fee-for-service options through private insurers. May include prescription drug coverage also. This is similar to an HMO plan. Typically includes a network of providers which may be restrictive.
- Medigap or Medicare Supplement
  - Supplemental insurance issued by private insurance companies
  - Retirees may utilize any provider that accepts Medicare.
  - Multiple plan designs are offered
  - Plan designs and coverage is the same regardless of which insurance carrier you choose. For example, a Plan F is the same whether purchased from Aetna, Blue Cross, UnitedHealthcare.

Your Medicare Coverage Choices



You may not enroll in both a Medigap and a Medicare Advantage.

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Medicare Advantage Plan – Part C

- Managed care alternative with an associated HMO or PPO.
- Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans.
- These companies must follow rules set by Medicare.
- Each Medicare Advantage Plan can charge different out-of-pocket costs.
- Each plan can also have different rules for how you get services, like:
  - Whether you need a referral to see a specialist
  - If you have to go to doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care
  - The plans have a network of providers they must use except in an emergency situation
- Some plans may require a referral by a primary care physician to receive care from a specialist
- The drug benefits are typically included with the plan but you can't have prescription drug coverage through both a Medicare Advantage Plan and a Medicare Prescription Drug Plan.
- You cannot enroll in both a Medicare Advantage plan and a Medigap plan

What you pay in a Medicare Advantage Plan..

Your out-of-pocket costs in a Medicare Advantage Plan (Part C) depend on:

- Whether the plan charges a monthly premium.
- Whether the plan pays any of your monthly Medicare Part B (Medical Insurance) premium.
- Whether the plan has a yearly deductible or any additional deductibles.
- How much you pay for each visit or service (copayment or coinsurance).
  - For example, the plan may charge a copayment, like $10 or $20 every time you see a doctor. These amounts can be different than those under Original Medicare.
- The type of health care services you need and how often you get them.
- Whether you go to a doctor or supplier who accepts assignment (if you're in a PPO or HMO plan and you go out-of-network).
- Whether you follow the plan's rules, like using network providers.
- Whether you need extra benefits and if the plan charges for it.
- The plan's yearly limit on your out-of-pocket costs for all medical services.
- Each year, plans establish the amounts they charge for premiums, deductibles, and services. The plan (rather than Medicare) decides how much you pay for the covered services you get. What you pay the plan may change only once a year, on January 1.

Medicare Advantage Plan

- Premiums are usually lower but the cost to receive treatment is higher
- Typically a smaller network but some plans may offer national networks.
- Drug coverage is usually included with the plan
- Some plans may include vision, dental or hearing services with the cost of the coverage.

Benefit	Cost	2017
Premium	$0	
Network	HMO	
Deductible	$0	
Doctor Copay	$10	
Specialist Copay	$35	
Hospital	Days 1 - 7 $225 per day	
Emergency Room	$75	
Rx – Deductible	$0	
Retail Co-Pay Tiers	$4 / $8 / $45 / $95 / 33%	30 days
Mail Order Co-Pay Tiers	$12 / $24 / $135 / $285 / 33%	90 days

Medigap or Supplement Insurance

- A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.
- Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs and your Medigap policy pays its share.
- A Medigap policy is different from a Medicare Advantage Plan.
- Medicare Advantage plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.

Medigap policies are standardized

- Every Medigap policy must follow federal and state laws designed to protect you, and it must be clearly identified as "Medicare Supplement Insurance."
- Insurance companies can sell you only a "standardized" policy identified in most states by letters.
- All policies offer the same basic benefits but some offer additional benefits, so you can choose which one meets your needs.
- Each insurance company decides which Medigap policies it wants to sell, although state laws might affect which ones they offer.
- The monthly premiums are based on gender, age and nicotine usage.
- You have a one time guaranteed issue period upon leaving the group plan so consider your long term needs.
- If you want to change to a different plan in the future, depending on the circumstances, you may need to go through an underwriting process.
- Insurance companies that sell Medigap policies:
  - Don't have to offer every Medigap plan
  - Must offer Medigap Plan A if they offer any Medigap policy
  - Must also offer Plan C or Plan F if they offer any plan

Medigap side by side comparison

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes***
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled nursing facility care coinsurance	No	No	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A deductible	No	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B deductible	No	No	Yes	No	Yes	No	No	No	No	No
Part B excess charge	No	No	No	No	Yes	Yes	No	No	No	No
Foreign travel exchange (up to plan limits)	No	No	80%	80%	80%	80%	No	No	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	$5,120	$2,560	N/A	N/A

The chart shows basic information about the benefit coverage for Medigap plans.

