

## **8. Frequently Asked Questions & Answers:**

### ***Question #1:***

***What is a Medicare Advantage Plan and how does it differ from a traditional Medicare Supplement plan like the Electric Boat Retiree Medical Plan F?***

### ***Answer:***

A Medicare Advantage Plan is a type of Medicare plan offered by a private insurance company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans are also known as Medicare Part C (not to be confused with Plan C) and consists of Medicare HMOs, PPOs, POS (Point of Service) plans and Private Fee for Service plans. These plans are funded primarily by a subsidy paid to the insurance carrier by the Federal Government and the private insurance company becomes responsible for 100% of your Medicare covered services minus any applicable copay or cost share under the program that you choose. Medicare Advantage Plans often include some additional benefits beyond Medicare such as routine physical exams, vision exams, vision hardware and hearing aid discounts, a 24 hour nurses line and wellness programs designed to educate you and keep you healthy. Each type of Medicare Advantage plan works a little differently and there may be some rules and restrictions, like provider networks, that come in to play when accessing care.

The Electric Boat Retiree Medical Plan F works like a traditional supplement and therefore pays secondary to traditional Medicare A & B, therefore, Medicare pays your claim first and Anthem picks up the balance of the claim for any Medicare covered service up to the Medicare allowed amount. In addition, the Retiree Medical Plan F picks up the excess charge of 15% that a provider can charge if they do not accept the Medicare fee schedule as full payment. You are able to access care from any provider or hospital in the country and all providers are required to bill Medicare on your behalf.

### ***Question #2:***

***Do I need to have both Medicare Part A and Part B to be enrolled in the Electric Boat Retiree Medical Plan Options?***

### ***Answer:***

Yes. You need to be eligible and enrolled in both Medicare Part A & Part B in order to enroll in any of the Electric Boat Retiree Medical Plan Options.

### ***Question #3:***

***When am I allowed to make a plan change?***

### ***Answer:***

Your annual election period or open enrollment begins on November 15<sup>th</sup> and ends on December 31<sup>st</sup> with a plan change effective date of January 1<sup>st</sup>.

### ***Question #4:***

***What if I am happy with my current plans and do not want to make a change?***

***Answer:***

If you are happy with your current plan options and do not want to make a change you simply do NOTHING and your coverage will continue. We will adjust your pension deduction, ACH deduction or coupon billing accordingly.

***Question #5:***

***I am just becoming eligible for Medicare as I am turning 65. Am I eligible for the Electric Boat Unlimited Prescription Drug Plan? Can I choose a lower cost option like the “Limited” plan? If so, can I then change to the “Unlimited” prescription drug plan at a later date? Also, my spouse will not be 65 for a few years. What happens to my spouse’s Electric Boat coverage?***

***Answer:***

Since you are just becoming Medicare eligible, this is the time when you can enroll in the “Unlimited” Retiree Prescription Drug Plan. You can choose the “Limited” plan, however, in doing so, you will lose your eligibility for the “Unlimited” plan in the future. You MUST elect the “Unlimited” plan when you first become eligible.

If you waive the “Unlimited” plan for a qualifying reason, you can defer your enrollment into the “Unlimited” plan to a later date. One example of a qualifying reason would be if your spouse is still working and you are covered as a dependent under your spouse’s active employer plan or if you are working for another employer, or Electric Boat, and covered under the active employer plan. If that is the case, you can defer your initial eligibility until such time you lose that employer coverage.

If your spouse is not yet 65, your spouse will be able to continue coverage on the pre-65 Electric Boat Retiree Plan that he/she is already enrolled on and your spouse will lose coverage under that plan upon age 65 at which time he/she will become initially eligible for the Electric Boat Retiree Medical and Prescription Drug Plan administered by Beacon Retiree Benefits Group, Inc..

***Question#6***

***What if I join one of the Medicare Advantage Plans (the Anthem Private Fee for Service Plan or the Health Net Navy POS or Ruby HMO plan) and the plan isn’t working well for me. Can I switch back to my traditional Medicare coverage with the Retiree Medical Plan F? What are the rules around switching plans after open enrollment?***

***Answer:***

Yes. If you are unhappy with the option you choose during open enrollment or during your initial election, you will be allowed to switch to another plan option one more time during the course of the year. There are certain restrictions. If you elect the Health Net Navy POS or the Ruby HMO plan and your plan includes Part D coverage, you can change later to any of the Anthem plans with a stand-alone Part D plan through Health Net. The stand-alone Part D plan through Health Net is called the Health Net Orange plan.

