



Help you can
count on

University of Maine System

Aon
Retiree
Health
Exchange™



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Welcome

- Fred Meserve, Employee Benefits and Wellness Manager, University of Maine System
- David Rew, Domain Consultant, Aon Retiree Health Exchange™

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I would like to thank everyone for coming to this informational webinar pertaining to UMS's partnership with AON in offering our retirees future health care coverage options.

A recording of this PowerPoint presentation is available to view on myexchangeconnection.com/universityofmainesystem.



Why We're Here Today

The goals of our meeting today are to provide you with:

- a summary of health coverage changes in 2021 for retirees and spouses who are Medicare-eligible
- an overview of upcoming communications, resources and key steps
- a forum to answer your questions

[Learn](#) [Prepare](#) [Enroll](#)

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Today, we're excited to share with you important information about changes to your health care coverage- coverage that will become effective Jan 1, 2021.

We recognize that your health coverage is important to you. And our priority is providing you with the information and resources you need to make informed decisions that best meet your individual needs, so you can learn, prepare, and enroll in your 2021 health coverage with confidence.

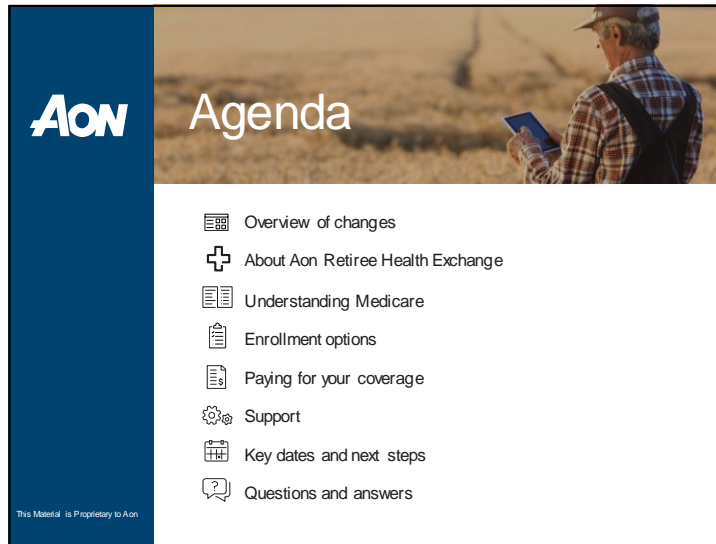
In the communications that were sent out in August, with information on how your health coverage is changing for Jan 1, 2021. If you did not receive a Transition Guide mailed to your home address, please see one of the Aon Retiree Health Exchange representatives after the meeting so that we can ensure you receive one.

Today, we would like to build on the information in the Transition Guide to:

- Give you a summary of what's changing and share more details about how you and your Medicare-eligible dependents can choose health benefits for 2021--today's discussion focuses on retirees and dependents who are Medicare-eligible. And we'll provide an overview of key communications, resources, and next steps so you can learn more, get help and take action.









We know there will be a lot of information shared with you today so as you think of questions, please write them down.

As mentioned before, after we walk through the materials today, you'll have a chance to ask your questions at the end of the presentation.

The slide features the Aon logo in white on a dark blue vertical bar on the left. The word "Agenda" is written in a large, white, sans-serif font at the top right. Below the title, a list of eight items is presented, each with a small icon and a text label. The background of the right side of the slide shows a man in a plaid shirt and a cap, seen from the back, holding a tablet and looking out over a vast, dry, cracked landscape under a hazy sky. A small line of text at the bottom left of the blue bar reads "This Material is Proprietary to Aon".

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Agenda

-  Overview of changes
-  About Aon Retiree Health Exchange
-  Understanding Medicare
-  Enrollment options
-  Paying for your coverage
-  Support
-  Key dates and next steps
-  Questions and answers

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For Today's agenda we will be discussing:

Overview of changes

About Aon Retiree Health Exchange

Understanding Medicare

Enrollment options

Paying for your coverage

Support

Key dates and next steps

Questions and answers



Why are things changing?

Understanding the reasons behind the change



Current plans:

- Increasing cost
- Limited options/plan flexibility



New plan options:

- Reduced costs
- More choice
- Greater flexibility

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The University of Maine System routinely reviews its group health plans in comparison to health insurance options available to retirees in the individual market.

Because of rising group premium rates, we've found shifting from group coverage to individual plans will benefit our retirees

Competition among insurers in the Medicare Health Exchange means that plans are competitively priced, and you may pay less for comparable or greater coverage based on the plan you select.

You get a plan designed to fit your medical needs, not just a one-size fits all plan. Through the exchange, you can elect the plan that works best for you and your individual medical needs.

You can also select a policy for yourself and a different policy for your spouse.

The bottom line is that the University of Maine System seeks to provide its retirees with greater choice & flexibility and access to a wide variety of health plans at the lowest possible price.



Transitioning to individual Medicare plans

In 2021, you'll enroll in your health coverage in a new way

2020

UMS-sponsored group plan

2021

Individual Medicare plans purchased
through Aon Retiree HealthExchange

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In 2020, we currently have a UMS sponsored group health plan, the Aetna Medicare Advantage plan. In 2021, we are transitioning to individual Medicare plans purchased through the AON Retiree Health Exchange.



Transitioning to a Health Reimbursement Account

In 2021, UMS will provide financial support through a Health Reimbursement Account (HRA)

2020

UMS pays a portion of the monthly premium for your coverage

2021

UMS provides funding into an HRA

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In 2020, UMS pays a portion of the monthly premium for your medical coverage. In 2021, UMS will provide financial support through a Health Reimbursement Account (HRA).



Health Reimbursement Account (HRA)

Annual Contribution

On 1/1/2021, UMS will deposit an annual dollar amount into a Health Reimbursement Account (HRA)

| | |
|---------|----------------------------|
| Retiree | \$2100 annual contribution |
| Spouse | \$800 annual contribution |

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On 1/1/2021, UMS will deposit an annual dollar amount into a Health Reimbursement Account (HRA). That amount is \$2100.00 for Retirees and \$800.00 for spouses or Medicare eligible dependents.



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Introducing Aon Retiree Health Exchange

Retiree-focused solutions

-  Aon has more than 20,000 clients served, through 15,000 professionals, in more than 50 countries around the world
-  Over 600,000 retirees enrolled
-  Offers a broad range of health, prescription drug, dental and vision coverage options
-  Provides tools and support to help you learn, prepare and enroll in a Medicare plan(s)
-  Recommended** by  **ncoa**
National Council on Aging

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Welcome, my name is David Rew from Aon

Aon is a multi-billion-dollar corporation with headquarters in London that provides Risk, Retirement, and Health consulting. Aon has approximately 500 offices worldwide serving 120 countries with over 50,000 employees.

Aon was founded in 1982 when Ryan Insurance Group merged with the Combined Insurance Company of America. In 1987 that company was renamed Aon, a Gaelic word meaning one.

Aon Retiree Health Solutions headquarters are located in Lincolnshire IL with satellite offices located throughout the US.


We have been offering the Exchange to over 600,000 retirees and their families since 2010. We'll take the time to get to know you, understand your healthcare needs, and select plans that will best match your specific needs.

Also, The National Council on Aging recommends Aon Retiree Health Solutions because we meet or exceed NCOA's Standards of Excellence for Medicare brokerage services.

