



Helping You Transition to Supplemental Insurance

Texas Instruments Retiree Readiness

October 15, 2019

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Via Benefits

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Who We Are



Via Benefits Health Insurance Marketplace

Willis Towers Watson
OVER
1.7  **million**
Retirees served across
560+ employees

 This will be our
13th Annual
Enrollment Season

9 out of **10**
Retirees reported
they would work
with Via Benefits
again



Licensed advisor
provides guidance
and ongoing
advocacy




Founded in
2004

No fees for our service

Personalized options
with plans from a
nationwide network of
insurers

**More Choice,
More Flexibility—
Better Value**



About Via Benefits

Via Benefits is a private health insurance marketplace that helps individuals, who are transitioning to Medicare, in the selection of a Medicare supplement plan that fits their needs and lifestyle

Reasons you should enroll through Via Benefits

- If eligible for a Retiree Reimbursement Account (RRA), you **MUST** enroll through Via Benefits in order to receive funding
- If you have a spouse/dependent on TI group plan, you **MUST** enroll through Via Benefits in order to continue their TI group coverage
- If your spouse is older than you, even though they won't get their own RRA, Via Benefits can help them navigate through Medicare and enrollment

Our service centers

Operating hours:

Monday – Friday, 7:00 a.m. until 8:00 p.m. Central Time

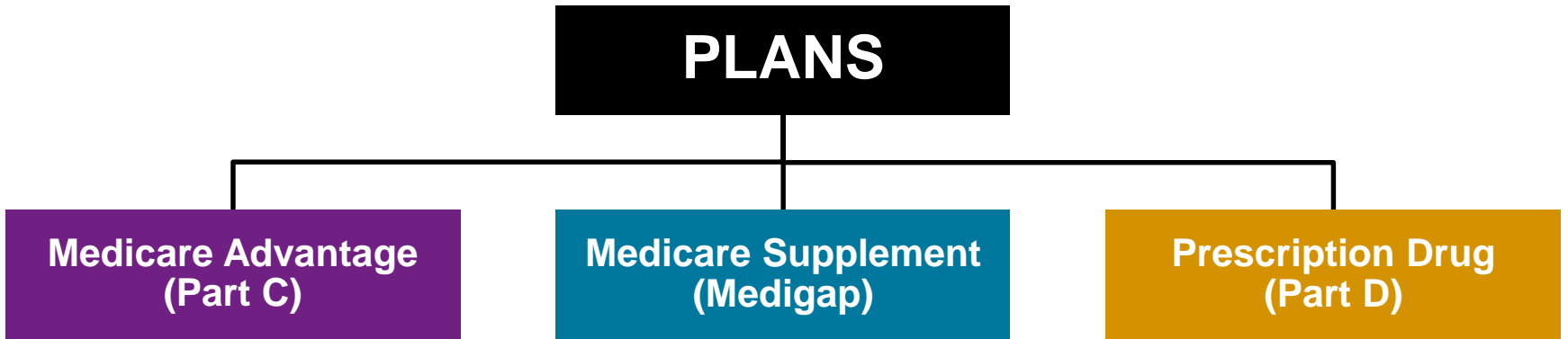
 Salt Lake City

 Phoenix

 Dallas

**100% Domestic
Workforce
No Outsourcing!**

Plans and insurers



INSURERS



Dental and Vision Plans Available

Original Medicare Overview



CMS — Center for Medicare and Medicaid Services

HHS agency that governs everything Medicare

1-800-MEDICARE

The screenshot shows the Medicare.gov website. At the top left is the logo "Medicare.gov" with the tagline "The Official U.S. Government Site for Medicare". To the right is a search bar with the placeholder text "type search term here" and a "Search" button. Below the logo is a horizontal navigation bar with eight blue buttons: "Sign Up / Change Plans", "Your Medicare Costs", "What Medicare Covers", "Drug Coverage (Part D)", "Supplements & Other Insurance", "Claims & Appeals", "Manage Your Health", and "Forms, Help, & Resources". The main content area features a large banner with the question "Is my test, item, or service covered?" and a search input field with the placeholder "type your test, item, or service here" and a "Go" button. Below the banner are three green buttons: "Find health & drug plans" (with a magnifying glass icon), "Apply for Medicare" (with a checkmark icon), and "Get started with Medicare" (with a document icon). The background of the banner shows a smiling elderly woman with a young boy hugging her from behind.

