



Just the Facts

Why Choose the Aon Retiree Health Exchange?

Why is AT&T moving retirees to the Aon Retiree Health Exchange?

AT&T has been following and researching private exchanges for years. By leveraging our size and scale, we've historically been able to negotiate group pricing that's very attractive and represented a good value to our retirees. Today, private exchanges do a great job of providing options for coverage as well as additional support for our retirees, in addition to offering very competitive prices for coverage. They allow retirees to have more choice at better prices than AT&T can offer through our group plans—and that's along with valued guidance to help retirees make the right choices.

Many other companies have already adopted this approach, more often than not with no subsidy. AT&T is continuing to share in the cost of retiree health care expenses in 2015 through a tax-free Health Reimbursement Account for those who are eligible.

Why did AT&T choose the Aon Retiree Health Exchange versus sending retirees to local brokers?

For many retirees, choosing between every Medicare Advantage, Prescription Drug Plan and Medigap plan available in the individual market could become overwhelming, especially because they haven't had to make individual insurance plan option decisions until now.

Aon is a global leader in health and administers health benefits for more than 9.5 million employees, retirees and their families, including AT&T. AT&T chose the Aon Retiree Health Exchange because it has carefully selected a wide range of

high-quality plans and provided a high-touch support approach to help retirees make this important decision. The Benefits Advisor is a personal guide to help each retiree understand the different plans available and apply for coverage.

Given the large number of AT&T retirees entering the individual insurance market, it is no surprise that there are many independent brokers who want to compete for this business. While there are many reputable independent agents in the market, some have engaged in aggressive tactics by providing misleading information that is causing confusion and concern and creating doubts about the quality of programs offered through the Aon Retiree Health Exchange.

What is the difference between Aon and a local Medicare broker?

Aon is not an insurance company. The Aon Retiree Health Exchange provides information to retirees about a wide range of insurance products from a variety of carriers. Aon's Benefits Advisors (licensed insurance agents) are salaried and not financially incented to recommend one policy over another. Their goal is to find a policy from any available Exchange insurance company that will meet your needs, whether it is a Medicare Advantage plan or a Medigap plus Prescription Drug Plan.

In some ways, the Aon Retiree Health Exchange is similar to a local broker because both represent policies and earn a commission from the carrier when they successfully enroll a retiree. The Aon Retiree Health Exchange carefully selects insurance carriers to participate in its Exchange based on the insurance provider's financial ratings, premium stability, member service level and



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Medicare Star performance. Local brokers are not required to use any criteria when selecting policies to recommend and many may be licensed to sell only a certain type of policy or products from only one insurance carrier.

What services are available through the Aon Retiree Health Exchange that I can't get by enrolling through another source?

Enrolling through the Aon Retiree Health Exchange provides you with a variety of value-added services, including:

- Access to the AT&T Health Reimbursement Account (HRA) Program, if eligible
- Continued access to the services of licensed Benefits Advisors, who have access to and knowledge of the full complement of choices, including Medicare Advantage, Prescription Drug and Medigap plans, at no additional cost to retirees
- Access to exclusive insurance policies (select states and products)
- Automatic premium reimbursement (if you are eligible for the HRA)
- Access to advocacy services to help you if you ever have a claim denied or have a dispute with your insurance company

Do I have to use the Aon Retiree Health Exchange to receive an HRA in 2015?

If you are eligible for an HRA, you must enroll in a medical and/or prescription drug plan through the Aon Retiree Health Exchange to receive HRA credits. To take full advantage of the ongoing services available to retirees that were outlined earlier, you may prefer to use the Aon Retiree Health Exchange to enroll in insurance policies that meet all of your needs.

A full set of detailed Q&As and other helpful resources are available on myretireehealthexchange.com. We are continually updating the Q&As based on your questions. The Aon Retiree Health Exchange is available to answer questions and address any concerns. If you have questions that can't wait until your scheduled appointment, please call 800-928-8027 (TTY use 711 Relay), Monday through Friday, 7 a.m. to 10 p.m. Central time, and someone will be available to help you.

