





OneExchange



Helping You Prepare For Your Upcoming Medicare Enrollment

What's Changing

- Associated Universities, Inc./NRAO is changing the way they currently provide health care benefits to retirees.
- This plan impacts eligible retirees & spouses age
 65 and older
- Retirees & spouses under age 65 remain on Cigna - High Deductible Plan.

What We'll Cover Today

- What is changing and why
- How this affects you
- Introducing OneExchange
- Medicare marketplace
- Going forward
- Questions & answers

What is Changing and Why

- Group Cigna plan coverage ends 3/31/2014.
 - Full suite insurance covering more than retirees actually use.
 - Affordable Care Act compliant.
 - Made plan MUCH more expensive.
- NSF funding reduced in previous years, continues at lower amounts.
 - Entire benefits budget ran over 2 years in a row.
 - Could not continue to operate during Gov't shutdown.

Why This Approach

- Allows retirees to have more choice and the ability to customize their health care coverage
- OneExchange specializes in providing these services for retirees across the U.S.
- Reduces budget burden on AUI/NRAO while continuing to deliver meaningful benefit.
- Achieves more predictability in company costs.
 This will allow AUI/NRAO to remain competitive and to provide strong benefits

How This Affects You

What you pay

• May change – depending on what coverage you choose

How you enroll

 You will work with OneExchange to enroll in a plan that meets your medical and prescription needs. We will also help you establish your Health Reimbursement Account

Your support

 OneExchange Advisors will help you understand the costs associated with your coverage – premiums, co-payments, deductibles and all other costs

About One Exchange Retiree (formerly Extend Health)





Licensed advisor provides guidance and lifetime advocacy

Personalized options with thousands of plans across 90 carriers

Towers Watson's fourth business segment

Excellence Solutions

purchased by Towers Watson in 2012

\$100M invested in proprietary technology

2014 will be
10th annual
enrollment season

First and Largest
private Medicare Exchange
Founded in 2004

Blue Chip Private Company Clients

























More than 500,000 Retirees Enrolled in New Coverage

Laboratories / Security Sector









Your Transition

Transitioning the way access is provided to retiree health benefits for Medicare-eligible retirees and their Medicare-eligible spouses

- Towers Watson's OneExchange has been chosen after an extensive evaluation of choices
- OneExchange will help you with total care in transitioning over to more-effective individual Medicare health insurance
- The private exchange offers greater choice and flexibility;
 many affordable choices exist and in many cases provide more value at a lower cost than an employer group plan
- Ongoing support at no cost to you

Why OneExchange?

White-Glove Service

Consultative **Process**



Simplified Selection



Effortless Enrollment



Lifetime Advocacy



Consultative process:

 Your Benefit Advisor will determine coverage needs and thoroughly research your options

Selection Process:

 Your Benefit Advisor will provide the guidance you need to easily understand your Medicare options

Enrollment Process:

- 100% paperless, telephonic enrollment
- Secure and efficient

Advocacy:

 Specialized and focused; trained in insurance, Medicare and issue resolution

Our Service Centers

partnership



between our service centers, administration and technology teams

provides timely and accurate responses to participants

Dallas, Texas



Highlights:

- High customer satisfaction
- All conversations are recorded
- Multilingual support

Operating hours:

- M-F 8am-9pm ET
- M-F 7am-8pm CT
- M-F 6am-7pm MT
- M-F 5am-6pm PT

Plans and Partners

All Medicare Plan Types

Medicare Supplement (Medigap)

Medicare Advantage

Prescription Drug (Part D)

A few examples of the carriers on our Medicare exchange:















Express Scripts Medicare™(PDP)



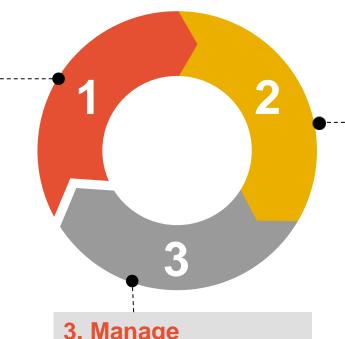
Thousands of plans from more than 90 national/regional carriers

The OneExchange Process

1. Educate

Before Enrollment

- Introduction to OneExchange via mailer outreach
- Opportunity to participate in live transition meetings
- Enrollment Guide



