

OneExchange
from Towers Watson
Information Center
2305 South 1070 West
Salt Lake City, UT 84119

John Doe
1000 Broadway Avenue
San Francisco, CA 00000

Visit us online:
Medicare.OneExchange.com

**Important
Medicare News
Inside!**

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Medicare.OneExchange.com/search

OneExchange Newsletter for Medicare-eligible Retirees

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Medicare Enrollment Period Calendar

Open Enrollment Period October 15 – December 7, 2016

While no action is required, you have the option to make changes to your existing Medicare Advantage and prescription drug coverage (new coverage will begin January 1, 2017). If you're satisfied with your current coverage, then no action is required; your plan or plans will automatically renew. It's up to you!

General Enrollment Period January 1 – March 31, 2017

You can sign up for Medicare Part A and/or Part B if you didn't when you were first eligible.

Medicare Advantage Disenrollment Period January 1 – February 14, 2017

You can leave Medicare Advantage and switch to Original Medicare. If you switch to Original Medicare during this period, you have until February 14 to also join a Medicare prescription drug plan.

Medicare Supplement (Medigap) Plans

There's no special enrollment period for Medicare Supplement (Medigap) plans. Changes to your Medicare Supplement coverage may be subject to underwriting, which means you can be rejected and/or premium amounts may be higher based on preexisting medical conditions.



Information You Can Use

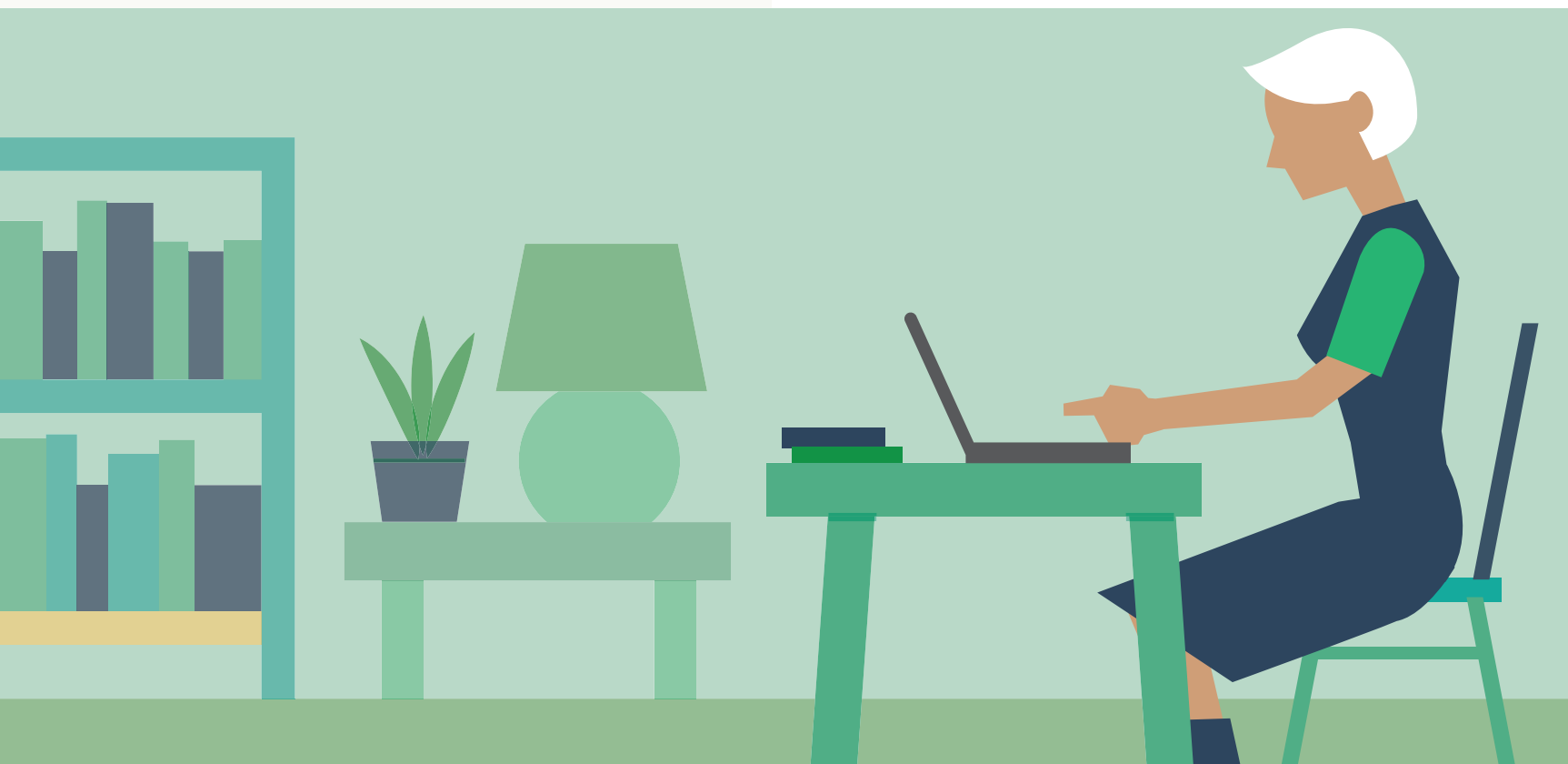
You're receiving this newsletter because our records show that you've enrolled in a Medicare plan with the help of Towers Watson's OneExchange. The newsletter is sent out twice a year to make sure you're up to date on the latest Medicare information.

