

# ENROLLMENT GUIDE

## EVALUATE YOUR 2013 MEDICARE COVERAGE



### INSIDE YOU'LL LEARN



WHO WE ARE.  
HOW TO WORK WITH US.



HOW TO EVALUATE OPTIONS &  
PREPARE FOR ENROLLMENT.



HOW TO CONTACT US  
& COMPLETE YOUR  
ENROLLMENT.



WHAT TO EXPECT AFTER  
YOUR ENROLLMENT CALL &  
THROUGHOUT THE YEAR.

## How To Contact Extend Health

After you have reviewed the contents of this guide & collected the requested information, you're ready for your enrollment call. During your enrollment call an Extend Health benefit advisor will assist you with evaluating your options and enrolling in a plan for the coming year. Call us at the time printed in the cover letter that accompanied this mailing.



### ONLINE

[www.extendhealth.com/dupont](http://www.extendhealth.com/dupont)



### PHONE

855-535-7140

(TTY: 711)

8 am-9 pm, Mon-Fri, Eastern Time

## Inside You'll Find



Greetings from Extend Health . . . . 4

What to expect from us . . . . . 6



Understand your options . . . . . 8

Evaluate your options . . . . . 12



Schedule your enrollment call . . . 16

Before your enrollment call . . . . 18

Complete your enrollment call . . . 20



After your enrollment call . . . . . 22



Frequently asked questions . . . . 25

Glossary of terms . . . . . 30



Notes . . . . . 32



# Greetings from Extend Health!

Trusted advisor for hundreds of thousands of Medicare-eligible participants

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Everyone on the Extend Health team is pleased to welcome you to the enrollment period for 2013 Medicare benefits.

We at Extend Health understand that your health care decisions are important, and can be confusing. It's our job to make this process easier. As the country's largest private Medicare marketplace, Extend Health offers the largest selection of individual Medicare plans from over 75 national and regional insurance carriers across the country. We evaluate all the plans we offer for value and customer service. That, plus our objective, expert advice, allow Extend Health to take the worry and stress out of looking for Medicare coverage.

This *Enrollment Guide* explains how to evaluate your coverage options, choose a plan that is right for you, the steps you'll take to enroll, and what to expect after enrollment. We look forward to helping you make an informed and confident enrollment choice.





**ENROLLMENT GUIDE**



# What to Expect from Us

The highest-quality coverage for the least expense

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Extend Health is not an insurance company. We are a resource that gives you access to a Medicare marketplace that includes a wide variety of Medicare Advantage, Medigap (also known as Medicare Supplement) and Part D prescription drug plans from the nation's leading health insurers.

This marketplace, created by Extend Health and used by hundreds of thousands of people like you, offers you, your spouse and/or your Medicare-eligible dependents personalized service and assistance with finding and enrolling in the plans that fit your needs. Because individual Medicare plans share a larger risk pool than employer group plans, the plans offered in our marketplace can cost the same or less than your group plan. Best of all, Extend Health provides this service at no cost to you or your spouse. When you work with Extend Health you can expect:

## **STEP-BY-STEP GUIDANCE**

Our benefit advisors and easy-to-use online tools will guide you, step-by-step, through the individual Medicare market, ensuring you confidently choose the plan that best fits your needs.

