



Post-65 Medicare-Eligible Retiree Transition Guide

A NEW WAY TO SUPPLEMENT MEDICARE COVERAGE

Eligibility for the Aon Retiree Health Exchange

You will be eligible to purchase individual health insurance through the Aon Retiree Health Exchange if you are:

- A retiree who is both Medicare-eligible and age 65 or older; or
- An eligible dependent who is both Medicare-eligible and age 65 or older.

Note: Retirees or eligible dependents who do not meet these eligibility requirements will continue to be enrolled in the current Research Foundation group health plan until they reach age 65 and become Medicare-eligible.

Beginning January 1, 2017, the Research Foundation (RF) will provide a new way to supplement Medicare coverage for retirees and/or their dependents who are age 65 or older and Medicare-eligible. Instead of the current RF-sponsored group health coverage, the RF will provide eligible retirees and/or their dependents the opportunity to choose from a wide variety of medical and prescription drug plans available through a well-established private health exchange. This is a change that hundreds of large employers have already made.

Choose Coverage Through the Aon Retiree Health Exchange

The RF understands that purchasing coverage to supplement Medicare may be complicated. That's why we partnered with the Aon Retiree Health Exchange™ to help Medicare-eligible retirees and/or their Medicare-eligible dependents who are age 65 or older choose the coverage that's right for their individual needs. The Aon Retiree Health Exchange is a private exchange; it is not a public exchange created through the Affordable Care Act.

Here are some of the advantages Medicare-eligible retirees and/or their Medicare-eligible dependents can expect from the Aon Retiree Health Exchange:

- **Improved Choice.** Medicare-eligible retirees and/or their Medicare-eligible dependents can choose from a variety of Medicare Supplement, Medicare Part D, and Medicare Advantage Plans. On average, a typical retiree will have more than a dozen options.
- **Financial Control.** Medicare-eligible retirees and/or their Medicare-eligible dependents will have the flexibility to choose an insurance plan with terms and costs that best meet their needs, giving more control over their total health care expenses.
- **Personalized Support.** Medicare-eligible retirees and/or their Medicare-eligible dependents will have help reviewing and comparing their choices and costs with the personal support of their Aon Benefits Advisor¹, who is specially trained, certified, and experienced. The Aon Benefits Advisors¹ offer objective support and are not financially incented to recommend one policy over another.

Why Medicare Isn't Enough

You probably already know that for most retirees, Medicare Parts A and B provide *some* coverage for hospital and medical costs. What you may not know is that there is *no limit* on the amount of money you could have to pay annually out of your own pocket.

We've partnered with the Aon Retiree Health Exchange so you can find an individual insurance plan that meets the needs of you and your dependents, and supplements your Medicare benefits to protect you from unexpected medical costs.



Using Your New Aon Retiree Health Exchange

This guide will help you learn about each step in the process of choosing your own insurance plan to supplement your Medicare benefits, including prescription drug coverage, through the Aon Retiree Health Exchange. Please read it carefully and share it with your family or other trusted advisors. It is organized into the following sections:

Your Benefits Advisor ¹	2
Explore Your Options	3
Enroll in a Plan	5
Get Help Paying for Coverage	6
Frequently Asked Questions	8



Your Benefits Advisor¹

The Aon Retiree Health Exchange employs Benefits Advisors¹, who are specially trained, certified, and experienced. Benefits Advisors¹ are licensed insurance agents who are experts on the Medicare options available in each of the U.S. markets they serve.

To support you through this transition, a Benefits Advisor¹ will be assigned to you this fall. Your personal Benefits Advisor¹ will work with you to explore your health coverage options and help you enroll in the insurance that best meets your health and financial needs. You will continue to have support after enrollment in the event your needs change. Aon Benefits Advisors¹ offer objective support and are not financially incentivized to recommend one policy over another.

What Retirees Are Saying...

“My Benefits Advisor¹ took all the time I needed and answered all my questions. She made me feel totally comfortable with the process.”

“His in-depth knowledge of what is needed and grasp of my preferences sped and simplified the enrollment process.”

“My Benefits Advisor¹ was very informative and polite. He spoke so that my daughter—who was helping me enroll—completely understood.”

“She made a stressful experience as painless as possible. I rate her a perfect 10.”

