

Post-Age 65 Retirees Specific Questions & Answers

East Tennessee Technology Park (ETTP) Retiree Medical Benefit Plan is sponsored by URS | CH2M Oak Ridge LLC (UCOR) through a Multiple Employer Welfare Arrangement (MEWA)
November 30, 2020

Q1: Will the Post-Age 65 retirees participate in the ETTP Retiree Healthcare Exchange Program?

Yes, eligible retirees enrolled in Medicare Parts A and B and who are in the Post-Age 65 group, will select from Individual Medicare Supplement Plans, Individual Medicare Part D Prescription Drug Plans, or Individual Medicare Advantage Plans – all of which are also standardized, national plans through licensed sales representatives at UnitedHealthcare® (UHC), a leading retiree benefits partner that UCOR has selected, to recommend the most suitable coverage for the eligible participants.

Some of these plans include medical, vision, dental and prescription coverage, and have replaced the retiree group healthcare plans previously offered (which means any previous retiree healthcare coverage under the ETTP Retiree Medical Benefits Plan (the Plan) ended on December 31, 2016).

After retirees purchase a medical plan through UHC, (under the Plan), they will be eligible for a stipend, which will be submitted to their new Retiree Reimbursement Arrangement (RRA). They will be able to use that stipend to receive reimbursement for healthcare premiums and qualified medical expenses on a tax-free basis.

Q2: How will I benefit from this change?

Transitioning Post-Age 65 retirees to Retiree Healthcare Exchanges offers retirees a number of advantages:

- Exchanges offer a broad range of individual plans with sufficient differences in benefits, plan designs and network access to meet the continuum of retiree needs. In other words, rather than offering a single traditional group medical plan with no options, retirees will be able to select from a variety of plans to find the right plan at the right cost to meet their individual needs and budget.
- The UHC Customer Service Center include dedicated licensed sales representatives who provide one-on-one guidance to find the plan that suits each individual; provide plan information and comparisons, provide application and enrollment assistance. You can contact the UHC Customer Service Center by calling 866-868-0605. Learn more online at: www.myuhcplans.com/ettp.

Q3: Who is UnitedHealthcare®?

UnitedHealthcare® (UHC) is a leading retiree benefits partner with a proven record of accomplishment of supporting retirees through transitions like this one. UCOR chose UHC due to their offerings and extensive experience in helping more than 1,150 employer groups' transition from group to individual plans for more than 18 years. UHC will provide comprehensive assistance in working with retirees to find coverage that meets their needs. Careful selection will enable retirees' subsidies to go farther because the benefits counselors will be focused on matching the right coverage needed for each individual. As plan administrator, UCOR remains committed to providing retirees with medical coverage options.

Q4: Will I still have coverage in the ETTP Retiree Healthcare Exchange Plan until January 1, 2021?

Your current Post-Age 65 retiree healthcare exchange coverage will continue through December 31, 2020. If you enroll for 2021 coverage during October 15, 2020 – December 7, 2020, that coverage will take effect on January 1, 2021 (enrollment dates are subject to change).

Q5: What will happen if I delay enrolling in the ETTP Retiree Healthcare Exchange at my eligibility date but prefer to wait until 2021 or later?

If you choose to enroll at the next annual enrollment for 2021, you may be subject to medical underwriting and you may have higher premiums. Also, depending upon enrollment timelines, the annual stipend amount may be prorated.

Q6: I am not currently enrolled in the ETTP Retiree Healthcare Exchange Program. Will I be able to enroll in the ETTP Retiree Healthcare Exchange Program effective January 1, 2021?

Yes, eligible retirees who have medical coverage through other sources and do not participate in the Program today will be able to enroll during annual enrollment in the 2021 ETTP Retiree Healthcare Exchange Program. Eligible Post-Age 65 participants must have enrolled in Medicare Parts A and B. The annual benefits open enrollment will take place October 15 through December 7, 2020 (enrollment dates subject to change).

Q7: How do I purchase medical, dental, prescription and vision insurance through the ETTP Retiree Healthcare Exchange Program?