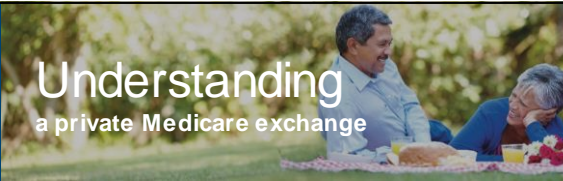
We are a leading Exchange provider, positioned to help you understand the transition and guide you through the process.

In order to support you in selecting your new medical insurance, UMS has decided to use a private exchange. Aon Retiree Health Solutions provides you with the benefits of a private exchange plus customer service to help you along the way.

UMS realizes that a change like this is very complex and can feel overwhelming for some individuals. It was important to UMS to ensure that retirees would have a strong level of assistance and support to guide them through this change.

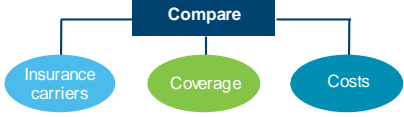


Understanding a private Medicare exchange



We are a private Medicare insurance exchange that allows you to:

- Get access to online tools, information and resources to help you make decisions about the coverage you need
- Compare coverage, insurance carriers and costs
- Get personalized, one-on-one support
- Choose the coverage option that best meets your needs
- Free service



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The Aon Retiree Health Exchange is a private Medicare exchange. Think of a Private Exchange as a marketplace that helps you shop for and purchase individual health insurance plans that are in addition to your Medicare coverage.

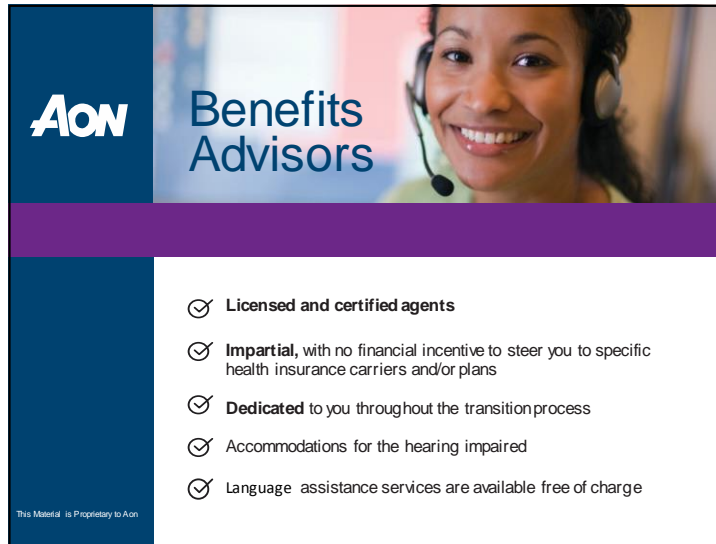
A Private Medicare Exchange provides you with more options, offered by more insurance companies, than what the current University of Maine System Retiree Medical plan can offer. You will be able to compare coverage, carriers, and price to select the health insurance that best meets your individual needs.

Policies are offered by names you will know, United HealthCare, Humana and Blue Cross Blue Shield, etc.,. In fact, you and your spouse or partner can even select different plans.

The plans offered thru the Exchange are the exact same plans you get directly thru the insurance company..same premium and benefits

You will get personalized one on one support from a Benefits Advisor. They are your advocate and will help you thru the transition

This is a free service to you



Let's talk about the Benefits Advisor because your Benefits Advisor is truly the most important person to you throughout this transition.

Our Benefits Advisors are all located within the United States.

Our Benefits Advisors are licensed, certified and trained to offer Medicare related products in the states that they represent and they are all salaried employees.

This means they have no financial incentive to enroll you in one plan through one carrier versus another plan through another carrier. Their main objective is to help you determine what are the right plans for you based upon your specific needs.

This also means that the decisions about your health insurance coverage are yours to make with the focused guidance of your benefits advisor.

You will be assigned a dedicated Benefits Advisor to support you through every step of the process. The AON Retiree Health Exchange is dedicated to you beyond enrollment. Remember, we will be your first point of contact going forward.

We also have a TTY line for the hearing impaired and a language line for those that prefer to speak in a language other than English.



Aon Learn and prepare

Overview of what to expect

| | |
|---|--|
| <p>Review information and booklet mailed to you (HRA details included)</p> <p>Confirm your telephone appointment online or call us (POA's included)</p> | <p>Prepare for your pre-scheduled phone appointment</p> <ul style="list-style-type: none"> • Review your Medicare Insurance Guide • Confirm your online account details • Add medications and providers • Get plan recommendations • Compare plans and add them to your cart • Get plan recommendations |
|---|--|

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Let's discuss some of the things that'll help you get prepared to enroll in coverage. Please read through the Transition guide when you receive it. This tells you the basic information about your health care choices for 2021. The Approaching Medicare Guide with Confidence and Appointment Letter mail in late September. This letter will include a specific date and time for you to talk to a Benefits Advisor.

It's extremely important that you confirm your appointment or reschedule to a time that better fits your schedule. You can do this by calling or going online to our website.

If you call to confirm your appointment, you will be speaking to one of our Benefits Support Staff who are only there to assist you in confirming your appointment. They will not have plan specific information. Your Benefits Advisor will provide this information for you during your appointment.

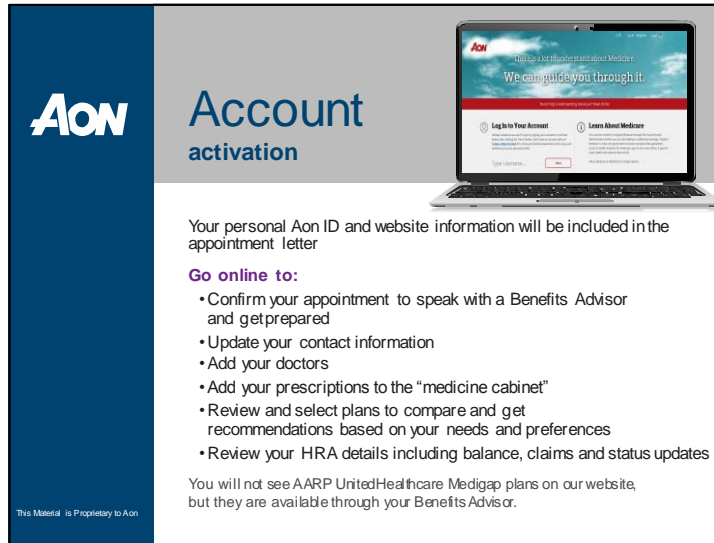
If you have a family member or friend you'd like to assist you through the process, make sure to schedule the appointment at a time that works for all of you and your Benefits Advisor can do a three way call if they live in a different location.

If you hold Power of Attorney for healthcare for someone or someone is your Power of Attorney for health care, that person can choose a plan and complete the enrollment for you. We will not ask you for that POA documentation, however the Carrier or Centers for Medicare & Medicaid Service may ask you for that documentation.

The Approaching Medicare with Confidence guide also includes a Basics of Medicare Guide, and will tell you what information you should have handy when it's time for your telephone appointment:

- Things like your Medicare card,
- a list of your doctors,
- And, a list of your medications (this can be entered online prior to your appointment) We'll talk about this on the next few slides

Keep in mind, the Approaching Medicare with Confidence will not include plan information in your area. However, either your Benefits Advisor will provide this information or you may visit our website once you activate your account.



