

2022 Getting Started Guide



Prepare for Your Medicare
Coverage Enrollment





IMPORTANT!

**Your group medical benefits end on
December 31, 2021.**



We're Here to Assist You

Online:

my.viabenefits.com/generalmills

By Phone:

1-833-414-1448 | (TTY: 711)

Hours:

Monday through Friday

7:00 a.m. to 8:00 p.m. Central Time



Introducing Via Benefits

Trusted advisor to more than two million Medicare-eligible people

General Mills has chosen Via Benefits Insurance Services to help you find new coverage. Via Benefits has assisted more than two million Medicare-eligible people **Prepare, Review, and Enroll in individual Medicare coverage**. Our licensed benefit advisors and online decision support tools will help you understand and compare your options, so you can decide which plan fits your medical and financial needs.

Via Benefits is not an insurance carrier. We're the nation's largest Medicare marketplace, offering a wide variety of plans from leading health insurance carriers. We're your guide and a knowledgeable advocate whose goal is to help you navigate your options and feel confident about your coverage.

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



What to Expect from Via Benefits

Personalized, step-by-step guidance

Our easy-to-use online tools and licensed benefit advisors can help you understand your options and select the coverage that fits your needs.

Knowledgeable assistance

Our licensed benefit advisors specialize in Medicare and go through annual training and certification. They're available to help you make an informed and confident decision.

Quality plan options

We work with leading national and regional insurance carriers to ensure you can choose from quality plans available in your area. Because we offer a range of options, you may find better coverage than you have now, at a lower cost.

How we work with you

Via Benefits is your resource for evaluating and enrolling in new coverage. We recommend following the steps below to ensure your enrollment is as smooth as possible.

1



Gather your information

2



Compare different plan types

3



Enroll in your new plan

You can complete steps two and three on our website, or you can call us, and we'll be happy to walk you through the process. You can also do a little bit of both.

Insurance carriers update plans and pricing annually in October. So, you can window-shop online now, but you won't be able to view new plans or enroll in new coverage until after insurance carriers make their updates.

PREPARE

Even though you can't enroll until October, you can take some steps to get ready. By getting started now, you'll set yourself up for an easier enrollment in the fall. The information you gather will help us build a personalized benefits package.

Gather these items:



Your Medicare card with the Medicare Parts A and B* start dates



A list of your current prescriptions



A list of your current health care providers

Once you've collected this information, you're ready to review the types of plans available.

*To enroll in Medicare Part B, please contact the Social Security Administration either by calling 1-800-772-1213 (TTY 1-800-325-0778) or going to ssa.gov/benefits/medicare.





Choosing the type of plan that fits your needs will be your most significant decision. Medicare Supplement Insurance (Medigap) or Medicare Advantage plans have cost-sharing and network differences. Both types of plans provide coverage for your health needs, but each works differently with Medicare Parts A and B (also known as Original Medicare). Deciding which plan type is right for you is based on your lifestyle, health, and financial needs.

Original Medicare covers about 80% of health care costs. Part A is hospital insurance and Part B is medical insurance. Medicare Parts A and B cover limited, if any, prescription drug, dental, and vision costs. To cover the remaining 20%, you'll need to purchase Medicare Supplemental Insurance (Medigap) with a Part D Prescription Drug plan or a Medicare Advantage plan.

Consider adding extra protection with additional benefits. Protection plans help guard against unexpected health costs and add coverage where you need it, i.e., dental, vision, and hearing.

On the next two pages is a general comparison of the types of plans available to you.



Medigap and Part D Prescription Drug Plans

A Medigap policy paired with a Part D Prescription Drug plan works with Medicare Parts A and B. The Medigap policy helps pay for out-of-pocket health expenses, such as copays and coinsurance. The Part D Prescription Drug plan helps pay for prescription drug costs.

Key Features



Higher premiums and lower copays and coinsurance



See any provider that accepts Medicare with no referrals



Fills some gaps not covered by Medicare Parts A and B



Part D plans are purchased separately



Add dental, vision, hearing insurance separately

Protection Plans to add to Medigap and Part D

Medigap and Part D plans don't include coverage for dental or vision services or hearing aids. A combined **dental, vision, hearing** plan covers those services and protects against unexpected expenses.

Medicare Advantage (MA) and (MAPD) Plans

Known as Medicare Part C, an MA or MAPD plan combines Medicare Parts A and B and operates as an all-in-one plan. MAPD plans include medical and prescription drug coverage. Both plans have networks, so you'll want to check if those plans include your preferred doctors.

Key Features

| | |
|---|---|
| ✓ | Zero or low premiums with higher copays and coinsurance |
| ✓ | Preferred rates for in-network providers |
| ✓ | Combines Medicare Parts A and B, and serves as an "all-in-one" plan |
| ✓ | MAPD combines medical and drug coverage |
| ✓ | Some plans cover dental and vision and may add gym memberships, transportation service, meal delivery, and other benefits |

Protection Plans to add to Medicare Advantage

Support your MA plan with hospital indemnity insurance. If you have an unexpected hospital stay, a **hospital indemnity** plan provides funds directly to you to pay for deductibles, copays, coinsurance, or other expenses.

Guaranteed Issue

If you're losing group coverage, by law, you have guaranteed issue rights. Guaranteed issue means you have the right to purchase medical insurance without being turned down based on your medical history or preexisting conditions.

Ready to Enroll

After you **Prepare** your information and **Review** your options, you'll be ready to **Enroll**. We recommend you go online or make an appointment to enroll by phone.

We'll be sending you an **Enrollment Guide** to get you ready to enroll. We hope you take the time to gather your materials and review your options to make your enrollment as effortless as possible.

We look forward to guiding you through your benefit changes and helping you select and enroll in a plan.



Frequently Asked Questions (FAQs)

Via Benefits has worked with more than two million people to help them simplify their Medicare enrollment decisions. Here are answers to some of the most frequently asked questions.

When should I enroll?

If you are losing group coverage you will enter a Special Enrollment Period (SEP), which lasts for eight months starting on the last day of your current coverage or your last day of employment, whichever comes first. But you'll want to plan ahead and enroll in new coverage before your current coverage ends.

Will my new plan be as good as my current plan?

You'll find plans that offer benefits similar to your current health plan, and you may also find plans that provide a better match for your needs. Because we provide multiple options, you'll be able to find a plan that closely matches your specific medical and financial requirements.

Are my options and rates affected by my current or past health?

No, not as long as you enroll in an individual Medicare plan during your enrollment period and before your current health plan expires. During this time, insurance carriers can't deny your application or charge you more because a doctor has treated you for a health condition.



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Via Benefits receives may be contingent and may vary depending on a number of factors, including the insurance contract and insurer you select. In some case, other factors such as the volume of business Via Benefits provides to the insurer or the profitability of the insurance policies that Via Benefits provides to the insurer also may affect our compensation. Via Benefits may accept this compensation in locations where it is legally permissible and meets standards and controls to address conflicts of interest. Whether or how much insurers may pay in such compensation does not play any role in the Via Benefits' insurance recommendations. Via Benefits also may receive other compensation from third parties, such as for selling or referring the sale of other products or services. Individual benefit advisors are compensated the same whether you pick a Medicare Advantage or Medicare Supplement plus PDP plan and regardless of which carrier you choose. For other kinds of products, the compensation they receive may vary based on the kind of product you purchase, but does not change based on carrier.

