Open Enrollment Period
October 15 – December 7, 2018
While no action is required, the Medicare Open Enrollment Period is an opportunity to assess your existing Medicare Advantage or Part D Prescription Drug plan and make changes, if needed. Remember that new coverage begins January 1, 2019. If you’re satisfied with your current coverage, then no action is required; your plan(s) will automatically renew.

General Enrollment Period
January 1 – March 31, 2019
During this period, you can sign up for Medicare Part A and/or Part B if you didn’t when you were first eligible.

Medicare Advantage (MA) Open Enrollment Period, or as we call it, the “Test Drive” Period
January 1 – March 31, 2019
During this period, participants who just enrolled in new Medicare Advantage plans, including Medicare Advantage Drug plans (MAPD), will be able to “test drive” their coverage, and if it doesn’t feel right, make a one-time change to a different MA or MAPD plan. Enrollees will also have the option of dropping their new plan and going back to Original Medicare or purchasing Medicare Supplement (Medigap) with a Prescription Drug Plan (PDP).

Medicare Supplement Insurance and Open Enrollment
If you have a Medicare Supplement (Medigap) policy, you can enroll anytime during the year. That means if you are happy with your policy currently, it will automatically renew — there’s no need to call us. However, if you do need to make a change, changes to your Medigap coverage may be subject to underwriting, depending on the state in which you live. Via Benefits offers Medigap policies year round. If you do want to make a change, call us. The rules are different in each state. We can help you find out if your state requires underwriting.

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3 things to know about Open Enrollment
1. Plans renew automatically
2. Shopping online saves time
3. Via Benefits is your trusted resource

Contact Us
Go online: My.ViaBenefits.com/cobbcounty
Call: 1-855-672-6814 | (TTY: 711)
Hours: 8:00 a.m. until 9:00 p.m. Eastern time
You're receiving this newsletter because we consider you part of the Via Benefits family. Via Benefits Insurance Services (formerly Towers Watson's OneExchange) assisted you or your dependents in gaining a medical or prescription drug plan. We now hope to help you determine your coverage options for the coming year.

Medicare's Open Enrollment Period runs from October 15 through December 7, 2018. Read on to learn how to use Via Benefits to evaluate your current plan and if you choose, enroll in a new one.

**Same Team, Same Service**

In March, we officially changed our name from Towers Watson's OneExchange to Via Benefits Insurance Services. This rebrand did not occur as a result of a change in management or ownership — it is simply meant to better reflect our commitment to serving you.

**Should I Change My Plan During Open Enrollment?**

If you're satisfied with your current coverage and do not plan to make changes to it, there is no need to call us. Roughly 98% of people enrolled in Medicare plans through Via Benefits do not change their coverage during Open Enrollment. Be aware that your coverage will automatically renew during Open Enrollment.

Every fall your insurance company sends you materials, usually called “Evidence of Coverage” (EOC) or “Annual Notice of Change” (ANOC). These materials can help you understand your coverage and any changes being made to your plan(s). Be sure to review the details of your coverage and ensure it still meets your needs for the following year.

You can also go online at My.ViaBenefits.com and start comparing plans in your area. Plans with prices are posted online in mid-October.

**6 Reasons to Consider Changing Your Plan**

If any of the following events have occurred in the past year, you might want to explore your Medicare coverage options during Open Enrollment:

1. Change in your health status  
2. Change in your prescription drugs  
3. Significant increase in premiums  
4. Moved out of your old ZIP code  
5. Your doctors are no longer in your plan’s network  
6. Your plan has been discontinued

If any of these things have occurred, give us a call and we can help you compare your plan options.

**Making Changes to Your Plan(s) and Maintaining Your <HRA>**

If you are considering changing your coverage and want to maintain your <Health Reimbursement Arrangement> (<HRA>) contact Via Benefits to work with a licensed benefit advisor who will help you evaluate and enroll in new Medicare coverage that meets your needs and budget. To continue qualifying for funding, you must maintain some Medicare coverage through Via Benefits.

