Via Benefits is your advocate and wants you to be satisfied with your health plan choices. We're here to help you, not only during enrollment season, but throughout the year.

Our licensed benefit advisors are specially trained in answering questions about your medical or prescription drug plan, helping resolve concerns with your current insurance provider, and accessing your online account. We can also help you understand reimbursement requests, Explanation of Benefits statements, copays, coinsurance, and more.

Our Help & Support Center is available online at my.viabenefits.com 24 hours a day, or you can call us for assistance at 1-888-586-0692, Monday through Friday. If you haven’t already, we encourage you to register your account on our website to ensure your information is correct in our system. We look forward to helping you!
You Should Now Have Your New Medicare Card

The Centers for Medicare and Medicaid Services (CMS) has removed Social Security numbers from Medicare cards to prevent fraud, fight identity theft, and keep taxpayer dollars safe. The CMS has issued the new cards, and you should have yours now.

If you have not received your new Medicare card, follow these instructions:

1. Check unopened mail you’ve saved. Your new Medicare card is in a white envelope from the Department of Health and Human Services.
2. Go to mymedicare.gov to get your number or print your official card.
3. Call 1-800-633-4227 (TTY: 1-877-486-2048). Something may need to be corrected, like your mailing address.

You can still use your old card to get health care services until January 1, 2020. Until we are certain all retirees have received their new Medicare cards, Via Benefits will accept both new and old Medicare numbers.

Once you have it, please update your Medicare card number with Via Benefits. You can do this by signing into your Via Benefits account or calling a Via Benefits licensed benefit advisor at 1-888-586-0692.

Changes to Medigap Plan F and Plan C

Recent news articles have outlined the doom of Medicare Plans F and C. The reality is much different. If you have one of these plans now, there is no reason you should pre-emptively leave your plan based strictly on the fact the plan is not accepting newly eligible members.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) passed by Congress changed the law on various aspects of health care. The law states that on or after January 1, 2020, a Medigap policy providing coverage of the Part B deductible may not be issued to a newly eligible beneficiary. Because Plans F and C cover that Part B deductible, they’re being phased out.

This means:

- If your Medicare Part A effective date is before January 1, 2020, you can still enroll in Plan C or F
- If you’re already enrolled in Plan C or F, you can keep it and won’t be impacted
- If your Medicare Part A effective date is on or after January 1, 2020, you cannot enroll in Plan C or F

The key is to review your Part A effective date on your Medicare card. This may be different from when you turned 65.
If you currently have Plan C or F, you will still have options. There’s no reason you should pre-emptively leave your plan. Many insurance companies feel these plans will remain healthy.

For retirees with Part A effective dates after January 1, 2020, the latest guidance indicates Plan G will effectively replace Plan F with many of the same features and benefits.

For more information, contact a Via Benefits advisor. We’ll tell you what’s available and find a plan that’s right for you.

**Dental and Vision: Are You Covered?**

If your dental or vision coverage through your former employer has ended, you have the ability to enroll in these plans through Via Benefits. According to a 2016 Ameritas Actuarial claims study, the average retiree without dental coverage now spends $1,154 a year on dental care — and costs are rising.

Dental and vision plans offered through Via Benefits are comprehensive and affordable. Using our services, you can access:

- One of the largest nationwide dental networks with over 400,000 providers
- Coverage for regular exams and major services, including dentures and implants
- Objective advice from our licensed benefit advisors
- Plans that fit your needs and budget

You can apply for dental and vision coverage anytime — there’s no need to wait for the Annual Enrollment Period. You’ll enjoy the convenience of managing all your insurance plans from one secure place. Our licensed benefit advisors will provide you with comprehensive knowledge of your dental and vision options with unbiased advice.

How Medicare Parts A and B Can Help You Throughout the Year

Preventive care is just as important as eating healthy and exercising. Medicare Parts A and B cover an annual wellness visit and many preventive services.

Every 12 months, you can schedule an annual wellness visit with your doctor. The annual visit will gauge your physical health using routine measurements, such as blood pressure, weight, and height. These visits are important to build an annual record and track your overall health.

Services may include:
- Tests
- Screenings
- Counselling sessions

If you have a chronic condition, Medicare may cover some of the tests and treatments you need. For example, if you have diabetes, Parts A and B cover training, supplies, and blood tests to help you manage the condition.

Parts A and B don’t cover everything, but they do cover the basics and a lot of preventive services — all important ingredients for a healthy lifestyle.

Shop for vision or dental plans now

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Advocates for Life

We pride ourselves in our continued, dedicated service to your needs. Feel free to contact us at any time for assistance with your current plan enrollments. Keep in mind that each year during the annual enrollment period (October 15 – December 7), our licensed benefit advisors are standing by to verify whether your current plans are still a good fit, or if more cost-effective options exists.

Via Benefits has a few suggestions to help you automate the reimbursement process and reduce the amount of paperwork involved.

- **Automate your premium payment.** Most insurance companies offer an automatic payment option where they withdraw your monthly premium payments directly from your bank account. Contact your insurance company for more information.

- **Automate your premium reimbursement.** Automatic Premium Reimbursement enables you to be reimbursed for your premium payments without submitting a monthly reimbursement request. Via Benefits offers this feature for most insurance policies.

- **Set up direct deposit.** This is the fastest, safest, and most secure way to receive your funds directly to your bank account. Set up online at [my.viabenefits.com/funds](http://my.viabenefits.com/funds) or fill out a form and mail or fax it to us.

- **Set up a family member or caregiver as an authorized representative.** This means they can access and manage your funds should you no longer be able to. See Caregivers’ Corner, below, for details.

- **Go paperless.** Register online by signing into your funding account at [my.viabenefits.com/funds](http://my.viabenefits.com/funds). This reduces the amount of mail you receive from us.

Automating the process using these simple steps goes a long way to streamlining your reimbursement experience. To register for these services, [log into your account now](http://my.viabenefits.com/funds) or call Via Benefits at 1-888-586-0692.

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**Please note:** When requesting reimbursement, you may still use forms with the OneExchange logo. Although slower to process, these forms are still accepted.
4 Tips for Submitting Reimbursement Requests Successfully

The following reminders help ensure your next reimbursement request is processed smoothly.

1. **Submitting the correct form saves time:** Please make certain your form fits the requested reimbursement. This ensures faster processing time and improved accuracy.

2. **Documentation sent with the form must include:**
   - **Covered participant**
   - **Type of coverage**
   - **Date of service**
   - **Proof of payment**
   - **Provider name**

3. **Use copies, not originals:** When mailing your reimbursement requests, use a copy and keep your original receipt for your records.

4. **Your signature is vital:** Please remember to sign your reimbursement form before sending it.
Granting Caregivers Permission to Access Your Account and Funding

If you want a trusted friend or loved one to help you with your health care decisions, you have several options.

Making your caregiver an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help settle your affairs.

Two levels of privileges exist:

- **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 and manage funding on your behalf.

To make someone an authorized representative on your account, call Via Benefits at 1-888-586-0692 to start the process.

### Power of Attorney Permissions

Giving someone Power of Attorney (POA) grants 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 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 we may assist you in preparing for the future.

Thank You

Thank you for choosing Via Benefits. Our representatives are standing by for any assistance you may need regarding your reimbursement account. We look forward to hearing from you.