How Your Benefits Advisor¹ Can Help You

Your Benefits Advisor¹ will ask questions to get to know you and understand your needs and preferences. He or she will then help you decide what plans meet your needs and budget based on the insurance options available in your area. Once you choose a plan, your Benefits Advisor¹ will work with you to complete your application, either by telephone or online, and to fill out any forms that might be required. Aon Retiree Health Exchange Benefits Advisors¹ receive no special compensation to enroll you in a specific plan, so you can be sure they'll help you make an objective choice that's right for you.

Explore Your Options

August

Attend a Meeting. To learn more and get answers to your questions, you are encouraged to attend a meeting hosted by the RF and the Aon Retiree Health Exchange. Meetings and online webinars will be held at the times and locations listed below. Please be sure to RSVP in advance to reserve a seat(s) for in-person meetings. To RSVP, please visit myhealthexchange4retirees.com/rfsuny and click on Attend an Enrollment Meeting under the LEARN section. Or, you can call **1-844-689-7837** to RSVP by phone.

September

Review the Informational Package. The Aon Retiree Health Exchange will send an informational package to your home address.

Your informational package will include a specific telephone appointment date and time, scheduled just for you, to speak with your personal Benefits Advisor¹.

The informational package will also include a *Medicare Insurance Guide* to help you learn more about the basics of Medicare, including the types of insurance plans available to supplement your Medicare benefits. The guide also provides more information about the health reimbursement account (HRA) and offers tips to help you prepare for your appointment.



Confirm or Change Your Appointment

Your appointment will take one to two hours, depending on whether you and your dependent share the appointment. **Medicare will not allow the Aon Retiree Health Exchange to keep this appointment unless you confirm it in advance.**

When you receive the informational package with the telephone appointment date and time, contact the Aon Retiree Health Exchange promptly (either online or by phone) to confirm your appointment, reschedule it, or let the Aon Retiree Health Exchange know that you have found coverage elsewhere.

Explore the Aon Retiree Health Exchange Website. Visit the Aon Retiree Health Exchange website and complete the requested action items to help you prepare for your appointment.

Meetings

City	Date and Times	Location
Albany, NY	Wednesday, August 24, 2016 9 a.m. - 11 a.m. 1 p.m. - 3 p.m.	SUNY Polytechnic Institute Nanofab South Auditorium 257 Fuller Road Albany, NY 12203
Stony Brook, NY	Thursday, August 25, 2016 9 a.m. - 11 a.m. 1 p.m. - 3 p.m.	Hilton Garden Inn Stony Brook 1 Circle Road Stony Brook, NY 11794
Syracuse, NY	Tuesday, August 30, 2016 9 a.m. - 11 a.m. 1 p.m. - 3 p.m.	Upstate Medical University Campus Activities Building 155 Elizabeth Blackwell Street East Lounge Syracuse, NY 13210
Buffalo, NY	Wednesday, August 31, 2016 9 a.m. - 11 a.m. 1 p.m. - 3 p.m.	University at Buffalo Center for Tomorrow Buffalo, NY 14260

Webinars

Date and Times	Call Information	Login Information
Session 1 Tuesday, August 23, 2016 10 a.m. ET	Toll-Free: 1-866-692-5721 Participant Code: 254 367 24	Webinar Website: webex.com Meeting Number: 745 785 820 Meeting Password: RF
Session 2 Tuesday, August 23, 2016 1 p.m. ET	Toll-Free: 1-866-692-5721 Participant Code: 254 367 24	Webinar Website: webex.com Meeting Number: 745 665 142 Meeting Password: RF
Session 3 Monday, August 29, 2016 9 a.m. ET	Toll-Free: 1-866-692-5721 Participant Code: 254 367 24	Webinar Website: webex.com Meeting Number: 741 851 729 Meeting Password: RF
Session 4 Thursday, September 1, 2016 2 p.m. ET	Toll-Free: 1-866-692-5721 Participant Code: 254 367 24	Webinar Website: webex.com Meeting Number: 743 767 165 Meeting Password: RF

How to log on to a webinar

1. Use your phone to dial into the webinar, so you can hear the presentation. You can call in directly using the phone number and participant code provided.
2. To view on your computer type **webex.com** into your Internet browser window 15 minutes before the scheduled start time and click the box that says "Join" in the upper right hand corner.
3. Enter your meeting number and password. You will need to have WebEx installed on your computer to join the webinar. If you do not have WebEx, download the software program onto your computer and install it from **webex.com**. **Note:** This process may take up to 15 minutes.