Original Medicare plans



Medicare Part A (hospital)

- Primary coverage
- Premiums — most people do not pay a monthly Part A premium



Medicare Part B (medical/physician)

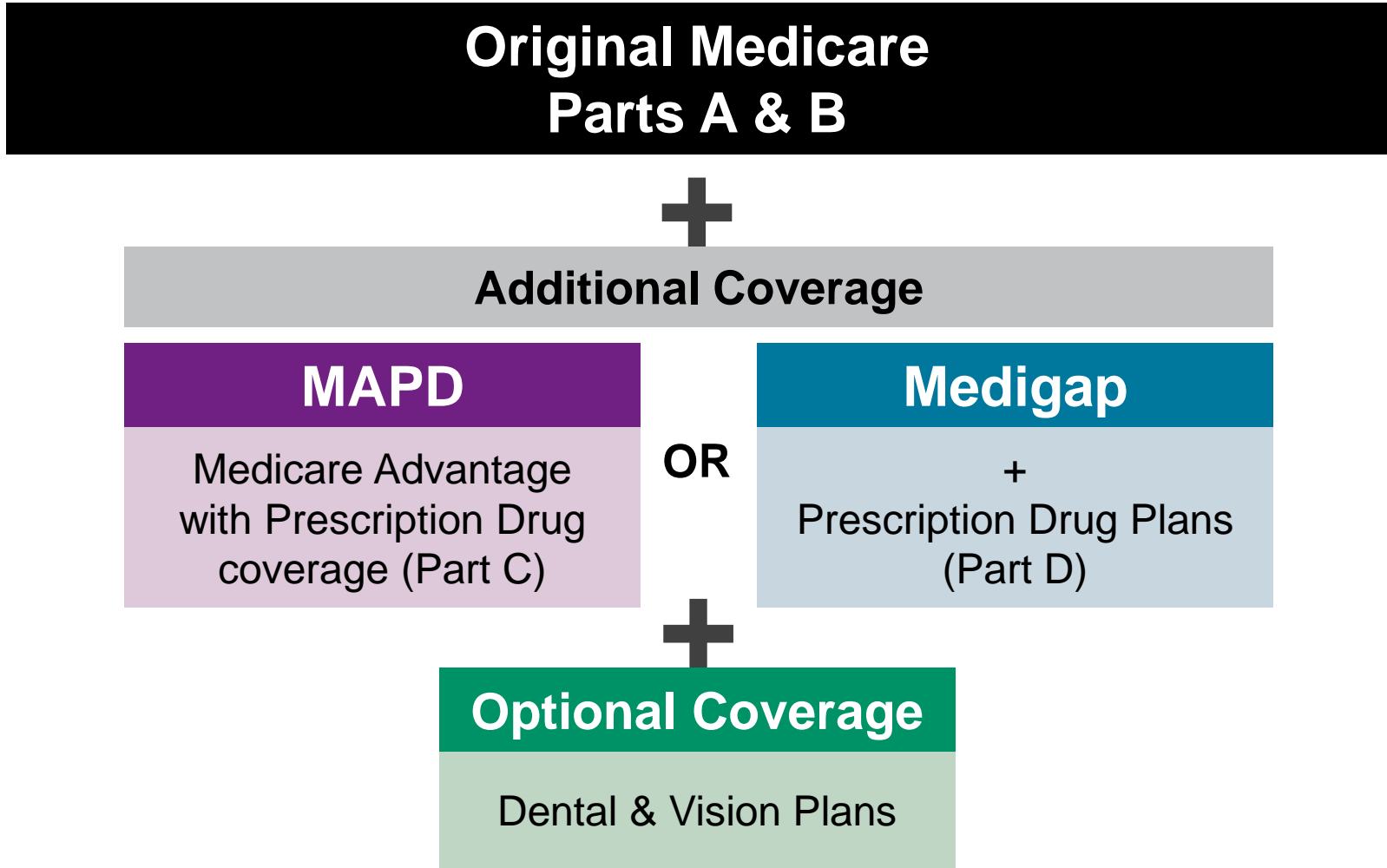
- Primary coverage
- Premiums are deducted monthly from your Social Security check

