



OneExchange™
from Towers Watson

**Helping You Prepare For Your Upcoming
Medicare Enrollment**

TOWERS WATSON 



- **Who We Are**
- **Transitions Can Be A Good Thing!**
- **OneExchange – For Your Benefit**
- **A Deeper Dive – Benefit Advisors,
Private Exchange, Optimize Savings**
- **Next Steps**
- **Questions & Answers**

About OneExchange

Towers Watson
over
100
years experience

Hundreds of thousands
of retirees served across
300+ employers

Licensed advisor provides
guidance and **lifetime**
advocacy

Personalized options with **plans** from
a nationwide network of
carriers

Founded in 2004

No fees for
our service

In the middle of our
9th annual
enrollment season

First and **Largest**
private Medicare Exchange

The Transition Process

Consultative Process



Simplified Selection



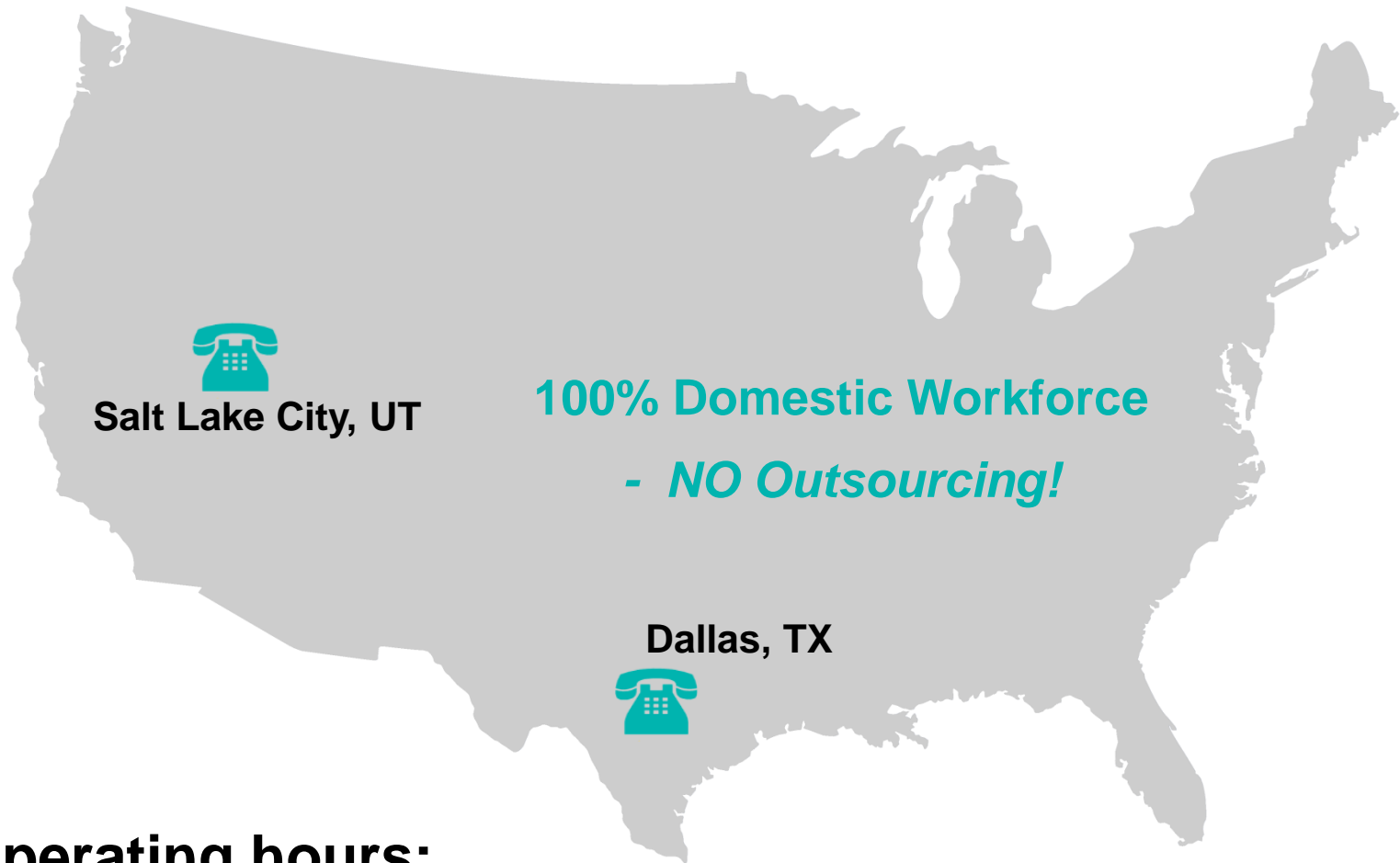
Effortless Enrollment



Lifetime Advocacy



Our Service Centers



Salt Lake City, UT

100% Domestic Workforce
- NO Outsourcing!

