Frequently Asked Questions (FAQs)

University of California

Medicare Coordinator Program

administered by VIA BENEFITS

GENERAL INFORMATION

1. Who is Via Benefits and how do they operate?

Via Benefits is the administrator of UC's Medicare Coordinator Program (MCP) for Medicare-eligible retirees who live in the US outside the state of California. They provide licensed Benefit Advisors who help retirees in other states identify the best Medicare medical and prescription drug plans based on personal medical needs, budget and the zip code of residence. Via Benefits also administers the UC-funded Health Reimbursement Arrangement (HRA) and provides assistance to all eligible retirees/survivors and any enrolled eligible family members. This includes processing and payment of claims form, preparation and mailing of forms and providing notification related to the HRA. Via Benefits has helped more than 5,800 UC members enrolled in Medicare plans since 2014.

2. What information/data about retirees does Via Benefits have in their system?

Before records are provided by UC to Via Benefits, eligibility criteria under the Medicare Coordinator Program should be met which includes residence outside of California and age of at least 64 years old. Once these criteria are met, these records are included in the monthly file UC sends to Via Benefits and contains the names, addresses, UC's contribution to the HRA and the contact information of all retirees and eligible family members who are at least 64 years old with a non-California address within the USA.

These newly eligible retirees fall into one of the categories below:

a. Residence Change – when retirees who are at least 64 years old just moved out of California or

b. Age Approaching Medicare – when retirees or their spouse/domestic partner living outside of California just turned 64 years old or

c. Dependent Eligibility Change – when the youngest covered member of Medicare-eligible or Medicare-entitled retirees or couples aged out (e.g. a child turning 26 years old and becoming ineligible under UC group health coverage)

d. Reactivation of UC Medical Coverage – when out-of-state retirees reactivate/unsuspend previously suspended UC group medical coverage, during UC's Open Enrollment or due to involuntarily loss of other medical coverage

To be eligible under this program, couples should be at least 64 years old and living or moving to a state outside of California and not covering any non-Medicare dependents under their plan. Families with recipients of UCRP disability or in Medicare due to disability are not eligible for this program. For more eligibility requirements, see Questions # 9 and #10.

3. As a UC retiree living in California, what kind of help should I expect from Via Benefits if I have not moved out-of-state yet?

While you reside in California, Via Benefits will not have your record so they would not know who you are. They can only help you explore the plans using their current premium costs that will be available after giving them a non-California zip code. Premiums and plans are zip code-based so you have to provide a zip code to get what plans are available for that zip code and their respective estimated premiums. Premiums also change regularly so understand that they may adjust once you move; and remember that the quote is only an estimate until you enroll.

Once you move out of California and are at least 64 years old, UC will provide your information to Via Benefits and they will be your one-stop shop helping you with electing the right plan for you and your spouse or domestic partner, evaluating those plans with you on an annual basis, as needed, and administering your HRA. They are also available to help you with any issues related to your medical, and prescription drug plans or claims.

4. I do not use/have a computer. How does Via Benefits work for me?

You do not need a computer to work with Via Benefits, to enroll in a plan, or to manage your Health Reimbursement Arrangement (HRA). Use your phone to contact Via Benefits representatives who are available 5 days a week from 7:00 AM to 6:00 PM PT to help you with anything you might need.

5. Sorting through and learning about new health plans can be a daunting task. May I have my adult child, friend or caregiver sit in on the phone call with Via Benefits?

Yes. You can identify a friend or another family member as a HIPAA Designated Representative who can join the calls or call on your behalf. To designate the HIPAA representative to make decisions on your behalf and act as you, you will need a Power of Attorney (POA) to grant them legal rights. The Via Benefits representative will ask a series of questions to make sure this friend or family member is authorized to be on the call. Make sure you provide a POA to Via Benefits (for your medical and prescription drug plans) prior to your call and also to the University (for your vision and dental plans, if any, and any other UC-related questions).

6. Will there be a guarantee of continued coverage by our current doctors?

No. Doctors choose which carrier networks they accept and choose to affiliate with. Via Benefits will work with you to help understand who your doctors are and determine which carrier network and plan(s) will work with your existing doctors so you can avoid enrolling in a plan that your doctor does not accept.