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Assessing Plan Options

What policies are available on the Aon Retiree Health Exchange?

The Aon Retiree Health Exchange offers a wide variety of carefully selected, highly rated policies, including Medicare Advantage plans, Medicare Part D Prescription Drug Plans and Medigap plans from multiple carriers. On average, a typical retiree will have more than a dozen Medicare Advantage, Medigap and Medicare Part D Prescription Drug Plans from which to choose. The number and types of policies available to you will vary based on your state and county. Most policies offered through the Aon Retiree Health Exchange can be viewed on the website, but a few are only available through your Benefits Advisor. Visit the FAQ section of myretireehealthexchange.com to get more information about these policies or contact your Benefits Advisor.

Why is it important to always log on to your AT&T account?

It is important to note that in some parts of the country, retirees have access to special policies that are not available to the general public. In addition, there are some insurance companies that allow the Aon Retiree Health Exchange to offer their policies only to specific employer group retirees.

For these reasons, it is important that you always log on to your AT&T account using **retiree.aon.com/att** (and not as a general user) to see the policies that are available to you.

Why doesn't the Aon Retiree Health Exchange offer every policy available to me? I can see a lot more policies on Medicare.gov than the Aon Retiree Health Exchange offers.

Choice is important. The Aon Retiree Health Exchange is a competitive marketplace where retirees can shop for a variety of high quality health policies to meet their individual needs. Aon maintains stringent guidelines about the carriers that participate in its Exchange. It carefully selects insurance carriers and products to participate based on the insurance carriers' financial ratings, their premium stability, member service level and Medicare Star performance. In some cases, carriers whose policies are not offered through the Aon Retiree Health Exchange cannot meet the technology requirements to enable electronic enrollment and execute premium auto-reimbursements, and other carriers have not demonstrated historical stability in a particular geographic area. There are also some carriers that currently choose not to offer their plans through a private retiree health exchange. Historically, Aon has found that the vast majority of retirees are able to find a policy that offers similar or often better coverage than their current group health plan for the same price or less.



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Assessing Plan Options

When can I review all of the available 2015 choices on the site?

Aon opened its website on October 1, which was the first day that Medicare carriers were legally allowed to accept 2015 enrollments. With over 90 insurance companies and more than 3,700 choices offered nationally, it was not uncommon that some came online later than others. There were a variety of reasons for the delays, including quality concerns about documents or policy features and/or late Medicare or State Department of Insurance approvals. In some cases, to avoid confusion, Aon voluntarily removed existing plans from the site when it had concerns about the information that was currently available.

As additional policies and prices became available after October 1, some retirees saw their options and pricing changing from one day to the next. We know this has caused some concern. All policies are now available to compare online and through the Benefits Center. If you have already enrolled and a new policy is now available to you, you can still change your plan before enrollment ends on December 31, 2014. We encourage you to enroll early to ensure you receive your new insurance cards by January 1. Contact your Benefits Advisor.

A full set of detailed Q&As and other helpful resources are available on myretireehealthexchange.com. We are continually updating the Q&As based on your questions. The Aon Retiree Health Exchange is available to answer questions and address any concerns. If you have questions that can't wait until your scheduled appointment, please call 800-928-8027 (TTY use 711 Relay), Monday through Friday, 7 a.m. to 10 p.m. Central time, and someone will be available to help you.

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Comparing Pricing

Is it possible that a local insurance broker can get me a better rate than what is available on the Aon Retiree Health Exchange for the same plan?

By law, the price a retiree pays to purchase the **same policy** from the **same carrier** will not differ, whether they purchase it through the Aon Retiree Health Exchange or through another broker. If there is a difference, there is an explanation. The Aon Retiree Health Exchange cannot add a surcharge to any premium.

So why are some retirees seeing different prices? The quotes you receive from local brokers or the carriers themselves may already include potential discounts for a number of factors like direct debit, couple enrollments, etc. The prices listed on the Aon Retiree Health Exchange generally **do not reflect these** discounts, because the carrier must first review the application to determine whether they apply. **However, if your enrollment qualifies for a discount with the carrier, you will receive the same discounted rate as you would obtain from the local broker if you enroll through the Exchange. Your Benefits Advisor will share this with you during the application process.**

Are there other reasons a policy price could vary between the Aon Retiree Health Exchange offering and what I can find elsewhere?