2. Evaluate/Enroll

During Enrollment

- Process overview provided
- In-depth needs analysis given
- Suitable plan(s) are recommended

3. Manage

After Enrollment

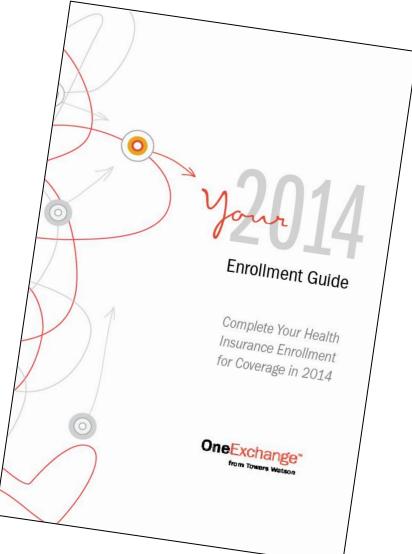
- Claims support provided
- Advocacy assistance provided

Education

Enrollment Guide

Prepare for your enrollment consultation

 Gather your info and make your First Contact Call

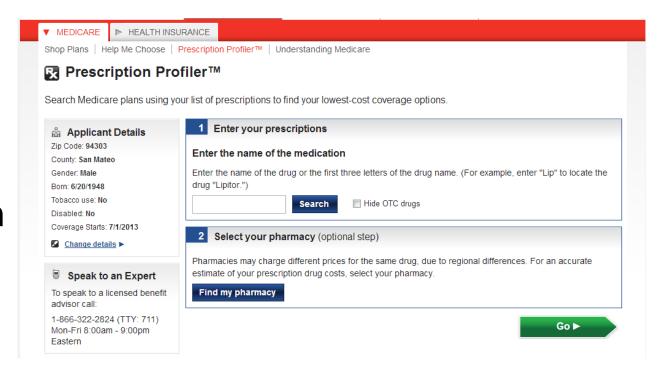


1-855-873-0098

medicare.oneExchange.com/nrao

Decision Support Tools

- Help Me Choose
- PrescriptionProfiler



medicare.oneExchange.com/nrao

24/7 access to your information

Benefit Advisor Profile



Hours of Operation

Monday – Friday 8am – 9pm Eastern Time 6am – 7pm Mountain Time

Candidate profile:

- Service Oriented
- Healthcare and Financial experience

Licensed / Certified / Appointed

- ▶ Highly trained –OneExchange University™
- State-licensed
- Certified by the insurance carriers
- Client-specific training

Multiple service centers

- Richardson, Texas
- South Jordan, Utah
- 100% of workforce is US-based no outsourcing
- Objective and Unbiased Advice
 - Neutral compensation
 - Incentives for quality customer service
- Unlimited call duration

Enrollment Process



Benefit Advisors can discuss coverage options with anyone – need to speak to the participant (or durable POA) to complete the enrollment

Once you have made a coverage selection, enrollment is conducted via telephone

 100% of calls are recorded

Tag-Team Enrollment Expertise

- Allows BA's to Have More Time for Consultations
- Ensures Accuracy of Application Submissions

Licensed
Benefit
Advisors
(BA's)



Application
Data
Processors
(ADP's)

Licensed / Certified / Appointed by Departments of Insurance; the experts in probing health plan needs and helping to recommend the right plan Trained in carrier enrollment applications; the experts in accurately filling out the paperless applications to optimize first-time acceptance by the carriers

The Main Issue - Why You Need Insurance



Original
Medicare
Part A
&
Part B

Exposures



Medigap + Part D

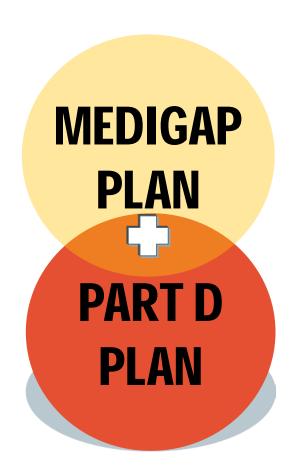
Medicare Advantage

OPTION 1: Medicare Advantage Plan with Prescription Drug Coverage (MAPD)*



* Note that Medicare Advantage plans are generally network based plans

OPTION 2: Medigap Plan + Part D Plan



Note: You will need to pay your first premium when you enroll in coverage



Plans Available in Socorro Area

Plan Type	Number of Plans Offered	2014 Monthly Premium Range
Medicare Advantage	6	\$0 - \$132
Medigap / Medicare Supplement	16	\$63 - \$238
Part D	17	\$13 - \$126