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Account activation

Your personal Aon ID and website information will be included in the appointment letter

Go online to:

- Confirm your appointment to speak with a Benefits Advisor and get prepared
- Update your contact information
- Add your doctors
- Add your prescriptions to the "medicine cabinet"
- Review and select plans to compare and get recommendations based on your needs and preferences
- Review your HRA details including balance, claims and status updates

You will not see AARP UnitedHealthcare Medigap plans on our website, but they are available through your Benefits Advisor.

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Now we want to talk about the Aon Retiree Health Exchange website, but we want to make sure you understand that you don't need a computer to work with the Aon Retiree Health Exchange. Everything can be done over the phone and you can receive all materials, including plan information, via the mail. This information will be provided for you in the Education Kit.

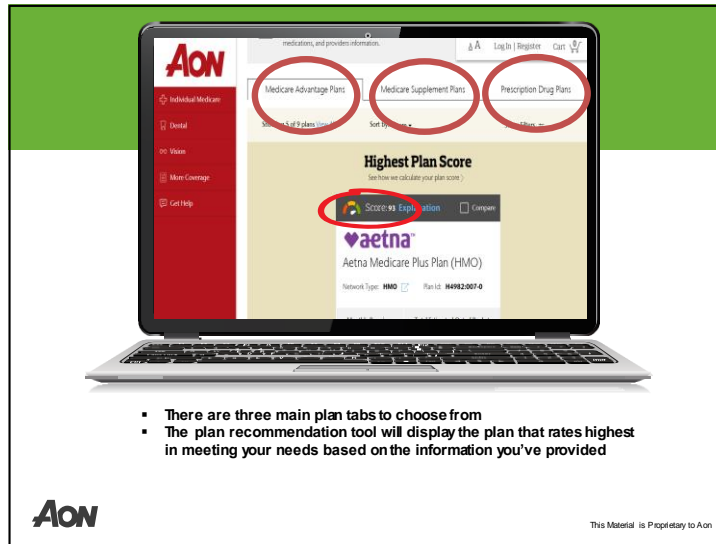
On our website you can:

1. Update your contact information
2. Add your doctor information to the tool
3. Add your prescriptions—there is a section you can fill out called the Medicine Cabinet with the current prescriptions you use. This will help your Benefits Advisor find a prescription plan that is the best fit for you.
4. You will also be able to review and compare plans in your area and add selected plans to your "cart". Or you may choose to enroll yourself into your selected plan.
5. Review Medicare related topics through our guided education process.
6. After Plan effective date review your RHRA details including balance, claims and status updates

If you choose to enroll independently, you will need to call and cancel your scheduled appointment with your Benefits Advisor. Keep in mind we are always a phone call away to answer any of your questions.

PLEASE NOTE: YOU ARE NOT ABLE TO SEE AARP UNDERWRITTEN BY UHC MEDIGAP PLANS ON OUR WEBSITE DUE TO CONTRACTUAL OBLIGATIONS. YOU WILL SEE A BANNER ADVISING YOU TO CALL US FOR THEIR PLAN INFORMATION OR SIMPLY WAIT FOR YOUR APPOINTMENT WITH YOUR BENEFITS ADVISOR.

There is a plan recommendation tool to help you choose the right plans for your needs.



- There are three main plan tabs to choose from
- The plan recommendation tool will display the plan that rates highest in meeting your needs based on the information you've provided

- There are three main plan tabs to choose from
 - Medicare Advantage tab
 - Medicare Supplement tab
 - Prescription Drug Tab
- The plan recommendation tool will display the plan that rates highest in meeting your needs based on the information you've provided

Screen: Explanation

aetna
Aetna Medicare Plus Plan (HMO)

Network Type: HMO Plan ID: H4982.007.0

| Monthly Premium | Total Estimated Out-of-Pocket |
|-----------------|-------------------------------|
| \$0.00 | \$0 - \$224 |

Are you an individual in network? Are you a Medicare member?

Benefits:
Medical: \$0
Prescriptions: \$0
Max Out of Pocket: \$4,000

Copay/Co Insurance:
Primary Care Visit: \$0
Specialist Visit: \$0
Prescriptions: See Details
Hospital: Explanation

Additional Benefits: ☒ Dental ☒ Hearing ☒ Vision

[View Plan Details](#) [Add Plan to Cart](#) [View Plan](#)

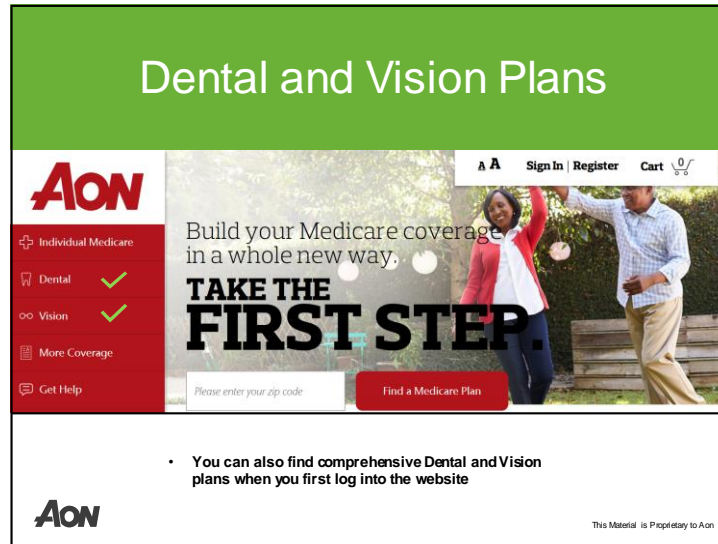
- Select “Compare” to compare up to 3 plans side by side
- Click “View Plan Details” to see the summary of benefits
- Click “Add Plan to Cart” to save and to enroll

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- Select “Compare” to compare up to 3 plans side by side
- Click “View Plan Details” to see the summary of benefits
- Click “Add Plan to Cart” to save and to enroll

Dental and Vision Plans



We also have comprehensive dental and vision plans, both individual and family, available to you.

Offered by the following carriers:

Dental Plans

Humana

Cigna

Metlife

Delta Dental sponsored by AARP

Vision

Eyemed

VSP

You can speak to your Benefits Advisor for details or view information on our website



Phone Appointment with a Benefits Advisor

What to expect

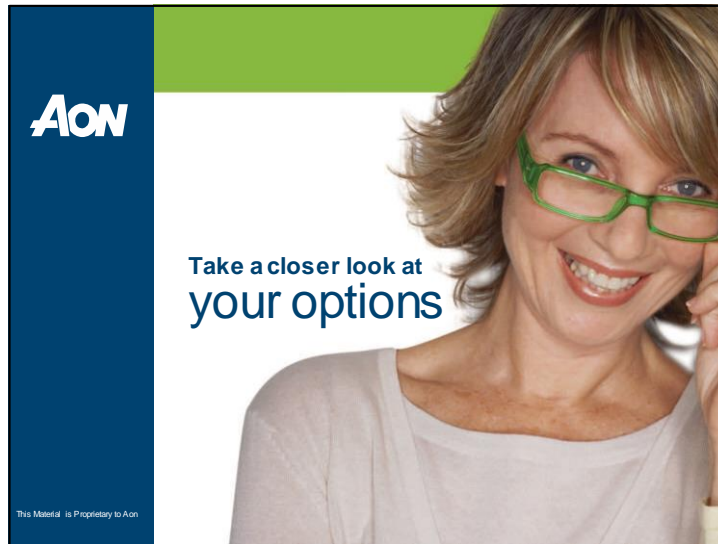
Scheduled your appointment by calling Aon using the toll free number in your Appointment Letter

