**FAQS: MEDICARE-ELIGIBLE RETIREE MEDICAL COVERAGE**

**What is OneExchange?**
OneExchange is a company that is experienced in helping retirees evaluate and enroll in Medicare supplemental insurance. OneExchange is not an insurance company. OneExchange is a resource providing you access to a state-of-the-art Medicare exchange – sometimes called a marketplace – containing a wide assortment of plans from more than 100 of the largest and most popular national and regional health insurance companies. GW has chosen OneExchange to support you specifically because of the OneExchange expertise in helping Medicare eligible retirees find and enroll in supplemental health care coverage in the individual market.

**Who is eligible to enroll in medical coverage through OneExchange?**
Retirees, spouses, domestic partners, and surviving spouses or domestic partners of retirees who are age 65 or older and are eligible to enroll through OneExchange.

**What if I am a retiree under the age of 65?**
You will be covered under the GW Retiree Health Savings Plan (HSP) with UHC until you turn 65. OneExchange will contact you about transitioning to the exchange before you turn 65.

**Can I enroll my spouse or domestic partner in the program if they are not yet age 65?**
No. The plans available through OneExchange are for individuals age 65 or older only. If your spouse or domestic partner is covered under your GW medical plan when you retire, but is not yet 65, they are eligible for the GW Retiree HSP as long as you elect coverage through the GW Retiree HSP or through OneExchange. Once your spouse or domestic partner reaches age 65, they will be offered coverage through OneExchange.

**I am Medicare-eligible due to disability, and not yet 65, can I enroll in the program?**
No, you will be covered under the GW LTD PPO until you reach age 65.

**Can I add new dependents to my coverage?**
OneExchange can assist your dependent in enrolling in a Medicare health insurance plan.

**What if I’m a post-65 retiree who is covering a dependent child who is under age 26 or disabled?**
Dependent children under 26 or disabled are eligible for the GW Retiree HSP. Note: You must continue coverage through OneExchange for your dependent to remain eligible for coverage under the GW Retiree HSP.

**Can I choose not to enroll in a medical plan through OneExchange?**
Yes, but you may be required to go through medical underwriting if you desire to enroll later.

**How do I enroll?**
If you are currently enrolled in the GW Retiree HSP, Instructions on how to prepare for your enrollment, evaluate your options, and complete your enrollment will be mailed to you directly by OneExchange. Watch your mail for this important information, and open and review the materials immediately. You may access a recorded presentation anytime online at medicare.oneexchange.com/GW.

If you are retiring at age 65 or older, please contact GW Benefits at 571-553-8382 to make sure your information is transmitted to OneExchange.

**Are my options and rates affected by my current or past health?**
No. There are no health-based restrictions, nor are any “penalties” reflected in your premiums as long as you enroll.

**How long does enrollment take?**
Most people are able to complete their enrollment in one call. Call duration varies, but most calls average slightly more than an hour. Those who have completed their personal online profile in advance tend to have shorter calls. Look for more information about how to access the online tools in the Enrollment Guide you will receive from OneExchange in the coming weeks.

**How will I pay for the new coverage?**
It is important to understand that you will be responsible for paying your insurance premiums directly to your insurance provider once you enroll. When you have selected and enrolled in your new coverage, your benefit advisor will be able to tell you how much to expect your monthly insurance premium to be, and can help you select among payment options. After your application is processed, you will be billed directly by your insurer. Because the price of coverage varies by plan in the individual market, you will not know how much you will pay until you have selected your new plan. You are able, however, to search for coverage by price either online or with the help of your OneExchange benefit advisor during your enrollment call.
Some insurers may require first month’s premium payment during the application process. In this case, expect to make a payment within a few days of your enrollment. To expedite your enrollment call, have your payment information ready when you contact OneExchange. Most insurance companies give you several billing options for ongoing payments: direct billing, Electronic Funds Transfer from your checking account, or automatic deduction from your Social Security check.

**Does OneExchange offer dental insurance?**
Yes. Dental insurance plans are available through OneExchange. These plans include a wide range of services. Learn more about dental plan features on the OneExchange website, or ask about them during your enrollment call. GW also offers retiree dental plans; you will receive information about these plans from PayFlex. You should compare all available plans before making your final decision to enroll in a dental plan through OneExchange or PayFlex.

**Does OneExchange offer vision insurance?**
Yes. The vision insurance option available through OneExchange offers immediate access to premium vision coverage—including annual eye exams, prescription eyewear, personalized care and more. GW also offers retiree vision plans; you will receive information about these plans from PayFlex. You should compare all available plans before making your final decision to enroll in a dental plan through OneExchange or PayFlex.

