



Extend Health—Frequently Asked Questions About Your Health Benefits

The General Board of Pension and Health Benefits (General Board) is partnering with Extend Health to offer Medicare-eligible participants and spouses more choices for their health care coverage.

Extend Health has worked with hundreds of thousands of retirees and people eligible for Medicare due to disability. Extend Health is committed to helping individuals like you understand your options for Medicare supplemental health coverage and choose the plans that work best for you. Because Extend Health has helped so many individuals through the Medicare plan enrollment process, they can anticipate many of the questions you may have now, as you prepare to move from your HealthFlex Medicare companion plan to a plan offered through Extend Health.

These frequently asked questions (FAQs) address common concerns. If you have additional questions after reading this, please visit the Extend Health website at www.extendhealth.com/gbophb or call 1-866-249-7785.

Q: What is Extend Health?

A: Extend Health is a company focused on linking Medicare-eligible participants with Medicare supplemental plans. Extend Health was founded in 2004 specifically to serve Medicare-eligible participants and their employer sponsors.

Q: How do I ensure that I can continue seeing my current doctor(s)?

A: The General Board and Extend Health understand the importance of being able to continue seeing your current doctor(s). It's a good idea to talk with your doctor's office prior to contacting Extend Health, so you know in advance which insurance company plans the doctor accepts. This will make your call with the Extend Health lifetime benefit advisor (LBA) more efficient and will help your transition to Extend Health go more smoothly.

Please be prepared to give Extend Health the following information about all your doctors:

- Physician name (and practice name, if there is one)
- Address
- Telephone number

You can provide this information when you speak with the benefit advisor this fall. Better yet, you can provide the information directly through the Extend Health website, using a special login to your personal account. This information remains secured and private. (Details about logging into the website and other important information can be found in the *Getting Started Guide* and *Enrollment Guide*. You may have received these guides recently or should receive them soon from Extend Health.)

Q. Can I continue using my same insurance company (carrier)?

A: In many cases, yes. However, please keep in mind that changing to another insurance company (carrier) may be a good option for you. Although we understand the importance of remaining with an insurance carrier you know and trust, we also know that employer-sponsored health plans (what you currently have through HealthFlex) may work differently than individual health plans (what you're moving to)—even with the same insurance carrier.

When comparing different options available through Extend Health, some participants find that their current insurance carrier does not offer a plan that is tailored to their specific needs. Extend Health will help you compare your current insurance carrier with other carriers, so you can choose the option that is best for your needs. The plan that is best for your needs might be with your current insurance carrier—or it might be with a different insurance carrier. We encourage you to be open-minded when comparing plan options—you may be surprised what you find!

Q: Will my current health status or past medical history affect plan options available to me? Will these affect my rates (costs)?

A: No. Because you are changing from employer-based health coverage to individual coverage, there are no restrictions placed on coverage options available to you. You also cannot be charged more because of your health status or medical history.

Q: Will I lose my Medicare coverage?

A: You will not lose Medicare coverage. However, how Medicare works for you may change, depending on the type of plan you select through Extend Health.

Medicare Advantage plans are administered by private insurance companies that are a part of the Medicare program. If you select and enroll in a Medicare Advantage plan, the plan will cover all of your Medicare benefits.

Medigap (or Medicare Supplement) plans work in tandem with Medicare. With these plans, Medicare continues to be the primary payer of medical expenses. Then the Medigap plan pays for expenses not covered by Medicare.

You must be enrolled in Medicare Parts A and B in order to qualify and enroll in a Medicare Advantage or Supplement plan.

Q: Do I need to keep paying my Medicare Part B premium?

A: Yes. In order to qualify for a Medigap or Medicare Advantage plan, beneficiaries must be enrolled in and continue to pay for Medicare Part B.

Q: What can I expect to pay for my new plan?

A: What you will pay depends on the type of plan that you select. Extend Health's research shows that many people will continue to pay about the same as they have been paying under group coverage with their former employer. But some may pay more and others may pay less. The type of plan you choose will dictate the amount you pay. As a general rule, Medicare Advantage plans tend to have lower premiums but require co-payments for services. Medigap plans tend to have higher premiums with low or no co-payments for services. During the enrollment season your Extend Health benefit advisor will work with you to understand the costs—and benefits—of the different coverage options available to you.

Q: Will I have to pay for my new health plan when I enroll?

A: Yes. When you enroll in a new plan, you will need to begin making premium payments to the insurance company in order to maintain your coverage. Some insurance companies may require the first month's premium payment during the application process. In this case, you should expect to make a payment within a few days of your enrollment. This may mean paying your first month's premium as early as October. However, you may submit the premium expense against the funds available in your health reimbursement account (HRA), if provided by your plan sponsor, as of January 1.