A person that is eligible for Medicare but opts out of Part B may be subject to a 10% per year Part B penalty*

**Unless insured by a plan comparable to Medicare.*

Your future coverage

How Medicare coverage works



Medicare Supplement Insurance (Medigap)

Lettered policies

Benefits	Medicare Supplement Insurance (Medigap) Policies								Medicare First-Eligible Before 2020 ONLY	
	A	B	D	G	K	L	M	N	C	F
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Part B deductible									100%	100%
Part B excess charges				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Source: CMS					Out-of-Pocket limit in 2019					
					\$5,560	\$2,780				

Upcoming changes to Medicare Supplement Insurance (Medigap): January 1, 2020

How this affects you

Turning 65 on or before December 31, 2019

- Able to enroll in Medigap Plan **C & F**
- Part B deductible coverage benefit

Turning 65 on or after January 1, 2020

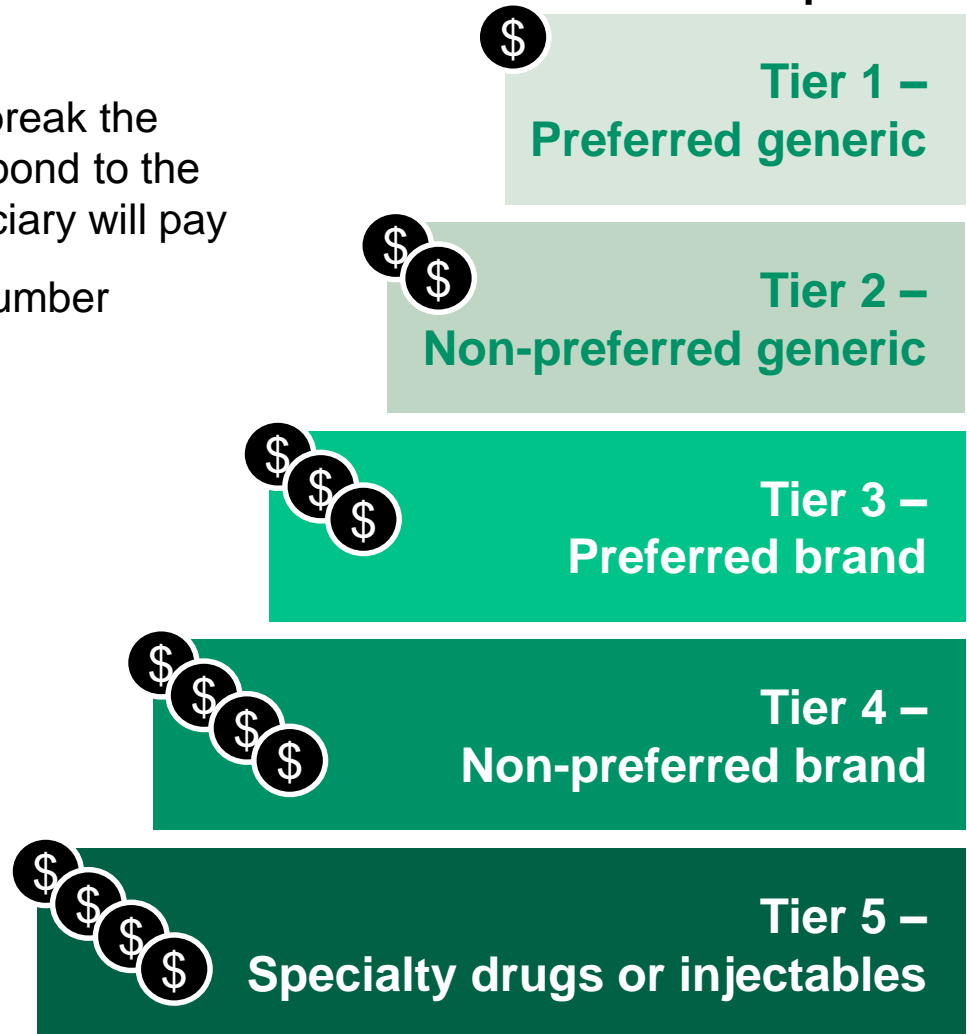
- Able to enroll in all available Medigap Plans except plan **C & F**
- All plans will require you to pay Part B deductible