Dallas, TX

Operating hours:
Monday-Friday 7am- 8pm CT

Plans and Partners

All Plan Types

Medicare Advantage

Medicare Supplement
(Medigap)

Prescription Drug
(Part D)

Dental Plans & Vision Plans



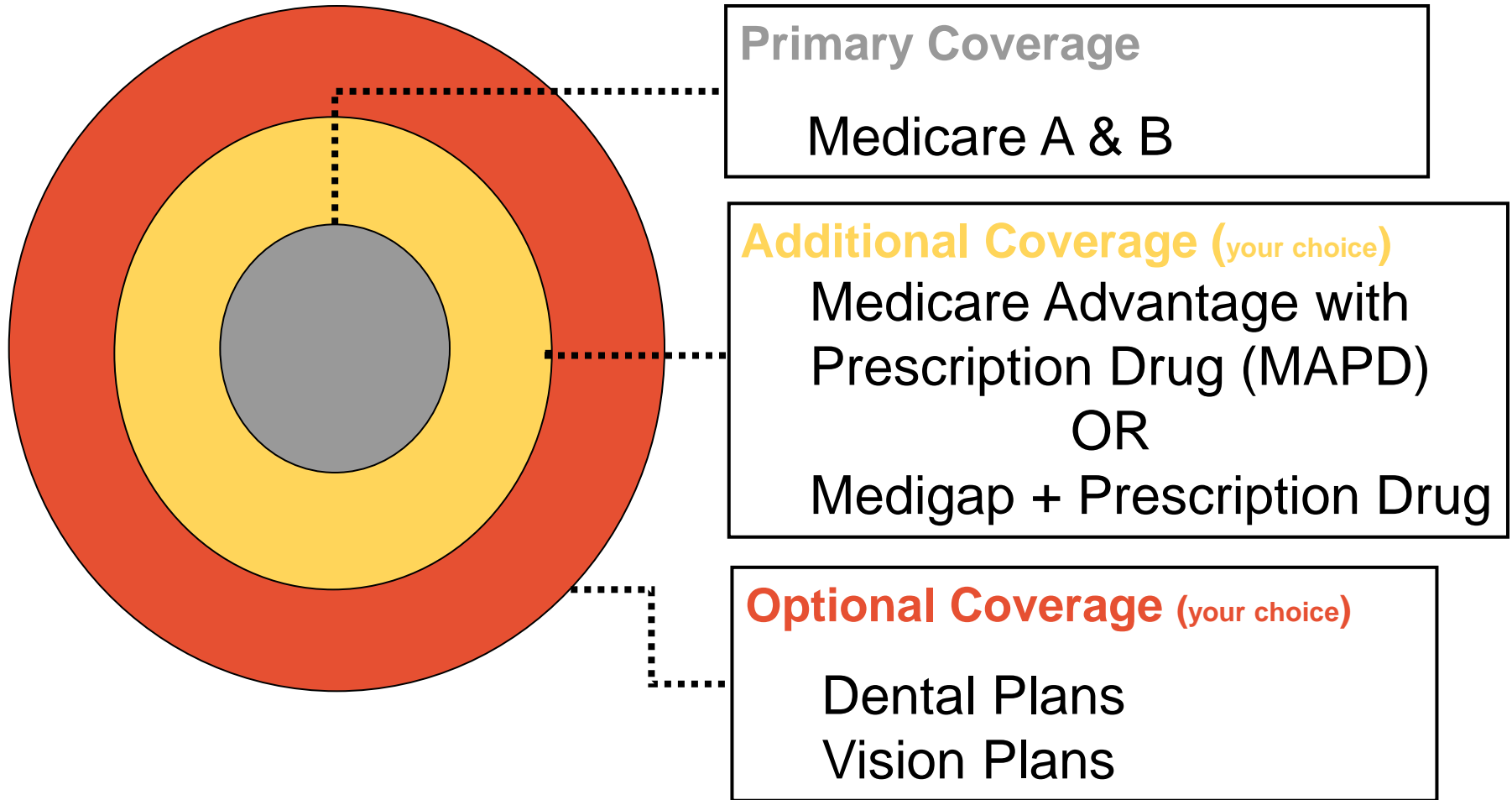
Wide selection of plans from leading national / regional carriers



