



Your retiree health care program

Mercer Marketplace 365+SM



October 18, 2023

welcome to brighter



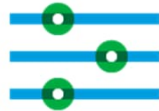
Today's topics



- Review retiree healthcare benefits overview
- Provide information to help you make decisions that best fit your healthcare and financial needs
- Answer your questions

Why this approach to healthcare coverage?

Group health insurance provides the same coverage for all participants regardless of healthcare needs; a one size fits all approach



Mercer Marketplace 365+ Retiree provides resources that allow Medicare-eligible individuals to choose coverage from a variety of insurance options



Individual medical, prescription drug, dental and vision plans offered through Mercer Marketplace 365+ Retiree can provide insurance that address each individual's healthcare needs and budget



A licensed benefits counselor will help you make informed decisions and provide ongoing support throughout the year

Your health care options if you are Medicare eligible

- AU does not offer group medical, prescription drug and dental plans to Medicare-eligible retirees
- When you retire or when you become eligible for Medicare, you can choose from several carriers and plans to select individual health insurance that best meets your healthcare needs and budget
- You can enroll in medical, prescription drug, dental and vision coverage through Mercer Marketplace 365+ Retiree
- If you meet the requirements for subsidized retiree medical coverage from American University, your subsidy will be credited to a Health Reimbursement Arrangement (HRA) account and can be used to reimburse you for monthly premiums and qualified out-of-pocket health care expenses

What is Mercer Marketplace 365+ Retiree?

A private health insurance service offering a variety of medical, prescription drug, dental and vision plans since 2007



Offering one-on-one benefits counselor support

- As your healthcare advocate, we provide health insurance education and support
- Your licensed and experienced benefits counselor will:
 - Have a telephonic consultation with you
 - Educate you on Medicare and how it works
 - Help you decide which plans best meet your healthcare needs and budget
 - Answer your questions
 - Review insurance plans available in your area
 - Help you with the enrollment process
 - Provide year-round support when you need it

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How do we help?



Teach you about your options

Mailers, website and consultations



Prioritize your needs

Doctors, hospitals, lifestyle, premiums, medications, etc.



Help maximize your budget

Get the most out of your healthcare budget



Enroll in your new plans

Help with applications and submission



Provide ongoing support

You'll have questions; we'll have answers

Clear communications

Welcome kit

- What to do
- When to act
- What to expect

Our promise

With our support and guidance, you will successfully transition to your new healthcare plan



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Introduction to Medicare plans

Medicare basics

Medicare is federally subsidized health insurance for:



Age 65 and older



Under 65, after 24 months of Social Security disability

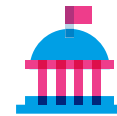


Any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant) or **ALS**

Medicaid is:



Health insurance for low-income, low-asset individuals



Combination of Federal and State subsidies

Medicare overview

The four parts of Medicare



Part A

Inpatient/Hospital insurance



Part B

Medical/doctor insurance



Part C

Medicare Advantage plans
HMOs & PPOs – usually with
prescription drug coverage



Part D

Medicare prescription
drug coverage

Original Medicare
(covers 80% of eligible expenses)

Common questions we hear

- Will I have to change doctors*, hospitals and pharmacies?
- I have a pre-existing condition — can I be turned down or restricted?
- Isn't group insurance always less expensive than individual?
- Do my spouse and I need to be on the same plan?

Answer:
NO

* Exception would be a provider that does not accept Medicare

Considering your medical plan options

**Medicare
Advantage**

Vs.

**Medicare
Supplement**

What is a Medicare Advantage plan?



Plans that replace original Medicare (plans A and B) coverage with a plan from a private insurance carrier contracted by federal government

Plan benefits must be at least equal to original Medicare

Many offer extra benefits (e.g., dental and vision) and prescription drug coverage

Plans with premiums, deductibles, copayments & coinsurance

Plans have out-of-pocket medical maximums

Pre-existing conditions do not apply

Plan designs vary
Networks generally apply – HMO & PPO
Coverages, costs, premiums and networks vary



What is a Medicare Supplement plan?



A Medicare Supplement plan can help fill the “gaps” of the beneficiary’s share of Medicare Parts A and B (Original Medicare)

Standardized plan designs (such as Plan G or Plan N)

- Example: plan “G” is plan “G” regardless of the carrier
- Premiums may differ by carrier
- In MA, MN, and WI, the standardized plans are not “lettered” and may differ from the Federal standard

Does not include prescription drug coverage

- Need to select and enroll in a separate part D prescription drug plan

Must understand impact of pre-existing conditions

- During the guarantee issue period, there are no limitations due to pre-existing conditions
- Changing plans after guarantee issue period or enrolling late may require underwriting resulting in a higher rate or denial of coverage

What is the difference?