UHC will help you select from Individual Medicare Supplement Plans, Individual Medicare Part D Prescription Drug Plans, or Individual Medicare Advantage Plans – all of which are also standardized, national plans. Individual dental and vision plans are available. For more information, please contact UHC Customer Service Center at 1-866-868-0605.

Q8: Will the retiree still be able to use the pharmacy of their choice or will they be required to use a carrier-selected pharmacy?

On the Post-Age 65 retiree link of Connector, the Advisor will review the UHC networks and the three Part D plans available during the needs assessment. They will also review your prescription medications with you and recommend the plan that best fits your medication needs, suggest options and cheaper generic drugs, if available. Over 65,000 pharmacies are included in UHC's network (i.e., Target, Walmart, Walgreens, Kroger, Publix as well as many other national, regional and local pharmacies are included). Members can call UHC Customer Service Center at 1-866-868-0605 to confirm their pharmacy is in network.

Q9: Will the retiree have to secure new prescriptions from their doctor for mail order (maintenance drugs)? If so, when should this be done to have medicine available during this Retiree Healthcare Exchange transition period (no interruption of coverage)?

On the Post-Age 65 retiree link of Connector, the Advisor will access the pharmacy tool to address the same issues on the Post-Age 65 side with the three UHC Part D plans. Formularies will be compared to current medications; cost comparisons will be made as well as transition instructions from the current pharmacy plan that ultimately leads to a Part D plan recommendation from the Advisor.

Q10: Will my current or past health status affect the plans or rates that are available to me?

This question refers to Guaranteed Issue (GI) rights. Beginning in 2020, UHC will follow standard rules applicable to the medical underwriting requirement regarding GI coverage for new ETTP Post-Age 65 eligible retirees related to Medicare Supplement Plans. GI rights will be limited to the following conditions:

- Become Medicare eligible and retiree enrolls within the prescribed timeframe
- Retiree Age-ins from group coverage or terminations from any group coverage (medical)
- NOTE: For Plans D or G, health questions must be answered, subject to underwriting

Q11: Will eligible retirees continue to be covered by the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) under the ETTP Retiree Healthcare Exchange?

Eligible retirees will continue to receive Energy Employees Occupational Illness Compensation Program Act (EEOICPA) coverage if applicable.

Q12: How much will my former employer contribute to my new RRA?

The amount that your former employer contributes (stipend) to your RRA will depend on how many eligible individuals you choose to cover. Stipend amounts are determined by the age of the eligible individual. Below are the annual 2021 RRA contribution rates (subject to proration):

Post-Age 65 Retiree	Retiree Only	Retiree and Eligible Spouse
Employer's Annual RRA Contribution	\$2,592	\$5,184

Q13: Can I include a dependent other than my spouse?

No, Post-Age 65 coverage is for Medicare eligible retiree and their eligible Post-Age 65 spouse only.

Q14: If I am incapacitated and need enrollment assistance, can my Power of Attorney (POA) or Authorized Representative be allowed to speak in my behalf?

Yes, a POA or Authorized Representative is able to call in and review your benefit information and complete the enrollment process, as well as provide necessary documentation.

Q15: If I have Medicare Part D coverage elsewhere, may I still enroll in medical coverage through the ETTP Retiree Healthcare Exchange and receive the RRA?

Yes, as long as you enroll in Medical coverage through the ETTP Retiree Healthcare Exchange, you will receive the RRA benefit dollars. Those benefit dollars can be used to pay your Medicare Part D premium provided there is sufficient documentation of that payment.

Q16: Can I pay my entire medical premium at the beginning of the year?

Yes, once enrolled, UHC will send out premium payment coupon books to retirees and you have the option to pay your individual coverage monthly, quarterly, or annually. If you pay the full year's premium up front, you will receive a discount equivalent to \$2.00 per month or \$24.00 per year. This discount only applies to the AARP Medicare Supplement plan, not the Medicare Advantage plan.

Q17: What is the ETTP Healthcare Exchange Annual Enrollment Period?