Part D Plans

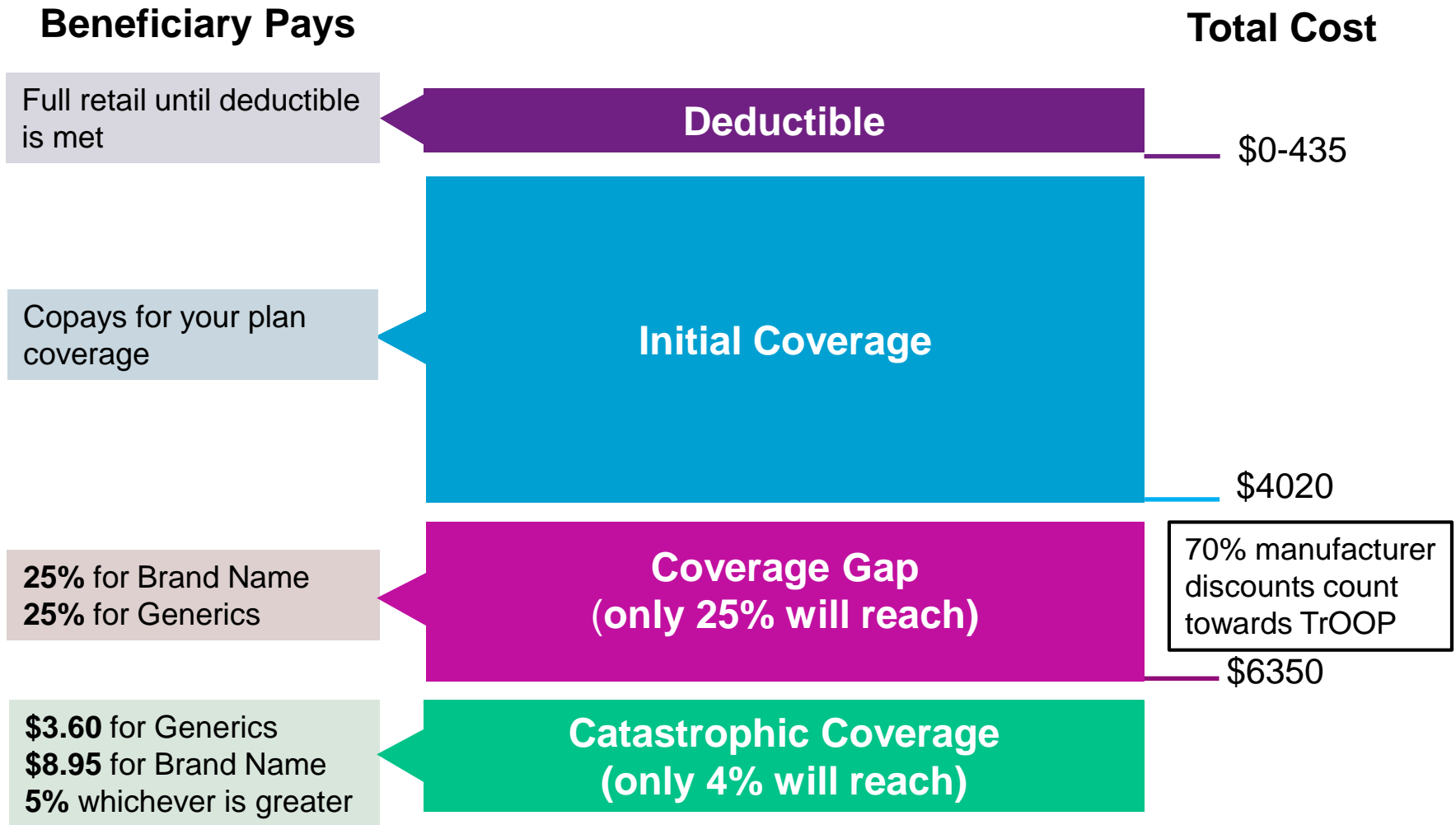
5 Tiers of copays

- A prescription drug plan will typically break the formulary into “tiers.” The tiers correspond to the copayment or coinsurance the beneficiary will pay
- Cost-sharing increases with the tier number
 - Tier 1 is the least expensive
 - Tier 4 or 5 is the most expensive

Tier descriptions:




Medicare Prescription Drug Coverage 2020



Special Texas Instruments Catastrophic Coverage

- Texas Instruments provides additional funds to RRA qualified participants that reach 2019 threshold of \$5,100 in designated out-of-pocket prescription drug costs
- You must submit proof that the designated out-of-pocket threshold has been met
- More information about this benefit is discussed in your Retiree Reimbursement Account (RRA) Guide
- Call Via Benefits at 1-844-638-4642 with questions

Note: This benefit is only available to RRA qualified participants.



<Barcode>

Account ID: <XXXXXXXXXX>
 <Plan Name>

Catastrophic Coverage Reimbursement Request Form

Exclusively for the account of:
 <First Name> <Last Name>
 <Address Line 1>
 <Address Line 2>
 <City>, <State> <ZIP Code>

Go online or call to correct personal information.

Mail to: <Return Address>
<City>, <State> <ZIP Code>

Fax to: <VB Fax Nmb>
Total pages:

Phone number: <VB Phne Nmb>

What I Need To Do:

Complete

- Verify account holder information
- Complete catastrophic coverage form
- Provide supporting documentation (EOB)
- Sign and date form
- Mail or fax your completed form and EOB

For qualification and documentation send in the Explanation of Benefits (EOB) from your Medicare prescription drug plan insurance company.

Covered Participant (<i>John Doe</i>)	Relationship (<i>self, spouse</i>)

Catastrophic Coverage Threshold Qualification Date (MM/DD/YYYY):

- Step 1: Qualification**
To qualify for the catastrophic coverage benefit, you must have reached the catastrophic coverage threshold as documented on the EOB provided monthly by your Medicare prescription drug plan insurance company.
- Step 2: Reimbursement Documentation**
Once you have qualified for the catastrophic coverage benefit for the calendar year, you must submit a Catastrophic Coverage Reimbursement Request Form for incurred prescription expenses. The EOB can be used for both qualification and reimbursement documentation.
(See reverse side for further information on Step 1 and Step 2)

*Documentation - use additional pages, if needed (see reverse side for further information)

Date of Purchase	Amount Requested	Date of Purchase	Amount Requested

*Total prescription amount requested from all pages:

Certification: By signing below, I certify that the information provided on this reimbursement form is correct, and that the expenses for which I am requesting reimbursement: a) were incurred for the covered participant while eligible under the plan on or after its effective date, b) have not been reimbursed in any other way from any other source, and c) will not be submitted for future reimbursement.