7. How many carriers does Via Benefits represent?

Via Benefits currently partners with over 75 insurance carriers, and offers over 1,000 plans from both national and regional carriers on its marketplace; however, not all carriers are in all states. These carriers offer Medicare Advantage plans, Medicare Supplemental plans and Prescription Drug plans. To determine which carriers offer plans in your area please call Via Benefits and ask to speak with a Benefits Advisor.

8. My monthly drug costs are high, how do the Via Benefits plans help?

UC retirees who receive their coverage through Via Benefits are eligible for an additional benefit called the Catastrophic Coverage Special Payments Benefit. This is an additional reimbursement for participants beyond any Health Reimbursement Arrangement (HRA) funding to help participants whose prescription drug costs exceed the Medicare out-of-pocket maximum. This maximum threshold resets every year and the amount is determined by CMS. Once you have spent that threshold out-of-pocket, the catastrophic benefit provides additional funds to reimburse you for prescription drug out-of-pocket expenses. The threshold is determined by your Medicare Prescription Drug Plan and documented on your Explanation of Benefits (EOB) statement. The threshold is defined as the *true out-of-pocket cost* (TrOOP).

ELIGIBILITY

9. I am a retiree or retiring and moving/ have moved to a state outside of California. Once I move out of state, what can I expect?

Information on new and current retirees or family units who meet **all** these requirements below will be provided on a file to Via Benefits on the first of each month:

a) at least 64 years old,
b) have a non-California address within the United States,
c) not a recipient of UCRP disability, and
d) not Medicare-eligible due to ESRD

If you are several months away from your 65th birthday, expect to receive regular communications from Via Benefits to prepare you for Medicare and to assist you in enrolling in the medical plan that fits your needs and budget.

If you are 65 or over and already in Medicare and are moving or have moved out of California, you need to notify UC of your move and change your address with UC. You can do that in one of 2 ways: (1) Submit a completed UBEN 100 *Retiree Continuation Enrollment Or Change* form and the UBEN131 *UC Human Resources Address Change Notice* form **or** (2) submit a completed UBEN 100 form and change your address through your UCRAYS online account. Once completed, you can expect to receive from Via Benefits within 4 to 8 weeks an introductory *Enrollment Guide* that will explain and help you navigate the individual Medicare plan enrollment process.

Know that you will remain in your current UC-sponsored medical plan until your coverage with the new medical plan you elected through Via Benefits becomes effective. You have a 60-day Special Enrollment Period (SEP) to select a new plan due to your move. This is a Medicare rule and starts with the effective date of your **home address** change with UC.

If you are not eligible for Medicare for various reasons (i.e., under your own work record or that of an eligible spouse/domestic partner), you will remain in a UC group medical plan servicing your area after submitting proof to UC of your ineligibility from Social Security. Call the RASC for next steps.

10. Why would I NOT be eligible for a plan through Via Benefits?

Here are various reasons why you would **not** be eligible through Via Benefits:

- You are still covering a non-Medicare family member under your medical plan. You will remain in UC group medical plan until all your covered family member become Medicare-eligible or ages out, in case of a covered child under age 26.
- You did not pay into or pay enough Social Security while working to qualify for Medicare. You need to have worked full time for 40 quarters in most cases. Forty quarters is 40 credits (10 years of full time employment paying in to Social Security).
- You are not eligible for Social Security and your spouse/domestic partner who has been paying into Social Security is not age 62 yet or you have not been married to them for 10 years.
- You have a home address with UC that is outside the United States.
- You are disabled and under the age of 65.
- You or a covered family member were diagnosed with a certain medical condition such as End Stage Renal Disease (ESRD).
- You live in a remote area in which Via Benefits does not offer more than one medical and prescription drug plan coverage.

11. What if I have other health care coverage somewhere else (outside of UC)?

If you have other creditable medical and prescription drug coverage through another employer or a spouse/domestic partner, you may complete the UBEN100 form to suspend your UC group coverage. You will not receive an HRA for medical and/or drug plan coverage obtained outside of Via Benefits or Kaiser Permanente, or directly with the insurance carrier.