Enroll in a Plan

Keep Your Appointment

On the date of your telephone appointment, **your Benefits Advisor¹ will call you** at the scheduled time to help you select and enroll in coverage, provided you have confirmed your appointment in advance. Your Benefits Advisor¹ will walk you through the process, including any actions you need to take—such as signing a form or confirming your coverage. Please make sure that if you have asked a Power of Attorney, trusted friend, or family member to attend the appointment with you, this person is available at the time of your call.

Medicare Know-How

As an enrolled customer of the Aon Retiree Health Exchange, you have access to highly trained advocates who can help you if you ever find yourself at an impasse with your insurance provider. Advocates are experienced in a variety of Medicare insurance topics, including claims, billing procedures, appeals, and even problems getting appointments with specialists.

Enrollment Window: October 3–December 31, 2016 Prepare for Your Appointment

Before your telephone appointment with your Aon Retiree Health Exchange Benefits Advisor¹, **check your Medicare ID card and make sure you are enrolled in Medicare Parts A and B**, and have your card available for the appointment. The Aon Retiree Health Exchange will need your Medicare Parts A and B eligibility dates, which can be found on your card.

If you are not already enrolled in Medicare Part B, contact the Social Security Administration today at **www.ssa.gov** or by calling **1-800-772-1213 (TTY 1-800-325-0778)**. You must be enrolled in Medicare Part B to enroll in an individual Medicare insurance plan.

Use the Aon Retiree Health Exchange website to set up your account and provide information about your medical needs, preferences (such as if you prefer to pay more for coverage and less when you get care, or vice versa), and the prescription drugs you and your dependents currently take. This information will help your Benefits Advisor¹ determine which plans might be a good match for your preferences and needs.

If you don't have access to the website, when you call to confirm your appointment, please provide the following information:

- A drug checklist with prescription details for you and your Medicare-eligible dependents
- Information about where you'll be at the time of your appointment
- Confirmation if you plan to bring a Power of Attorney, trusted friend, or family member with you to your appointment
- Any questions you have for your Benefits Advisor¹

Receiving Help After You Enroll

The RF has selected the Aon Retiree Health Exchange because its services don't stop after you enroll. Once you've enrolled in a medical plan through the Aon Retiree Health Exchange, your Benefits Advisor¹, as well as customer service representatives and special advocates, are available to help you free of charge. Advocates are experienced in a variety of Medicare insurance topics, including claims, billing procedures, appeals, and even problems getting appointments with specialists. **Please note that this type of service is not generally available if you enroll in an individual health plan on your own through an insurance carrier or broker.**

Get Help Paying for Coverage

Why Do I Pay First?

In order to keep your eligible reimbursement from being taxed, the IRS requires that you pay your qualifying expenses out of your own pocket first. You may then reimburse yourself from your HRA administered by YSA.

Although the RF will provide a new way to supplement your Medicare coverage, we will continue to share the cost of your health care. We will provide financial support in the following ways:

- **Contributions to a Health Reimbursement Account (HRA).**

The RF will contribute annually to an HRA to help you pay for health insurance premiums and other eligible health care expenses, including deductibles, copays, and coinsurance. *The amount contributed to your HRA is determined by the RF and will be communicated in September in the informational package.*

- **Reimbursement for Catastrophic Prescription Drug Expenses.**

The RF will provide you with a layer of protection for Medicare Part D (prescription drug coverage) catastrophic claims.

Your Health Reimbursement Account (HRA)

To help you pay for your individual insurance plan, in 2017 the RF will contribute to an HRA. The HRA is a tax-free account, so you do not pay taxes on your account balance or on reimbursements you receive from your account. These accounts do not accrue interest.

Aon's Your Spending Account™ (YSA) service will administer your HRA and manage the reimbursement process. After you've enrolled in an individual health plan, you'll pay your medical and/or prescription drug premiums directly to the insurance company. You'll then submit a claim to YSA for reimbursement. As soon as payment of your premium has been verified, YSA will reimburse you from your HRA.

To help you save time, you can have your monthly medical and prescription drug plan and Medicare Part B premiums automatically reimbursed to you each month by utilizing the "premium auto-reimbursement" feature offered by YSA. Once this feature is established, your monthly premiums will be automatically repaid to you after you submit your payment to your insurance carrier. **We strongly encourage you to enroll in this feature if you enroll in the Aon Retiree Health Exchange.** Or, you may be able to establish automatic payment options such as direct debit with your new insurance plan carrier and your bank.