Yes=the plan covers 100% of this benefit

No=the policy doesn't cover that benefit

%=the plan covers that percentage of this benefit

N/A=not applicable

Medigap Plan F + Prescription Drug Plan (75-year old male)

Benefit	Cost	2017
Premium	$253 ($220 Medical + $33 PDP)	
Network	Not Applicable	
Deductible	$0	
Doctor Copay	$0	
Specialist Copay	$0	
Hospital	$0	
Emergency Room	$0	
Rx – Deductible	$0	
Retail Co-Pay Tiers	$0 / $0 / $24 / $35% / 33%	30 days
Mail Order Co-Pay Tiers	$0 / $0 / $60 / $35% /33%	90 days

Medicare Part D - overview

- You do not need Part D if you enroll in a Medicare Advantage Plan that includes prescription drug coverage.
- There are a variety of plan designs available. The best plan for a retiree depends on the prescriptions the retiree utilizes and the plan's formulary.
- More details in Part II.

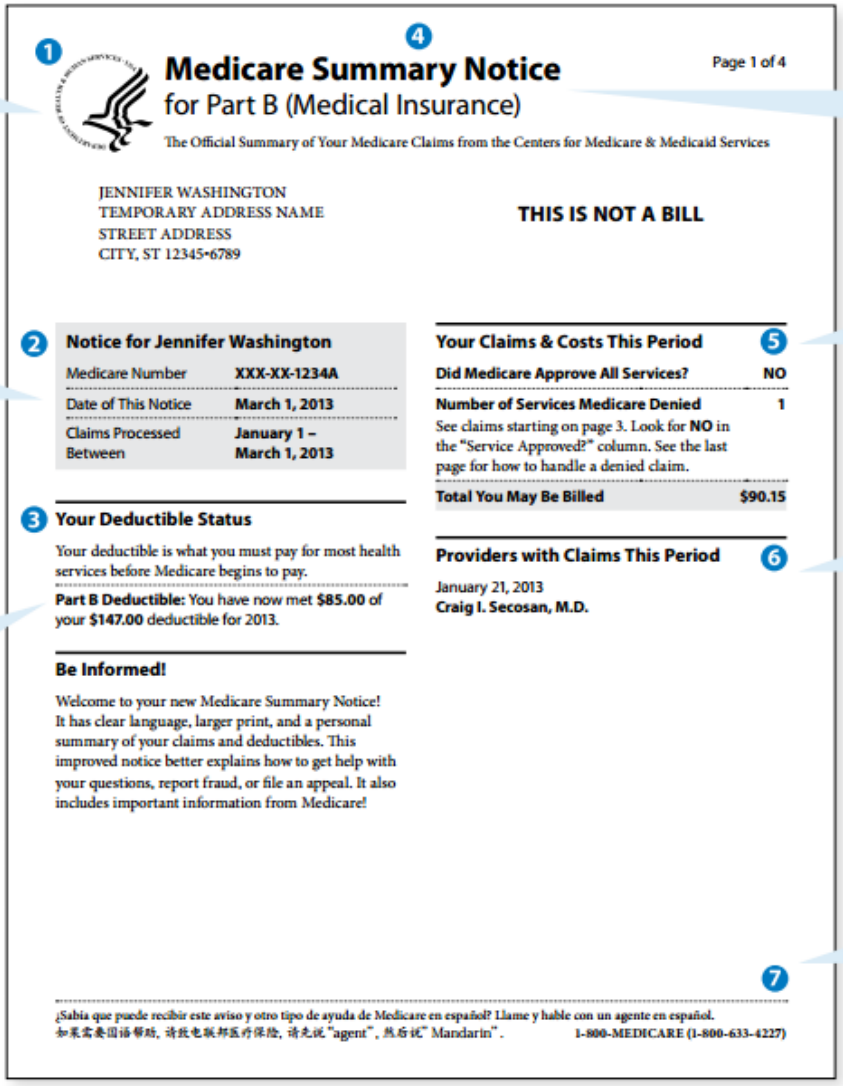
Deductible	• **You pay Full Retail Until Deductible is Met – $0-$320**
Initial Coverage	• **You pay Co-pays for your plan coverage for the first $3,700 in actual retail cost of medications**
Coverage Gap	• **You pay 40% of Brand Name and 51% of Generics - until your Out Of Pocket Costs + Prescription Plan Costs reach $4,950**
Catastrophic Coverage	• **You pay a small copay (e.g. $3.30 for Generics and $8.25 for Brand Name), or 5% - whichever is greater**