12. I am a 65-year old retiree and my spouse/DP is less than 65 years old and we live outside of California. When will we be eligible under this program?

You will be covered when the youngest covered adult turns 65. This is a case of what UC calls a split family. *Split Families* refer to families with more than one medical plan because one or more members are in Medicare while the rest are in non-Medicare plans. Families covering non-Medicare children will not be included in the Medicare Coordinator Program through Via Benefits. Retirees and all their covered family members must be Medicare-eligible to qualify for this program.

Once all eligibility criteria are met, the process is addressed in Question # 3.

Non-California retirees who are within a year of their 65th birthday will receive regular communications from Via Benefits as follows: For example, someone turning 65 years old in April 2022 will receive from Via Benefits a:

- 12-month communication in April 2021
- 9-month communication in July 2021
- 6-month communication in October 2021
- An Enrollment Guide in January 2022

13. I am an employee under 65 years old married to a 65 year old. Will I still be able to cover my 65-year old spouse on the UC-sponsored group health plan?

Yes, Medicare allows a spouse over 65 to be a covered dependent of a UC employee and defer his/her Medicare enrollment until the employee ends their UC health insurance, e.g., termination of employment, retirement. UC employees are not eligible for enrollment in Via Benefits at this time.

14. My spouse/DP and I are currently in a medical plan through Via Benefits. What happens to my coverage when I add an eligible Non-Medicare family member?

During Medicare Open Enrollment or when you have a life event such as marriage or adoption and you are planning to add to your medical plan another family member who is not Medicare-eligible, you should contact UC RASC so they could coordinate your move back to UC-sponsored group medical plan. You have 31 days from the life event to complete the UBEN100 form to add an eligible dependent. You are responsible to cancel the medical plans you have through Via Benefits.

15. What should I do if I am not eligible for Medicare?

If you are not eligible for Medicare for various reasons (i.e., under your own work record or that of an eligible spouse/domestic partner), you will remain in a UC group medical plan available in your area after submitting proof to UC of your ineligibility from Social Security. Refer to your age-in letter from UC RASC for more information or call the RASC.

ENROLLMENT

16. How do I complete my application? Will I need to complete or sign my application in person to enroll in a plan through Via Benefits?

No, you do not need to complete or sign your application in person to enroll. You can choose one of two options available to you – enroll <u>online</u> through the Via Benefits website or <u>telephonically</u> by calling Via Benefits:

<u>Enrolling Online</u>

> If you see a plan you want to purchase, place it in your shopping cart and begin the checkout procedure. You will be able to select from many plans online and then enroll in the plan(s) you select (i.e., enroll in a Medigap Supplement plan and a Prescription Drug Plan, that would be two different plans you need to select) —although some plans require you to call Via Benefits to complete the enrollment. If you're not sure which plan is right for you and you've not yet had your enrollment call, just place the plans you like in your shopping cart and your licensed benefit advisor will be able to discuss them with you over the phone.

<u>Enrolling Telephonically</u>

> During your call, a licensed benefit advisor will walk you through your coverage options, help you determine which plan(s) meet(s) your medical and financial needs, and have you work with an application data processor to complete your enrollment application. The call will take about 90 minutes per person to complete. If you are also enrolling a Medicare-eligible spouse or dependent, you are both welcome to enroll at the same time or make a separate appointment to enroll.

For your protection, the federal government heavily regulates the sale of individual Medicare plans. For your enrollment application to be legally compliant, Via Benefits needs you to do the following during your enrollment call:

- *Repeat your personal information:* Nobody likes repeating himself or herself, but Via Benefits is required to record your personal information for each plan you enroll in. This could mean you have to repeat your personal information several times as you complete your applications. While this may seem redundant, the purpose is to protect you and make sure your application is correct. It's not so different from applying on paper — if you were filling out application forms for each plan electronically, you would write down the same information on each one.