OneExchange

Your Future Coverage

Your Future Coverage



OPTION 1

Medicare Advantage Plan with Prescription Drug Coverage (MAPD)*

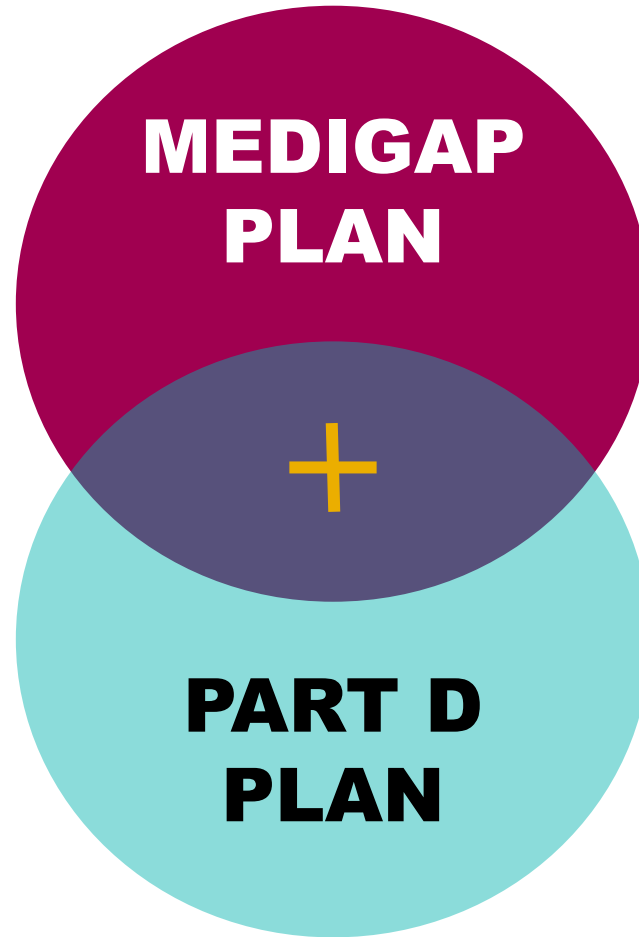


**MEDICARE
ADVANTAGE**

** Note that Medicare Advantage plans are generally network based plans.*

OPTION 2

Medigap Plan + Part D Plan



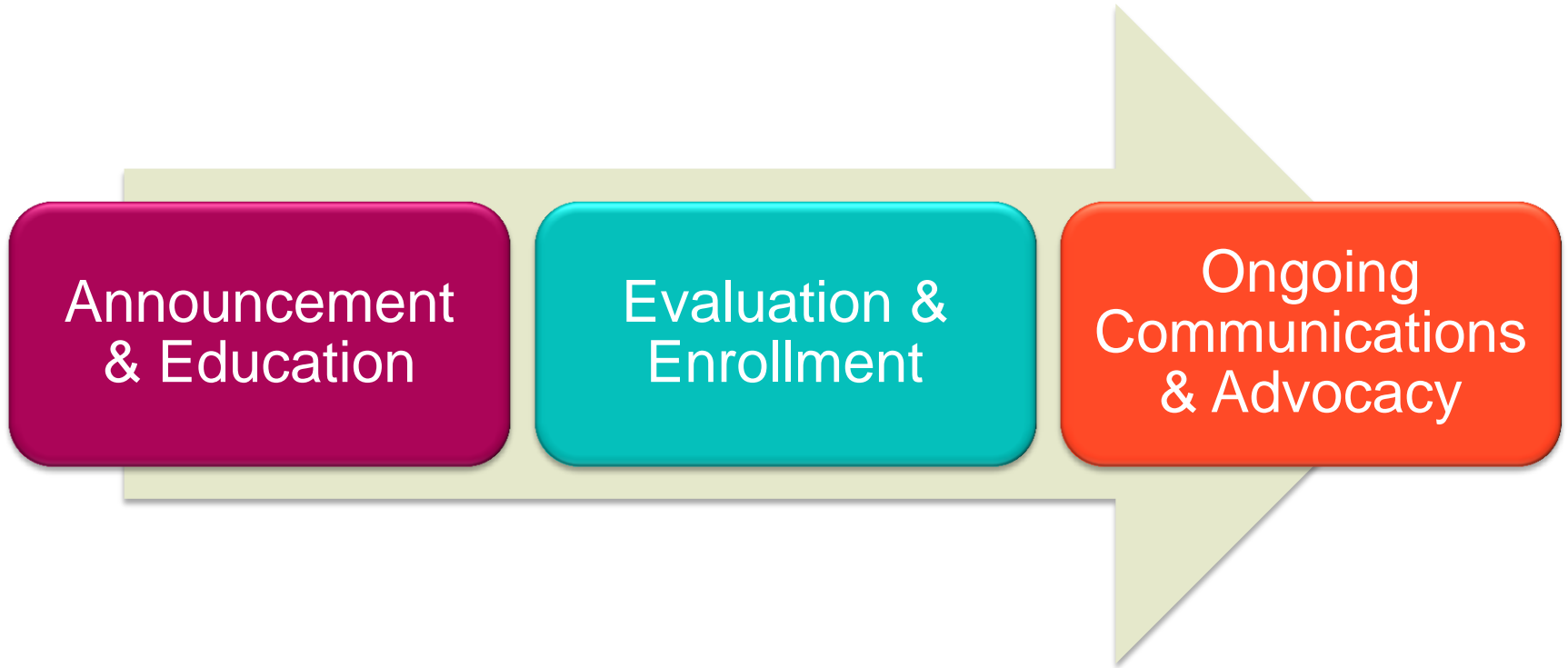
Note: You may need to pay your first premium when you enroll in coverage.