Medicare Summary Notices

❶ DHHS Logo
The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

❷ Your Information
Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

❸ Your Deductible Info
You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!



❶ ❹ **Medicare Summary Notice**
for Part B (Medical Insurance)

Page 1 of 4

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

❷ **Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	March 1, 2013
Claims Processed Between	January 1 – March 1, 2013

❸ **Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **$85.00** of your **$147.00** deductible for 2013.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

❺ **Your Claims & Costs This Period**

Did Medicare Approve All Services?	**NO**
Number of Services Medicare Denied	**1**
See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the last page for how to handle a denied claim.	
Total You May Be Billed	**$90.15**

❻ **Providers with Claims This Period**

January 21, 2013
Craig I. Secosan, M.D.

❼

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要国语帮助，请拨电联邦医疗保险，请先说"agent"，然后说"Mandarin"。 1-800-MEDICARE (1-800-633-4227)

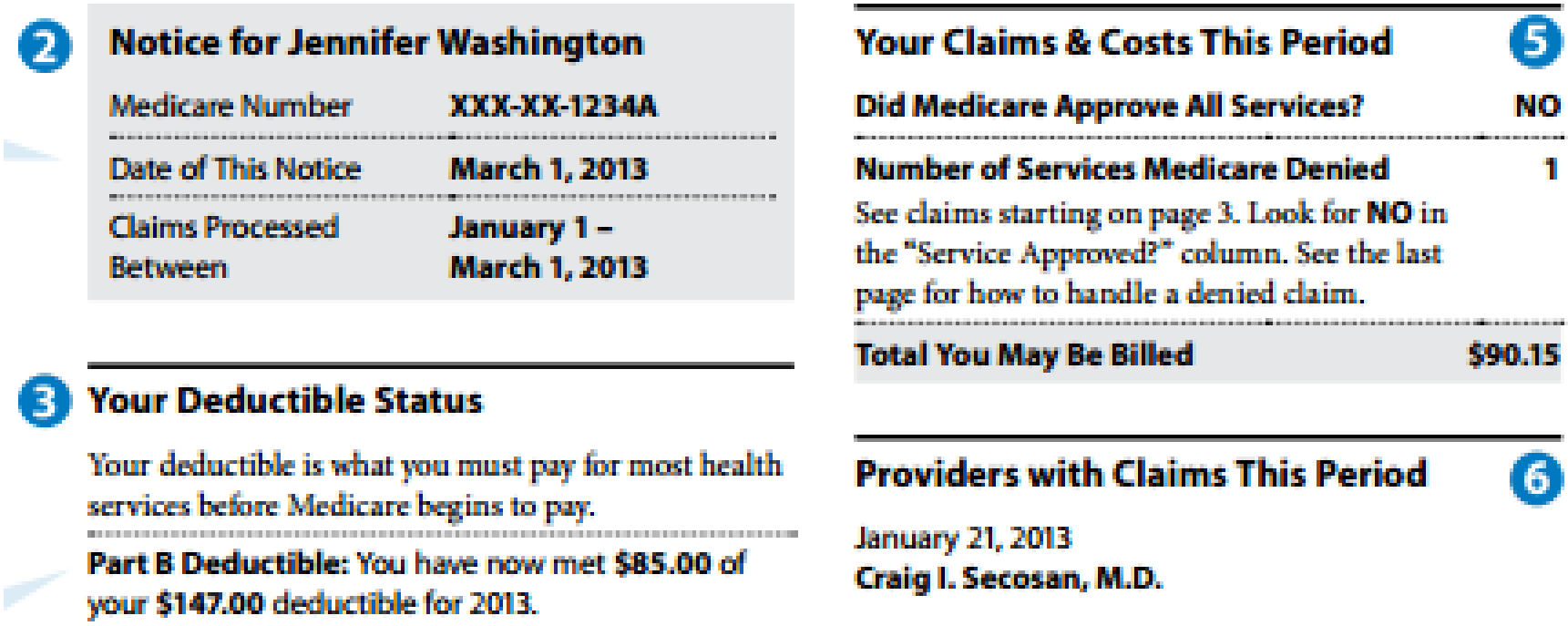
❹ Title of your MSN
The title at the top of the page is larger and bold.