Your Benefits Advisor will call you for the scheduled appointment and:

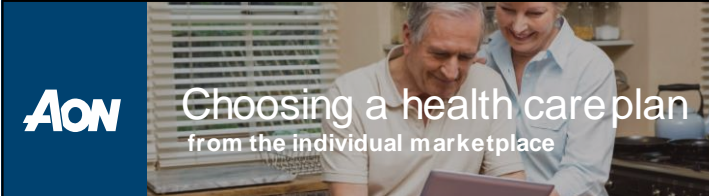
- Will do a needs assessment
- Educate you on the different Medicare plan options
- Help you find the right plans for your needs
- Email or mail out any recommended plans to review
- Schedule any follow up calls
- Once you've selected the right plan(s), assist you through the application process

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Next, let's talk about your phone appointment with a benefits advisor. They will be calling you on the phone at the specific date and time you confirmed. If you have any friends or family you'd like to join you on the call, make sure you schedule it for a time that works for all of you. Your benefits advisor can actually do a three way call if that person lives in a different location. Your benefits advisor will do a needs assessment. This means they will be asking you various questions about your situation, getting to understand your needs, preferences and lifestyle. They will also educate you about Medicare and the different plans available in your area along with the cost of those plans. Your benefits advisor will be able to send you out by email or regular mail any plans that you are interested in viewing. Some of you may decide on the first call what plans are the right plans and your advisor can fill out the applications with you right over the phone, but some of you may need more than one call. Your BA will schedule follow up calls and give you all the time needed to find the right plans. Once you select the right plans for your needs, they can help you with the application.



Next, let's take a look at your options



Choosing a health care plan from the individual marketplace

Each eligible individual selects their own health or prescription drug plans

Retiree elects



Spouse elects



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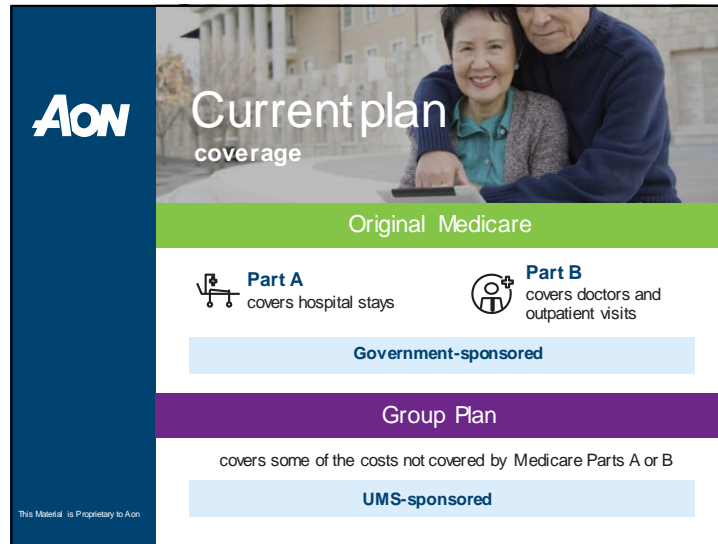
In 2021 you will need to start thinking about your insurance in an individual way.

For many years the retiree, spouse, and dependents have all been covered under one plan. Moving forward if you are Medicare Eligible and choose to enroll through Aon you will both have individual plans.

There will no longer be Health Plans that will cover both the retiree and their spouse/dependent in the individual Medicare marketplace.

You may enroll in the exact same plan or different plans. It is your choice.

We will help to identify plans that fit your specific needs.



Currently, all retired Medicare eligible have Medicare A and B and the UMS sponsored group plan. The group plan is ending at the end of this year, but you will still have Medicare A and B. That remain the same as it does today and you will continue to pay your part B premium the way you do today, which is typically thru your Social Security.



The image is a flyer from Aon titled "Medicare Parts A and B". It features a photograph of an elderly woman sitting against a tree. The flyer is divided into sections: a blue header with the Aon logo, a green bar with the title "Medicare Parts A and B", and a white section titled "How to enroll". The white section contains the text: "Before you can enroll in additional Medicare coverage, you must enroll in Medicare Parts A and B." followed by "Here's how:" and a list of four options with corresponding icons: visiting a local Social Security office, calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778), applying on the Social Security website at ssa.gov, and for railroad workers, calling the local Railroad Retirement Board office or 1-877-772-5772 (TTY 1-312-751-4701). A small disclaimer at the bottom left states "This Material is Proprietary to Aon".

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Medicare Parts A and B

How to enroll

Before you can enroll in additional Medicare coverage, you must enroll in Medicare Parts A and B.

Here's how:

- Visit your local Social Security office
- Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)
- Apply on the Social Security website at ssa.gov
- If you worked for a railroad, call your local Railroad Retirement Board office or 1-877-772-5772 (TTY 1-312-751-4701)

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If you do not have your Medicare A & B you will need to take action.

Before you can enroll in additional Medicare coverage, you must enroll in Medicare Parts A and B.

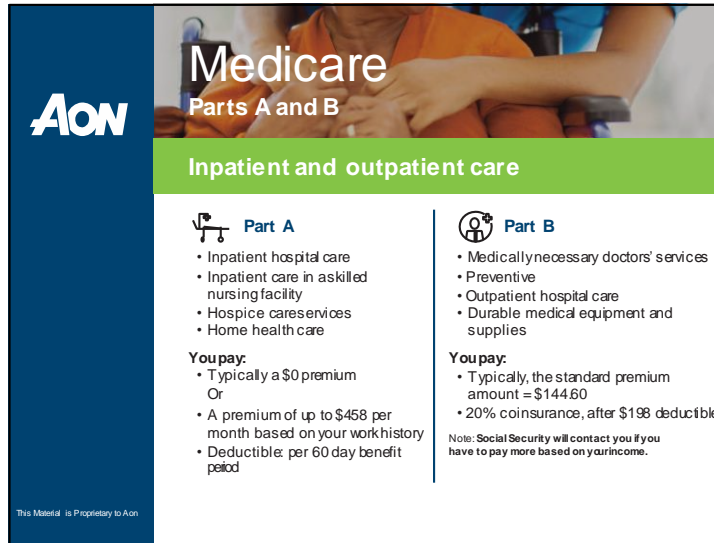
Here's how:

~~Visit your local Social Security office~~ (Temporally closed)

Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) Apply on the Social Security website at ssa.gov

Apply on the Social Security website at ssa.gov

If you worked for a railroad, call your local Railroad Retirement Board office or 1-877-772-5772 (TTY 1-312-751-4701)




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Medicare

Parts A and B

Inpatient and outpatient care




Part A

- Inpatient hospital care
- Inpatient care in skilled nursing facility
- Hospice care services
- Home health care

You pay:

- Typically a \$0 premium
- Or
- A premium of up to \$458 per month based on your work history
- Deductible: per 60 day benefit period



Part B

- Medically necessary doctors' services
- Preventive
- Outpatient hospital care
- Durable medical equipment and supplies

You pay:

- Typically, the standard premium amount = \$144.60
- 20% coinsurance, after \$198 deductible

Note: Social Security will contact you if you have to pay more based on your income.

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I'm not sure how many of you understand how Medicare works so I thought we could do a quick review.