Under this new HRA, each time you submit an eligible expense, you

will be reimbursed up to the balance in your HRA. If you use your entire balance, you will not be reimbursed for any additional premiums for that plan year. Any remaining balance in your HRA at the end of a plan year will **roll over for you to use the next plan year**. Any RF contribution you receive for the following plan year will be added to any remaining HRA balance. And there's no limit to how high the balance can go.

The RF HRA is available to you even if you do not enroll in Medicare insurance through the Aon Retiree Health Exchange.

Special Help for Catastrophic Prescription Drug Expenses

To help limit the financial impact for Medicare-eligible retirees/dependents who may have high prescription drug costs, the RF will contribute to a special Catastrophic HRA. If you frequently require prescription drugs, there's a chance you might reach the Medicare catastrophic coverage level. Because there is no limit on how much you could pay once you have reached the catastrophic coverage level, you may use the Catastrophic HRA to help pay for your individual covered drugs for the rest of the year.

Your HRA funds do not need to be exhausted to be eligible for this special reimbursement, which is available to all Medicare-eligible retirees and/or their Medicare-eligible dependents.

To request reimbursement of out-of-pocket prescription costs, you'll need to submit a claim form, along with an Explanation of Benefits (EOB), from your prescription carrier indicating that you have entered the prescription catastrophic coverage level.

Your Benefits Advisor¹ will review this with you in detail during your phone appointment, so be sure to let them know what drugs you are taking. When you provide your drug information, your Benefits Advisor¹ can give you detailed information on how much your drug out-of-pocket cost will be for that calendar year, and help you determine which drug plans have the most competitive pricing for the specific drugs you are taking.



Frequently Asked Questions

Every day, Aon Retiree Health Exchange Benefits Advisors¹ speak with retirees across the country. This section provides some of the most frequently asked questions they've received.

What's the difference between group and individual health coverage?

A group health plan is generally offered through an employer or association. Everyone covered under that plan has something in common (e.g., employment, former employment, membership), and the eligible population is usually limited based on the size of the company or group. Plan choices are usually selected by an employer or association and also tend to be limited.

However, *anyone* can purchase a health plan in the individual market, either directly through an exchange or through an insurance agent. As a retiree, you may have several types of plans available to you, depending on where you live. And because health insurers in the individual market generally cover many more individuals than most group health plans do, they can offer more competitive pricing to you.

If health care reform is overturned, will the RF reinstate the group health plan?

No. This decision is not related to national health care reform legislation. This change is designed to offer our retirees access to more choice to fit their individual needs.

Aren't Medicare Parts A and B enough without supplemental coverage?

If you don't purchase health insurance in the individual market, you'll continue to have coverage under Medicare Parts A and B (assuming you're enrolled in both). However, we strongly recommend that you find an individual health plan to supplement your Medicare benefits since Medicare alone does not limit your annual out-of-pocket expenses. If you're not already enrolled in Medicare, keep in mind that you could face penalties if you don't enroll during specific open enrollment periods. Go to **www.medicare.gov** for more information about when you need to enroll to avoid penalties.

What types of coverage are available to supplement my Medicare benefits?

Generally, there are two options: Medicare Supplement (Medigap) Plans and Medicare Advantage Plans. More information about these types of plans will be included in the informational package you'll receive in September. Your Benefits Advisor¹ will help you decide which type of plan is right for you and your Medicare-eligible dependents.

Will there be comprehensive Medicare Advantage Plans to choose from that include dental and vision coverage?

In many cases, yes. Some Medicare Advantage Plans offer extra coverage, such as dental, vision, and/or hearing benefits. And most Medicare Advantage Plans include Medicare prescription drug coverage, which means you don't need to purchase separate prescription drug coverage. The Aon Retiree Health Exchange can also enroll you in a dental and/or vision plan offered by a national provider if you don't elect to continue RF group dental and vision coverage.

As a veteran, I have TRICARE® insurance. Should I enroll in an individual health plan?

The best way to get an answer to this question is by discussing it with your Benefits Advisor¹ during your scheduled telephone appointment. Before this call, contact your TRICARE representative to get guidance on whether enrolling in a Medicare Supplement (Medigap) Plan or Medicare Advantage Plan would in any way jeopardize your TRICARE coverage or eligibility for coverage. Then, be sure to keep your appointment to discuss your needs and whether your TRICARE plan alone meets them.