❺ Total You May Be Billed
A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

❻ Providers You Saw
Check the list of dates and the doctors you saw during this claim period.

❼ Help in Your Language
For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

Medicare Summary Notices



2 Notice for Jennifer Washington

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Claims Processed Between	January 1 – March 1, 2013

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6 Providers with Claims This Period

January 21, 2013
Craig I. Secosan, M.D.

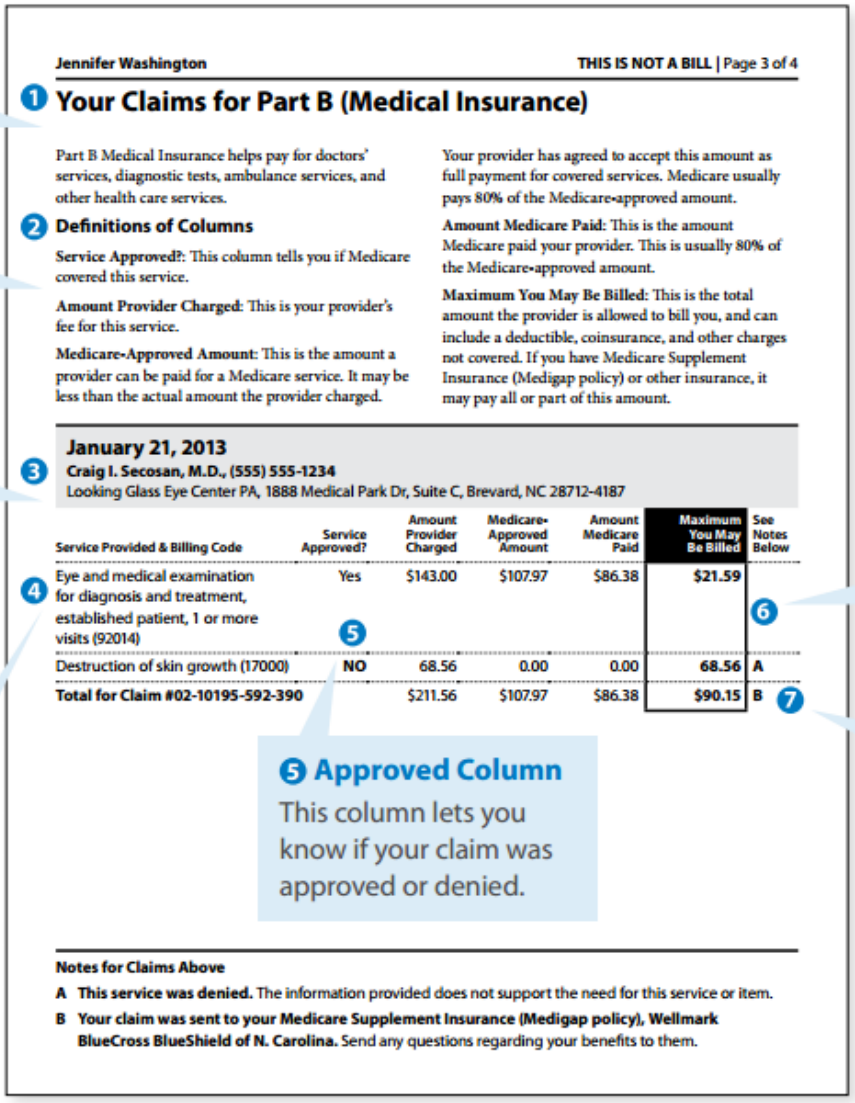
Medicare Summary Notices

1 Type of Claim
Claims can either be assigned or unassigned.

2 Definitions
Don't know what some of the words on your MSN mean? Read the definitions to find out more.

3 Your Visit
This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Service Descriptions
User-friendly service descriptions will make it easier for you to know what you were treated for.



Jennifer Washington — THIS IS NOT A BILL | Page 3 of 4