OneExchange

A Deeper Dive Into Our Process

Your Experience



Education

Getting Started Guide

Pre-existing conditions will not limit your plan selection*

** Except end-stage renal disease.*

Make your First Contact call

TOLL FREE

1+866-249-7785

medicare.oneExchange.com/gbophb

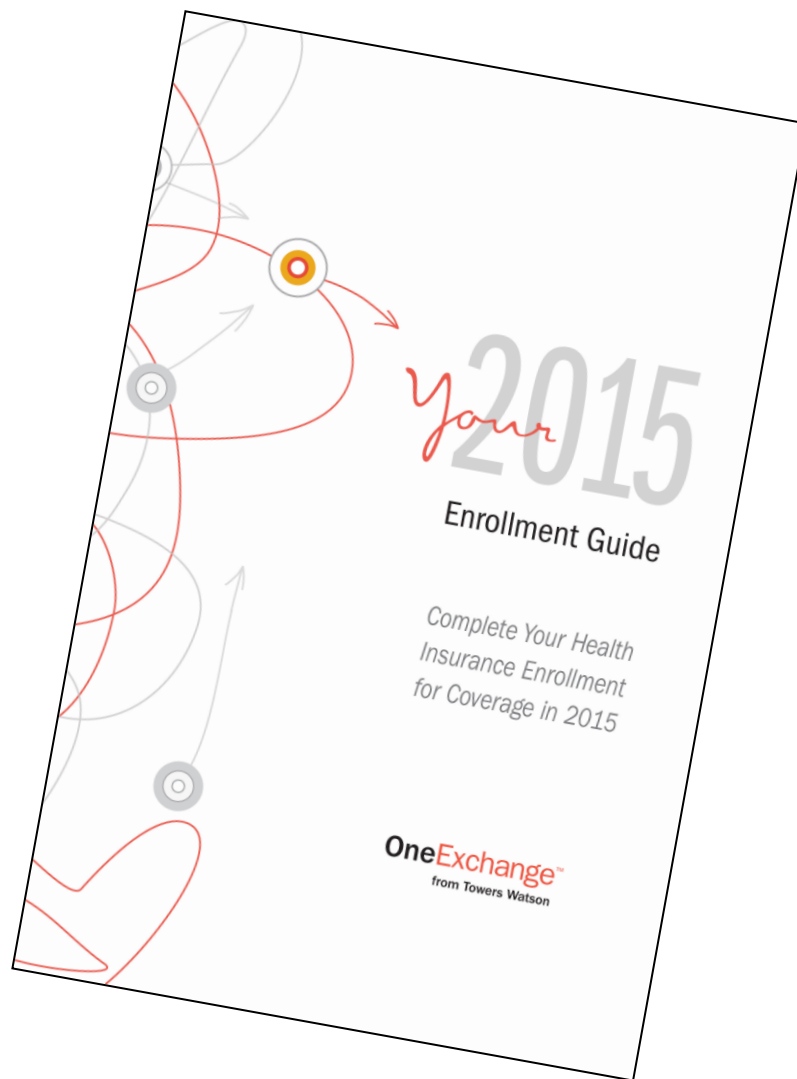


Education

Enrollment Guide

Prepare for Your Enrollment Consultation

- Review Medicare basics
- What to expect on your enrollment call
- FAQ's
- Appointment confirmation