## **UNBIASED, OBJECTIVE SUPPORT**

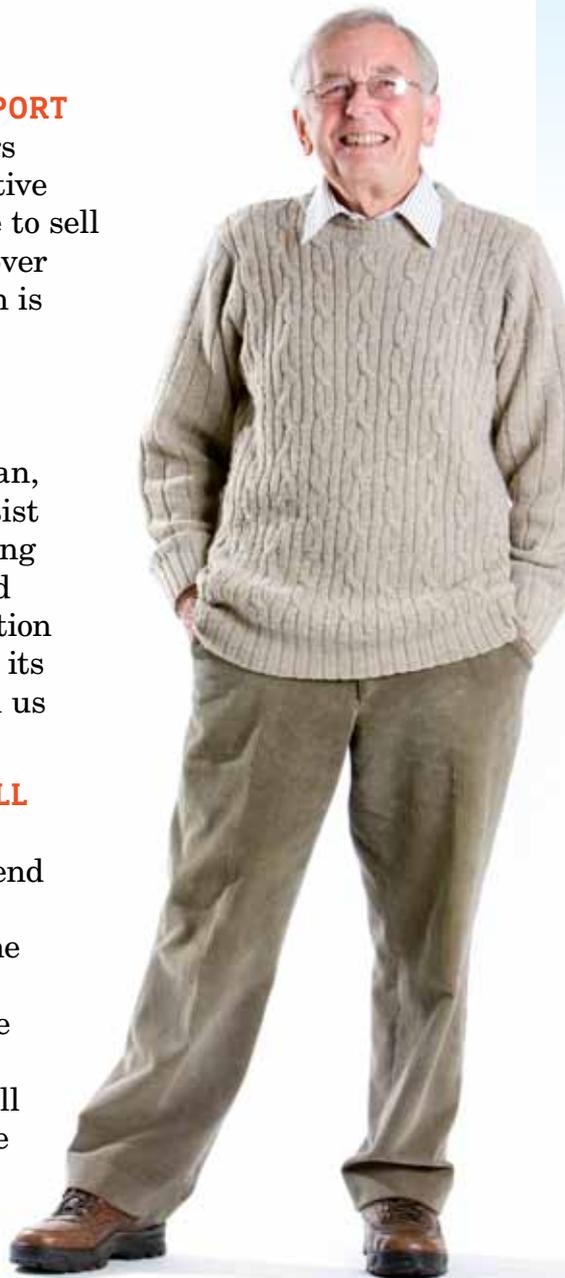
Our licensed benefit advisors are trained to be your objective advocates, with no incentive to sell any carrier or type of plan over another. Their compensation is never tied to your selection.

## **EFFICIENT, ACCURATE ENROLLMENT**

Once you have selected a plan, your benefit advisor will assist you with enrollment, ensuring your application is processed correctly. Once your application is submitted, you may track its status on our website or call us for an update.

## **SUPPORT AFTER YOU ENROLL**

When you purchase a Medicare plan through Extend Health, we continue to be your advocate for the lifetime of your enrollment. If your medications or needs change or you move, contact us to determine if your plan is still the right one for you. We are available to help you make changes if necessary.





# Understand Your Options

How to choose the plan that is right for you

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You have the opportunity to supplement or replace your original Medicare coverage with medical and prescription drug coverage. This coverage is available to everyone who is Medicare-eligible, regardless of income.

On the following pages, you will find a comparison of Medicare Advantage, Medigap and prescription drug (Part D) plans with advice on how to choose the right coverage for you. Please note that your eligible dependent(s) each must make their own plan election.

## **GUARANTEED ISSUE**

In general, if you enroll during the specified enrollment period, you are guaranteed coverage by one of the plans available in your area, regardless of your current medical conditions. Plans are available to everyone who is Medicare-eligible, regardless of income.

During your first enrollment period, Medigap insurance plans for which you are eligible are guaranteed issue – you cannot be turned down based on your medical history or pre-existing conditions.

After your first enrollment period, changes to your Medigap coverage may be subject to underwriting – meaning you can be rejected based on your pre-existing medical conditions. *(Note: If you choose not to enroll in a Medigap plan when first eligible, you will lose guaranteed issue status for future Medigap applications.)*

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## **ENROLLMENT GUIDE**

Should you wish to change your Medigap coverage in the future, Extend Health will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

During available enrollment periods, Medicare Advantage plans are always guaranteed issue for Medicare-eligible individuals who have Medicare Part A and Part B coverage.