1 Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

2 Definitions of Columns

Service Approved?: This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

3 January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
4 Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	$143.00	$107.97	$86.38	**$21.59**	
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	**68.56**	A
Total for Claim #02-10195-592-390		$211.56	$107.97	$86.38	**$90.15**	B

5 6 7

Notes for Claims Above

A This service was denied. The information provided does not support the need for this service or item.

B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

5 Approved Column
This column lets you know if your claim was approved or denied.

6 Max You May Be Billed
This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

7 Notes
Refer to the bottom of the page for explanations of the services you got.

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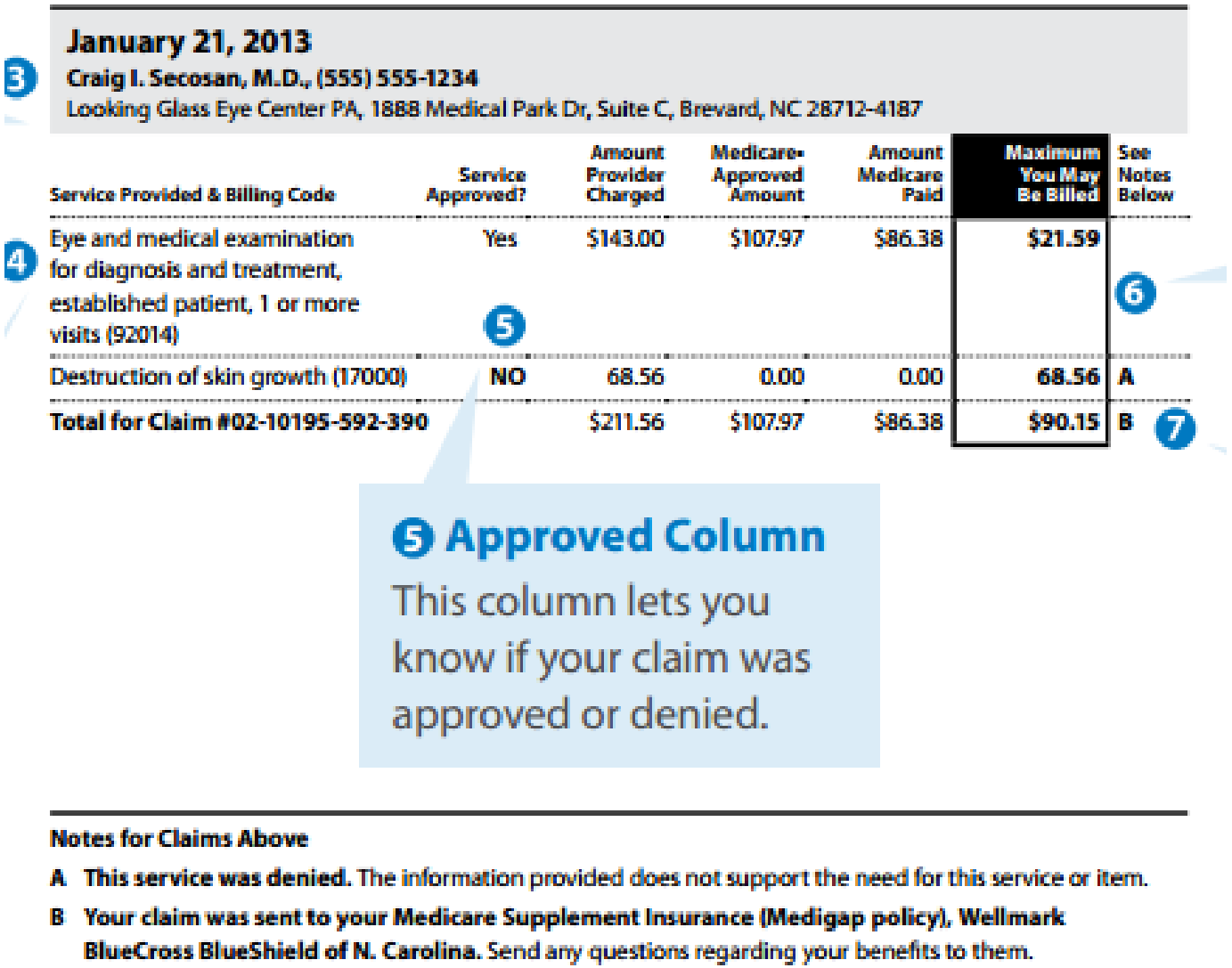
Medicare Summary Notices



