

Post-Age 65 Retirees Specific Questions & Answers

Oak Ridge Reservation Cleanup Contract (ORRCC) Retiree Medical Benefit Plan is sponsored by United Cleanup Oak Ridge LLC (UCOR) through a Multiple Employer Welfare Arrangement (MEWA)

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

Yes, eligible retirees enrolled in Medicare Parts A and B and who are in the Post-Age 65 group, can choose from a variety of UnitedHealthcare's plans including: Medicare Supplement Plans, Medicare Advantage and Medicare Part D Prescription Drug plans.

UnitedHealthcare's experienced Medicare Plan Experts and Licensed Sales Representatives will help guide you through choosing the plan that best fits your needs. UnitedHealthcare® (UHC), is 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 ORRCC 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 includes 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: myuhcplans.com/ORRCC.

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 20 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 Medicare Plan Experts 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: What will happen if I delay enrolling in the ORRCC Retiree Healthcare Exchange at my eligibility date but prefer to wait until later?

If you choose to enroll at the next annual enrollment, 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. You may also incur a Late Enrollment Penalty assigned by Medicare. A late enrollment penalty (LEP) is a monthly fee that may be added to a Medicare beneficiary's premium if they don't enroll in Medicare Part D during the initial enrollment period or if they go without creditable prescription drug coverage for at least 63 days.

Q5: I am not currently enrolled in the ORRCC Retiree Healthcare Exchange Program. Will I be able to enroll in the ORRCC Retiree Healthcare Exchange Program at a later date?

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 periods in the ORRCC Retiree Healthcare Exchange Program. These changes will take effect on January 1st of the following year. You may also enroll throughout the plan year if you have a Qualifying Life Event (loss of coverage, etc.)

Eligible Post-Age 65 participants must have enrolled in Medicare Parts A and B. The Medicare annual benefits open enrollment usually takes place October 15 through December 7; These dates are set by Medicare.

Q6: How do I purchase medical, dental, prescription and vision insurance through the ORRCC Retiree Healthcare Exchange Program? UnitedHealthcare offers a broad range of Medicare products, so you have options to help fit your health care needs. UnitedHealthcare's experienced Medicare Plan Experts and Licensed Sales Representatives will help guide you through choosing the plan that best fits your needs. You can choose from a variety of UnitedHealthcare plans including Medicare Advantage Plans, Medicare Prescription Drug Plans and Medicare Supplement Plans. Individual dental and vision plans are available. For more information, please contact UHC Customer Service Center at 1-866-868-0605.

Q7: Will the retiree still be able to use the pharmacy of their choice, or will they be required to use a carrier-selected pharmacy?

With UnitedHealthcare Part D Prescription Drug coverage, you may get access to more than 65,000 pharmacies nationally as well as Optum® Home Delivery Pharmacy.

The UHC Medicare Plan Experts will review the UHC networks, and the 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 less expensive generic drugs, if available. Members can call UHC Customer Service Center at 1-866-868-0605 to confirm their pharmacy is in network or visit myuhcplans.com/orrcc.

Q8: Will the retiree have to secure new prescriptions from their doctor for mail order (maintenance drugs)?

You may need to obtain a new prescription from your doctor if you utilize the mail-order service offered through UnitedHealthcare's Prescription Drug plan, Optum Home Delivery Pharmacy. You do not need a new prescription to pick up your medication at your in-network retail pharmacy.

Q9: 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. UHC follows standard rules applicable to the medical underwriting requirement regarding GI coverage for new ORRCC 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

Q10: Will eligible retirees continue to be covered by the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) under the ORRCC Retiree Healthcare Exchange?

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

Q11: How much will my former employer contribute to my new RRA?

The amount that your former employer contributes (stipend) to your RRA may be adjusted annually. Each eligible retiree and/or eligible spouse will receive an annual fixed amount which will be added to the individual RRA account. If you enroll mid-year this amount will be prorated accordingly. Below are the annual **2025 RRA** contribution rates (subject to proration):

Post-Age 65 Participants	Retiree Only	Eligible Spouse Only
Employer's Annual RRA Contribution	\$2,784	\$2,784

Q12: 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 spouses only.

Q13: 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.

Q14: If I have Medicare Part D coverage elsewhere, may I still enroll in medical coverage through the ORRCC Retiree Healthcare Exchange and receive the RRA?

Yes, as long as you enroll in Medical coverage through the ORRCC 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.

Q15: 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 (amount may vary). This discount only applies to the AARP Medicare Supplement plan, not the Medicare Advantage plan.

Q16: What is the ORRCC Healthcare Exchange Annual Enrollment Period?

The Federal Government sets the Annual Enrollment period, and it is from October 15 to December 7th. 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, , 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).

Q17: 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.

Q18: Will 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. Contact the UnitedHealthcare Customer Service Center at 1-866-868-0605 to review the wellness benefits, including gym memberships, available in your area.

Q19: 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.

Q20: 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.

Q21: Regarding Medicare Advantage Plans (Part C) does it cover the estimated 20% Medicare Parts A and B co-pays and deductibles?

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.

Q22: Can I enroll in another health care plan and receive the stipend?

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

Q23: What is meant by the term original Medicare?

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

Q24: 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 ORRCC Exchange Program through UHC by Dec 7 (enrollment dates subject to change).

Q25: How does 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.