Medicare Part A is your Inpatient Hospital Care and covers inpatient hospital care, hospice care, and home health care.

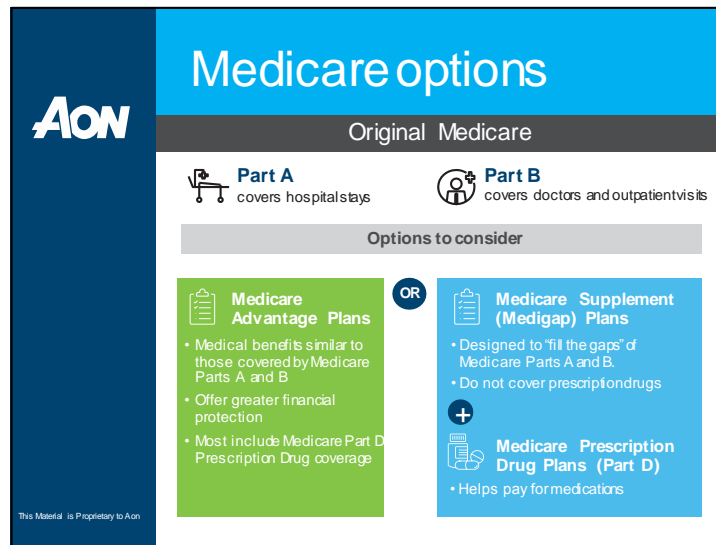
For most people this is premium free as long as either you or your spouse has worked over 10 years and paid into social security.

There is a deductible for Part A. For 2020 it is \$1,408. This is not your typical annual deductible. This deductible actually resets after a 60 day benefit period. Which means you can have this deductible up to 5 times in a calendar year, if you are not having a good year.

Part B is your outpatient doctor and hospital care which covers doctor visits, preventative care, lab tests and other outpatient services.

Most people pay a monthly premium, which typically comes directly out of your social security check.

Part B also has a yearly deductible which is \$198 for this 2020. After you have met the deductible, Medicare pays 80% of approved expenses and you pay the remaining 20%. An important fact to remember is the 20% that you are responsible for is uncapped. Meaning there is no limit to what out of pocket expense you may incur.

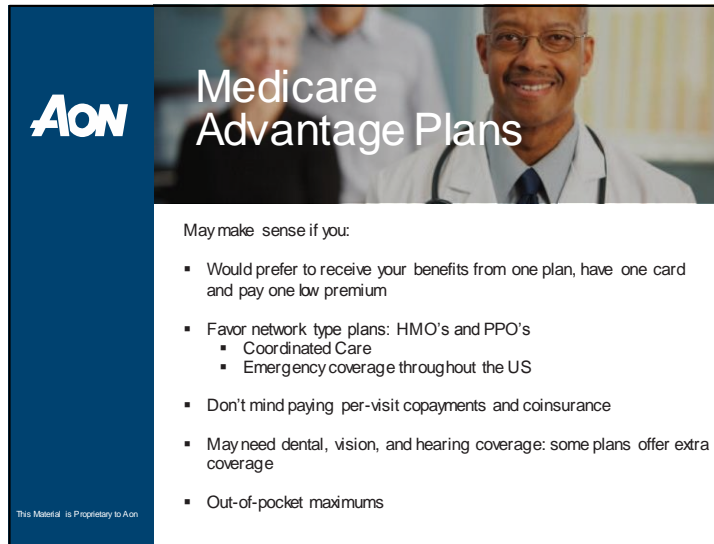


There are two different types of plans to choose from on top of Medicare A and B.

Aon Retiree Health Exchange works with over 100+ Insurance Carriers and over 4000 plans nationwide. Our Carriers offer different types of plans in a variety of benefit structures. Keep in mind not all carriers and plans will be available in your area. By viewing our website or during your appointment, you will be able to see which Carriers and plans are available to you.

The 1st type medical plan is called a Medicare Advantage Plan, which acts just like your current group plan. These are all in one plans, covering hospital care, doctor care and prescription drugs.

The 2nd type of plan is called a Medicare Supplement plan, also known as a Medigap plan. These work side by side with Medicare A and B. Medicare Supplement plans only cover hospital and doctor care, because that's what A and B covers. This is why you would need to also enroll in a separate Part D drug plan. Next, I will explain all three types of plans in greater detail

The slide features the Aon logo on a blue background on the left. The right side has a header image of a smiling doctor with a stethoscope, with the text "Medicare Advantage Plans" overlaid. Below the header is a list of bullet points under the heading "May make sense if you:". A small disclaimer "This Material is Proprietary to Aon" is at the bottom left of the slide.

Aon Medicare Advantage Plans

May make sense if you:

- Would prefer to receive your benefits from one plan, have one card and pay one low premium
- Favor network type plans: HMO's and PPO's
 - Coordinated Care
 - Emergency coverage throughout the US
- Don't mind paying per-visit copayments and coinsurance
- May need dental, vision, and hearing coverage: some plans offer extra coverage
- Out-of-pocket maximums

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The first type of Medical plans to choose from are Medicare Advantage plans. Once enrolled you will receive one card in the mail to use for all your medical needs, including hospital care, doctor care, and drugs. Typically, Medicare Advantage plan premiums are much lower than Medicare Supplement plans. This means you could enroll in a quality plan, that covers all your needs for a much lower premium.

In fact, there are a lot of Medicare Advantage plans that are zero premium. This means you pay nothing to enroll in plan. You only pay when you are using the plan, like copays when you visit the doctor. This also means you could use your premium saving in your HRA for other things like copays for drugs, medical, and vision and dental plans. Medicare Advantage plans are network based plans, like HMO's and PPO's.

One advantage to network type plans is coordinated care. This means that all the doctors in the network you are seeing are always communicating with each other, telling each other exactly what types of services they are providing to you.

Many Medicare Advantage plans offer additional benefits for vision, dental and hearing, but keep in mind these additional benefits are limited. We do offer individual, comprehensive vision and dental plans to choose from on our website or explained to you from your Benefits Advisor.



Medicare Supplement Plans

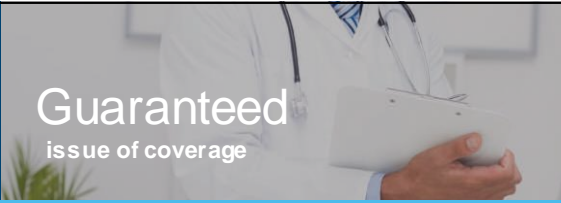

Medigap

May make sense if you:

- Visit your doctors frequently: Copayments and coinsurance for visits are generally covered by your high premium, depending on the plan you select
- Want flexibility in choosing your doctors: Medicare Supplement is accepted by all doctors who accept Medicare patients
- Travel extensively within the U.S.: Medicare Supplement is widely accepted
- Standardized lettered plans


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The other type of medical plans are called Medicare supplement plans. Also known as Medigap plans. These type of plans run side by side with Medicare parts A and B. Medicare pays first, the supplement pays second. These plans typically have a higher premium than Medicare advantage plans, but pay more out of pocket cost up front. They do not have networks, which means you can go to any doctor or medical facility in the country that accepts Medicare patients.



Guaranteed issue of coverage

For Medicare Supplement Plans only



During the Special Election Period for retirees, you're automatically accepted by most insurance carriers and plans without having to answer medical questions and regardless of any preexisting health conditions.