The Federal Government sets the Annual Enrollment period and it is from October 15 to January 31. Medicare Advantage Plans may extend deadlines for changes in plans until March 31. However, in order to avoid a gap in medical coverage beginning on January 1, 2021, and in order to receive the full Annual RRA benefit dollars in your account, you must enroll no later than December 7. If you delay enrollment until January, you will not have coverage on January 1st and your RRA amount will be reduced (enrollment dates subject to change).

Q18: Why isn't UCOR offering the ETTP Retiree Healthcare Exchange to the active employees?

Under ACA regulations, if active employees were offered coverage through an Exchange, the government would consider that UCOR is not offering their employees insurance coverage, and UCOR would be taxed.

Q19: How will United Healthcare determine who is or is not a member of AARP?

Licensed Sales Representatives will not know until the "Needs Assessment" is completed and the Retiree informs the Representative with whom they currently have coverage.

Q20: Will the United Healthcare supplemental plans be participants in the SilverSneakers program and provide membership opportunities to retirees?

Post-Age 65 retirees enrolled in one of the AARP Medicare Supplement plans are eligible to participate in many exclusive health and wellness resources and services. Although UnitedHealthcare does not offer the SilverSneakers program any longer under the Medicare Supplement plans, there are other opportunities.

For retirees enrolled in a Medicare Supplement plan, and live in Tennessee, Kentucky, and Ohio, they have a new fitness program called *Health & Wellness*. It offers 50% discount at participating gym and YMCA locations.

For retirees enrolled in Medicare Advantage, they may have *Silver Sneakers* or *Renew Active*, depending upon the insurance plan in which they enrolled. They can find locations for Silver Sneakers at www.silversneakers.com as well as www.myrenewactive.com.

Q21: Once enrolled in a Medicare supplemental plan with United Healthcare, should retirees expect rate increases during the first 12 months? Will there be a rate increase for the retiree's birthday month?

The AARP Medicare Supplement plans are individually rated and filed in each state. In most states, rates for the plans are based on a community rating methodology plus an early enrollment discount where all members in the same rating class pay the same rate for the plan they choose. This excludes any applicable discounts for which a member is eligible. Retirees not in the early enrollment discount phase will see rates change once per year. For Ohio, Tennessee and Kentucky, that would be on April 1. For first year coverage, these states have a guaranteed rating period of 6 months, so in year 1, the rate change would be on 7/1. If the retiree were in the early enrollment discount phase, they would also see a rate change on the policy anniversary date (not birthday) until the discount is eliminated.

Q22: What is the relationship between United Healthcare and AARP?

AARP & UHC are separate organizations. The AARP Medicare Supplement plans are provided through UHC. AARP does not insure or sell the UHC AARP plans. The plans are only sold through UHC.

Q23: Regarding Medicare Advantage Plans (Part C) does it cover the estimated 20% Medicare Parts A and B co-pays and deductibles?

Yes, where available. Medicare Advantage plans replace Original Medicare Parts A & B and often Part D coverage with Medicare approved private insurance companies, like UnitedHealthcare, that contract with the Centers of Medicare and Medicaid Services. Generally speaking, these plans have low or no monthly premiums in addition to the Part B premium you continue paying. Some network restrictions could apply to that coverage such as requirements to use network doctors and hospitals, and to obtain a referral to see a network specialist.

Q24: Can I enroll in another health care plan and receive the stipend?

No, you must enroll in an UHC Plan through the ETPP Exchange Program by Dec 7 in order to have the stipend in effect at Jan 1, 2021 (enrollment dates subject to change).

Q25: What is meant by the term original Medicare?

The term “Original Medicare” refers to only Parts A and B.

Q26: In regard to Medicare Supplement Plan N can you further explain co-pays?

Under Medicare Supplement Plan N, participants who elect this plan will be responsible for Medicare Part B deductible of \$203 (if not met) and up to \$20 co-pay per office visit or up to \$50 co-pay per each ER visit. At the time of this update, the 2021 Part D Deductible amount has not yet been released by Centers for Medicare and Medicaid Services (CMS).

Q27: Can I enroll in a separate drug (RX) plan different from UHC offerings and receive the stipend?