This issue focuses on the upcoming Medicare Open Enrollment Period, a yearly event that allows people with Medicare Advantage and Part D Prescription Drug plans to reconsider their current coverage and enroll in new plans if they choose.

You'll get information about the decisions you'll need to make during Medicare's Open Enrollment period. In addition, you'll find out whether you need to contact OneExchange to review your current coverage and, if necessary, make changes.

You'll also find news on Medicare Part D Prescription Drug coverage and donut hole discounts in 2017. Lastly, we've included information about how our online tools can help you during Open Enrollment and what you need to know about Medicare fraud.

Happy reading!



Visit us online at: medicare.oneexchange.com

Medicare's Open Enrollment

Medicare's Open Enrollment is soon approaching. Open Enrollment is a period of time every year, from October 15 to December 7, when you have the opportunity to change your Medicare Advantage or Part D Prescription Drug plan for the following year. You can switch from Original Medicare or a Medicare Supplement (Medigap) plan to a Medicare Advantage plan, change Medicare Advantage or Part D Prescription Drug plans, and add or drop prescription drug coverage.

If you're satisfied with your current coverage and don't plan to make any changes, then no action is required. Your plan(s) will automatically renew and you don't have to worry about contacting us during this busy time when we experience a high volume of calls.

Please note that changing to or enrolling in Medicare Supplement Insurance (Medigap) during Open Enrollment can be difficult since, in most states, these plans only offer guaranteed issue during your initial enrollment period. After your initial enrollment period, you may be subject to medical underwriting, which means an insurer can deny you coverage or charge higher premiums based on your health status. We will work with you and your preferred plan to handle any preexisting conditions during the application process, but we can't guarantee that the insurer will accept you into a plan.

Did You Know?

We get the most calls to our U.S.-based call centers during Medicare's Open Enrollment – but did you know we are available to help you year round? We can help answer questions about your new coverage, set up your online account, or reset your password. We have helped participants understand their explanation of benefits forms, copays, coinsurance, and more. We look forward to helping you!





Online Tools to Help You During Open Enrollment

If you are unsure about whether you need to make changes to your current plan, our online tools can help you. You'll be able to get answers to frequently asked questions, learn about the different types of Medicare plans, search plans available to you, and evaluate which plans may be best for you. Please note that you will not be able to search for or evaluate 2017 plans until after October 9, 2016, when we receive new plan information from insurance companies.

To use these tools, go to the OneExchange website and log into your online account. If you don't yet have an online account, you can easily create one by clicking the **My Account** link. To find plans that meet your needs, we recommend updating your personal profile, which contains information about you, your prescription drugs, and the doctors you see.

Don't worry if you're unfamiliar with our website; our online tools are easy to use and will guide you through the process of searching for plans.