Account Holder Signature Date

<Pay/Plan Member Number>
 <TYM&MED> <employeeID> 871.000.171024-Catastrophic Request Form

Sign

Via Benefits Process



Enrollment process



Two-Step Process

Step 1: Review and Select Plan(s) with a Licensed Benefit Advisor



Assists retirees with evaluating and selecting insurance coverage — conducts a “needs analysis” to understand the specifics of what the retiree wants from an insurance plan (Benefit Advisors are non-commissioned)



**Available: Monday through Friday,
7:00 AM until 8:00 PM Central Time**

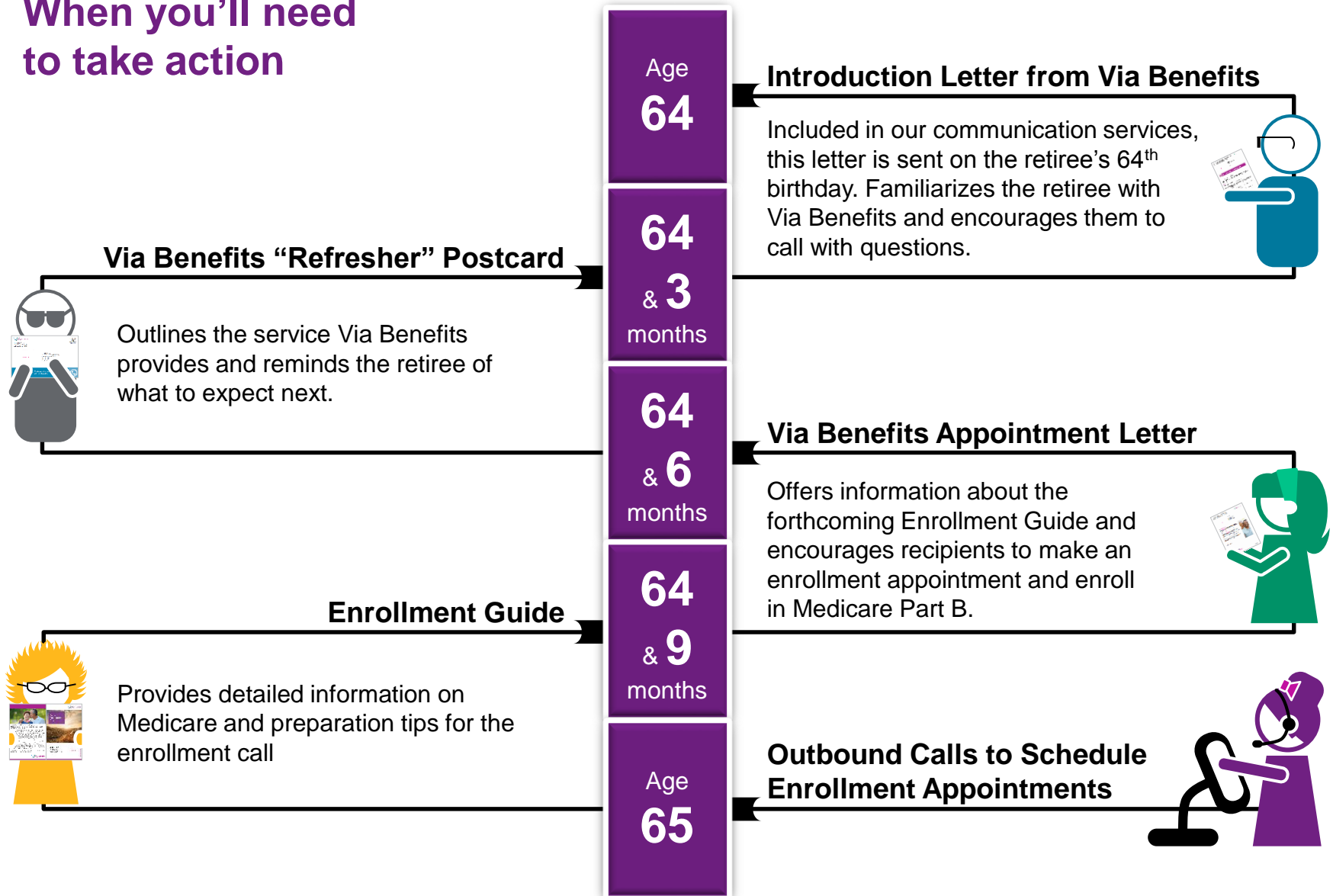
100% of calls are recorded

Step 2: Complete Carrier Application(s) for Selected Plan(s) with an Application Data Processor