Yes, you will receive the RRA stipend, provided you enroll in a medical plan under the ETPP Exchange Program through UHC by Dec 7 (enrollment dates subject to change).

Q28: How does the Medicare Part B excess charges applicable in some states? Is Tennessee an exempt state?

In some states which are not exempt, providers that do not accept the Medicare assignment can charge up to an additional 15% of costs to the amount of medical expenses that Medicare did not cover. Tennessee is not an exempt state. If you live in Connecticut, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, Rhode Island or Vermont, your doctors who participate in Medicare are prohibited by law from charging more than the assigned Medicare rates.

Q29: Can you explain as to what type of expenses can be reimbursed through the RRA?

You can be reimbursed for any type of expense as defined in IRS guideline 213d, including Medicare A and B premiums.

Q30: Does the Medicare Advantage Plan offer competitive prescription drug (RX) coverage?
RX coverage is available in some Medicare Advantage Plans, but the amount of coverage is limited. It is recommended that you carefully examine RX Plans that are offered with Medicare Supplement Plans or the Medicare Advantage Plans allow you to add a standalone RX Plan to ensure your RX needs are being met.

Q31: How often should I submit for reimbursement from the RRA?

If you are actively enrolled, it is your option to submit claims daily, weekly, or monthly, but you have 12 months (or 365 days) from date of occurrence to submit a valid health care expense (claim) for reimbursement from the RRA. If you terminate from the plan or pass away, you or family members have 180 days to submit claims. Normally claims should be at least \$25.

Q32: Can I change medical plans during the year?

Yes, if you elect a Medicare Supplement Plan you may change plans (e.g. Plan N to Plan F or vice versa) at the beginning of each month throughout the year. If a retiree wishes to change to Plan G during the year, they will be subject to medical underwriting. However, if you elect a Medicare Advantage Plan you may only change during annual enrollments or possibly during the year if you have a qualifying life-changing event.

Q33: I am already enrolled in Plan F. How can I ensure I am enrolled correctly under UCOR's Retiree Healthcare Exchange?

Call UHC's toll-free number and make sure they have you recorded under the ETTP Retiree Healthcare Exchange at 1-866-868-0605.

Q34: Can I receive a partial reimbursement towards my premium amount?

Yes, when you setup your RRA, you will just request that amount (i.e., \$100/month).

Q35: My wife does not turn 65 until March 2021. How does she enroll in Medicare?

She can enroll in Medicare 90 days prior to her 65th birthday. Make sure to choose Medicare Plans Parts A&B.

Q36: Is there a deadline for the number of years that the RRA can roll over?

No, it is a perpetual plan. However, remember that you have 365 days from the date of service to submit your valid expense claim for reimbursement.

Q37: Regarding the RRA, can I have a Medicare Advantage Plan come out of my Social Security check?

You can continue having that amount come out of your Social Security check, but will have to pay the premiums and show proof of payment to receive reimbursement from your RRA.

Q38: Is there a pre-existing clause in the Plan?

UnitedHealthcare does underwrite for certain pre-existing conditions in some states. As long as you enroll under a Guaranteed Issue right or during your Medicare Supplement Open Enrollment Period, pre-existing conditions would not be applied. See Question 39 for additional information.

Q39: If I choose to stay with my current plan that I like, and do not choose UHC, are there pre-existing condition limitations if I choose to enroll later?

If you enroll during the 6 month Medicare Supplement open enrollment period when turning age 65 and becoming Medicare eligible (6 months of turning age 65 or enrolling in Part B, or within 63 days of losing your employer coverage), you have Guaranteed Issue rights. We strongly suggest you call UnitedHealthcare and discuss this with one of their Advisors to confirm your eligibility and rights.

UnitedHealthcare does underwrite for certain pre-existing conditions in some states. As long as you enroll under a Guaranteed Issue right or during your Medicare Supplement Open Enrollment Period, pre-existing conditions would not be applied. However, if you are medically underwritten, certain pre-existing conditions would be evaluated.

Q40: My parents live in East TN now (the eligible retirees). If they move to Alabama in the future, will the plans be different?

Yes, plans could be different. Medicare Advantage Plans are based on that specific county level. This would be a special election situation.