### **RATE INCREASES**

Nearly every plan will increase its premiums each year, primarily due to the rising cost of medical care. We advise you to contact us and compare other plans if you are curious about other options, or experience rate increases above the 10-15% range.

Medigap plan rates are based on a schedule that is filed with your state's Department of Insurance and may increase based on your age group. In general, even with an increase, your plan premium will still be very competitive with other comparable Medigap plans in your area for people of your age and health status.

Be aware that Medigap plans give you much greater flexibility to see any doctor that accepts Medicare, cover you when you travel outside of your area, and usually do not require co-pays or co-insurance – as opposed to Medicare Advantage plans, which often have lower monthly premiums but do not give you as much flexibility in where you receive care and, if you see a doctor frequently, may actually have higher out-of-pocket costs.



## Option 1

A Medigap plan & a Part D plan

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### MEDIGAP

A Medigap plan fills the “gaps” in original Medicare Part A and Part B coverage, meaning it helps pay the difference between the total costs and the amount original Medicare pays. These plans provide additional coverage for your doctor visits and hospital stays as well as other expenses partially covered by original Medicare. Medigap plans do not provide prescription drug coverage.

### PART D PLAN

A Part D plan provides prescription drug coverage. These plans help pay for your prescription drug expenses.

## Option 2

A MAPD plan (Medicare Advantage with Prescription Drug coverage)

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### MAPD

An MAPD plan provides an all-in-one plan that bundles your Part A, Part B and prescription drug coverage together with additional benefits. These plans provide coverage for your doctor visits, hospital stays, and prescription drug expenses.

## Evaluate your options

Answering the questions below & calculating your score may help to determine which type of Medicare plan will best fit your needs.

### How many doctors or specialists do you see regularly?

More than 6 . . . . .  3 points

4 to 6 . . . . .  2 points

3 or fewer . . . . .  1 point

### How many times per year do you see your doctors?

More than 10 visits . . . . .  3 points

6 to 10 visits . . . . .  2 points

Fewer than 6 visits . . . . .  1 point

### Do you have any chronic conditions, such as diabetes or heart disease, or upcoming major treatments, such as surgery?

Yes . . . . .  2 points

No. . . . .  1 point

### Do you travel often, or spend much of the year in a part of the country other than your home?

Yes . . . . .  2 points

No. . . . .  1 point

### Are you willing to pay deductibles or co-payments?

Yes . . . . .  2 points

No. . . . .  1 point

**8 points or higher:** A Medigap plan may best meet your needs.

**6 or 7 points:** Consider a Medicare Advantage plan or a Medigap plan. Your benefit advisor can help you choose during your enrollment call.

**5 points:** A Medicare Advantage plan may best meet your needs.



# Evaluate your options

Select the coverage that best fits your needs

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## Option 1



### A Medigap plan combined with a Part D plan

The primary value of a Medigap plan is predictability. You know your plan will be accepted by any doctor or hospital that accepts original Medicare and, for most plans, you know your premiums are all you will pay for services covered by Medicare. In exchange for this predictability, you may pay higher monthly premiums than for other plan options.

Adding a Part D plan to your Medigap plan is recommended, as a Medigap plan will not provide coverage for your prescription drugs.

### A Medigap plan combined with a Part D plan might be right for you if:

**You prefer the flexibility to see any doctors that accept Medicare, including your current doctors.**

Medigap is accepted by all doctors that accept Medicare. It is the most flexible type of plan regarding choice of physician.

**You have frequent doctor visits, or you see several different doctors regularly.**

Because most Medigap plans do not require copayments or co-insurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).

**You travel frequently.**

Medigap is widely accepted and can accommodate multiple residencies and frequent trips better than other plans.

## Option 2



### A Medicare Advantage plan with Prescription Drug coverage (MAPD)

The primary value of a Medicare Advantage plan is potential savings. Medicare Advantage plans cover medical and prescription drug expenses with a single premium, generally lower than Medigap plan premiums. In exchange for this convenience, Medicare Advantage plans often charge a per-visit fee, either through a co-payment or co-insurance.