Benefit Advisors



Hours of Operation

Monday – Friday
7 am – 8 pm CT

- **Licensed / Certified / Appointed**
- **OneExchange University™**
- Average age 43
- Objective & unbiased
- 100% domestic workforce

Decision Support Tools

- Help Me Choose
- Prescription Profiler

The screenshot shows the Medicare Prescription Profiler tool interface. At the top, there are navigation tabs for 'MEDICARE' and 'HEALTH INSURANCE'. Below the tabs, there are links for 'Shop Plans', 'Help Me Choose', 'Prescription Profiler™', and 'Understanding Medicare'. The main heading is 'Prescription Profiler™' with a sub-heading 'Search Medicare plans using your list of prescriptions to find your lowest-cost coverage options.'

On the left side, there is a section for 'Applicant Details' with the following information: Zip Code: 94303, County: San Mateo, Gender: Male, Born: 6/20/1948, Tobacco use: No, Disabled: No, Coverage Starts: 7/1/2013. There is a 'Change details' link. Below this is a 'Speak to an Expert' section with contact information: 1-866-322-2824 (TTY: 711), Mon-Fri 8:00am - 9:00pm Eastern.

The main content area has two steps: '1 Enter your prescriptions' and '2 Select your pharmacy (optional step)'. Step 1 includes a text input field for 'Enter the name of the medication' and a 'Search' button. Step 2 includes a 'Find my pharmacy' button. A green 'Go' button is located at the bottom right of the form.

medicare.oneExchange.com/gbophb

24/7 access to your information


Load in your prescriptions - Shorten your time on the phone with us!

Enrollment Process




- Benefit Advisors can discuss coverage options with anyone
- Telephonic enrollment – 2 part process
- 100% of calls are recorded

Selection Confirmation Notice



Selection Confirmation

Your applications have been submitted for the plans listed below



from Towers Watson

Client logo

1 1 SP 0.900
 *****SINGLP T1 P1
 <First Name> <Last Name>
 <Address Line 1>
 <Address Line 2>
 <City>, <State> <ZIP CODE>

Dear <FirstName LastName>,

This letter confirms that you have made your health care plan selection(s) for <year>, and that your application(s) have been submitted to the insurance carrier(s) listed below. Please review this statement carefully to ensure that it reflects the choices you have made. If the plan(s) or premium(s) are not what you expected, please contact OneExchange immediately at <ClientPhoneNumber>.

This letter does **not** confirm acceptance of your applications or that your plan(s) have been issued, and cannot be used as proof of coverage. This letter only confirms that your applications have been submitted.

Once your application(s) are accepted, you will begin to receive information directly from your insurance carrier(s).

Please note: Due to final rate approvals and insurance carrier-applied discounts, final premiums may vary from those shown below.

Plan name	Premium	Desired coverage start date	<Y/N> Auto reimbursement
<Medical carrier name, plan name that might be more than two lines> Confirmation #: < App Confirmation ID>	<\$000.00> <per month>	<Month DD, YYYY>	<Medical auto reimbursement status>
<Part D carrier name, plan name that might be more than two lines> Confirmation #: < App Confirmation ID>	<\$000.00> <per month>	<Month DD, YYYY>	<RX auto reimbursement status>
<Dental carrier name, plan name that might be more than two lines> Confirmation #: < App Confirmation ID>	<\$000.00> <per month>	<Month DD, YYYY>	<Dental auto reimbursement status>
<Vision carrier name, plan name that might be more than two lines> Confirmation #: < App Confirmation ID>	<\$000.00> <per month>	<Month DD, YYYY>	<Vision auto reimbursement status>

- You may review the plan(s) that you selected – will be sent shortly after you enroll