January 21, 2013

Craig I. Secosan, M.D., (555) 555-1234

Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

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OneExchange – Age-in Process

- Current and future retirees who are not Medicare eligible now will "age into" the plan.
- OneExchange sends a letter to the retiree (or spouse) 6 months prior to the retiree's (spouse's) 65th birthday encouraging the retiree to make a telephone appointment with a Benefit Advisor.
- OneExchange will send an enrollment guide 3 months prior to 65th birthday.
- The retiree is eligible for the OneExchange program the first day of the month following a full month after he/she turn 65.
- This allows enough time to enroll in Medicare and select a plan through OneExchange.
- Example: Mr. Retiree turns 65 on 2/14/17. He is eligible for the OneExchange plan effective 4/1/17. The group coverage through Fermilab ends on 3/31/17.

Frequently Asked Questions

- **What happens if I move?**
  - Contact One Exchange to verify the impact to your coverage.
  - If your plan does not have coverage in your new area you will have the opportunity to change plans. You need to work with One Exchange at the time of your move.
- **If plan designs are the same regardless of the insurance carrier offering it, why do carriers charge different amounts for an identical plan?**
  - Annually each carrier files their plans and proposed premiums with the Department of Insurance for each state in which they operate.
  - Insurance carriers don't have insight into their competition's pricing until after all of the carriers filed with each state Department of Insurance.
  - Insurance carriers charge the price they project they need to charge for each plan design including their overhead costs and profit margin.

Frequently Asked Questions

- **Do these plans cover me if I travel internationally?**
  - Medicare does not have international coverage. Consider purchasing a travel policy.
  - Some Medigap plans cover internationally on an emergency basis
  - Contact OneExchange with more specific questions.
- **Do these plans cover me if I travel domestically?**
  - If depends on the plan you chose and the service. If the service meets the definition of emergency then it's covered regardless of the type of plan you have selected.
  - Medigap/Medicare Supplemental plans offer more flexibility when traveling domestically. There is no network of providers associated with these plans.
- **What if I want to change plans mid year?**
  - There is no option to change plans mid year unless you have moved, or your insurance carrier has dropped coverage.
- **Is there an open enrollment where I can change plans?**
  - Open Enrollment is October 1 – December 31 of each year

Contact information

One Exchange at 1-855-241-5721

Benefits Office
Our hours are M-F 8:30 a.m. – 5 p.m. Please contact us by phone or email to make an appointment.

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Questions & Answers