Ancillary Coverage Socorro Area

Plan Type	Number of Plans Offered	2014 Monthly Premium	Company
Vision	1	\$14 per person per month Annual eye exam: \$15 Coverage for eye glasses, lenses and frames	Vision Service Plan (VSP)
Dental	4	\$18 - \$46 Monthly premium \$50 - \$75 deductible \$750 - 1,500 annual maximum	Delta Dental, Humana, Metlife (2)

Medicare Advantage Plan – Socorro Area

Benefit	Cost 2014
Premium	\$27
Network	PPO
Deductible	\$0
Doctor Copay	In: \$10/ Out: 30% of Cost
Specialist Copay	In: \$35/ Out: 30% of Cost
Hospital	In:\$150 copay per days: 1-7/ Out: \$300
Emergency Room	\$65 unless admitted to the hospital
Deductible	\$0
Rx (30 day supply)	\$0/ \$2/ \$39/ \$85/ 33%
Mail Order (90 day supply)	\$12.50 / \$17.50 / \$110 / \$237.50

Medigap Plan F + PDP (75 year old male) NM

Benefit	Cost 2014
Premium	\$202 (\$187.82 Medical + \$23 PDP)
Network	Any doctor who accepts Medicare
Deductible	\$0
Doctor Copay	\$0
Specialist Copay	\$0
Hospital	\$0
Emergency Room	\$0
Deductible	\$0
Rx	\$0/ \$19/ \$40/ \$90/ 33% 30 day supply
Mail Order	\$0/ \$38/ \$80/ \$180 90 day supply

Plans Available in Charlottesville Area

Plan Type	Number of Plans Offered	2014 Monthly Premium Range
Medicare Advantage	4	\$0 - \$81
Medigap / Medicare Supplement	14	\$60 - \$217
Part D	17	\$13 - \$125

Ancillary Coverage in Charlottesville Area

Plan Type	Number of Plans Offered	2014 Monthly Premium	Company
Vision	1	\$14 per person per month Annual eye exam: \$15 Coverage for eye glasses, lenses and frames	Vision Service Plan (VSP)
Dental	4	\$22 - \$46 Monthly premium \$50 - \$75 deductible \$750 - 1,500 annual maximum	Delta Dental, Humana, Metlife (2)

Medicare Advantage Plan - Charlottesville

Benefit	Cost 2014
Premium	\$0
Network	HMO
Deductible	\$0
Doctor Copay	\$15
Specialist Copay	\$40
Hospital	\$275 copay per days: 1-6
Emergency Room	\$65 unless admitted to the hospital
Deductible	\$0
Rx	\$6/ \$15/ \$45/ \$95/ 33% (30 day supply)
Mail Order (90 day supply)	\$0 / \$0 / \$125 / \$275

Medigap Plan F + PDP (75 year old male) VA

Benefit	Cost	2014
Premium	\$218.15 (\$201.85 Medical + \$16	5.30 PDP)
Network	Any doctor who accepts Medi	care
Deductible	\$0	
Doctor Copay	\$0	
Specialist Copay	\$0	
Hospital	\$0	
Emergency Room	\$0	
Deductible	\$0	
Rx	\$0/ \$16/ \$40/ \$90/ 33%	30 day supply
Mail Order	\$0/ \$32/ \$80/ \$180	90 day supply

Plans Available in Green Bank

Plan Type	Number of Plans Offered	2014 Monthly Premium Range
Medicare Advantage	12	\$0 - \$170
Medigap / Medicare Supplement	15	\$73 - \$230
Part D	17	\$13 - \$169