Q26: 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 and your UnitedHealthcare Medicare plan premiums

Q27: Does the Medicare Advantage Plan offer competitive prescription drug (RX) coverage? Part D coverage can be obtained in one of two ways: (1) as a stand-alone Part D plan, (2) as part of a Medicare Advantage plan that includes prescription drug coverage. With either choice, the different drugs covered will vary from plan to plan. Most Medicare Advantage plans also include Part D prescription drug coverage.

It is recommended that you carefully examine Stand-alone Prescription Drug Plans and the Medicare Advantage Plans to ensure your RX needs are being met.

Q28: How often should I submit for reimbursement from the RRA?

If you are an enrolled participant, it is your option to submit claims daily, weekly, or monthly, but valid health care expenses (claims) for reimbursement from the RRA need to be submitted within the current Plan Year, along with a 90-day runout period from end of calendar year. Normally claims should be at least \$25.

A run-out period is a timeframe in the new plan year during which you can file claims for expenses incurred in the previous plan year. You must file these claims directly through your ORRCC/UCOR contact.

Q29: 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.

Q30: 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 ORRCC Retiree Healthcare Exchange at 1-866-868-0605.

Q31: Can I receive a partial reimbursement towards my premium amount?

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

Q32: My wife does not turn 65 until March 2025. 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.

Q33: Is there a deadline for the number of years that the RRA can roll over?

Yes, unused RRA Balances (Benefit Dollars) will carry forward from year-to-year (\$5,000 limit) and will be available for use, as long as the eligible retiree or eligible Post-Age 65 spouse (if enrolled) meets the Plan eligibility requirements and remains enrolled in medical coverage in the ORRCC Retiree Healthcare Exchange Program.

Q34: 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.

Q35: Is there a pre-existing clause in the Plan?

UnitedHealthcare does underwrite 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 38 for additional information.

Q36: 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 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.

Q37: 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.

Q38: Will the stipend stay flat at \$2,784 per year?

UCOR will review each year to make that determination, and a notification of changes will be mailed to your address on file.

Q39: 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.

Q40: Can the medical deductions continue to come out of my pension check?

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

Q41: I see that the Part D drug formularies vary between the plans.

Yes, contact UnitedHealthcare at 1-866-868-0605 to discuss the Prescription Drug plans and the formularies that best meet your needs.

Q42: 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 them online and print a copy of your cancelled check.

Q43: 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 set up your RRA and receive a stipend. However, you may also submit receipts from your other non-UHC eligible services toward your RRA.

Q44: 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).

Q45: If I am currently enrolled in another medical plan and now decide to enroll in the UHC Plan under the ORRCC Exchange Program, should I call the other carrier to cancel or will UHC handle that communication?

You will need to cancel any other insurance in which you do not wish to remain enrolled. UHC

cannot cancel plans on your behalf.

Q46: If I am covered as a dependent (but the ORRCC retiree) under my spouse's group plan from another employer, what must I do to enroll in the ORRCC Exchange if I want to change medical carriers?

First, you must be the primary retiree in order to enroll in the ORRCC Exchange Program. As a post-age 65 retiree, you must enroll in Medicare Parts A and B and then enroll in the ORRCC Exchange Program by December 7 (enrollment dates subject to change). It is the retiree's responsibility to contact Emyrean for any future benefit coverage options at 1-800-451-8964. 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 from other carriers.

Q47: 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 ORRCC 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.

Q48: If I am currently AARP member will UHC cover my membership fees?

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

Q49: Can I defer enrollment in the ORRCC Exchange Program?

Yes, under the current ORRCC 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.

Q50: 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.

Q51: 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.

Q52: Currently under the ORRCC group plan, my husband and I are under a joint plan with Blue Cross Blue Shield of TN, how will this work under the UHC Exchanges?

Under the ORRCC 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.

Q53: Can the medical premium be paid out of my RRA account?

The participant is responsible for paying 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 for the first month, ask to be set up for a recurring reimbursement.

Q54: 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 coinsurance 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.

Q55: 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.

Q56: 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.

Q57: I am a retiree, and I have medical insurance through another carrier, can my spouse enroll in the ORRCC Exchange Program and receive a stipend or in the Pre-age 65 ORRCC group insurance?

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

Q58: I am a Pre-age 65 retiree, what are my medical insurance options?

ORRCC offers a group medical insurance plan for eligible Pre-age 65 retirees and spouses. Y The eligible retiree must enroll in medical coverage in order for the spouse to enroll.

Q59: 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 ORRCC Retiree Healthcare Exchange (RHE) Program through December 7 managed by UnitedHealthcare for 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 ORRCC group medical insurance plan only if the retiree is enrolled in an ORRCC medical insurance plan (enrollment dates subject to change).

Q60: 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.

Q61: Can you explain the difference between Medicare Supplements G and F?

Plan G is a 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.

Q62: I still have questions about the plans Whom can I call?

If you have general questions about the plans or eligibility, you can contact the UHC Customer Service Center **866-868-0605**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days per week, October 1–March 31 and 8 a.m.–8 p.m. local time, M–F, April 1–September 30. Learn more online at: www.myuhcplans.com/ORRCC

In addition, ORRCC has established an external web site: <https://ucor.com/benefit-center/retiree-healthcare-exchange-information/> in which retirees can access and view current information, planned informational/educational sessions, enrollment period, and submit questions regarding the transition to ORRCC Retiree Healthcare Exchange.