

# Chevron Retirees Association

*Chevron / Via Benefits  
Open Enrollment*

**October 15 – December 7, 2018**



The Chevron Retirees Association is not a subsidiary of the Chevron Corporation but an independent, non-profit organization comprised of retired employees of Chevron or its predecessor companies.

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# Medicare Plans Overview



## Medicare Plans

### Medicare Advantage

Health Maintenance  
Organization (HMO) Plans

Private Fee-for-Service (PFFS)  
Plans

Preferred Provider Organization  
(PPO) Plans

### Medicare Supplement (Medigap)

A, B,

C, D,

F, G

K, L,

M, N

# Medicare Advantage Plans Defined

- ❑ **Health Maintenance Organization (HMO) Plans** require you to receive care within the Plan's network of doctors and facilities, except in an emergency.
  - By closely managing health care costs, HMO Plans are able to keep premiums low and often have lower out-of-pocket costs when compared to other options.
  - Most HMO Plans require you to select a **primary care physician (PCP)** to manage your care and to refer you to other specialists.
  
- ❑ **Private Fee-for-Service (PFFS) Plans** allow you to receive care from any Medicare-approved provider.
  - The provider must agree to terms and conditions of payment set by the Plan.
  - Payment term acceptance is visit-by-visit, so you need to ask before each visit if a provider accepts the terms, except in an emergency.
  - Some PFFS plans have a network of doctors. Like a PPO, PFFS Plans usually do not require you to select a PCP or receive referrals to see specialists.
  
- ❑ **Preferred Provider Organization (PPO) Plans** allow you to receive care from providers both in and out of their network.
  - When receiving care from an in-network (preferred) provider, out-of-pocket costs are usually less than when receiving care from an out-of-network (non-preferred) provider, except in an emergency.
  - Most PPO Plans do not require the selection of a PCP, nor require referrals to see specialists.

# Medicare Supplement Plans (Medigap)

## Medicare Supplement Plans (Medigap) – 10 standardized plans available in most states

### Medicare Supplement Benefits

Medicare Part A coinsurance hospital costs up to an additional 365 days after Medicare benefits are exhausted

Medicare Part B copayment or coinsurance coverage

First 3 pints of blood

Part A hospice care coinsurance or copayment

Skilled Nursing Facility (SNF) care coinsurance

Medicare Part A deductible

Medicare Part B deductible

Medicare Part B 'excess charges'

Foreign travel emergency coverage (up to plan limits)

Medicare Part B preventive care coinsurance

	A	B	C	D	F	G	K	L	M	N
Medicare Part A coinsurance hospital costs up to an additional 365 days after Medicare benefits are exhausted	X	X	X	X	X	X	X	X	X	X
Medicare Part B copayment or coinsurance coverage	X	X	X	X	X	X	50%	75%	X	X
First 3 pints of blood	X	X	X	X	X	X	50%	75%	X	X
Part A hospice care coinsurance or copayment	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility (SNF) care coinsurance			X	X	X	X	50%	75%	X	X
Medicare Part A deductible		X	X	X	X	X	50%	75%	50%	X
Medicare Part B deductible			X		X					
Medicare Part B 'excess charges'					X*	X*				
Foreign travel emergency coverage (up to plan limits)			X	X	X	X			X	X
Medicare Part B preventive care coinsurance	X	X	X	X	X	X	X	X	X	X

**As shown above, Medigap Plan “F” is the most robust coverage of Medigap Plans.**

**\* Part B Excess Charges can be substantial!**

**Medicare Plan F offers more benefits than any other plan. They include:**

- No Co-pays or deductibles (Including the costly Part A Hospital deductible)
- No Coinsurance for hospital stays, doctor’s services, or outpatient visits
- Covers 100% of the gaps in Medicare. Show your card and go home with no bills

# Food for Thought – Open Enrollment for 2019

- ❑ **YOUR HEALTH IS NOT LIKELY TO IMPROVE WITH AGE!!!**
  - **UNEXPECTED ILLNESSES MAY OCCUR OF SIGNIFICANT IMPACT TO YOUR LIFE AND FINANCIAL RESOURCES:**
    - ✓ Cancer, heart disease, strokes, pulmonary disorders, renal issues, or Alzheimer's/dementia, to name a few.
  - **These conditions often necessitate:**
    - ✓ Consultation with medical specialists, expensive medical tests, treatments, hospitalization, and name brand or higher tier prescription medications.
- ❑ Your general health or prescription medications may have changed, and the plan(s) you originally selected no longer meet your needs.
- ❑ Use Open Enrollment to review new plans available.
- ❑ Consider robust coverage **BEFORE** a serious illness arises and you cannot change plans. Only you can determine what's best for you:



**Paying higher  
monthly premiums  
for greater coverage**

**VS.**

**Risking significant  
resources from  
your savings**



## Healthcare Plans – Automatic Renewal / Reimbursement

- ❑ If you are satisfied with the healthcare plan(s) selected during Chevron's prior Open Enrollment through Via Benefits:
  - Your healthcare plan(s) will **automatically renew** unless a plan change is requested. No action or confirmation to continue your current plan is required. (See exception below on automatic renewal / reimbursement)
    - ✓ If your plan is not available for renewal from your healthcare vendor in your geographic area:
      - You will receive advance notice, and be given the opportunity to select an alternate plan.
      - The entire enrollment process will be required to ensure funding has been established and a replacement policy has been arranged.
  - Recurring Reimbursements: If enrolled in plans that do not offer automatic reimbursement [e.g. Kaiser and other carriers], Via Benefits will send a new Recurring Premium Reimbursement Request form to you in December which you will need to complete and follow the instructions for submission.
  - Direct Debit/EFT Changes: If you recently changed/plan to change your bank account before 1/1/19, contact the healthcare vendor (insurance company) to provide new information to set up a direct debit/EFT to automatically pay your insurance premiums from your checking/savings account. Contact information is usually on the back of your insurance ID card.

## Changing Your Medicare Advantage or Part D Prescription Plans

- ❑ If you currently have a **Medicare Advantage Plan, and Medicare Part D Prescription Plan**, and are considering a change to your healthcare coverage, be aware of the following:

**Medicare Advantage Plans (HMO Plans, PFFS Plans, and PPO Plans), and Medicare Part D Prescription Drug Plans.**

- *Each year participants are allowed to change these healthcare plans during Open Enrollment.*
- *Medicare Advantage Plans are always “Guaranteed issue”\* during the **initial enrollment period** (for Medicare-eligible individuals who have Medicare Part A and Part B coverage, and Part D Prescription Plan) and **subsequent Open Enrollment periods**.*

*\*“Guaranteed issue” is health insurance term used to describe where a policy is offered to any eligible applicant without regard to health status; also used to describe where an insurance company can’t refuse to insure you because of any preexisting medical condition.*

**(Continued)**



# Changing Your Medicare Advantage / Part D Prescription Plans

*(Continued)*

- ❑ If you are considering a change to your **Medicare Advantage Plan**, and **Part D Prescription Plan**, be aware:
  - In most of the United States, the same healthcare vendor (insurer) includes **all three parts under Medicare Advantage Plan coverage**.
    - ✓ A change in healthcare vendor/plan for Parts A and B coverage will also change the vendor, plan, and benefits for Part D Prescription coverage.
    - ✓ A change in healthcare vendor/plan for Part D Prescription coverage will also change the vendor, plan, and benefits for Parts A and B coverage.
      - If you recently began a new medication not covered by your Medicare Advantage Plan, and anticipate its longer-term use into 2019, **carefully consider alternate plans**.

# Changing Your Medicare Supplement Policy (Medigap)

- ❑ If you currently have a Medicare Supplement policy (**Medigap**) and are considering a change to your healthcare coverage, be aware of the following:

**Medicare Supplement policies (Medigap)** Participants can apply for a different plan at any time -- **no Open Enrollment Period requirement.**

- **“Guaranteed issue rights”** apply during the initial and subsequent enrollment periods. However:
  - ✓ If you do not enroll in a Medicare Supplement policy (Medigap) the first time eligible, in most states **you will lose “Guaranteed issue rights”** for future applications.
  - ✓ Or, if you want to change to a different policy after first enrollment, **you may be denied coverage based on your health status.**
  - ✓ In addition, if you have opted out of your current group plan, or already have an individual Medicare Supplement Insurance or Medicare Advantage Plan, federal law cannot guarantee your coverage for Medicare Supplement Insurance during the first enrollment period.

## Healthcare Premiums – 2019 vs. 2018

- ❑ Healthcare premiums vary by healthcare provider and provisions within each plan.
- ❑ Healthcare premiums can fluctuate up or down depending on changes to the plan provisions, costs, and market conditions.
- ❑ For the majority of all plans, premiums typically increase each year due to the rising cost of medical care.
  - Over the last few years, rate increases have been lower, **on average**, in the individual Medicare market than in other, non-Medicare insurance markets.
    - ✓ Rate increases within your area may be lower or higher depending on the cost of medical care and other factors.
    - ✓ In general, even with an increase, your plan premium will still be competitive with other comparable plans in your area for people of your age and health status.