Ancillary Coverage – Green Bank Area

Plan Type	Number of Plans Offered	2014 Monthly Premium	Company
Vision	1	\$14 per person per month Annual eye exam: \$15 Coverage for eye glasses, lenses and frames	Vision Service Plan (VSP)
Dental	4	\$19 - \$46 Monthly premium \$50 - \$75 deductible \$750 - 1,500 annual maximum	Delta Dental, Humana, Metlife (2)

Medicare Advantage Plan – Green Bank

Benefit	Cost 2014
Premium	\$88
Network	PPO
Deductible	\$0
Doctor Copay	In: \$15 / Out: 20% of Cost
Specialist Copay	In: \$35 / Out: 20% of Cost
Hospital	In:\$260 copay per days: 1-7/ Out: 20%
Emergency Room	\$65 unless admitted to the hospital
Deductible	\$0
Rx	\$7/ \$18/ \$45/ \$95/ 33% (30 day supply)
Mail Order	\$0 / \$0 / \$125 / \$275.00 (90 day supply)

Medigap Plan F + PDP (75 year old male) WV

Benefit	Cost	2014
Premium	\$226.05 (\$202.95 Medical + \$23.10	PDP)
Network	Any doctor who accepts Medicar	е
Deductible	\$0	
Doctor Copay	\$0	
Specialist Copay	\$0	
Hospital	\$0	
Emergency Room	\$0	
Deductible	\$0	
Rx	\$0/ \$12/ \$40/ \$90/ 33% 30 d	ay supply
Mail Order	\$0/ \$24/ \$80/ \$180 90 d	ay supply

Medicare Prescription Drug Coverage

Deductible

You Pay Full Retail Until Deductible is Met

Initial Coverage You Pay Co-pays for your plan coverage for the first \$2850 in actual costs of Medications

Coverage Gap You pay 47.5% of Brand Name and 72% of Generics until your out of pocket costs reach \$4550

Catastrophic Coverage

- You Pay \$2.55 for Generics and \$6.35 for Brand Name
- Or 5% whichever is greater



What Is An HRA?

- <u>Tax-free</u> account used to reimburse you for eligible health care expenses – you pay first and then get reimbursed
- If you are eligible, your former employer will make an annual contribution to a Health Reimbursement Arrangement (HRA)
- You may use HRA funds to reimburse yourself for eligible medical expenses which include premiums that you pay coverage for (including Medicare Part B) and certain out-of-pocket expenses such as copays and coinsurance
- Your HRA funds will be available April 1st

Health Reimbursement Arrangement (HRA)



HRA Arrangement

Administered by OneExchange



NRAO

allocates benefit dollars to each retiree's HRA Participant
works through
OneExchange
to enroll in
individual
coverage

Retirees are reimbursed for eligible health care expenses using HRA benefit dollars