If you choose to enroll in one of the Anthem SmartValue Private Fee for Service plans, you will be able to change back to the Plan F or to the Health Net Navy POS or Ruby HMO plan during the course of the year, however, in order to have prescription drug coverage you **MUST** have a Part D plan on January 1<sup>st</sup>. You are not able to enroll in the prescription drug program during the year unless you are just becoming Medicare eligible, newly retiring and/or losing other employer group creditable coverage.

In addition, if you enroll in one of the Anthem SmartValue Private Fee for Service Plans, although you can change to the Retiree Medical Plan F or the Health Net Navy POS or Ruby HMO plan, you will not be able to switch between the three Anthem SmartValue Private Fee for Service Plans during the course of the year (i.e. you can't select the Low Option Plan and then change to the High Option Plan during the year, you will need to wait for the annual open enrollment to make that change).

Also, if you enroll in the Health Net Navy POS or Health Net Ruby HMO plans, you will not be allowed to change between these two plans during the year.

**Remember, the Health Net Navy POS and Ruby HMO plans are only available to those Electric Boat retirees and spouses that legally reside in the state of Connecticut.**

***Question #7:***

***I live in Connecticut and am undecided between the Health Net Navy POS plan and the Anthem SmartValue Private Fee for Service plan. What is the difference between the Anthem SmartValue Private Fee for Service Plans and the Health Net Navy POS plan in terms of accessing care?***

***Answer:***

All of the Anthem SmartValue Private Fee for Service plan options and the Health Net Navy POS and Ruby HMO plan options are considered Medicare Advantage Plans; however, they work differently in terms of accessing care and in the process in which your covered services are paid.

Under the Anthem SmartValue Private Fee for Service plans, you are able to access care from any provider or hospital in the country that accepts Medicare assignment without a referral. There is not a network of participating physicians or providers. As long as the provider agrees to the terms and conditions of the plan and is willing to bill Anthem or the local BCBS entity in other states other than Connecticut, and therefore accepts your Anthem SmartValue PFFS ID card, the provider is paid according to the Medicare fee schedule. However, Medicare permits providers to decide to accept or decline participation in these plans on a person by person or visit by visit basis. It is therefore best to check with your doctors prior to enrolling so that you are confident that they will be willing to accept the Anthem SmartValue Private Fee for Service Plan. Our office can assist you with the process should you need our help. ***In 2011, the Anthem SmartValue plans will be required to have a national PPO network where participating providers will be well defined.***

The Navy POS (Point of Service) and Ruby HMO plans are little easier in some regard relative to the network issue as the participating provider network is defined. Providers

either participate or they do not participate. While there are directories available and Health Net will send one to you if you reside in the state of Connecticut, you can request one by contacting our office and the most updated provider information for the Health Net Medicare network is always available on line at the Health Net website at [www.healthnet.com](http://www.healthnet.com) or [www.abetterdecision.com](http://www.abetterdecision.com). Under the Health Net Navy POS plan or the Ruby HMO plan, you may seek care with any participating provider without a referral. Most services with the exception of emergency and urgent care are covered at no copay when seeking care through a participating provider. However, many services do require prior authorization and you should refer to your Explanation of Coverage or the more detailed benefit summaries found on our website at [www.BeaconMedicare.com](http://www.BeaconMedicare.com) or contact our office so we can mail one to you.

Under Health Net Navy POS (Point of Service), you may also visit non-participating providers and those providers will be paid according to the Medicare fee schedule less your applicable copay or cost share. There are some services not covered out of network such as skilled nursing care and outpatient mental health services. Please refer to the summary of benefits in your benefit booklet for details and a more detailed benefit summary can be found on our website at [www.BeaconMedicare.com](http://www.BeaconMedicare.com) or we can send one to you if you contact our office to do so.

The Health Net Ruby HMO plan only provides coverage when utilizing Health Net Medicare participating doctors with the exception of emergencies.