Medicare Advantage

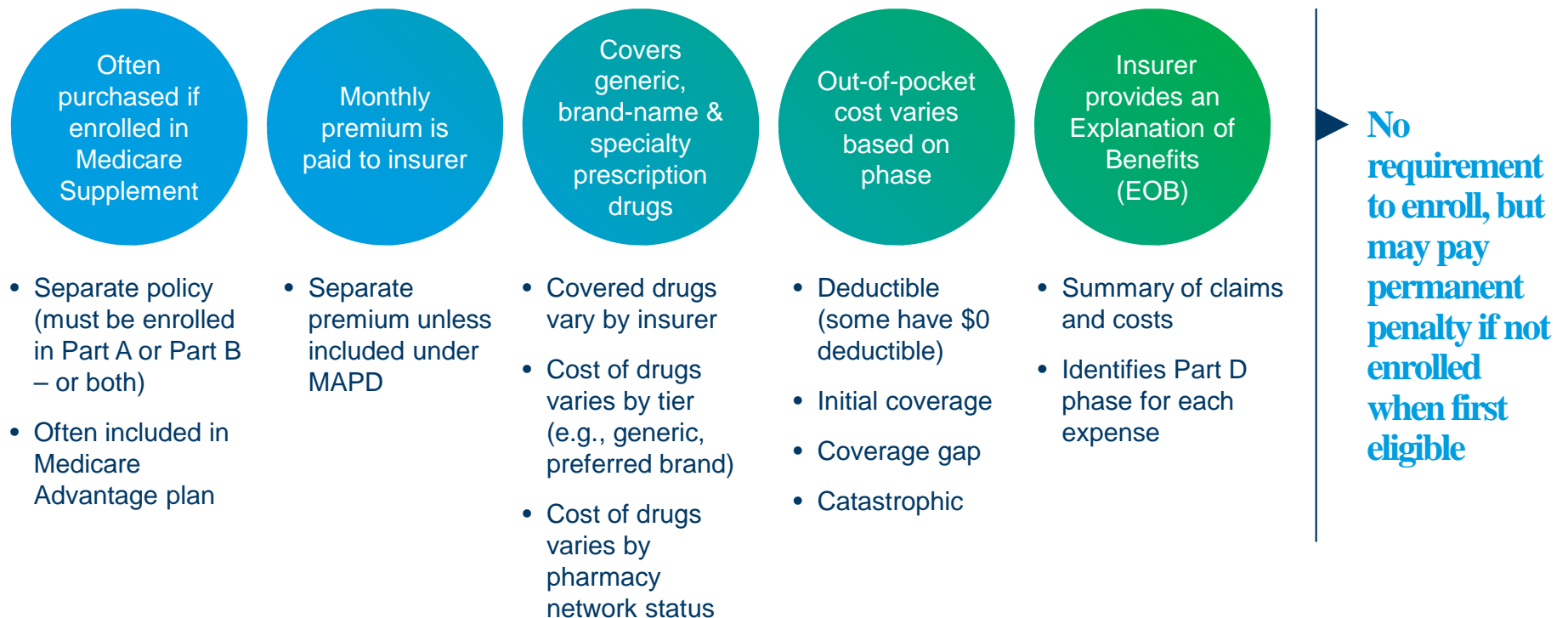
- Lower premiums than Medicare Supplements
- Copays for services
- Annual enrollment period
- Same premium for all (in a given location)
- Networks apply
- Most include Part D Prescription Drug coverage
- Many include additional benefits such as some dental/vision coverage, meals and transportation benefits
- When out of country, emergency services only

Medicare Supplement

- Higher premiums than Medicare Advantage; more predictable out-of-pocket expenses
- Guaranteed issue for certain cases (e.g., just turning 65, group plan terminating)
- Premiums may vary by age, location, gender, tobacco use and health (unless guaranteed issue applies)
- No network restrictions; provider must accept Medicare
- Enroll in separate Part D Prescription Drug Plan (PDP)
- When out of country, emergency services only (coverage availability varies by plan)

Understanding Medicare Part D

Medicare Part D Prescription Drug Plans (PDP) provide outpatient prescription drug coverage



How do I choose a new insurance plan?

Narrowing your plan choices and consulting with a benefits counselor



Lifestyle

Travel
Plan networks
(HMO vs. PPO)



Risk sensitivity

Higher premiums
for lower out-of-pocket costs
or lower premiums for
higher out-of-pocket
costs



Coverage preferences

Provider network strength
and availability
Prescription drug
formularies



Budget

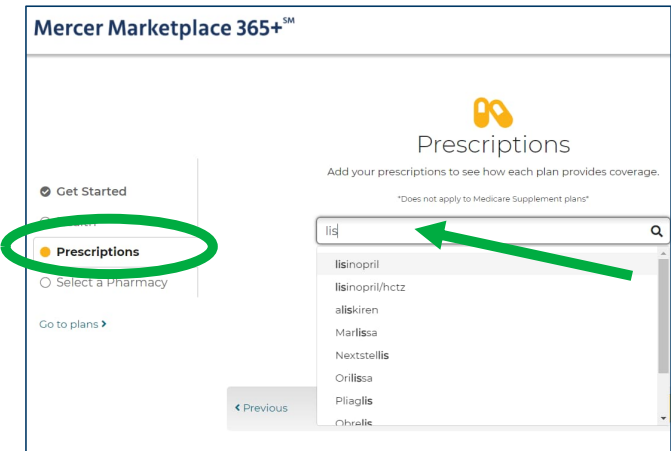
Monthly premium
Prescription drug
costs
Out-of-pocket
expenses



Entering your prescription drug utilization

Use the plan comparison tool to enter your prescription drugs online

- Visit the website referenced in your enrollment guide
- Click on Shop & Compare and select “Medicare Plans”
- Enter prescription drugs using the online tool



**If I have a health reimbursement
arrangement (HRA) account,
how do I get reimbursed?**

What is an HRA?