Reimbursement options

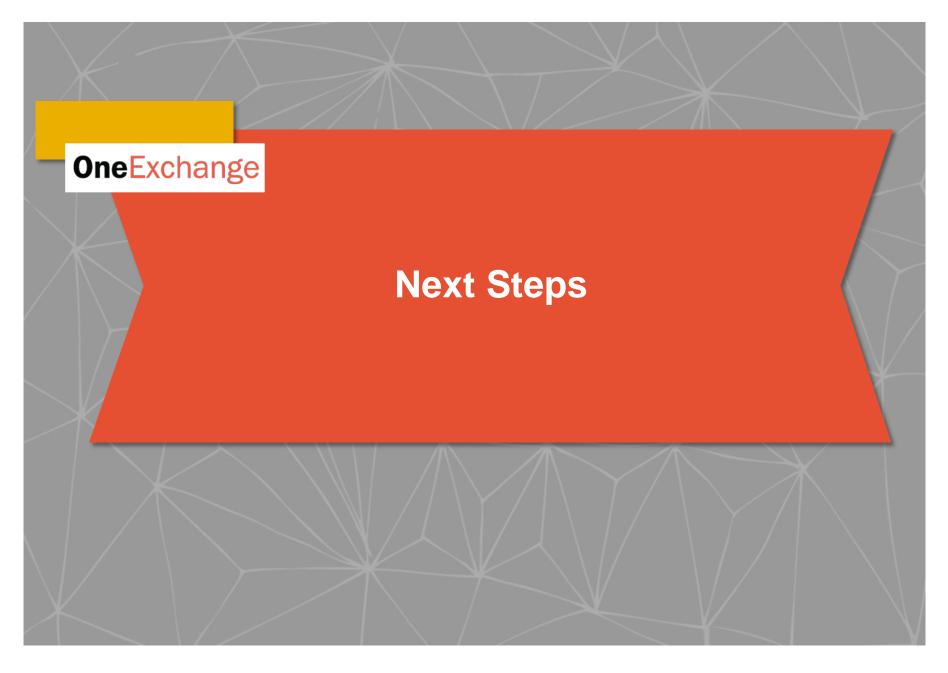
1. Manual Claims

2.
Automatic
Reimbursement



Auto-Reimbursement (AR)

- Service offered by OneExchange
- Available on most plans
- Works for premium reimbursement only
- No claim form is required
- Can take 2-3 billing cycles to initiate
- If you need your reimbursement sooner, simply file a paper claim. The form and instructions will be provided in your HRA Welcome Kit



What You Need To Do: Action Required!

- You MUST enroll in Medicare Part B if not
 - already enrolled
 - contact the SSA



- Contact OneExchange at your toll free #
 - Make a first contact call now and schedule an enrollment appointment



- Enroll in your new coverage
 - Call us during your scheduled appointment time
 - You are guaranteed coverage

Your First Contact Call - We're Ready!

Review Enrollment Guide

Gather Medicare card, Prescriptions and Doctors/Hospital information

Call OneExchange 1-855-873-0098

Enrollment Confirmation Notice

Selection Confirmation



Your applications have been submitted for the plans listed below

from Towers Watson

Dear FirstName LastName,

This letter confirms that you have made your health care plan selection(s) for year, and that your application(s) have been submitted to the insurance carrier(s) listed below. Please review this statement carefully to ensure that it reflects the choices you have made. If the plan(s) or premium(s) are not what you expected, please contact Extend Health immediately at ClientPhoneNumber.

This letter does not confirm acceptance of your applications or that your plan(s) have been issued, and cannot be used as proof of coverage. This letter only confirms that your applications have been submitted

Once your application(s) are accepted, you will begin to receive information directly from your insurance carrier(s).

Please note: Due to final rate approvals and insurance carrier-applied discounts, final premiums may vary from those shown below.

PLAN NAME	PREMIUM	DESIRED COVERAGE START DATE	<y n=""> AUTO REIMBURSEMENT</y>
<medical carrier="" name="" name,="" plan="" that<br="">might be more than two lines> Confirmation #: < App Confirmation ID></medical>	\$000.00 per month	Month DD, YYYY	<medical auto<br="">reimbursement status></medical>
<part carrier="" d="" might<br="" name="" name,="" plan="" that="">be more than two lines> Confirmation #: < App Confirmation ID></part>	\$000.00 per month	Month DD, YYYY	<rx auto<br="">reimbursement status></rx>
<dental carrier="" might<br="" name="" name,="" plan="" that="">be more than two lines> Confirmation #: < App Confirmation ID></dental>	\$000.00 per month	Month DD, YYYY	< Dental auto reimbursement status>
<vision carrier="" might<br="" name="" name,="" plan="" that="">be more than two lines> Confirmation #: < App Confirmation ID></vision>	\$000.00 per month	Month DD, YYYY	<vision auto<br="">reimbursement status></vision>

(page 1 of 3)

Features: Sent once a participant has enrolled into a plan

Confirms all plan selections and enrollments

- Carrier Name
- Plan Name
- Confirmation Number
- Premium
- Coverage Effective Date
- Whether or not they have selected Automatic Reimbursement

What Happens Next

- Expectations on Carrier correspondence, including ID Cards
- Subsidy Packet
- Automatic Reimbursement
- Direct Deposit