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Because you are leaving the UMS group plan, you qualify for a guaranteed issue into all of the Medicare Supplement lettered plans without your past health history being considered. This means the insurance carrier has to accept you without your answering any of the health-related questions on the application. This window for guaranteed issue only lasts for a few months, so if you wait to enroll in a Medicare Supplement plan until after the guaranteed issue period ends, you may be subject to underwriting. This means you may have to answer the health questions on the application. Based upon how you answer the questions, the carrier will determine whether you will be accepted into the plan and at what premium. Guaranteed issue is not applicable for Medicare Advantage plans and Prescription Drug Plans since you are always accepted into these plans regardless of health status.

Aon Medicare Supplement Rules

State of Maine

- Can change Supplement plans as long as you change to a plan with the same benefits or lesser benefits from the same or different insurance company
- If you enrolled in a Medicare Supplement plan and you terminate that enrollment to enroll in a Medicare Advantage plan for the **first time**, you have a 3 year window to enroll back into a Supplement plan of equal or lesser value
- Medicare Supplement plans are community rated. This means the premiums are the same, for the same plan, for anyone that is Medicare eligible


This Material is Proprietary to Aon

There are some specific rules for Medicare Supplement plans in the state of Maine I'd like to go over


- Can change Supplement plans as long as you change to a plan with the same benefits or lesser benefits from the same or different insurance company
- If you enrolled in a Medicare Supplement plan and you terminate that enrollment to enroll in a Medicare Advantage plan for the **first time**, you have a 3 year window to enroll back into a Supplement plan of equal or lesser value
- Medicare Supplement plans are community rated. This means the premiums are the same, for the same plan, for anyone that is Medicare eligible

| Aon | | Comparing coverage to choose a medical plan | |
|--|---|--|--|
| | Medicare Advantage (with prescription drug coverage) | Medicare Supplement + Medicare Prescription Drug Plan (Part D) | |
| Copayments/ Coinsurance/ Deductibles | Varies by plan | Varies by plan | |
| Health Care Provider | Varies by plan; some restrictions or network pricing for certain providers may apply | See any Medicare provider that accepts Medicare patients | |
| Prescription Drug Coverage | Yes (often included or available via enrollment in a stand-alone Medicare Prescription Drug Plan) | Yes (via enrollment in a stand-alone Medicare Prescription Drug Plan) | |
| Other Considerations | <ul style="list-style-type: none">• Can be a good value — may be less expensive than Medicare Supplement Plans• Plans can change every year• Some plans have extra benefits available• Medical underwriting not required | <ul style="list-style-type: none">• Generally a good value if you need frequent medical care• Plans are standardized• Covers Medicare services only• Medical underwriting may be required | |
| This Material is Proprietary to Aon | | | |


Figuring out which plans are the right plans for you is one of the most important decisions you will make during this transition. Will it be a Medicare advantage plan, that offers a complete plan, including medical and drug coverage, at a low or no premium, or selecting a Medicare supplement plan with stand alone drug plan. You will get assistance in determining which are the right type of plans for you by using the plan recommendation tool on our website and the one on one support from a benefits advisor



Prescription Drug Plans



Part D



- Offered by private insurance carriers **ONLY**
- Part D plans can be part of a Medicare Advantage plan or a stand alone drug plan
- Each Part D plan has a drug formulary
 - This is the full list of drugs covered in the plan
- Most plans offer mail order service or pick up at a local pharmacy
- All Part D plans follow the same levels of coverage – Initial Coverage Level, Donut Hole, Catastrophic Coverage Level

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All Part D Plans:

- Offered by private insurance carriers **ONLY**
- Part D plans can be part of a Medicare Advantage plan or a stand alone drug plan
- Each Part D plan has a drug formulary
 - This is the full list of drugs covered in the plan
- Most plans offer mail order service or pick up at a local pharmacy
- All Part D plans follow the same levels of coverage – Initial Coverage Level, Donut Hole, Catastrophic Coverage Level



Next, let's take a look at your options for enrolling in plans

Enrollment

options

Online

- Tools and information 24/7
- Use our plan recommendation and comparison tools
- Select the plan you want, add it to your cart and enroll
- Your agreement to enroll is provided by e-signature
- Get a detailed summary of benefits
- Online help is available via live chat, email or by phone



By phone

- A Benefits Advisor will guide you through the process
- Get answers to questions and impartial, professional advice
- Choose a plan and enroll
- Your agreement to enroll is recorded over the phone

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Once you decide on a plan there are two options to enroll:

- First option is online – Most plans allow you to fill out the application on the Aon Retiree Health Exchange Website. For some completed applications, you will then be directed to contact the Aon Retiree Health Exchange to complete the application process so that your enrollment can be submitted to the carrier for processing. You must call to provide your voice signature to complete your enrollment
- Even if you don't feel 100% comfortable picking your own plan, online can be a great way for you to prepare for your appointment
- Telephonic enrollment – This method makes things very simple and here's how it works. Once you decide on a plan, you'll be on the phone with your Benefits Advisor. The Benefits Advisor will walk you thru the application over the phone. They will go thru all the questions with you and at the end of the call they will get a verbal signature from you. You will confirm that you want to enroll in that particular plan. All that information is recorded and gathered and sent immediately to the insurance carrier for processing.

| | |
|--|---|
|   <h1>Enrollment Periods</h1> | |
| 2020 | Special Election Period (SEP) October 12 – December 31 |
| Each Year | Medicare Annual Enrollment Period (AEP) October 15 – December 7 (annually) Can changed Medicare Advantage and Part D plans Medicare Supplement Plans Can be changed on a monthly basis; underwriting may apply Initial Enrollment Period (IEP) Eligible 3 months before, the month of, and 3 months after 65th birthday |
| <small> If you have TRICARE or VA coverage, be sure to let your Benefits Advisor know. If you worked for a railroad, call your local Railroad Retirement Board office or 1.877.772.5772 (TTY 1.312.751.4701). </small> | |

Since you are leaving the UMS group plan at the end of the year, you have a Special Election period from October thru the end of the year. This is the time period you will be comparing and enrolling in your individual plans thru the Exchange

Medicare Annual Enrollment Period (AEP)

October 15 – December 7 (annually)

Can changed Medicare Advantage and Part D plans

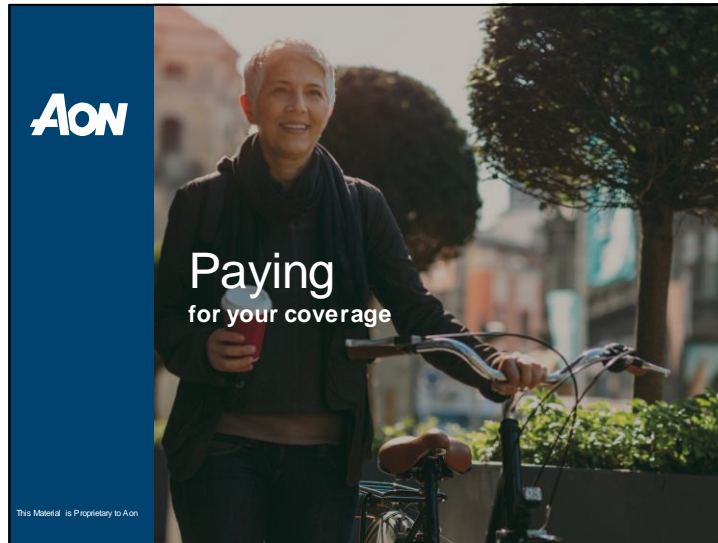
Medicare Supplement Plans

Can be changed on a monthly basis; underwriting may apply


Initial Enrollment Period (IEP) for individuals turning age 65

Eligible 3 months before, the month of, and 3 months after 65th birthday

Will receive communications from Aon about three months before turning age 65 to start the enrollment process