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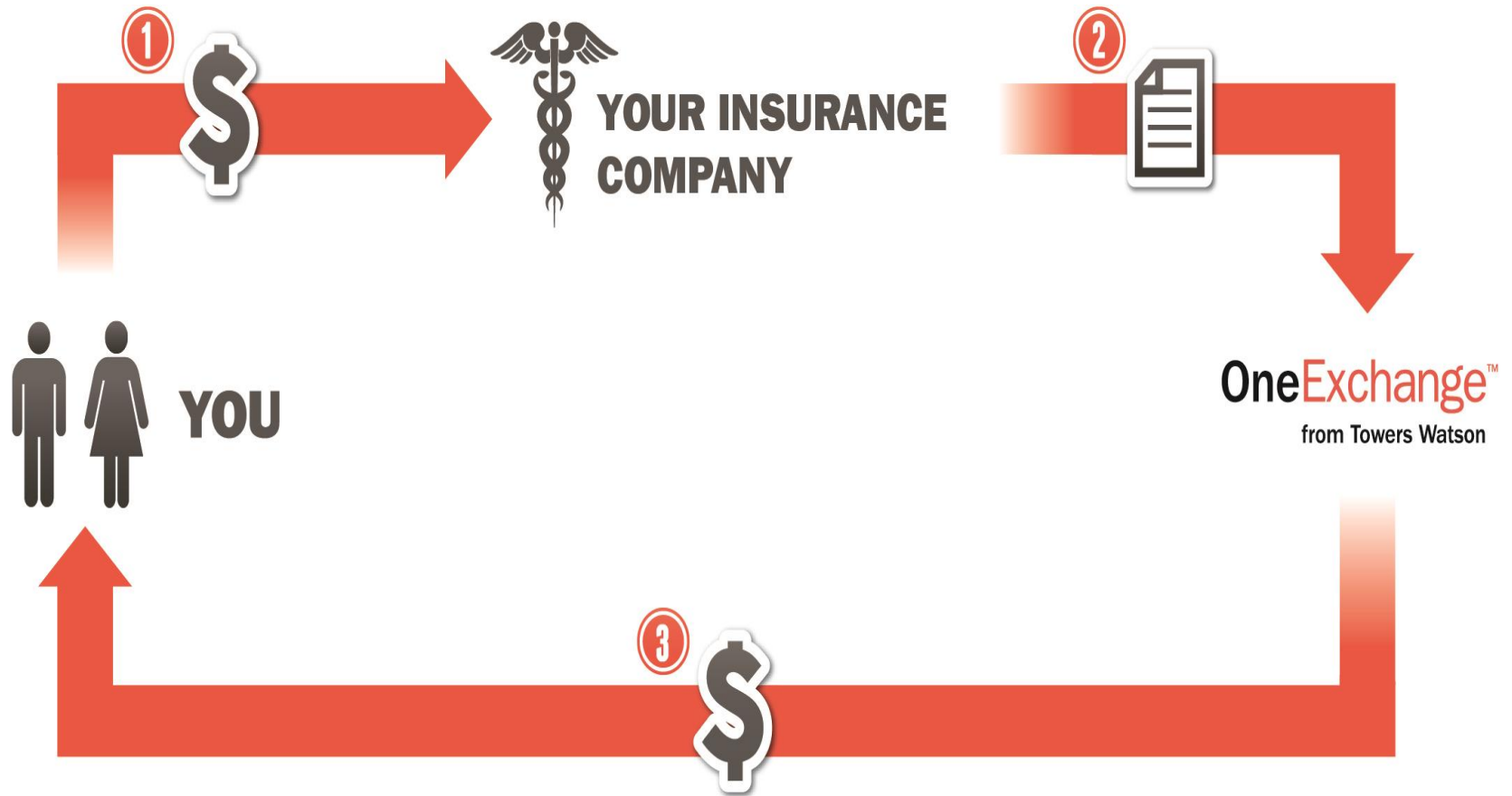
Health Reimbursement Arrangement HRA

What Is An HRA?

- **Tax-free** account used to reimburse you for eligible health care expenses — you pay first and then get reimbursed
- If you are eligible, USG will make an annual contribution to a Health Reimbursement Account (HRA)
- You may use HRA funding to reimburse yourself for eligible medical, prescription drug, dental, vision premiums (including Medicare Part B premiums), as well as eligible out-of-pocket healthcare expenses
- Your HRA funding will be available **January 1, 2015**