- *Listen to recorded messages:* You'll need to listen to recorded messages for the plan(s) that you enroll in. Although these messages can be frustrating to listen to, they are the "fine print" — the terms of the individual health policy for which you are applying. They are for your protection and required by the insurance company and/or your state's Department of Insurance and/or Medicare. Please note, the recorded message of everything you agree to with Via Benefits can be sent to you in writing via mail or email if you prefer.

17. Is it necessary to schedule an appointment to shop plans through Via Benefits during Medicare Open Enrollment?

No. While some like to have an appointment date/time scheduled to ensure they don't forget calling to shop plans, there isn't a requirement to schedule an appointment. You can either enroll online through the Via Benefits website or you can call at any time during Medicare Open Enrollment and wait for the next available Benefit Advisor. If you do choose to schedule an appointment, it's recommended to schedule a couple months in advance of Medicare Open Enrollment which starts each year on October 15th as appointment slots tend to fill up quickly.

ADDRESS CHANGE

18. How can I change my home address at UC?

There are several ways to change your home address at UC:

- If you are currently an employee or a rehired retiree, work with your local Benefits Office or UCPATH
- If you are a retiree (or a rehired retiree), change your address by one of these:
- Online via UCRAYS (Link: https://retirementatyourservice.ucop.edu/)
- Download and mail or upload the Address Change Form (UBEN131) in UCRAYS
- Call the Retirement Administration Service Center (RASC) at 1-800-888-8267

Please note: A non-California address change submitted or made by a retiree or a covered family member age 65 or older will be included and sent on the next monthly file to Via Benefits.

19. If I move out of California, can I remain in my current UC-sponsored group coverage?

Yes, as long as you are under 65 years old and not yet enrolled in Medicare (or covering family members who are under 65), or a recipient of UCRP disability benefits. Once you move out of California and become Medicare-eligible or reach 65 years old, you will start to receive communication from Via

Benefits and you have to enroll through Via Benefits (not UC) before your 65th birthday to be eligible for the UC-funded HRA. Via Benefits also honors enrollment made directly with Kaiser Permanente; make sure you inform Via Benefits if you are choosing Kaiser Permanente for your medical plan. You are required to make any changes pertaining to your medical or prescription plan through and with Via Benefits. Please note: It may take at least 4 to 8 week to process your enrollment through Via Benefits.

20. I am currently covered under a plan through Via Benefits. What happens to my coverage if I decide to return to California?

- *If you return to California during the year and still reside* ***within your plan's service area***, you will remain in your current plan through Via Benefits until the end of the current calendar year (until December 31). Your next opportunity to make a plan change will be during UC's Open Enrollment in the fall for a different coverage effective January 1.

  Example: *If you decide to move back to California and you have a Medicare Supplement (Medigap) and Prescription Drug plan through Via Benefits,* you may remain in that plan indefinitely and continue to receive the HRA contribution from UC since these plans operate nationwide and you have coverage even in California.

- *If you move back to California and now reside* ***outside your current plan's service area***, then you need to change your plan through Via Benefits and remain in that plan until the end of the current calendar year (until December 31). Your next opportunity to make a plan change will be during UC's Open Enrollment in the fall for a different coverage effective January 1 of the following year.

  Example: *If you decide to move back to California, are currently enrolled in a Medicare Advantage plan, and move to California, you will not have coverage under your current Medicare Advantage plan. Therefore,* you will need to enroll in *another* medical plan through Via Benefits that offers you coverage in California until the end of the current year; this allows depletion of your HRA funds. Then, during UC's next Fall Open Enrollment, you may elect to change to another plan with an effective date of January 1.