Our helpful online tools:

- **Shop & Compare:** This tool allows you to search for plans available in your area and sort them by price, plan type, insurance company, and other factors. You can compare plans side-by-side and review the details of plans that interest you. To use, simply click on the **Shop & Compare** tab after logging into your account.
- **Help Me Choose:** Help Me Choose simplifies the search process by listing plans that fit your needs based on your answers to a few questions. To use, click any **Help Me Choose** link after logging into your account.
- **Prescription Profiler:** This powerful tool provides the estimated annual out-of-pocket cost of plans that cover your prescriptions. You can then easily compare plans to see which are the most cost-effective for you. To use, enter your current medication information into your personal profile and then click any **Prescription Profiler** link. If you've already entered your medications into your personal profile, check to make sure that the information is up-to-date, in order to get the most accurate results.
- **Help pages:** Have you been to our help pages lately? We've updated them with new information. You can search our database of Frequently Asked Questions (FAQs) to get answers and information on a variety of topics. To access, simply click the **Help** tab.

Medicare Fraud: What You Should Know

This year, we've seen some of the largest Medicare fraud busts in history. Over the summer, law enforcement officials broke a \$1 billion Medicare fraud scam involving 30 nursing homes in Florida and also charged 243 individuals for approximately \$712 million in false billing.

These cases are just a few of the rampant fraud schemes that cost tax payers billions of dollars each year. It's estimated that the cost of Medicare fraud and abuse ranges annually from 3% to 10% of total health care spending, or \$93 to \$310 billion.

Anti-fraud efforts have significantly improved since the establishment of the Medicare Fraud Task Force under the Affordable Care Act (ACA). Since 2010, the force has been involved in uncovering \$10 billion in fraud, including the recent busts that were some of the largest in Medicare history.

Medicare fraud scams can target any Medicare recipient. A common scheme offers Medicare recipients something they don't medically need and doesn't cost them anything since their insurance will pay for it. This is called abuse. But there are many other waste, fraud and abuse scams that you should be aware of; the Department of Health and Human Services gives the following examples:

- A health care provider bills Medicare for services you never received
- A supplier bills Medicare for equipment you never got
- Someone uses your Medicare card to get medical care, supplies, or equipment
- A company offers a Medicare drug plan that has not been approved by Medicare
- A company uses false information to mislead you into joining a Medicare plan

If there are items listed in your claims that you do not have any record of, contact your provider to see if the charges are correct. If you learn that there is a charge for services or items that you did not receive, or you did not even see the provider listed on the claim, you should call **1-800-MEDICARE** or report it to the Office of the Inspector General by contacting 1-800-447-8477 (TTY users should call 1-800-377-4950). Alternately, you can go online to Medicare.gov.



Do I Need to Call OneExchange About My Coverage During Open Enrollment?

It's important to know whether you need to contact OneExchange about your coverage during Medicare's Open Enrollment – a period of time when we experience a high volume of calls and hold times can be long. Many people contact us during Open Enrollment, and often wait on hold for a long time, to find out that they did not need to call us.

So how do you know if you need to contact us about your coverage? First of all, if you're satisfied with your current coverage and do not plan to make changes to it, then there is no need to call us. Roughly 98% of people enrolled in Medicare plans through OneExchange do not change their coverage during Open Enrollment. However, many of these people still call us during this time to see if they need to reenroll in their Medicare plans to maintain coverage. **Be aware that you do not have to reenroll in your Medicare coverage during Open Enrollment to remain covered – your coverage will automatically renew.**

But if you think you might need to make changes to your Medicare Advantage or Prescription Drug coverage, then you should contact us during Open Enrollment to help you evaluate your plan options. If you're unsure about whether you need to make changes in coverage, review the "Reasons to Call OneExchange" section on this page.



Reasons to call OneExchange

- **Change in health status:** If your health status has significantly changed over the past year and you require different coverage, you may want to evaluate other plans to see if you can reduce your out-of-pocket costs.
- **Significant increase in premiums:** Although it's normal for premiums to increase each year, you may want to change plans if your premiums have become too costly or are higher than similar plans. At the end of September, your prescription drug plan provider or your Medicare Advantage plan provider will send you an Annual Notice of Change letter informing you of any changes to your plan's premium.
- **Medication-related changes:** If your out-of-pocket costs have increased for your current medications or you started taking an expensive medication during the last year, you may want to review other plans to see if you can find one that covers more of your costs. In the Annual Notice of Change letter sent to you in late September, your prescription drug plan provider will inform you of any changes to copays or drugs covered by your plan.
- **You've moved:** If you've moved during the year to a new state or ZIP code and haven't changed your plan, you may want to evaluate new plans since plan prices vary by location across the United States and you could end up paying less.
- **Your plan has been canceled:** Your insurer will notify you if your plan is being canceled. If it is, we can help you find an alternative plan.
- **Your primary care physician is no longer included in your plan's network:** Your insurer will notify you if it makes any changes to your plan's network of doctors or health care providers. If your primary care physician is dropped from your plan's network, then you may want to consider plans that include your doctor(s) in their network.