Conducts the application process — confirms personal information and selected plan(s), completes the CMS (Centers for Medicare and Medicaid Services) required disclosures and obtains retiree telephonically signing the application (voice signature)

When you'll need to take action



Summary

How you enroll

- You enroll directly through Via Benefits
- You and your Medicare-eligible spouse enroll in separate plans



How to prepare for the call

- Go online: <https://medicare.viabenefits.com/ti>, review plan options, pre-populate prescription profiler
- Have Medicare card, prescription(s), doctor(s), and hospital information available
- Allow about 1½ hours to complete the enrollment



What you pay

- Depends on the plan you choose
- Eligibility for an Retiree Reimbursement Account can help offset costs
- Choose right level of coverage for you and your spouse individually



Summary

How you pay

- Depending on the plan you select, you may have to pay your first month's premium during enrollment
- Send your premium payment to your insurance company



What happens to my dependents who are not Medicare eligible?

- Covered dependents will stay on the TI plans, provided you purchase a medical or prescription policy through Via Benefits



How we support you

- Via Benefits will be your partner as you make this decision and enroll in plans
- Via Benefits will provide ongoing support — at no cost to you



Collin County and Dallas County Overview



Plans for Collin County

Plan Type	Number of Plans Offered (87)	2020 Monthly Premium	Carriers (subject to change)
Medicare Advantage	30	\$0 - 134	AARP UHC, Aetna, Amerigroup, AllWell, BCBS of TX, Cigna, UHC, Humana, Scott & White, WellCare
Medicare Supplement (Medigap)	38	\$74 - \$312	AARP UHC, BCBS of TX, Cigna, Amerigroup, Humana, First Health Life & Health Ins. Co.
Part D	19	\$13- \$87	AAARP UHC, Express Scripts, Humana, Mutual of Omaha, WellCare, SilverScripts

Plans for Dallas County

Plan Type	Number of Plans Offered (75)	2020 Monthly Premium	Carriers (subject to change)
Medicare Advantage	28	\$0 - \$134	Humana, AARP UHC, Cigna, BCBS of Texas, Aetna, Scott & White, Amerigroup, AllWell, UHC, WellCare
Medicare Supplement (Medigap)	28	\$74 - \$312	BCBS of Texas, AARP UHC, Humana, Cigna, Amerigroup, First Health Life & Health Inc. Co., The EPIC Life Ins. Co.
Part D	19	\$14 - \$87	AARP Part D UHC, Express Scripts, SilverScript, Humana, Mutual of Omaha, WellCare

Retiree Reimbursement Account (RRA)



TI's ongoing financial support

If you currently qualify for a TI subsidy of your premiums, you will continue to receive that support

Pre-65 Retirees

Receive a
discounted premium



Post-65 Retirees

Receive a
contribution to a Retiree
Reimbursement Account (RRA)

What is a Retiree Reimbursement Account (RRA)



Tax-free account used to reimburse you for eligible health care expenses — you pay first and then get reimbursed



If you are eligible, TI will make an **annual contribution** to a Retiree Reimbursement Account (RRA), prorated amount for newly eligible



You may use RRA funding to **reimburse yourself** for eligible medical, prescription drug, dental, and vision premiums, as well as eligible out-of-pocket healthcare expenses



TI contributions will be available in **January** for those who qualify for this benefit