Please have your billing information ready when you make your enrollment call to Extend Health. Most insurance companies give you several billing options for ongoing payments: direct billing, electronic funds transfer (EFT) from your checking account or automatic deduction from your Social Security check.

Q: Will my plan sponsor provide any assistance in the cost of the insurance plan I select?

A: In most cases, yes. The majority of plan sponsors are providing funds for their eligible participants through a health reimbursement account (HRA). Please check with your plan sponsor to find out the eligibility and possible funding amounts provided.

Q: What is an HRA?

A: A health reimbursement account (HRA, also called a health reimbursement arrangement) is a tax-advantaged account used to reimburse you for eligible expenses. The HRA is funded by your plan sponsor, and may be used to pay for eligible out-of-pocket health-related expenses including premiums, co-payments, co-insurance, dental care, vision care including glasses or contact lenses, prescription medications, and other expenses that are eligible under flexible spending account (FSA) guidelines, as determined by the Internal Revenue Service (IRS).

Q: Who administers the HRA

A: The HRA is administered by Extend Health through a partnership with PayFlex.

Q: What happens to my spouse's HRA funding if I die?

A: If your spouse has also obtained a Medicare plan through Extend Health, the HRA account will be a joint account for you and your spouse. Any funds left in your account will be available to your spouse for his or her use while he or she is alive.

Q: If I don't like my new plan, can I switch next year?

A: In many cases, yes. Many plans offer the ability to make changes during the annual enrollment period in subsequent years after your initial enrollment.

Q: When will I be able to see the plan options and costs?

A: The federal government approves all the benefits and rates for the upcoming calendar year by October. The *Enrollment Guide* you receive from Extend Health will contain the designated time period when you will be able to evaluate and enroll in a health care plan. Additionally, you can access Extend Health's dedicated website at www.extendhealth.com/gbophb to review plan options after you receive your *Enrollment Guide*.

Q: Can I choose dental insurance through Extend Health?

A: Yes. Dental insurance plans offered by Delta Dental and Humana are available through Extend Health. These plans span a wide range of services. The Delta plan is available nationwide, while the Humana plan is currently available in all but the following states: Hawaii, Maine, Montana, Oregon and Vermont. Learn more about plan features by contacting an Extend Health benefit advisor or on the Extend Health website.

Q: Can I choose vision insurance through Extend Health?

A: Yes. The vision insurance option available through Extend Health offers immediate access to premium vision coverage—including annual eye exams, prescription eyewear and more—from the nation’s largest eye care provider: VSP Vision Care. You will have access to a nationwide network of 22,000 community-based independent eye doctors. VSP offers affordable service, cost savings and a wide range of eyewear choices. Learn more about plan features by contacting an Extend Health benefit advisor, or via the Extend Health website.

Q: Will Extend Health be available to assist me if necessary throughout the year?

A: Yes. You may continue to work with Extend Health after your enrollment and throughout the plan year to receive assistance with your health insurance needs. Contact Extend Health online at www.extendhealth.com/gbophb or by calling 1-866-249-7785.

Q: Will my new plan be as good as my current plan?

A: We hope it will be as good or even better. Extend Health works with top national and regional health insurance carriers to ensure that you will have quality plan options available to you. You may even find that you like your new plan more than your current plan, because you will have the opportunity through Extend Health to choose a plan that best suits *your* needs, instead of relying on the plan selected by your plan sponsor.

However, keep in mind that your individual Medicare plan will work differently than the employer-based group health insurance plan you’re used to.

Q: Are prescription drugs included in the coverage?

A: Prescription drugs are often included only with a *Medicare Advantage plan*. Depending on the Medicare Advantage plan, you may need to purchase a Medicare Part D plan also.

However, if you purchase a *Medicare supplement plan*, you would have to purchase a Medicare Part D prescription drug plan separately to obtain coverage for prescription drugs.

Q: Can I switch prescription drug plans during the year?

A: No, you cannot switch plans during the year. You can only switch during Medicare open enrollment (typically November and December of each year).

Q: What happens if I am married to a person who is not eligible for Medicare?

A: You would select a Medicare supplemental plan through Extend Health and your spouse who is not Medicare-eligible may remain on the “active” coverage he or she has.

Q: How will my insurance be paid for with Extend Health?

A: Once you enroll in a health plan or plans, you will pay premiums directly to the insurance carrier. For example, if you choose Aetna for medical insurance, you will be responsible for paying your premiums directly to Aetna.

Q: May I have my premium deducted from my pension check?

A: No. Premiums for the insurance plan you select will need to be paid directly to the insurance carrier. Beginning, January 1, 2013, any monies you currently have deducted from your pension check to pay your required contribution amount with your plan sponsor will no longer be deducted.



1-866-249-7785
Toll-free number

www.extendhealth.com/gbophb
Website