In most cases, Medicare Advantage plans utilize a network of doctors (a PPO or HMO) that allows for even deeper cost savings.

In general, it isn't possible to enroll in both a Medicare Advantage plan and a Part D plan.

### A MAPD plan might be right for you if:

#### **You are willing to see doctors within a network.**

Generally, Medicare Advantage plans offer a lower-cost option to those willing to obtain services within a defined network. While this may not include your current doctor, many doctors work with Medicare Advantage plans, so changing physicians may not be necessary.

#### **You visit the doctor infrequently.**

Those who visit the doctor infrequently may not mind paying a per-visit fee in exchange for the lower monthly premium of a Medicare Advantage plan.

#### **You want one plan and one premium.**

Medicare Advantage plans combine medical and drug coverage in one plan, providing all of your benefits for a single premium.



## MEDIGAP PLAN

Does it include hospital coverage?

Yes.

Does it cover doctors & specialists?

Yes. Any doctor that accepts Original Medicare will accept Medigap plans.

Does it provide dental & vision benefits?

No. However, separate dental & vision plans are available.

Does it provide prescription drug coverage?

No. You must enroll separately in a Part D plan to ensure prescription drug coverage.

Does it cover me when I travel?

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.

### Wondering why you can't find plan prices?

Regional variations prevent us from printing the prices of specific plans in this guide. Cost comparisons can be made on our website or by calling a licensed benefit advisor. Restrictions prevent us from listing prices for AARP plans on our website, but your benefit advisor can give you AARP pricing information during your call.

### ENROLLMENT GUIDE

**PART D  
PLAN**

**PART D PLAN**

**MEDICARE  
ADVANTAGE**

**MEDICARE ADVANTAGE**

No. Part D plans only cover prescription drugs. They do not provide hospital, doctor, specialist, dental or vision coverage.

Yes.

Yes. There are three types of Medicare Advantage doctor networks: HMO\*, PPO\*, & PFFS\*. Note that if you wish to keep your current doctors you must know which Medicare Advantage plans they accept prior to enrolling.

Dental & vision coverage varies by plan. Separate dental & vision plans are available if you choose a plan without dental & vision coverage.

Yes. Part D plans only cover prescription drugs.

There are two types of Medicare Advantage plans: MAPD, which include prescription drug coverage, & MA, which do not.

Part D plans provide nationwide coverage from participating pharmacies.

Medicare Advantage plans cover urgent & emergency services nationwide, but 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.

\*Please see page 30 for a definition of these terms.



# Schedule Your Enrollment Call

Schedule and prepare for your call in a few simple steps

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To prepare for your enrollment call, we encourage you to visit the Extend Health website. You'll find the web address printed on the inside front cover of this guide. Once online, there's a lot you can do.

Using our website is optional. You can provide your information and complete your enrollment over the phone. While you don't have to go online if you don't wish, our online tools are easy to use, and using them can help reduce the amount of time you spend on the phone. If you have questions, simply call us and speak to a trained expert.

## **CREATE YOUR ACCOUNT**

If you have not yet created an online account, we encourage you to do so. Creating an account allows you to save your prescription drug information, add family members, search for and save plans, and track the status of your applications.

To create an account, simply click the *My Account* link on the Extend Health website. If you're a first-time visitor, some information is required. If you're a returning visitor, enter your username and password.

## **CREATE YOUR PERSONAL PROFILE**

Once your account is created, verifying and updating your personal profile will simplify the enrollment process and expedite your enrollment call.

You may be asked to confirm information that already appears in your personal profile. This information was provided to us by your former employer, and confirming its accuracy helps us enroll you in the plan of your choosing efficiently and accurately.

After you have verified your personal information, add your current medications, preferred pharmacy, and doctor information to your account. Doing so will reduce the length of your enrollment call. Once your personal profile is complete, you'll be able to schedule your enrollment call at a time convenient for you, if you haven't already done so.