- A tax-free account funded by American University
- Used to reimburse eligible expenses

Mercer Marketplace 365+ Retiree



Your welcome kit will notify you of your eligibility for the HRA



Mercer Marketplace 365+ Retiree will handle the reimbursement of your eligible expenses

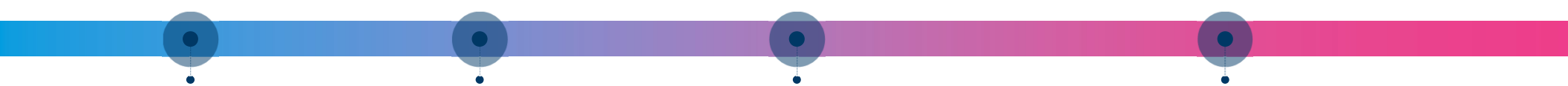


You have one point of contact to call for all your insurance and reimbursement needs

What is an eligible expense?

- Medicare Advantage premiums
- Medicare Supplement premiums
- Prescription Drug Part D and IRMAA premiums
- Medicare Part B and IRMAA premiums
- Dental and vision premiums
- Out-of-pocket healthcare expenses (copays, coinsurance, deductibles)

Understanding the HRA process



Select your plan from your available options on Mercer Marketplace 365+ Retiree

Pay your premium or out-of-pocket expenses directly to the insurance carrier or provider

Submit your claim for eligible healthcare expenses, including premiums through one of the following methods:

Premium

- Automatic reimbursement if carrier enables it (one-time step, ongoing reimbursement)
- Recurring reimbursement — annual request

Out-of-pocket expenses

- One-time claims submitted for each claim incurred

Receive reimbursement based on funds available in your HRA account

What do I need to do?

What do you need to do and when?

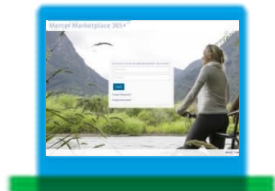


If you are under age 65 and already retired, you will receive a welcome kit from Mercer Marketplace 365+ Retiree 90-120 days prior to your 65th birthday month

If you are considering retirement and will be Medicare eligible, you can contact Mercer Marketplace 365+ Retiree to schedule a consultation or go online to review plan options available to you in your area

If you have decided to retire, follow American University's process for notification. HR will provide notice to Mercer Marketplace 365+ Retiree so you will receive a welcome kit.

Scheduling your consultation



<http://retiree.mercermarketplace.com/AU>

<http://retiree.mercermarketplace.com/AUaccess>



Toll-free: 855-871-0436

For deaf or hard of hearing: Dial 711 for Telecommunications Relay Service

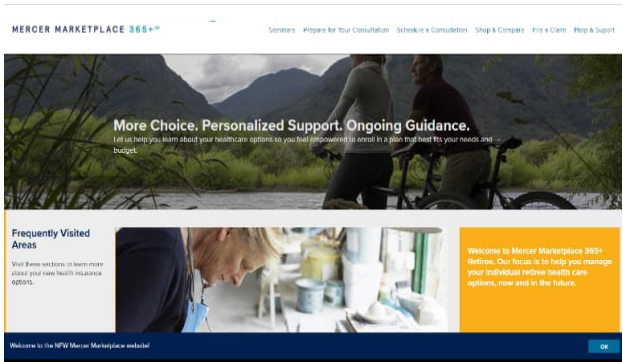
Fax: 857-362-2999

Scheduling a consultation through the website

1

Visit website

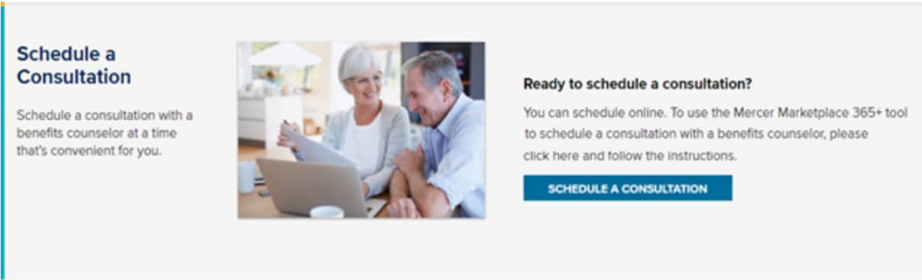
Visit the website



2

Click on schedule a consultation

Click on “Schedule a Consultation” and follow the prompts to enter the requested information



Thank you!

**We look forward to assisting
you with your insurance needs**





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