Q41: Will the stipend stay flat at \$2,592 per year?

ETTP will review each year to make that determination.

Q42: If premiums are coming out of my checking account, why do I have to submit proof of payment? Can't UHC see that from my checking account?

UHC cannot view your checking account. This is a Federal and State banking law as well as a security concern.

Q43: Can the medical deductions continue to come out of my pension check?

No, UHC has no way to setup this withdrawal from your pension check.

Q44: I see that the Part D drug formularies vary between the three plans.

Yes, talk to the UHC Advisor for your best options.

Q45: Regarding the automatic deductions, do I need to go to my Credit Union and have them print a statement for proof?

The easiest way is to print a statement from the Credit Union from your home computer. You can also receive on-line and print a copy of your cancelled check.

Q46: I will choose medical through UHC, but will have vision, dental, and prescription through a different carrier (i.e., Humana). Will I be able to submit receipts for those claims through my RRA?

You must choose a medical plan through UHC to setup your RRA and receive a stipend. However, you may also submit receipts from your other non-UHC eligible services toward your RRA.

Q47: Can I make changes to my Plan selections that I have made during the enrollment period?

Yes, up to December 7. Beginning in January, Medicare Supplement Plans can be changed month to month (enrollment dates subject to change).

Q48: Can I transfer an existing UHC drug plan from another plan?

It depends, it is recommended that you call the UHC Call Center and speak with the advisors who can offer special details about the UHC drug plan you are currently enrolled.

Q49: If I am currently enrolled in another medical plan and now decide to enroll in the UHC Plan under the ETTP Exchange Program, should I call the other carrier to cancel or will UHC handle that communication?

You will need to cancel any other insurance that you do not want coverage for in 2021. UHC cannot cancel plans on your behalf.

Q50: If I am covered as a dependent (but the ETTP retiree) under my spouse's group plan from another employer, what must I do to enroll in the ETTP Exchange if I want to change medical carriers?

First, you must be the primary retiree in order to enroll in the ETTP Exchange Program. As a post-age 65 retiree, you must enroll in Medicare Parts A and B and then enroll in the ETTP Exchange Program by December 7 (enrollment dates subject to change). It is the retiree's responsibility to contact Mercer Single Source 1 for any future benefit coverage options at 1-888-890-5631. They will be able to review your plan options and guide you to the appropriate retiree benefit sources. Please be sensitive to cancel any coverage not desired in 2021 from other carriers.

Q51: If I am currently enrolled in another UHC Exchange Plan through another employer, can I receive the stipend?

Generally, yes, you must call the UHC Call Center and request that your current UHC Plan be transferred to the ETTP Exchange Program. However, it is your responsibility to advise your current employer of this change and preclude any stipends that employer may be offering. Also, please be sensitive that the other employer may have future enrollment restrictions if at a later date you want to change your coverage back to your former arrangement.

Q52: If I am currently AARP member will UHC cover my membership fees in 2021?

No, UHC will only cover the AARP fees for new members in the initial year of enrollment.

Q53: Can I defer enrollment in the ETTP Exchange Program until 2021 or beyond?

Yes, under the current ETTP Retiree Medical Benefit Plan Document provisions. However, be sensitive to individual medical underwriting requirements utilized by UHC if you choose to defer RHE enrollment to a date after your initial enrollment eligibility period. Because of individual product choices and specific needs, there are some situations that may trigger medical underwriting reviews resulting in higher premiums. Questions should be directed to UHC in advance to ensure you are fully aware of any pending impacts prior to cancellation of existing coverage.

Q54: Can you use the RRA to receive reimbursements for plan premiums as recurring reimbursement?

Yes, instructions will be provided upon enrollment through the RRA information kit to be mailed in December.

Q55: Can I be automatically reimbursed as a recurring reimbursement through the RRA for the Medicare Parts A & B premiums that are deducted from my Social Security check?

Yes, the Retiree will need to fill out the RRA recurring claim form annually and provide supporting premium documentation.

Q56: Currently under the ETTP group plan, my husband and I are under a joint plan with Aetna, how will this work under the UHC Exchanges?