### **SCHEDULE YOUR ENROLLMENT CALL**

After you have verified your profile information you have the option to schedule an enrollment appointment at a time that is convenient for you.

This scheduled call is your dedicated time to speak with a benefit advisor who will assist you in evaluating and enrolling in a plan for the coming year. Scheduled appointments are offered only to those individuals who have verified their profile information.

If you have already scheduled an appointment, the time and date of your appointment is printed in the cover letter included with this mailing.

If you choose not to verify your personal profile online, you'll still be able to contact us by phone during your dedicated call-in period, but you may spend some time on hold waiting to speak to a benefit advisor. If you have not already scheduled your appointment, the dates of your dedicated call-in period are printed in the cover letter included with this mailing. During this time, Extend Health will be specially staffed to support your call.



# Before Your Enrollment Call

Take a moment to research your options and consider your needs

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When you call Extend Health to make your enrollment, a licensed benefit advisor will help you evaluate and enroll in the best plan(s) for your needs. Before you make this call, take a few moments to research plans and consider your health care priorities.

## RESEARCH & SHOP FOR PLANS

### Shop & Compare

It's easy to compare plans available in your area with the *Shop & Compare* section of our website. This powerful tool allows you to search by price, plan type, insurance company and other factors, providing results tailored to your needs. You can compare plans side-by-side, adding your preferred plan to your shopping cart to discuss later with your benefit advisor.

Certain plans allow you to check out from your shopping cart and complete your enrollment online. If the plans that interest you do not allow you to check out, leave them in your shopping cart. Your benefit advisor will review them with you and complete your enrollment on the phone.

### Prescription Profiler™

*Prescription Profiler* is our powerful tool that allows you to find the plans that cover your prescriptions with the lowest estimated annual out-of-pocket cost. You may enter your current medications when creating your personal profile, and by clicking any *Prescription Profiler* link.

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## ENROLLMENT GUIDE

## Help Me Choose™

*Help Me Choose* simplifies the search process by matching you to the plans that fit your needs based on answers to three questions. To use *Help Me Choose*, click any *Help Me Choose* link.

## Understanding Medicare

Clicking the *Help* tab allows you to access our *Understanding Medicare* section, which explains many components of the Federal Medicare program.

### CONSIDER YOUR PRIORITIES

During your enrollment call your benefit advisor will ask questions in order to find the plans that best fit your needs. Having the answers to these questions ready simplifies your call.

If you like, write your answers in the *Notes* on page 32 of this guide, and reference them during your call.

## Questions to Consider

- *Have you found a plan that interests you? Add it to your cart or write its name and reasons you prefer it in your Notes.*
- *Is it important for you to keep your current doctors?*
- *How many doctors or specialists do you see, and how frequently?*
- *Do you have any medical conditions or upcoming treatments?*
- *Do you have a home in another part of the country or do you travel often?*
- *Do you need routine care while away from home?*
- *Do you use mail order for prescriptions?*
- *Do you have a preferred pharmacy?*
- *Are you opposed to paying copayments or deductibles?*



# Complete Your Enrollment Call

After reviewing this guide and our website, you're ready for your enrollment call

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If you have an appointment scheduled, call us at that time using the phone number printed on page 2 of this guide. If you haven't scheduled an appointment, call us during the dedicated call-in period printed in your cover letter. Durations vary, but allow at least one hour to complete your call.

## **CONNECTING YOU TO A BENEFIT ADVISOR**

When you call Extend Health, our telephone system connects you with a benefit advisor licensed for your state. To accurately connect you, our system will ask a few questions. Be prepared to provide your zip code and the last four digits of your Social Security number.

When your benefit advisor answers the phone he or she will be prepared to help you evaluate your options and enroll in the best plan for your needs. Most people complete the whole process in one call.