**Question #8:**

***I am currently in the Electric Boat Unlimited Medicare Part D Prescription Drug Program. Do I have the option of switching to the lower cost (“Limited”) Part D program also offered through Health Net? If so, when? Can I then re-enroll in the “Unlimited” Part D plan at a later date?***

**Answer:**

Since you are already enrolled in the “Unlimited” Retiree Prescription Drug Plan, you have the option of continuing your current level of coverage or switching to the “Limited” Plan effective January 1<sup>st</sup>. You will need to complete a change form in order to change your level of benefits. ***In addition, if you leave the “Unlimited” Plan, you will NOT be allowed to rejoin that plan at a future date. As such, your only option moving forward would be the “Limited” Plan.***

**Question #9:**

***I am currently enrolled in one of the Anthem Medical Plans but I have my own individual Medicare Part D Plan. Can I enroll in the Health Net Navy POS Plan or Ruby HMO plan but keep my existing individual Part D Plan?***

**Answer:**

No, if you elect the Health Net Navy POS plan or the Ruby HMO plan and wish to have a Medicare Part D Plan, you must enroll in the “Limited” Retiree Prescription Drug Plan with Health Net. This is not a plan rule, this is a Medicare rule. If you have a Medicare HMO plan and want to have Part D with it, you must enroll with the same carrier – in this case, Health Net. In fact, if you enroll in the Navy POS plan or the Ruby HMO plan, your “Limited” or

“Unlimited” prescription drug plan (whichever applies) will become part of your Navy POS or Ruby HMO plan (as a package) and you will have one ID card to use at your medical providers, hospitals or at the pharmacy. Your Navy POS plan or Ruby HMO plan would become what is considered an MAPD or a Medicare Advantage Prescription Drug Plan.

For whatever reason, this does NOT apply to the Anthem Plans as you may enroll or keep your coverage in any of the four Anthem plans while keeping your existing individual Part D Plan, keeping your existing Electric Boat Unlimited Retiree Prescription Plan or enrolling in the Electric Boat “Limited” Retiree Prescription Drug Plan.

**Question #10:**

*I am currently enrolled in one of the Anthem plans, but do not participate in the Retiree Prescription Drug Plan right now. What are my options with respect to prescription drug coverage?*

**Answer:**

During open enrollment, you may elect any of the six Electric Boat Retiree Medical Plan alternatives and you may include the Electric Boat “Limited” Retiree Prescription Drug Plan to any of those six medical alternatives if you wish.

**Question #11:**

*I am currently enrolled in one of the Anthem Medical plan options through Electric Boat and have the Health Net Orange Drug plan. I have an ID card for each. What happens if I decide to enroll in the Health Net Navy POS or Ruby HMO Plan? Will I then have two Health Net ID cards?*

**Answer:**

If you are currently a member of the Electric Boat Retiree Prescription Plan through Health Net Orange and decide to enroll in the Health Net Navy POS plan or the Ruby HMO plan, you will need to disenroll from the Orange plan and your prescription drug coverage will continue, however, it will continue as part of your Health Net Navy POS or Ruby HMO plan. You will have one Health Net ID card for your medical and prescription drug coverage. This will require an Orange disenrollment form as well as a Health Net Navy POS/Ruby HMO enrollment form.

**Question #12:**

*In the past, the rules for this program were always that a husband and wife can each make their own separate elections between plans? Will that continue to be the case?*

**Answer:**

Yes, each eligible retiree and spouse can make his or her own individual election. For example, the Retiree may wish to have medical only while the spouse has a medical and prescription drug alternative or vice versa. One can elect NOT to participate and that does not affect the ability of the other to make his or her own plan elections. You may continue to pick and choose the combination of plans that work best for you.

***Question #13:***

***If I want to make a change for January 1<sup>st</sup>, what is my deadline to submit forms in order to make sure that my coverage is effective and I have my new ID card(s) on time?***

***Answer:***

Due to the tremendous volume of people making changes during open enrollment, we will need to have your completed forms by December 1<sup>st</sup> in order for you to be certain to receive your new ID card(s) by January 1<sup>st</sup>. Having said that, we will accept enrollment forms through December and while you will still have a January 1<sup>st</sup> effective date for your changes, we cannot guarantee that you will have your ID card(s) the later we receive the enrollment forms.