# Healthcare Through Via Benefits

- ❑ Some healthcare plans and premiums on the open market are similar to those offered through Via Benefits. The advantages of healthcare coverage arranged through Via Benefits include:
  - One-stop shopping for a wide selection of medical plans, prescription drug plans, as well as optional dental and vision plans.
  - A team of Benefits Advisors to assist you:
    - ✓ Navigate plan options that will potentially minimize your healthcare premium expenses, and
    - ✓ Address issues that may arise during the healthcare period.
  - **Access to Chevron's Healthcare Reimbursement Arrangement (HRA).**
    - ✓ Reducing your total expense for healthcare premiums.
  - Added protection under Chevron's Catastrophic Supplemental Prescription Drug benefit available to eligible retirees, dependents, or survivors.

## Evaluating Healthcare Plans for 2019

❑ Prior to the Open Enrollment, **October 15 through December 7, 2018**, details on healthcare vendors, plans, and rates (premiums, deductibles and copays) will be populated in the Via Benefits system.

- This information is necessary for effective comparisons and your 2019 healthcare decision making.
- Go to the Via Benefits website at:

### [My.ViaBenefits.com/chevron](https://my.viabenefits.com/chevron)

1. Log in with your ID and password. (unchanged from One Exchange).
2. Select the **SHOP & COMPARE** tab at the top of the page.
3. Answer the questions to assist with selection of healthcare plans.

❑ Evaluate your preferred healthcare plans carefully.

- Ensure you are comparing provisions AND all aspects of healthcare rates (premiums, deductibles and copays, if any) on an “apples-to-apples” basis.

## *Scheduling an Appointment With Via Benefits*

- ❑ Schedule an appointment with a Via Benefits Benefits Advisor to make changes to, or just review, your healthcare plan(s):
  - Go to the Via Benefits website at:  
  

**[my.ViaBenefits.com/chevron](https://my.ViaBenefits.com/chevron)**
  - 1. Log in with your ID and password. (Unchanged from OneExchange).
  - 2. Select the **HELP & SUPPORT** tab at the top of the page.
  - 3. Click the link, “Schedule a Call” in the right-hand column.
  - 4. Click the green block, “Schedule an appointment for the family members selected.” (Note: Ensure a check mark is shown for the appropriate individual).
- Alternatively, you can call Via Benefits to schedule an appointment at **1-844-266-1392 (TTY: 711)**, Monday through Friday, from 7:00am to 8:00pm Central time.

A 3D rendered graphic featuring the words "QUESTIONS & answers" in a bold, sans-serif font. The text is presented in two lines: "QUESTIONS" on the top line and "answers" on the bottom line. The letters are white with a thick cyan border. The entire text is set against a white background and is reflected on a glossy white surface below it, creating a clear mirror image. The perspective is from a slightly elevated angle, looking down at the text.

QUESTIONS &  
answers





# Medicare Parts Explained

❑ **Medicare** is a **federal** program providing health coverage to those 65 or older, or those that have a severe disability, regardless of their income. The different parts of Medicare help cover specific services:

- **Medicare Part A (Hospital Insurance)** – Covers:
  - ✓ Medically necessary inpatient hospital stays,
  - ✓ Care in a skilled nursing facility,
  - ✓ Hospice care, and
  - ✓ Some home health care.

Note: Private rooms are not covered unless medically required.

Part A is premium-**FREE** to the individual.

- **Medicare Part B (Medical Insurance)** – Covers:
  - ✓ Certain doctors' services,
  - ✓ Outpatient care,
  - ✓ Medical supplies, and
  - ✓ preventive services.

# Medicare Parts Explained

## ➤ **Medicare Part C (Medicare Advantage Plans and Medigap Plans)**

A type of Medicare health plan offered by a private company that contracts with Medicare to provide with all your Part A and Part B benefits.

- ✓ Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans.
- ✓ If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and are not paid for under Original Medicare.
- ✓ Most Medicare Advantage Plans offer prescription drug coverage.
- ✓ Medigap Plans typically do not have prescription drug coverage included and require a separate plan for Medicare Part D coverage.

## ➤ **Medicare Part D (Prescription Drug coverage)** – Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

- ✓ These plans are offered by insurance companies and other private companies approved by Medicare.
- ✓ Medicare Advantage Plans may also offer prescription drug coverage that follow the same rules as Medicare Prescription Drug Plans.

# Medicaid

- ❑ Medicaid is a **state and federal** program that provides health coverage for those with very low income.
- ❑ Medicaid is NOT the same as Medicare.
- ❑ If you are eligible for both Medicare and Medicaid (dual eligibility), you can have both.
  - Medicare and Medicaid will work together to provide very good health coverage.

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For more information on Medicare, Medicaid, or Medicare Advantage Plans, Medicare Supplement Plans, and Prescription Drug Plans, go to the official site at:

<https://www.medicare.gov/>