## **MAKE NOTES FOR FUTURE REFERENCE**

Your enrollment call will cover details that may be hard to recall once you hang up. Space for these notes is provided on page 32.

## **IS THERE ANY PAPERWORK?**

Your Extend Health benefit advisor will complete your application over the phone and submit it electronically. There is no paperwork to fill out, and your application will be submitted immediately.

## A Final Checklist

Before you make your call, take a moment to ensure you have collected all the information that you'll need to complete your enrollment. Doing so will make your call easier and quicker. Space for your notes is provided on page 32.

### **HAVE YOU:**

- Created your online account & verified your personal profile (optional)?**
- Researched your plan options online, noting plans that interest you and reasons why?**

**Do you have this information available?**

- Social Security number**
- Medicare ID card, with effective dates for Medicare Parts A & B**
- A list of your prescriptions, including dosage & frequency (if not already added to your online account)**
- Your doctor's names & addresses (if not already added to your online account)**
- Your billing information. Some insurers may require first month's premium payment during the application process.**

If someone helps make your health care decisions, are they available during your call? Your benefit advisor can connect them if they are calling from a different phone number. Note: they may not make your enrollment for you unless granted your medical Power of Attorney, a process that can be completed online in advance of your call.

Some people prefer to review plans online during their call. If so, are you calling from a phone near a computer with internet access?



# After Your Enrollment Call

Support and advocacy throughout the year

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Our services don't end when your enrollment call is over. We continue to be your advocate throughout the years, and for the lifetime of your enrollment.

## **TRACK YOUR STATUS**

Once your application is submitted Extend Health will mail a *Selection Confirmation* letter confirming your plan choice(s) and application(s). Review this letter when it arrives and notify us immediately if any information is incorrect. You may track your application's status on our website or call us for an update. Once your application is accepted, your insurer will mail you new identification cards. It usually takes between six and eight weeks to receive your cards after enrolling.

## **SUPPORT FOR THE LIFETIME OF YOUR ENROLLMENT**

After your enrollment our customer service team remains available should you have issues or concerns related to your health insurance. If your medications change, your coverage needs change, or you move, we will work with you to determine if your plan is still the right one for you and help you make changes if necessary.

## **A TIMELINE: AFTER YOUR CALL**

### **Selection Confirmation**

After your enrollment call, Extend Health will mail a *Selection Confirmation* letter, confirming your application(s). Review this letter and contact us if any information is incorrect.

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## **ENROLLMENT GUIDE**

## Online Account & Extend Health Website

Your online Extend Health account allows you to track the status of your applications. Also on our website, you'll find many tools to evaluate your options, should your health coverage needs change.

## Insurance Cards

Once your application is accepted, your new insurance carrier will mail new identification cards. Look for these cards between six and eight weeks after enrolling.

## Welcome Letter

Early in 2013, you will receive a mailing from Extend Health welcoming you to our family, and providing information on how to contact us during the year.

## Open Enrollment Period

Extend Health will notify you by postcard during the next Open Enrollment Period. You will be able to investigate other medical and drug plans and enroll in a different plan should you choose to do so at this time.

## STAY INFORMED AND ENGAGED

Twice a year Extend Health sends the *Experience Choice* newsletter filled with helpful information on Medicare-related topics. To ensure you receive our newsletter, keep your email and mailing addresses up to date.

We also invite you to *Extend Connections* ([www.extendconnections.com](http://www.extendconnections.com)), an online community where you can engage with other retirees, find timely Medicare news, and get answers to your questions.





# Frequently Asked Questions

Extend Health has simplified complex health care and Medicare decisions for hundreds of thousands of retirees. After helping so many, we understand that many people have similar concerns. Below are answers to some of our most frequently-asked questions.

## **Can I continue to see my current doctor?**

We understand the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend talking to them prior to your call, asking which insurance plans they accept. To help you enroll, we may need your doctor's name and address. If you have not already done so, create or log in to your Extend Health account, and provide this information to us online to shorten your enrollment call.