Unused funds
DO roll over

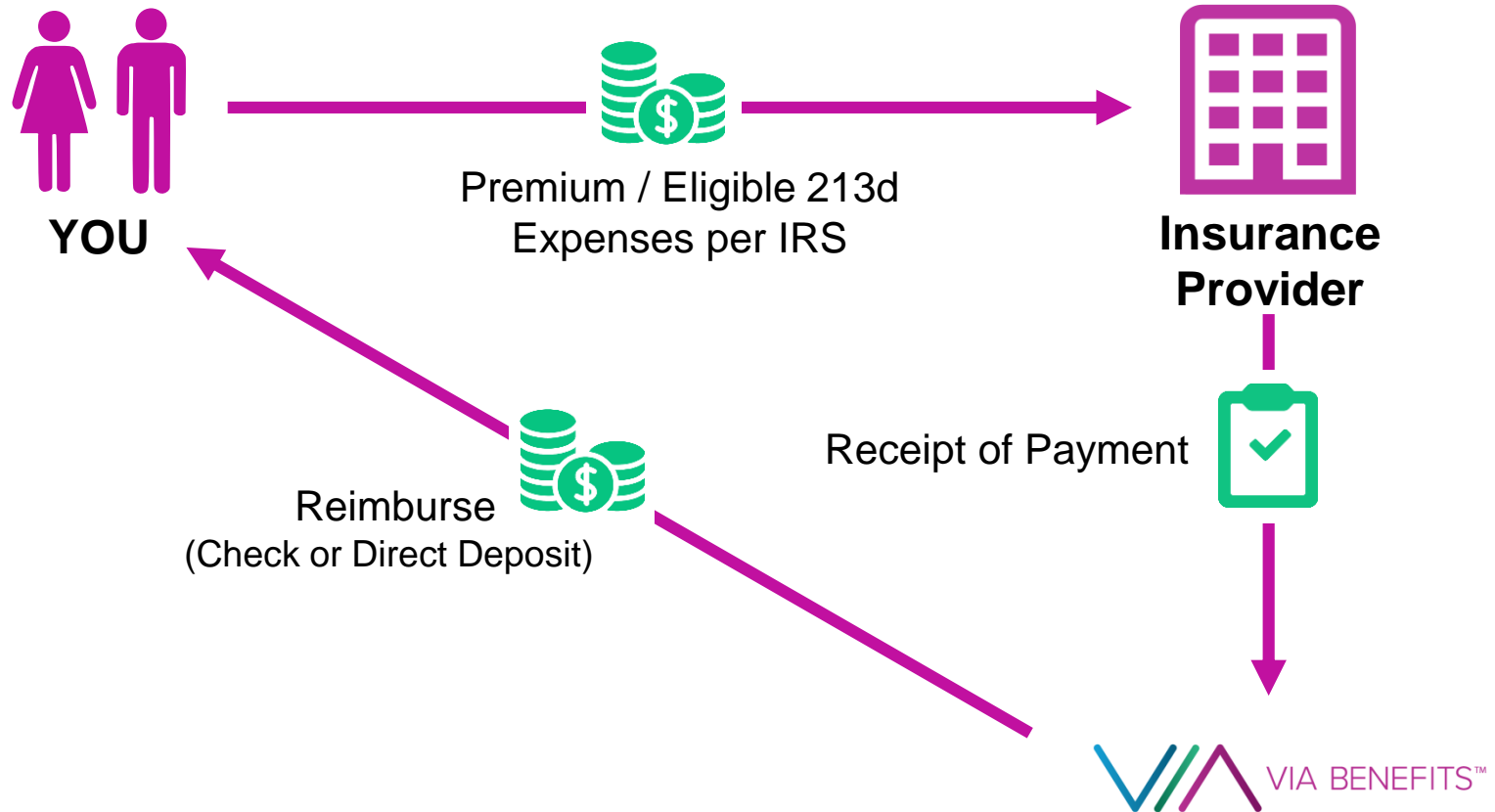
Note:

You must maintain continuous enrollment in a medical or prescription drug plan through Via Benefits to receive TI contributions

Administration governed by IRS Sec 213(d)

Retiree Reimbursement Account (RRA)

How the RRA works



You may be reimbursed up to the amount available in your RRA!

Questions and Answers



Thank you!

Call Now, We Are Ready!

1-844-638-4642
My.ViaBenefits.com/TL