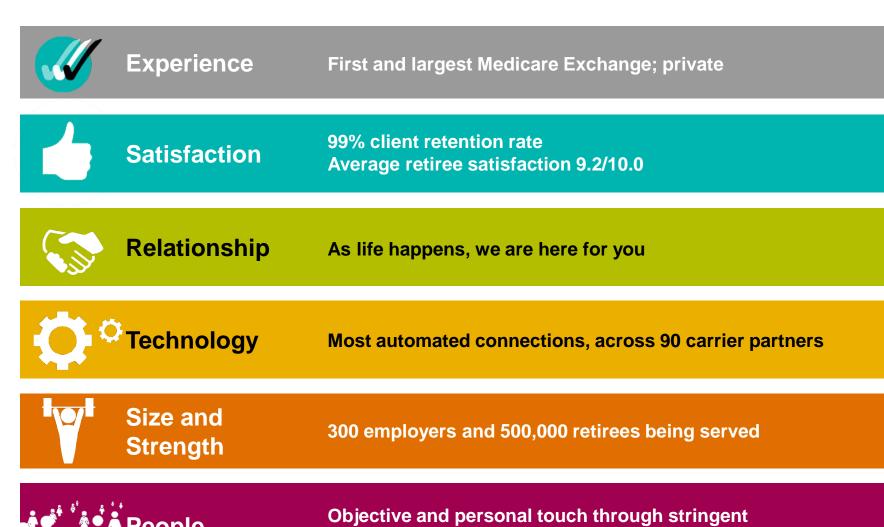
Personal Guidance: For a Lifetime



A lifetime advocate:

- Navigation
- Enrollment
- Claim issues
- Denied policies
- Affordability concerns
- Prescription
- Late enrollment
- HRA
- Annual plan review

Why OneExchange Retiree



training processes and CMS compliance criteria

Frequently Asked Questions

Q: Do you offer plans that cover me in multiple states-I am a snowbird?

A: Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you. Part D plans provide nationwide coverage from participating pharmacies. Medicare Advantage plans cover urgent and emergency services nationwide, but some may not provide nationwide coverage for non-emergency services. If you live part of the year out-of-state, these plans may not be right for you.

Q: How often will I be billed? By whom? Can I pay by check?

A: When you enroll in a new plan, you will need to begin making premium payments to the insurance company in order to maintain your coverage. Some insurance companies may require the first month's premium payment during the application process. In this case, you should expect to make a payment within a few days of your enrollment. Please have your billing information ready when you make your enrollment call to OneExchange.

Most insurance companies give you several billing options for ongoing payments: direct billing, paid by check each month, Electronic Funds Transfer from your checking account, or automatic deduction from your social security check. You can choose to pay monthly, quarterly, or yearly.

Frequently Asked Questions

Q: If I don't like the plan that I enrolled in, when can I change?

A: Every year you will have a Medicare Annual Enrollment Period during which you may investigate other medical and drug plans and potentially enroll in a different plan. However, during future Medicare Annual Enrollment Periods your medical conditions at that time may limit the plans available to you. You will receive notification from OneExchange of the Medicare Annual Enrollment Period (October 15-December 7); we encourage you to contact us should you have any questions.

Q: Will I be refused coverage due to a pre-existing condition? Will I pay more? Can my policy be cancelled once I am enrolled because of my condition? Can my rate be raised for that reason?

A: If you enroll in a Medigap plan when you first transition from group coverage you are guaranteed issue. If you then wish to change to another Medigap in the future, you will go through Medical underwriting. You will not necessarily be denied, but your monthly premiums could be higher. Your policy cannot be cancelled once you are enrolled unless you do not pay your premiums and your rate will not be raised for medical reasons. If you wish to enroll in a Medicare Advantage plan, they are always guaranteed issue.

Frequently Asked Questions

Q: What if I have the option for other coverage (spouse, military) — if I don't enroll with OneExchange can I enroll later?

A: Yes, during annual enrollment each fall. You will need to enroll into Medical or prescription drug plan coverage to be eligible for the HRA funding.

Q: I re-married after I retired—is my spouse eligible for OneExchange's services?

A: Yes. One Exchange can assist you with individual plan coverage consultation but you will not be eligible for the program subsidy.

Q: Will my premium rates increase every year? If so, by how much?

A: In general, insurance premiums do increase every year. The increase in plan cost year-to-year can vary widely. We advise our enrollees to contact us and compare other plans if you experience rate increases in the 10-15% range. The national average is 3-4%.

Q: Are there plans that will cover me when I travel domestically or internationally?

A: Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you. A few Medicare Advantage plans also have world wide emergency coverage.



We Are Ready For Your Call

1-855-873-0098