**If I don’t like the plan I enrolled in, when can I change?**
Every year an Open Enrollment Period, held **October 15-December 7**, allows you to investigate other Medicare supplemental plans and enroll in a different plan. However, after your initial enrollment, your medical status may limit the plans available to you. You will be able to enroll in a Medicare Advantage plan without having to worry about pre-existing conditions, but if you switch to a Medigap plan at a later date medical underwriting may be considered when determining the rate you would pay. OneExchange will contact you during the Open Enrollment Period, and we encourage you to contact OneExchange should you have any questions.

**What is the difference between Medicare Advantage and Medigap?**
A Medicare Advantage plan is a Medicare Part C plan. There are several types of Medicare Advantage plans available, including: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Private Fee-for Service (PFFS), Special Needs Plan (SNP).

A Medigap plan, also called a Medicare Supplement plan, helps pay the difference between what original Medicare (Medicare Parts A and B) pays and what you pay out of pocket. There are 10 different Medigap coverage options to choose from. Plans are labeled A, B, C, D, F, G, K, L, M, and N.

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<th>Eligibility</th>
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<th>Medigap/Medicare Supplement</th>
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<td>Must have original Medicare, Parts A and B, and live within the plan’s service area.</td>
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<th>Costs (premiums, copayments, coinsurance, out-of-pocket maximums)</th>
<th>Medicare Advantage</th>
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<td>Costs vary by state. Typically, you will pay a copayment for most medical services. Plans do have an out-of-pocket maximum. You will also still need to pay your Part B premium.</td>
<td>Premiums can vary with gender and health, and may increase with age. Premiums for the same plan may differ from company to company. Generally, there are no copayment costs for Medicare-covered services at the time of service, and no out-of-pocket maximums.</td>
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<th>Provider choice and availability</th>
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<td>HMOs and PPOs maintain provider networks. They must have available Medicare-assigned providers in order to accept new members. HMOs generally cover in-network only, and referrals may be required for specialist visits. PPOs cover out-of-network providers, but costs may be higher. In a PPO, referrals are usually not required when you need to see a specialist. PFFS plans have no provider network, and it may be hard to find providers that accept them in some areas.</td>
<td>You can go to any doctor or health care provider that accepts Medicare. Referrals by your primary care doctor are usually not required to see a specialist. It may be hard to find providers accepting Medicare Parts A and B in some areas.</td>
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Prescription drug coverage

These plans generally include prescription coverage. Not included. If you want drug coverage, you will need to enroll in a Medicare Part D prescription drug plan.

Extras

Some Medicare Advantage plans include routine dental and vision coverage. Plans typically cover the "gap" in what Medicare Parts A and B covers, such as copayments and deductibles. Some plans cover medical care when traveling outside the U.S.

If I need assistance can someone else contact One-Exchange and speak with a benefit advisor on my behalf?
Yes, but this person can only complete your enrollment if they have your medical Power of Attorney. During your call, inform the Benefit Advisor that there will be a Power of Attorney on the account. You may also provide this information to OneExchange online in advance of your call to expedite your enrollment.

Once I have enrolled, who do I contact regarding any questions I have about my coverage?
If you have any questions, you can contact OneExchange at 855-232-5748. You can also visit online at: medicare.oneexchange.com/GW.

How do I qualify for the Catastrophic Drug Coverage Reimbursement?
You must enroll in a medical plan through OneExchange and must also have a Part D plan. Once the True Out Of Pocket (TrOOP) expense of your prescription drugs reaches $4,950, you may receive additional reimbursement. More information will be provided in the guide you will receive once you enroll.

Can I continue to see my current doctor?
We understand the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend talking to your health care providers prior to your call, and asking which insurance plans they accept. To help you enroll, OneExchange may need your doctor's name and address.

Do I need Internet access to learn about my options or to enroll?
No. Your OneExchange benefit advisor will walk you through your options and complete the enrollment process by phone. However, if you have Internet access, informational tools you may find helpful are available on the OneExchange website: medicare.oneexchange.com/GW

Will OneExchange be available to assist me after I am enrolled?
Yes. When you purchase a Medicare supplemental plan through OneExchange, they continue to be your advocate for the lifetime of your enrollment. If your medications or health needs change, or you move, contact OneExchange to determine if your plan is still the right one for you. They are available to help you make changes if necessary.

Will my premium rates increase each year? If so, by how much?
In general, insurance premiums do increase every year. The year-to-year increase in the cost of plans in the private Medicare exchange can vary; for over a decade annual increases have been in the single digits.

Will OneExchange contact me?
Yes, to ensure all GW retirees have all the information they need to make their medical plan choice, OneExchange may contact you by phone in addition to sending out mailings and reminders.