## **Can I continue to use the same insurance company?**

In many cases, yes you can. However, while we recognize the importance of staying with a trusted insurance company, understand that employer-sponsored health plans and individual health plans may work differently, even when provided by the same insurance company. Your current insurance company may not offer an individual Medicare plan tailored to your specific needs. Extend Health will compare your current insurance carrier with other carriers, allowing you to find the plan that fits your needs. That plan

may be provided by your current carrier, or you may discover another insurer offers a plan that is a better fit for your individual needs.

### **Will I lose or “replace” my Medicare?**

You will not lose Medicare, but it may work differently depending on the type of plan you choose. Medicare Advantage plans are administered by private insurance companies that are part of the Medicare program. If you enroll in a Medicare Advantage plan it will cover all of your Medicare benefits. You must have Medicare Part A & Part B in order to enroll in a Medicare Advantage plan.

Medigap (also known as Medicare Supplement) plans work in tandem with Medicare. Medicare continues to be the primary payer of medical expenses. A Medigap plan pays for expenses that Medicare partially covers. You must have Medicare Part A & Part B in order to enroll in a Medigap plan.

### **Do I need to keep paying my Medicare Part B premium?**

Yes. To qualify for a Medigap or Medicare Advantage plan, beneficiaries must be enrolled in and continue to pay for Medicare Part B.

### **Will I have to pay for my new health plan when I enroll?**

When you enroll in your new plan, you will need to begin making premium payments to the insurance company to maintain your coverage. Some insurers may require first month's premium payment during the application process. In this case, expect to make

a payment within a few days of your enrollment. To expedite your enrollment call, have your payment information ready when you contact Extend Health. Most insurance companies give you several billing options for ongoing payments: direct billing, Electronic Funds Transfer from your checking account, or automatic deduction from your Social Security check.

### **Will Extend Health be available to assist me next year?**

Yes. When you purchase a Medicare plan through Extend Health, we continue to be your advocate for the lifetime of your enrollment. If your medications or needs change, or you move, contact us to determine if your plan is still the right one for you. We are available help you make changes if necessary.

### **Do you offer dental insurance?**

Dental insurance plans offered by Delta Dental and Humana may be available through Extend Health. These plans include a wide range of services. The Delta Dental plan is available nationwide, while the Humana plan is currently available in all but the following states: HI, ME, MT, OR, and VT. Learn more about dental plan features on the Extend Health website, or ask about them during your enrollment call.

### **Do you offer vision insurance?**

Yes. The vision insurance option available through Extend Health offers immediate access to premium vision coverage—including annual eye exams, prescription eyewear, personalized care and more—from one of the most trusted names in eye care, VSP® Vision Care.



VSP Vision Care is the nation's largest eye care provider, providing access to a nationwide network of 22,000 community-based independent eye doctors. You'll receive affordable services, great savings, and great choices in eyewear. Learn more about the vision plan features on the Extend Health website, or ask about it during your enrollment call.

**Do you offer plans that cover me in multiple states? Are there plans that cover me when I travel domestically or internationally?**

Medigap plans are accepted by every Medicare-participating provider in the United States, 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. While Medicare Advantage plans cover urgent and emergency services nationwide, some may not provide nationwide coverage for non-emergency services. If you live part of the year out-of-state, Medicare Advantage plans may not be right for you.

**If I don't like the plan I enrolled in, when can I change?**

Every year an Open Enrollment Period allows you to investigate other medical and drug plans and enroll in a different plan should you choose to. However, after your initial enrollment, your medical status may limit the plans available to you. Extend Health will contact you during the Open Enrollment Period, and we encourage you to contact us should you have any questions.

**If I have other options for coverage (such as through my spouse or the military) and do not enroll with Extend Health this year, can I enroll with you next year or at some other point in the future?**

Yes, but you should discuss your individual situation with an Extend Health benefit advisor to ensure you are taking advantage of all the coverage options available to you.