In all cases, remember to change your home address with UC and your medical carrier through Via Benefits as soon as you move (see Question #16 on how to do this). Per Medicare, your home address needs to be a physical street address. A P.O. Box may only be used as a mailing address. **Please note: To re-enroll into UC-sponsored group medical coverage, you must submit UBEN 100 form and the appropriate Medicare Assignment forms during UC's Open Enrollment.**

PLAN INFORMATION

21. What kind of plans are offered through Via Benefits?

Via Benefits offers three (3) types of individual Medicare plans namely:

(1) Medicare Supplement plans, also known as Medigap Plans

(2) Medicare Advantage Plans

(3) Prescription Drug Plans

Via Benefits currently partners with over 75 insurance carriers, and offers over 1,000 plans from both national and regional carriers in its marketplace; however, not all carriers offer plans in all states. Most areas in the country have Medicare Advantage HMO and Medicare Advantage PPO options but options for you depends on the carrier availability and where you live. A Via Benefits Advisor can help determine what options are available to you based on where you live or plan to live and your needs.

22. There are many plans offered in the marketplace. What are the differences between Medicare Advantage plans and Medicare Supplement plans (also known as Medi-gap)? What is *Guaranteed Issue*?

For many retirees it can be confusing to understand how to evaluate these two plans in a way that is meaningful to their individual needs. Read some of the considerations below for a better understanding on how these plans compare/differ.

Guaranteed issue is a term used in **health insurance** to describe a situation where a policy is offered to any eligible applicant without regard to **health** status. *Guaranteed Issue* only applies at certain points in the individual marketplace such as during: (a) a person's initial eligibility period – 6 months before or after their Part B effective date and (b) a Special Enrollment Period – when someone loses coverage from a different plan.

- Medicare Supplement plans are able to decline providing coverage to someone, or to use their health conditions to set premiums, if they are applying for coverage and are not in a guaranteed issue period. Med Supp plans are not required to take ESRD patients until they turn 65 even if they have Medicare prior to age 65.

- Medicare Advantage plans are not able to limit coverage or to charge different premiums to someone based on pre-existing conditions. In addition, MAPD plans are now directed to accept ESRD patients who have Medicare primary, regardless of age.

Quality – Medicare Supplement plans are not measured for quality. Medicare Advantage plans are measured by CMS using the star ratings system to provide an indication of quality. Star ratings measure member satisfaction with the health and drug plans and measure the quality of delivery of care and outcomes.

Extra/enhanced coverage above the basic Medicare coverage and a guarantee that all pre-existing conditions

- Medicare Supplement plans might fill in more of the gap between Medicare and medical bills to provide more financial protection than Medicare Advantage plans but cost a lot more than Medicare Advantage plans.

- Medicare Advantage plans will usually integrate Part D and cost a lot less than Medicare Supplement plans, and it is guaranteed that all pre-existing conditions will be covered.

- If one needs the plan to offer disease management, dental care, vision care, hearing aids, transportation, meal delivery, podiatry, etc. and other extra or enhanced coverage then a Medicare Advantage plan would be preferred.

23. How do I find the plan premium costs in the location I am considering moving to? Why do premiums change based on my zip code and the plans I select?

Costs of plan premiums vary depending on where you live and the plan and coverage you choose. You can get a general idea of the premiums you may pay by visiting the Via Benefit's website (https://my.viabenefits.com/uc) or in some instances, you can call RASC for assistance to schedule a call with a Via Benefits representative. You will need to provide information to RASC to send to Via Benefits before the call since your information is not with Via Benefits yet. Since your initial mailing from Via Benefits starts when you are at least 64, you should have time for questions before you turn 65. Therefore, wait for your initial mailing and call to speak to Via Benefits at that time.

24. When I age into Medicare and I have a pre-existing condition, will I have a problem switching to a new health plan?

No. When you age-in to Medicare and live outside of California, your UC-group sponsored plan coverage is terminated and you have a one-time access to *Guaranteed Issue Rights* which means you cannot be denied coverage for pre-existing conditions.

25. Can my spouse/domestic partner be in a different plan through Via Benefits than I am?

Yes. The plans offered through Via Benefits are individual plans, not group plans, so you and your spouse or domestic partner can choose a different plan from each other. Once Via Benefits receives your personal data from UC and you are determined Medicare eligible, you will be able to call them so they can assist and walk you through a very personalized consulting process to evaluate the best possible Medical and Prescription Drug Plans for each of you. This may turn out to be the same or different plans. You are not required to have the same plans.