Next, lets take a look at the different options for paying your premium



Aon

3 ways
to pay

Insurance premiums are due monthly to your carrier

| | | |
|--|--|---|
| | | |
| Pay by check each billing period | Have your premium automatically withdrawn from a checking or savings account | Pay your premium by automatic deduction from your Social Security checks |
| | Most insurance providers allow automatic withdrawal as a convenient alternative to paper checks | Only available for Medicare Advantage and Part D plans |

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Once you have enrolled into the right plans for you, the Insurance Carriers have three different options for paying for your premium:

The 1st option is the traditional method of writing out a check for the premium and mailing it into the Insurance Carrier each billing cycle

The 2nd option is setting up an automatic debit that will come directly out of a checking or savings account. This is the preferred method, because once you set it up, it will come out automatically on a monthly basis. You don't have to worry about your premium being paid.

The 3rd option, which is only for Medicare Advantage plans and Part d drug plans, is having your premium automatically deducted from your Social Security Check

The slide features the Aon logo on a dark blue vertical bar on the left. The main title 'Health Reimbursement Account (HRA)' is in white text over a background image of hands using a calculator. The content is organized into three sections: 'HRA details' with three bullet points, 'Maximum reimbursements' with one line of text, and 'Rollover' with one line of text. A small disclaimer 'This Material is Proprietary to Aon' is at the bottom left.

Aon Health Reimbursement Account (HRA)

HRA details:

- Your employer will contribute annually to a tax-free HRA
- Use funds to get reimbursed for your plan premiums and other eligible out-of-pocket health care expenses
- HRA funds are available ONLY if you enroll in a medical and drug coverage through Aon Retiree HealthExchange

Maximum reimbursements: You'll be reimbursed for insurance premiums and eligible out-of-pocket expenses until the HRA amount is depleted

Rollover: Any remaining balance in your HRA at the end of the year will roll over to the following year

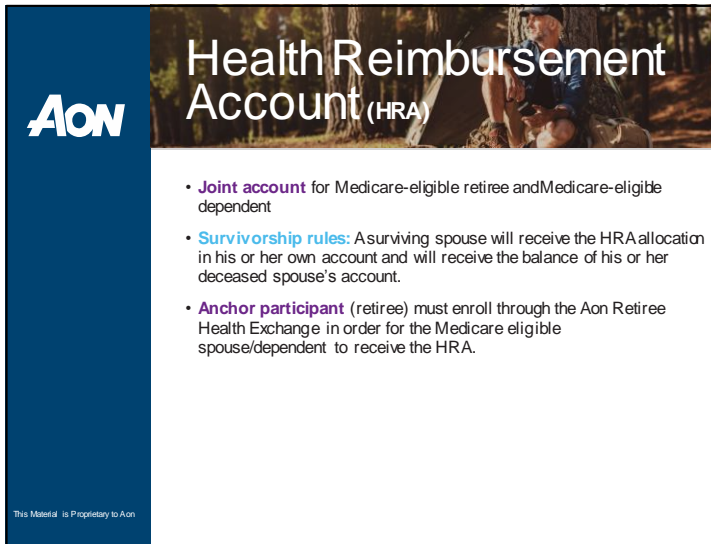
This Material is Proprietary to Aon

UMS will provide a Health Reimbursement Account (HRA) to help reimburse you for your health care costs. The HRA can be used to reimburse you for:

- Individual medical insurance premiums you pay
- Eligible out-of-pocket health care expenses
- Tax free account. Do not have to claim the money on your taxes

Let's review some of the highlights of how this account will work. The HRA would be credited by UMS on 1/1/2021. HRA funds are available ONLY if you enroll in a medical and drug coverage through Aon Retiree HealthExchange

You would continue to be reimbursed from your HRA for eligible expenses that you submit until the account is depleted, at which point all additional expenses for the remainder of the year (premiums or eligible out-of-pocket costs) are your responsibility. However, if there is any remaining balance in your HRA at the end of the year, it will roll over and can be used in the next calendar year.

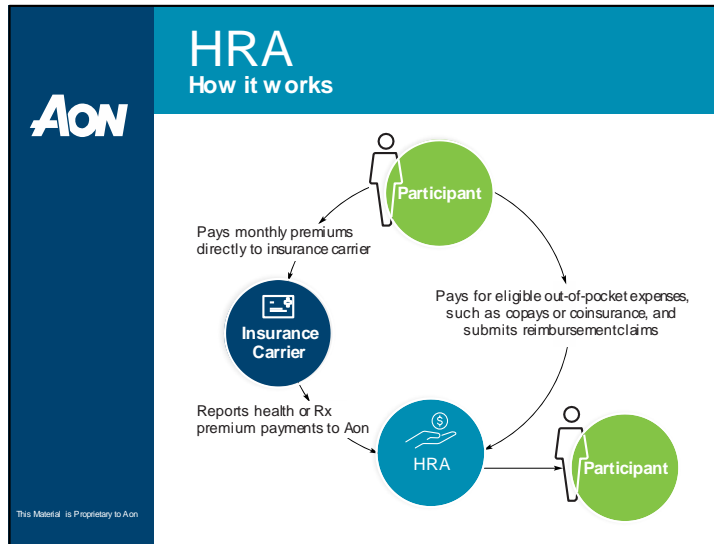
The slide features the Aon logo on a dark blue vertical bar on the left. The main title 'Health Reimbursement Account (HRA)' is positioned at the top right, with a background image of a person fishing in a stream. Below the title, three bullet points are listed. A small disclaimer at the bottom left of the slide reads 'This Material is Proprietary to Aon'.

Aon Health Reimbursement Account (HRA)

- **Joint account** for Medicare-eligible retiree and Medicare-eligible dependent
- **Survivorship rules:** A surviving spouse will receive the HRA allocation in his or her own account and will receive the balance of his or her deceased spouse's account.
- **Anchor participant** (retiree) must enroll through the Aon Retiree Health Exchange in order for the Medicare eligible spouse/dependent to receive the HRA.

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- **Joint account** for Medicare-eligible retiree and Medicare-eligible dependent
- **Survivorship rules:** A surviving spouse will receive the HRA allocation in his or her own account and will receive the balance of his or her deceased spouse's account.
- **Anchor participant** (retiree) must enroll through the Aon Retiree Health Exchange in order for the Medicare eligible spouse/dependent to receive the HRA.