**Will my premium rates increase? If so, by how much?**

In general, insurance premiums do increase every year. The increase in plan cost year-to-year can vary widely. We encourage you to contact us and compare other plans if you experience rate increases above the 10-15% range.

**If I like the benefit advisor I speak to, can I request that same person again?**

If you have previously spoken to a specific benefit advisor and would like to speak to them again, you may request them. However, they may not be available due to scheduled appointments or high call volume. If they are unavailable, another member of our team can assist you. All our licensed benefit advisors are trained to act as your objective advocates.

**If I need assistance can someone else contact Extend Health and speak with a benefit advisor on my behalf?**

Yes, but this person can only complete your enrollment if they have your medical Power of Attorney. You may provide this information to us online in advance of your call to expedite your enrollment.



# Glossary of terms

Understand some of the key terms of Medicare coverage

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## **Coinsurance**

A percentage of covered expenses that a patient must pay out-of-pocket.

## **Co-payment (Co-pay)**

A charge, collected at the time of service and paid by the patient, for certain services including prescription drugs. Generally copayments are not applied toward deductibles and out-of-pocket maximums.

## **Deductible**

The amount you pay out-of-pocket toward covered medical expenses before your plan begins paying.

## **HMO (Health Maintenance Organization)**

An HMO is an insurer offering comprehensive health coverage. HMOs may employ their own staff, or they may contract with a network of preferred providers for health services. HMO members generally need pre-approval from their primary care doctor to see a specialist.

## **Medigap (Medicare Supplement Insurance)**

Policies sold by private insurance companies to fill gaps in original Medicare coverage. In general, with a Medigap policy, beneficiaries get help paying for some or all of the health care costs not covered by the original Medicare plan.

### **Part D (Prescription Drug plans)**

Stand-alone plans that add prescription drug coverage to original Medicare, Medicare Advantage and Medigap plans. These plans are offered by insurance companies approved by Medicare.

### **PFFS (Private Fee-for-Service)**

A type of health insurance plan offered by a private company that covers a set range of services and allows you to choose your doctor or hospital with no (or minimal) restrictions so long as the doctor participates in that plan.

### **PPO (Preferred Provider Organization)**

Sometimes referred to as a participating provider organization, a PPO is an organization of medical doctors, hospitals, and other health care providers who have contracted with an insurer or a third-party administrator to provide health care services at reduced rates to the insurer's or administrator's clients. Members can seek services outside the contracted providers, but generally at a higher cost.

### **Prescription Drug “Gap”**

Medicare drug plans have a “coverage gap,” sometimes called the “donut hole.” After 2013 total yearly drug costs reach \$2,970, you pay 47.5% of the cost of brand name drugs and 79% of the cost of generic drugs until your total cost (before the 52.5% and 21% discounts) reaches \$4,750. Some plans offer generic drug coverage in the gap.



# Notes

Notes for your call, and for future reference

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We suggest you write down the questions you'd like to ask during your call, and take a few notes before concluding your call. For future reference, note the name of your benefit advisor, the name of the plan(s) you choose, and the reasons you selected them. Use a separate sheet of paper if needed.

My questions: .....

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Plans I am interested in discussing during my call: .....

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Reasons I am interested in these plans: .....

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My benefit advisor's name: .....

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Name of the plan(s) I have applied for: .....

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Reasons I chose these plan(s): .....

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## How To Contact Extend Health

After you have reviewed the contents of this guide & collected the requested information, you're ready for your enrollment call. During your enrollment call an Extend Health benefit advisor will assist you with evaluating your options and enrolling in a plan for the coming year. Call us at the time printed in the cover letter that accompanied this mailing.



### **ONLINE**

[www.extendhealth.com/dupont](http://www.extendhealth.com/dupont)



### **PHONE**

**855-535-7140**

**(TTY: 711)**

**8 am-9 pm, Mon-Fri, Eastern Time**