***Question #14:***

***Can I make changes after January 1<sup>st</sup>? If so, what changes are allowable and which are not?***

***Answer:***

Yes, you may make certain changes after January 1<sup>st</sup>. One of the only things that you CANNOT do after January 1<sup>st</sup> is make a change to your Electric Boat Prescription Drug Plan or enroll in Part D for the first time unless you have a qualifying reason. However, if for example you will be enrolled on the Retiree Medical Plan F and the “Unlimited” Retiree Prescription Drug Plan and decide that you would

like to move to one of the Anthem Private Fee for Service Plans, the Health Net Navy POS or Ruby HMO plans after January 1<sup>st</sup>, you may do so as long as you maintain your “Unlimited” Drug Plan.

***IMPORTANT: There are many different combinations of what is and is not permitted regarding changes after the first of the year, please contact our office to review your specific situation so that we may make sure that you get the proper answer to your question..***

***Question #15:***

***Can you tell me how emergency coverage differs between the plans?***

***Answer:***

Under all of the plans, you are basically covered in the same way and at the same copay for emergency care while anywhere in the country. Please refer to the benefit summaries in the benefit guide for details on copays for emergency care while in the U.S. Under the Retiree Medical Plan F, emergency care is covered in full as the Anthem Retiree Medical Plan F will pick up the balances of any Medicare covered charges in the event of an emergency in the U.S.. Under the Anthem Private Fee for Service plans, emergency care has applicable copays as stated in the benefit summaries depending on which plan you choose. Under the Health Net Navy POS and Ruby HMO plan, emergency care is treated as if you were in Connecticut even if you have an emergency while traveling outside the state.

***Question #16:***

***I frequently travel out of the country and need to make sure I have coverage while traveling? How does Medicare cover me out of the country and how do the Electric Boat Retiree Medical Plans handle emergency care outside of the U.S.?***

***Answer:***

Traditional Medicare does NOT cover emergency care outside of the U.S.. The Electric Boat Retiree Medical Plan F will cover emergency and urgent care outside of the country but you will be subject to a \$250 deductible and the plan will pay 80% up to a \$50,000 lifetime maximum.

The Anthem Private Fee for Service plans cover both emergency and urgent care outside the U.S.. The copays and cost share related differ between the three plans. For inpatient emergent care, the coverage is the same as the Retiree Medical Plan F, however, the Anthem PFFS plans cover outpatient services out of the country at either no copay (for the High Option plan) or for a very small copay.

The Health Net Navy POS (Point of Service) plan covers you at \$100,000 each calendar year for emergency care out of the country with a \$50 copay. Urgent care outside the U.S. is covered only under very limited circumstances.

The Health Net Ruby HMO plan covers you at \$50,000 each calendar year for emergency care out of the country with a \$50 copay. Urgent care outside the U.S. is covered only under very limited circumstances.

***Question # 17:***

***I currently have my premiums deducted from my Electric Boat pension check? Do I need to do anything or will that continue?***

***Answer:***

We will automatically adjust your pension check deduction for January 1<sup>st</sup> based on your plan selection(s). If you do not make a change, your new deduction will reflect the 2010 premium for your current coverage selection. Dental premiums will be billed by MetLife directly or you do have the option of having the premium deducted from your checking or savings account on a monthly basis.

***Question #18:***

***I currently have my premium deducted from my Electric Boat pension check but I'm considering adding my spouse to one of the plans. My pension check is not large enough to cover the cost for both of us. What other payment options do I have?***

***Answer:***

Beacon Retiree Benefits Group has three options for premium payment. Besides pension deduction, you can pay your premium via automatic ACH deductions from your checking or savings account or we can bill you monthly.

*Should you have any questions regarding your eligibility or any questions pertaining to the benefits under these programs, please do not hesitate to contact our office during business hours, Monday through Friday from 8:30 a.m. to 4:30 p.m. EST.*

**Beacon Retiree Benefits Group, Inc.  
710 Main Street, Suite #6  
Plantsville, CT 06479**

**1.888.484.0414 Toll Free**

**1.860.621-5074 Fax**

**[d.caslin@beaconmedicare.com](mailto:d.caslin@beaconmedicare.com)**

**[www.BeaconMedicare.com](http://www.BeaconMedicare.com)**