26. I selected a new medical plan through Via Benefits during Open Enrollment and decided it was not a good choice, could I call Via Benefits to change medical plan?

If you choose a new plan and decide you do not like that plan, know that there are very limited situations in which you can make a change in your plan. Please call Via Benefits to speak with a Benefits Advisor who will be able to help determine if you are eligible to make a plan change.

HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

27. Will retirees work with the same Via Benefits Advisor throughout the transition from UC sponsored group medical plan to the Medicare Coordinator Program (MCP)?

The vast majority of retirees transitioning to the Medicare Coordinator Program will be able to complete their enrollment process in a single conversation with the same Via Benefits advisor. Should you need to call back to complete your conversation or enrollment at a later date, the Via Benefits system will attempt to re-connect you with the same Benefit Advisor if they are available. If the same Advisor is not available, then you will be directed to another Advisor with identical training, licensing, knowledge and skill set to help you complete and assist in your enrollment.

28. How does UC determine the annual amount of HRA funding?

The amount of the HRA contribution from UC is based on graduated eligibility rules. If you are eligible, your enrollment in an individual medical plan through Via Benefits will be paired with a Health

Reimbursement Arrangement (HRA), with a maximum annual contribution of $3,000 from UC. You are not eligible for the HRA if you enroll only in a Prescription Drug Plan (PDP).

If Medicare-eligible family members – such as a spouse or domestic partner – are covered, UC will also contribute up to an additional $3,000 towards their combined HRA. There is one HRA account per family that can be used for out-of-pocket health care costs from one or both participants. To qualify and maintain eligibility for HRA funding, you must continue paying your Medicare Part B premiums to Social Security and enroll through and work with Via Benefits to make any changes to your medical plan at all times. Working directly with a carrier (except with Kaiser Permanente) will terminate your HRA funding.

29. How does the HRA work?

In most cases, the HRA funds provided by UC will cover the cost of the premiums as well as some additional out-of-pocket health care costs (such as Medicare Part B premiums and copays for your medical care). You pay your eligible expenses first, and then request reimbursement from your HRA.

After enrollment, Via Benefits will send a *Funding Guide to Reimbursement* with the instructions and forms you need to manage your HRA and request reimbursement for your eligible expenses.

Any unused HRA funds roll over year after year while you are covered under a medical plan through Via Benefits. Any HRA funds are forfeited when your coverage through Via Benefits ends. The HRA is funded and owned by UC for your benefit. Funds from an HRA could not be transferred or bequeathed as a result of death.

30. What happens to unused funds in my HRA account?

Unused HRA dollars rolls over year after year. You can submit eligible claims up to the date that you move back to California and change back to UC coverage. The claims submission deadline is 12 months from the date the claim was incurred.

Effective January 2021, COBRA is offered to those with qualifying event. The COBRA premium is based upon the remaining funds in your HRA plus the administrative fee. If you have a balance in your funded HRA account, and have a qualifying COBRA event, you may choose COBRA to continue using your HRA funds until it is depleted.

Any unused HRA funds roll over year after year while you are covered under a medical plan through Via Benefits. Any HRA funds are forfeited when your coverage through Via Benefits ends.

The HRA is funded and owned by UC for your benefit. Funds from an HRA could not be transferred or bequeathed as a result of death.

31. The premiums for the Medicare supplemental insurance keep going up. Are retirees going to get an increase in the HRA funding?

UC reviews the HRA funding each year to determine if there will be any change to the contribution amount.

RESOURCES FOR YOU

32. I have more questions. Where can I find more information? Who do I call for assistance?

If you have questions, visit UCnet at ucal.us/medicarecoordinator for additional information or visit the Via Benefits microsite for UC at my.viabenefits.com/uc. Other resources available to retirees also include the following:

- UC – Medicare Fact Sheet
- Medicare Coordinator Program on UCnet
- Enrolling in Medicare
- Contact UC Retirement Administration Service Center (RASC)
  Phone: 1-800-888-8267 (in U.S.)
  Phone: 1-510-987-0200 (from outside the U.S.)
  Monday–Friday, 8:30 a.m.–4:30 p.m. (PT)