Our Shop & Compare tool allows you to compare multiple plans to help you decide whether you want to change your current plan. Go to My.ViaBenefits.com/cobbcounty and choose Shop & Compare in the top menu to begin.

If you have any questions about your <HRA> or the above procedures, contact Via Benefits. We’re here to help.

**Reimbursement Double Feature**

Via Benefits offers two helpful features that make getting reimbursed for your premiums as easy as possible. Signing up for direct deposit and activating Automatic Premium Reimbursement allows you to automate your premium reimbursements, eliminating the need to fill out and mail forms every month. Many insurance plans offered through Via Benefits* have this feature. This means the insurance company sends a receipt of your premium payment to Via Benefits on your behalf, so as long as you have funds in your funding account, Via Benefits will reimburse you.

If you enable direct deposit, Via Benefits can deposit your reimbursement directly into your bank account. You can take advantage of direct deposit with or without enrolling in Automatic Premium Reimbursement.

Call a Via Benefits representative or sign into your Via Benefits online account to see if you can take advantage of this double feature.

*Via Benefits funding accounts are administered by Extend Health, Inc.
New Medicare Cards are Coming

The Centers for Medicare and Medicaid Services (CMS) began issuing new Medicare cards in May 2018 and will continue to mail them by geographic area until April 2019. In an effort to prevent fraud, fight identity theft, and keep taxpayer dollars safe, the CMS has removed Social Security numbers (SSN) from the cards.

Please note there is no charge for the new Medicare cards, nor any refunds or reimbursements associated with the reissue. Furthermore, Medicare will never call you and ask you for bank account information or to verify your Social Security number. For more information, visit the CMS website (CMS.gov).

Via Benefits is here to support you during this transition period. Until we are certain all retirees have received their new Medicare cards, Via Benefits will accept both new and existing Medicare numbers. When your new Medicare card arrives, we encourage you to update your Medicare number with Via Benefits. You can do this by calling us at 1-855-872-6814. We also suggest you destroy your old card after your new one arrives to help mitigate identity theft.

INSIDER TIPS

Best Call Times

Call Via Benefits Tuesday through Friday, as we have the highest call traffic on Mondays. Avoid calling the Monday after Thanksgiving, which is our busiest day.

Keep Your Online Profile Up-to-Date

It’s a good idea to update your information in your Via Benefits online account. Keeping your personal, prescription drug, and physician information current can reduce time spent on the phone and help you search for new plans when you’re ready to shop.

Save Time, Go Online

Listening to health plan details and disclaimers can take up to 5 minutes per plan. Save time and review your options online.
Granting Caregivers Permission to Access Your Account and Funding

If you would like a friend or loved one to help you with your health care decisions, you have several options to give them access to your account.

Making your caregiver an **Authorized Representative** grants them permission to access your Via Benefits account. It’s in your best interest to do this because if something should happen to you, your Authorized Representative can help to settle your affairs. There are two levels of privileges:

- **Limited**: Allows sharing of protected health information with the Authorized Representative but prevents the Representative from making changes to the account. This is for informative purposes only.
- **Full**: Allows sharing of protected health information and allows the Authorized Representative to submit any required documentation on your behalf. This is important if the Representative will manage funding.

To make someone a limited or fully Authorized Representative on your account, call Via Benefits to start the process.

**Power of Attorney Permissions**

Giving someone Power of Attorney (POA) grants them a higher level of permission on your account. While Authorized Representatives can direct funding, a **Financial Power of Attorney** gives someone the power to make health plan enrollment decisions on your behalf.

Via Benefits cannot help you obtain Power of Attorney. Please seek legal advice if you need to establish this type of authorization. Once established, notify Via Benefits.

If you are a caregiver and have assumed ownership of a deceased retiree’s affairs, we suggest contacting Via Benefits by phone so that we may assist you in preparing for the future.

Contact Us

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Hours:
8:00 a.m. until 9:00 p.m. Eastern time

You can access our privacy policy at myviabenefits.com/about/privacy-policy. If you have questions or concerns about our privacy policy, please contact us at myviabenefits.com/help.