Here's an overview of how an HRA works:

- UMS establishes an HRA on your behalf once you enroll in either a medical and a prescription drug plan through the Aon Retiree Health Exchange. This means you are required to enroll in a medical and a prescription drug plan through the Aon Retiree Health Exchange to receive the HRA funding.
- You pay for premiums or eligible out-of-pocket expenses, such as copays or coinsurance.
- Then you get reimbursed for those expenses from your HRA.
- Since the HRA is a tax-free account, you do not pay taxes on the amount UMS credits or on any reimbursements you receive from the HRA.
- If you have an account balance left over at the end of the year, it will roll over to the following year.
- Most insurance companies that the Aon Retiree Health Exchange represents offer something called auto-reimbursement for premium. This makes things very simple for premium reimbursement. The main thing to know is you have to pay the premium to the insurance company first before you get reimbursed. Once you pay the premium, the insurance company will notify the Aon Retiree Health Exchange that you paid the premium. You will then be reimbursed as long as there are funds available in the account. For all other out-of-pocket health care expenses and for the premium of a few companies that do not offer auto-reimbursement, you will send in proof of payment to the HRA Benefits Administrator (by fax, scanning on your copy machine or mobile device, or by mail) and then you will be reimbursed. Keep in mind, you have to enroll in either a medical or prescription drug plan through the Aon Retiree Health Exchange to use premium auto-reimbursement.
- The Benefits Advisor will provide a more detailed explanation of the HRA during your phone appointment.

The slide features the Aon logo in the top left corner. The main title 'Catastrophic HRA drug benefit' is positioned in the top right, with a background image of various pills and a pill bottle. Below the title, a purple banner reads 'Supplemental Prescription Drug benefit'. The body of the slide contains three bullet points and a note. A small footer at the bottom left states 'This Material is Proprietary to Aon'.

Aon

Catastrophic
HRA drug benefit

Supplemental Prescription Drug benefit

- If the retiree or spouse reaches the catastrophic drug coverage benefit, they can receive reimbursement for the 5% out-of-pocket cost for the remainder of the 2021 plan year.
- Supplemental Prescription Drug benefit is independent of the HRA.
- There is \$1,000,000 annual limit on the amount a retiree or spouse can claim under the Catastrophic HRA.

Note: The Supplemental Prescription Drug benefit is available only for those who are eligible to receive an HRA.

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- If the retiree or spouse reaches the catastrophic drug coverage benefit, they can receive reimbursement for the 5% out-of-pocket cost for the remainder of the 2021 plan year.
- Supplemental Prescription Drug benefit is independent of the HRA.
- There is \$1,000,000 annual limit on the amount a retiree or spouse can claim under the Catastrophic HRA.



Next, I'll discuss the ongoing support you will receive from Aon



Services through Aon Retiree Health Exchange continue even after you enroll



- Answers to questions about your plans
- Help with issues that may involve your insurance carrier
- Assistance with claim denials and incorrect payments
- Help resolving billing disputes, authorization and referrals
- Medicare coordination

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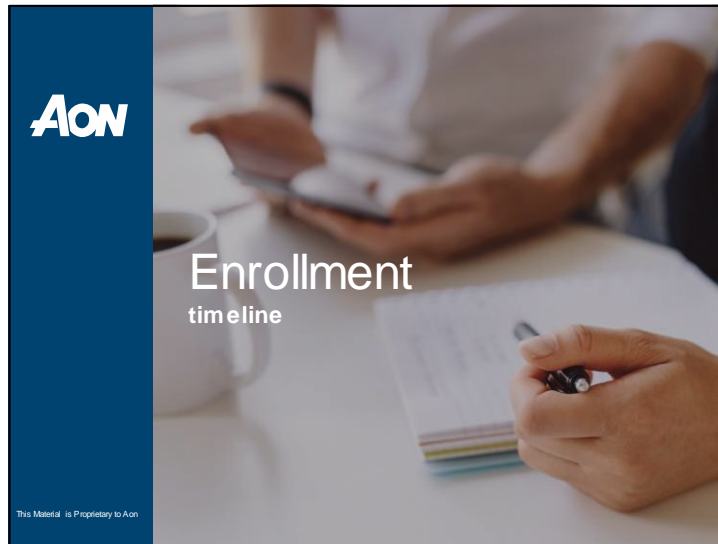
One of the great things about enrolling in plans through the Aon Retiree Health Exchange is that we offer Advocacy Services to assist you after Enrollment.

In the event you ever have any issues with access to care, billing disputes, claim denials, or authorizations issues, you can contact our Advocacy group and they will go to bat for you.


Please keep in mind, that if you ever have any issues with billing or claims, first contact your Benefits Advisor to see if they can assist you.

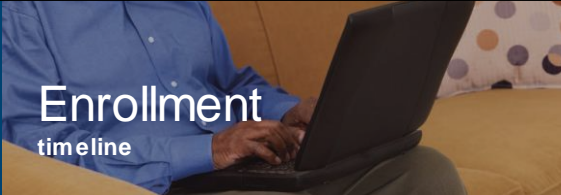
If your Benefits Advisor cannot help you with the issue, they will then connect you with our Advocacy group.

Our Advocacy group been around since 1999 and work with over 400 Clients. They have an average of 18 years experience in this industry, so they really know what they're doing. I would like to show you a few real examples on how they have helped out many retirees in the past.



Next, lets discuss the enrollment timeline





Enrollment

timeline

Eligible participants

| | | |
|------------------|---|-------------------------------------|
| Mid-September | Retiree webinars | |
| Late-September | Receive Aon Retiree Health Exchange Appointment Letter and Medicare Insurance Guide | |
| October-December | Telephone appointment with a Benefits Advisor or enroll online | Enroll for January 1, 2021 benefits |
| December | HRA Welcome Kits mailed from Your Spending Account (YSA) and receive an emailed invitation to attend an HRA webinar | |

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We are currently doing the webinars

Appointment letters will be mailed out in late September. Once you receive your appointment letter you may go online and activate your account and start to look at plans in your area.

Please make sure to confirm your appointment 48 hours prior to your appointment date.

We want to make sure everyone has had plenty of time to look over the plans and enroll in the right plans by December 31st

It Pays to do your Homework
myexchangeconnection.com/universityofmainesystem

Aon

UNIVERSITY OF MAINE SYSTEM
OFFICE OF HUMAN RESOURCES

LEARN PREPARE ENROLL CONTACT US **ATTEND A MEETING**

More
SUPPORT
More
CHOICE
with Aon Retiree Health Exchange

Start Here
Follow these important steps to make sure you have the plan you need.

LEARN
about your health care options and the enrollment process through Aon Retiree Health Exchange.



PREPARE
for your scheduled telephone appointment with a licensed Benefits Advisor.

ENROLL
in health coverage that's right for you.


CONTACT US
we're here to help answer your questions before, during, and after enrollment.

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Here is a look at your microsite. Go to myexchangeconnection.com/universityofmainesystem. Many of you have already seen this site and used it to register for this meeting. This site has a lot of great information to help you prepare for your appointment with our Benefits Advisors. It also includes a recording of this PowerPoint presentation to view anytime.



Thank you!

 If you have other questions, call Aon Retiree Health Exchange
1.833.704.1028 (TTY 711)

- 9 a.m. – 9 p.m. Eastern Time, Monday – Friday
- Closed on holidays
- Extended hours during Medicare's Annual Enrollment Period

 myexchangeconnection.com/universityofmainesystem

- **Webinar recording is posted on this website**

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Thank you...This is are toll free number, if you have any general questions after the webinar



Disclaimers

*As of 2017, aon.com/about-aon

**Aon Retiree Health Exchange is recommended by the National Council on Aging (NCOA) for continually meeting rigorous standards of excellence. For more than 60 years, NCOA has been a leading nonprofit organization committed to improving the health and economic security of older adults.

***We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Our carrier partners do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability. It's important that you are treated fairly. That's why our carrier partners follow federal civil rights laws in our health programs and activities. People with disabilities are offered free aids and services. If you are interested in these services, call your insurance carrier's toll-free number.

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