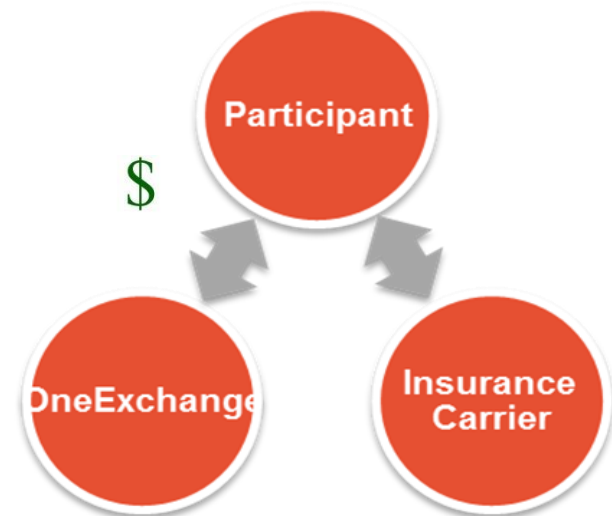
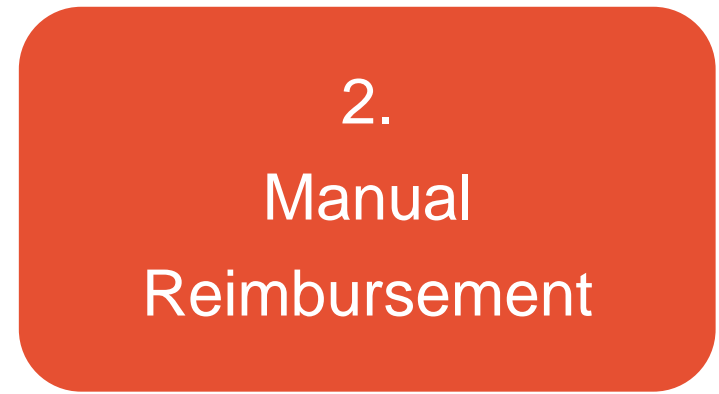
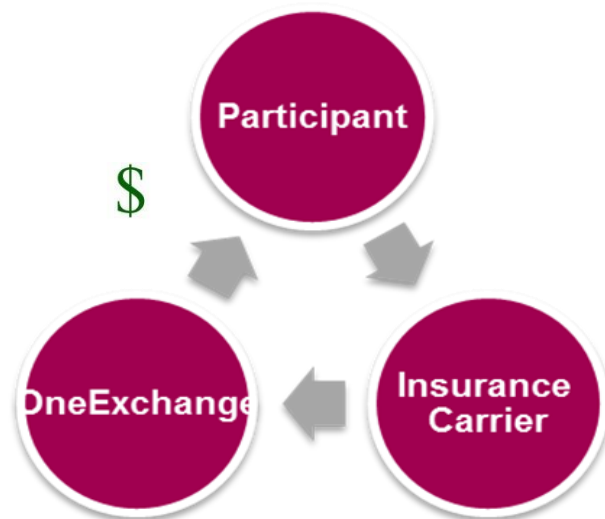
Unused Funds do **rollover**

Health Reimbursement Arrangement



Health Reimbursement Arrangement

Reimbursement Options



Personal Guidance For a Lifetime

A Lifetime Advocate

- Navigation
- Enrollment
- Prescription changes
- Affordability concerns
- Reimbursement issues
- Late enrollment
- HRA
- Annual plan review

The plans you select continue on year to year. No need to re-enroll in the fall unless you want to make a plan change.



Localized Slides

Note: 2014 rate examples; 2015 rates will be available in the October 2014 time frame

Plans Available in Oklahoma County

Plan Type	Number of Plans Offered	2014 Monthly Premium	Companies [subject to change]
Medicare Advantage	10	\$0 - \$167	AARP, Humana, Coventry, Aetna
Medigap / Medicare Supplement	16	\$34 - \$268	BCBS of OK, AARP, Humana
Part D	17	\$13 - \$143	Humana, WellCare, AARP, Aetna, Silver Script, CIGNA, Express Scripts

Note: 2014 rate examples; 2015 rates will be available in the October 2014 time frame

Plans Available in Oklahoma County

Plan Type	Number of Plans Offered	2014 Monthly Premium	Carriers
Vision	1	\$168 annually per person Annual eye exam: \$5 Coverage for eye glasses, lenses and frames	Vision Service Plan (VSP)
Dental	4	\$21 - \$46 \$50 - \$75 deductible \$750 - \$1500 annual maximum	Delta Dental, Humana, MetLife Dental

Vision plans and Dental plans are not Medicare plans

Medicare Advantage Plan

Benefit	Cost	2014
Premium	\$0	
Network	HMO	
Deductible	\$0	
Doctor Copay	\$10	
Specialist Copay	\$40	
Hospital	Days 1 - 5	\$295 per day
Emergency Room	\$65	
Rx – Deductible	\$0	
Retail Co-Pay Tiers	\$3 / \$7 / \$45 / \$95 / 33%	30 days
Mail Order Co-Pay Tiers	\$6 / \$14 / \$125 / \$275 / 33%	90 days