If you find that you need to contact OneExchange for help in evaluating or changing plans, be sure to make an appointment to speak with a licensed benefit advisor, either by going online or calling us. An appointment ensures a licensed benefit advisor will be available — although you may still experience a short wait if he or she is finishing another call. After October 9, 2016, when we receive plan information from insurers, you can go to our website to review and evaluate alternative plans. Be sure to note any plans that interest you, so you can discuss them with your licensed benefit advisor.

Medicare Part D News

Donut Hole Discounts in 2017

If you have a Medicare Part D Prescription Drug plan, you've likely heard of the "donut hole" or coverage gap in prescription drug coverage. Medicare describes it as "a temporary limit on what the drug plan will cover for drugs." It begins after you and your drug plan have spent a certain amount for covered drugs. After reaching that amount, you have to pay a higher cost for your covered drugs until you reach your out-of-pocket yearly limit (in 2016 it's \$4,850 and in 2017 it's \$4,950). Once you reach that limit, your plan begins to pay its share of costs again.

Although not everyone will enter the donut hole, those that do find it difficult to afford their medications. Under the Affordable Care Act (ACA), members of Part D Prescription Drug plans get discounts to help pay for drugs while in the coverage gap. These discounts will grow each year until the gap is finally eliminated in 2020. So far, since 2011 the discounts have saved Medicare recipients more than \$20 billion on prescription drugs — an average of \$1,945 per person.

In 2017, you'll reach the coverage gap once you and your plan have spent a total of \$3,700 on covered drugs. Once in the coverage gap, you will get a 60% discount on brand-name drugs and a 49% discount on generic drugs until you reach the out-of-pocket limit. After your total contributions, including the applied pharmaceutical company discounts, reach \$4,950 (the yearly out-of-pocket limit for 2017), you will no longer be in the coverage gap and your plan will begin to pay its share of costs again.

Your Medicare Part D plan provider tracks your drug spending and sends you a monthly Explanation of Benefits (EOB), so you know when you're approaching or exiting the donut hole phase of your prescription drug plan.

Formulary Changes That Could Impact Your Medicare Part D Plan

Medicare Part D has added hundreds of prescription drugs to its database since January. The new additions are both brand name and generic drugs, and many include multiple strengths and delivery forms. Most Medicare prescription drug plans are impacted by these additions.

Your prescription drug plan may include these new drugs in its formulary, remove existing drugs from its formulary, and/or make changes in costs. You can see if there are changes to your prescription drug coverage for 2017 by going to the OneExchange website and using the **Prescription Profiler** after early October (when we receive the formulary data from prescription drug plan providers). Updated prescription drug information for next year's plans is usually complete by October 9.

By using the **Prescription Profiler**, you'll be able to get prescription coverage information including a breakdown of your drug costs for the year across different plans. With this information, you'll be able to see if there are plans with lower costs for your prescriptions than your current plan.

Traveling with Medicare Part D?

Before traveling, there are a few things you should know about Medicare Part D Prescription Drug coverage and how it works while you are away from home.

If you are traveling in the United States, you can use your Medicare Part D prescription drug plan at any of the 50,000 or more network pharmacies across the country. We recommend having enough of your prescriptions to cover the dates you are away from home, but if you need to refill a prescription, you can do so by locating the nearest network pharmacy. You can find pharmacies by contacting your plan's Member Services for help (see the toll-free number on the back of your member ID card).

If you're traveling outside of the United States, then you most likely will not have coverage since Medicare Part D coverage is only available within the United States and its territories. Therefore, if you purchase prescription drugs while outside of the United States, your Medicare Part D plan may not reimburse you for those costs. Before leaving on your trip, consider purchasing an international travel insurance policy. We also recommend refilling your prescriptions before traveling outside the country to ensure you have enough medication while you are away.