How long will the appointment with my Benefits Advisor¹ last?

In general, you'll spend about one to two hours on the phone speaking with your Benefits Advisor¹. The length of the call will depend on whether you enroll that day or want to include an eligible dependent, an appointed Power of Attorney, a trusted friend, or a family member on the call. The length of your appointment will also depend on how much preparation you do in advance.

For example, if you go online to the Aon Retiree Health Exchange website before your call to enter the requested information (e.g., your medical needs, verify the prescription drugs you and your Medicare-eligible dependents currently take), your appointment could be much shorter.

Am I the only one who can speak to my Benefits Advisor¹?

No. Feel free to include your spouse, a caregiver, a trusted friend, or a family member on the call with your Benefits Advisor¹. However, only someone with legal Power of Attorney can enroll for you or sign forms and other documents. When you confirm your appointment, tell your Benefits Advisor¹ if someone will be speaking on your behalf and provide his or her name and phone number.

Will I need to choose the same plan for myself and my spouse?

No. Unlike the RF group health plan, you'll have more flexibility to choose the coverage that best meets your individual needs and those of your Medicare-eligible dependents. For example, your spouse may need a higher level of benefits or a more robust prescription drug plan than you do, or vice versa.

Frequently Asked Questions *continued*

Will I get bills from the RF for my health care premiums?

No. You are responsible for paying your premiums directly to your new insurance company. The RF will no longer bill you. We highly recommend that you utilize automatic payment options, like direct debit, with your new insurance plan to ensure timely payments for your new coverage.

Can I use my HRA to pay premiums other than those for medical and prescription drugs—like vision coverage, for example?

Yes. The HRA is available for reimbursement of certain vision- and hearing-related out-of-pocket expenses and premiums.

Is the Medicare Part B premium reimbursable through my HRA?

Yes, the Medicare Part B premium is reimbursable through your HRA.

Can I use my HRA to pay for health care expenses other than medical and prescription drugs?

Yes. In addition to your premiums, your HRA can be used for copays, deductibles, and other eligible out-of-pocket health care expenses. Once your HRA has been established, you can find a full description of eligible expenses on the YSA website or by speaking with your Benefits Advisor¹.

Can I use my HRA to pay my spouse's group health plan premiums, copays, or other out-of-pocket expenses?

For tax reasons, if your spouse is covered under a before-tax group health plan, his or her premiums and expenses cannot be reimbursed from your HRA.

Why can't the RF just pay my health care premiums for me using the funds in my HRA?

For the funds in your HRA to remain a tax-free benefit, the IRS requires that you pay your premiums out of your own pocket first and then request reimbursement through your HRA.

When will I find out how much I'll receive in my HRA?

You'll learn how much the RF will contribute to your HRA in the informational package you'll receive in September from the Aon Retiree Health Exchange.

Will the HRA be offered indefinitely?

While it's the RF's intent to make an annual contribution to Medicare-eligible retirees' HRAs indefinitely, it can't be guaranteed. If you're eligible for this annual subsidy, you'll receive a notice each year about contributions for the following year. The RF is committed to notifying you in advance of any changes to the annual HRA contribution.

My spouse and I are both eligible for Medicare. Will we each have an HRA account?

Yes. The RF will establish two accounts—one for the Medicare-eligible retiree and a separate account for the Medicare-eligible spouse. Reimbursements of eligible expenses will be available to the Medicare-eligible retiree and his or her Medicare-eligible spouse from their respective accounts, as long as there are funds available in the HRA.

Will I lose the money in my HRA if I don't use it by the end of the year?

No. If you don't spend all the money in your account before the end of the year, your remaining balance will carry over for you to use the following year. There is no limit to how high the balance can go.

What happens to the balance in my HRA when I die?