Medigap Plan F + Prescription Drug Plan

(75-year old male)

Benefit	Cost	2014
Premium	\$218.40 (\$199.10 Medical + \$19.30 PDP)	
Network	Not Applicable	
Deductible	\$0	
Doctor Copay	\$0	
Specialist Copay	\$0	
Hospital	\$0	
Emergency Room	\$0	
Rx – Deductible	\$0	
Retail Co-Pay Tiers	\$0 / \$12 / \$39 / \$89 / 33%	30 days
Mail Order Co-Pay Tiers	\$0 / \$24 / \$78 / \$178	90 days

Medicare Prescription Drug Coverage 2015

You Pay Full Retail Until Deductible is Met 2015 - \$320

You pay 45% of Brand Name and 65% of Generics until your out of pocket costs reach \$4700; Pharmaceutical contributions will count towards the \$4700 TrOOP

Deductible

Initial Coverage

Coverage Gap

Catastrophic Coverage

Only 25% reach Donut Hole

Only 4% reach Catastrophic

You pay copays for your plan coverage for the first \$2960 in actual costs of Medications

You Pay \$2.65 for Generics and \$6.60 for Brand Name or 5% - whichever is greater



OneExchange

Next Steps

What You Need To Do: Action Required!



**Contact OneExchange
1-866-249-7785**

- Call now to complete your profile and schedule an enrollment appointment
- You will need your Medicare card, prescription list, and doctor & hospital information

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER	SEX		
000-00-0000			
IS ENTITLED TO	EFFECTIVE DATE		
HOSPITAL (PART A)	07-01-1986		
MEDICAL (PART B)	07-01-1986		
Sign HERE	→ _____		

We Are Ready!

OneExchange

Frequently Asked Questions

Frequently Asked Questions

**Q: Do you offer plans that cover me in multiple states
— I am a snowbird? *[avoid HMOs if you need this]***

Q: How often will I be billed? By whom? Can I pay by check?

Q: If I don't like the plan that I enrolled in, when can I change?

**Q: Will I be refused coverage due to a pre-existing condition?
Will I pay more? Can my policy be cancelled once I am
enrolled because of my condition?**

Q: Will my premium rates increase every year? If so, by how much?

**Q: Are there plans that will cover me when I travel domestically or
internationally?**

Call your Benefit Advisor for all the answers to your healthcare questions!

Thank You!

Call Now - We Are Ready

1-866-249-7785

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Plans Available in Tulsa County

Plan Type	Number of Plans Offered	2014 Monthly Premium	Companies [subject to change]
Medicare Advantage	7	\$0 - \$167	Coventry Lovelace Humana
Medigap / Medicare Supplement	16	\$34 - \$268	Humana AARP BCBS of OK
Part D	17	\$13 - \$143	AARP, Aetna, CIGNA, Express Scripts, WellCare, SilverScript, Humana

Note: 2014 rate examples; 2015 rates will be available in the October 2014 time frame

Plans Available in Tulsa County

Plan Type	Number of Plans Offered	2014 Monthly Premium	Carriers
Vision	1	\$168 annually per person Annual eye exam: \$5 Coverage for eye glasses, lenses and frames	Vision Service Plan (VSP)
Dental	4	\$21 - \$46 \$50 - \$75 deductible \$750 - \$1500 annual maximum	Delta Dental, Humana, MetLife Dental

Vision plans and Dental plans are not Medicare plans

Medicare Advantage Plan

Benefit	Cost	2014
Premium	\$0	
Network	HMO	
Deductible	\$0	
Doctor Copay	\$20	
Specialist Copay	\$40	
Hospital	Days 1 – 3	\$300 per day
Emergency Room	\$65	
Rx – Deductible	\$0	
Retail Co-Pay Tiers	\$0 / \$5 / \$32 / \$90 / 33%	30 days
Mail Order Co-Pay Tiers	\$0 / \$15 / \$96 / \$270 / 33%	90 days

Medigap Plan F + Prescription Drug Plan

(75-year old male)

Benefit	Cost	2014
Premium	\$218.40 (\$199.10 Medical + \$19.30 PDP)	
Network	Not Applicable	
Deductible	\$0	
Doctor Copay	\$0	
Specialist Copay	\$0	
Hospital	\$0	
Emergency Room	\$0	
Rx – Deductible	\$0	
Retail Co-Pay Tiers	\$0 / \$12 / \$39 / \$89 / 33%	30 days
Mail Order Co-Pay Tiers	\$0 / \$24 / \$78 / \$178	90 days