Under the ETTP Exchange Program, each enrolled and eligible retiree/spouse will have separate medical plans and separate RRA accounts with UHC. Each will draw from their own RRA to seek reimbursement for health care expenses not coverage by the elected medical or drug plan.

Q57: Can the medical premium be paid out of my RRA account?

The participant is responsible to pay their premiums directly to their carrier; most efficient way to pay them is through electronic fund transfer (EFT). This will be drawn around the 5th of each month. Once you pay the first month, ask to be setup for a recurring reimbursement.

Q58: Why is there an out of pocket maximum on the Medicare Advantage plans but not on most of the Medicare Supplement plans?

Since the vast majority of Medicare Supplement plans leave the member with little to no out of pocket expenses for Medicare covered medical expenses, the protection of the out of pocket maximum is not necessary on those plans. Medicare Advantage plans provide comprehensive medical coverage – at a very low to \$0 premium with members paying co insurance or copays as they access services throughout the year; these plans typically provide an out of pocket maximum for members to provide a limit or cap to the out of pocket expenses that a member could be responsible for during a specific calendar year.

Q59: If UHC does not provide a Part D plan that I prefer, can I enroll in a different company's Part D plan?

Yes, but remember, you must enroll in a medical plan through UHC to receive a stipend.

Q60: What happens if UHC's prescription plan does not carry the drug that I need? Will I have to pay for that drug?

Talk to your doctor about alternatives. If there are no alternatives, ask for prior authorization. However, yes, you can also pay for that drug and submit that invoice towards your RRA reimbursement.

Q61: I am a retiree and I have medical insurance through another carrier, can my spouse enroll in the ETTP Exchange Program and receive a stipend or in the Pre-age 65 ETTP group insurance?

No, in order for a spouse to be eligible for benefits under the ETTP Plans, the eligible retiree must enroll in medical coverage through the ETTP plans subject to the retiree's eligibility.

Q62: I am a Pre-age 65 retiree, what are my medical insurance options?

ETTP offers a group medical insurance plan for eligible Pre-age 65 retirees and spouses. You will receive enrollment deadline information in the mail for January 1, 2021 coverage. The eligible retiree must enroll in medical coverage in order for the spouse to enroll.

Q63: I am a Post-age 65 Retiree, what are my medical insurance options including my Pre-age 65 spouse?

As an eligible Post-age 65 Retiree, you may enroll in the ETTP Retiree Healthcare Exchange (RHE) Program through December 7, 2020, managed by UnitedHealthcare for 2021 coverage and receive a stipend. Enrollments on the RHE that are deemed late require a qualifying life event change in order to receive the stipend. Eligible Pre-age 65 spouses may enroll in the ETTP group medical insurance plan only if the retiree is enrolled in an ETTP medical insurance plan (enrollment dates subject to change).

Q64: I heard that Medicare Supplement F is being replaced. Can you explain?

Plan F is not being replaced. As a result of the Medicare Access and Reauthorization Act of 2015 (MACRA), Plan F will no longer be offered to anyone who enrolls in Medicare Parts A & B as of January 1, 2020. Plan F is still an option for anyone enrolled in Medicare prior to January 1, 2020. Those currently enrolled in Plan F will be able to keep their plan.

Q65: Can you explain the difference between Medicare Supplements G and F?

Plan G is a new Medicare Supplement offering and available in most states. Plan G is very comprehensive in coverage and similar to Plan F with minimal out-of-pocket expense. One difference between Plan G and Plan F is that the Part B annual deduction is not covered under Plan G.

Q66: I still have questions about the changes. Whom can I call?

If you have general questions about the changes or eligibility, you can contact the UHC Customer Service Center by calling 866-868-0605. Representatives are based in the United States and are available seven days a week from 8:00 a.m. – 8:00 p.m. (ET). Learn more online at: www.myuhcplans.com/ettp.

In addition, ETTP has established an external web site: www.ucor.com/RetireeHCInfo.html, in which retirees can access and view current information, planned informational/educational sessions, enrollment period, and submit questions regarding the transition to ETTP Retiree Healthcare Exchanges.