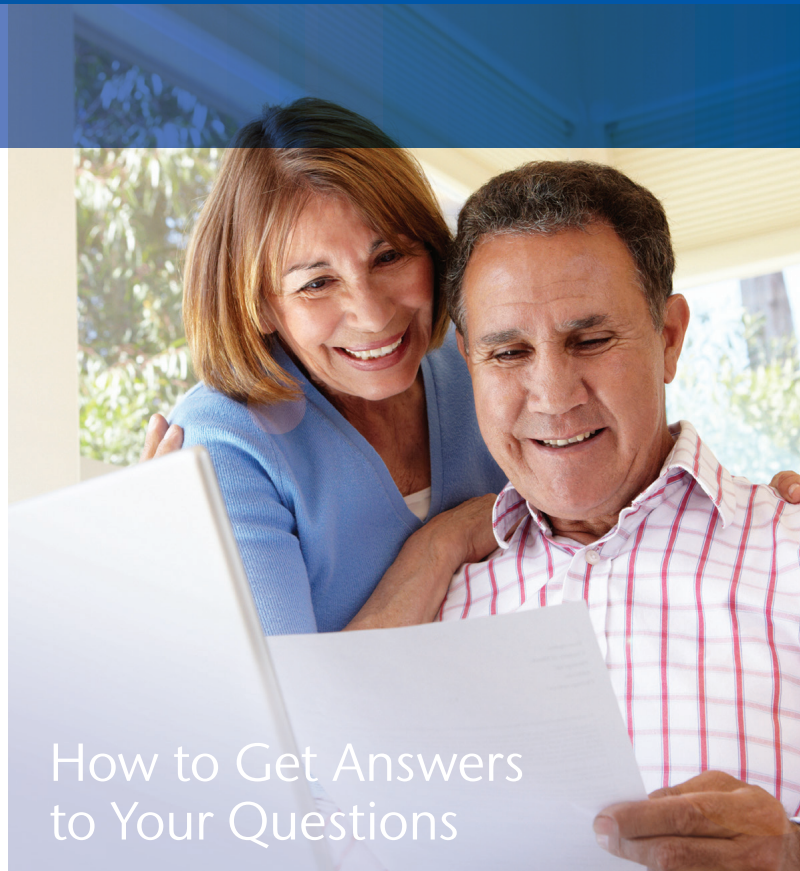
If you have eligible dependents who survive you, they will become the account holders of your HRA. The balance in your HRA at the time of your death will be available to these dependents as long as they qualify for continued coverage after your death. The RF will continue to make annual dependent contributions to the HRA for your dependents, as long as they remain eligible. If you don't have any dependents, the funds will be forfeited and won't be paid out as part of your estate. However, your estate will have six months from the date of your death to file claims for reimbursement for any eligible expenses incurred while coverage was in force.

What happens if my spouse or I am Medicare eligible but the other is not?

The individual who is not Medicare-eligible will remain covered under the RF group health plan until they become eligible for Medicare or lose eligibility under the RF plan.

How can I learn more about my HRA?

More information about your HRA and the RF contributions will be in the informational package you'll receive in September. If you enroll through the Aon Retiree Health Exchange, you'll also receive an HRA welcome kit with complete details about managing your account, filing a claim for reimbursement, and signing up for auto-reimbursement. You can also view the HRA video on the myhealthexchange4retirees.com/rfsuny website.



How to Get Answers to Your Questions

We recognize your health plan choices and costs are important to you. If you have questions, we encourage you to attend one of the upcoming retiree meetings or webinars. The informational package you'll receive in September will help answer many of your questions. For general information, please call the Aon Retiree Health Exchange service center at **1-844-689-7837 (TTY use 711 Relay)**. Representatives are available Monday through Friday from 8 a.m. to 11 p.m. Eastern time.



1-844-689-7837 (TTY use 711 Relay)

Representatives are available Monday through Friday from
8 a.m. to 11 p.m. Eastern time.

myhealthexchange4retirees.com/rfsuny



**The Research
Foundation for**

The State University of New York

¹ Benefits Advisors are certified, licensed insurance agents.

Aon Retiree Health Exchange is a trademark of Aon Corporation. The information in this guide applies to the RF retirees and their Medicare-eligible dependents who are age 65 or older and who are or will become Medicare-eligible by Feb. 1, 2017. Those who will not be both age 65 and Medicare-eligible by Feb. 1, 2017, will be offered coverage during the 2016 annual enrollment following existing processes and, generally, through existing health plans. Once you (or both of you) are age 65 and Medicare-eligible, you will receive instructions about coverage available at that time.

This guide is not an official plan document or a summary plan description (SPD) for any of the RF-sponsored plans and programs described in this document. If any information included in this document, any website, or any verbal representation conflicts in any way with the official plan document(s), the provisions of the plan document(s), as amended, will govern. The RF reserves the right to amend or terminate its benefit plans and programs at any time.

Your Spending Account is a trademark of Hewitt Associates LLC.

Aon Retiree Health Exchange is a trademark of Aon Corporation.

SUNY001.0616

H000173468