The same policies with the same carrier will have the same price regardless of where you enroll. However, in some cases, the policy that a local agent offers is actually different than the one provided through the Aon Retiree Health Exchange. There may be value-added services and benefit features that might be driving a difference in premium price, so it is important to carefully review plan details.

Are all of the plans and their corresponding prices on the Aon Retiree Health Exchange website now?

When Aon opened its website on October 1, some policies were not online. With over 90 insurance companies and more than 3,700 choices offered nationally, it was not uncommon that some came online later than others. There were a variety of reasons for the delays, including quality concerns about documents or policy features and/or late Medicare or Department of Insurance approvals. In some cases, Aon voluntarily removed existing policies from the site when it had concerns about the information that was available. We apologize for the inconvenience.

All policies are now available to compare online and through the Benefits Center. If you have already enrolled and a new policy is now available to you, you can still change your plan before enrollment ends on December 31, 2014. We encourage you to enroll early to ensure you receive your new insurance cards by January 1. Contact your Benefits Advisor.



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Comparing Pricing

Why might I get different cost results on the website from one day to another?

There are a number of variables that can significantly impact the policies and prices you see:

- You may see different policies and prices if you access the website through the public site versus through your AT&T account. For example, some carriers' policies are only available to retirees whose group plans are ending, while other carriers may offer specific policies to seniors who are Medicare eligible for the first time. Log on using your AT&T credentials every time to ensure you are seeing all of the plans that you are eligible for as an AT&T retiree.
- The county you reside in will impact your Medicare choices and prices. If you live in a zip code that covers more than one county, you will be asked to select the right county. Be sure to choose the same county each time.
- Age can impact the cost of some Medigap plans. Be sure your date of birth is correct.
- If the overall costs in Medicare Advantage or Prescription Drug policies look different than they do when you get into the policy details, check the mail order or pharmacy option. The overall cost on the "find plans" page assumes the lowest cost channel (usually mail order). Once on the webpage that describes the details, the costs you will see are based on the actual channel you selected when entering your prescriptions in your medicine cabinet. The pharmacy can be easily adjusted on the details screen when you scroll to the bottom. If you select the lowest-cost channel to obtain your prescriptions, you'll find your costs will match in both places.

A full set of detailed Q&As and other helpful resources are available on myretireehealthexchange.com. We are continually updating the Q&As based on your questions. The Aon Retiree Health Exchange is available to answer questions and address any concerns. If you have questions that can't wait until your scheduled appointment, please call 800-928-8027 (TTY use 711 Relay), Monday through Friday, 7 a.m. to 10 p.m. Central time, and someone will be available to help you.

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Navigating the Site

What do I do if I can't print a comparison of my options?

When enrollment opened, Aon received feedback that some AT&T retirees could not print comparison information from the site. This problem was isolated to specific web browsers and has been resolved for most retirees. If you are still experiencing printing issues, please try and print from your browser window. To do so, look for the printer icon, which is usually located along the top of the open browser page.

I heard something that does not sound right to me. Where can I get additional assistance?

There are multiple ways to get help:

- Read the FAQs and watch the videos posted on **myretireehealthexchange.com**
- Call 800-928-8027 (TTY use 711 Relay), Monday through Friday, between 7 a.m. and 10 p.m. Central time. You can also use the online chat tool found on the website at **retiree.aon.com/att**.
- Bring any issues to the attention of your Benefits Advisor. You can call your Benefits Advisor at any time or you can ask your question during your scheduled appointment. Any calls you place to a Benefits Advisor will be returned within two business days. You can also escalate your concern to a supervisor.

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Guaranteed Issue

What policies have guaranteed issue during the transition to the Aon Retiree Health Exchange?

All Medicare Advantage plans and Prescription Drug Plans are guaranteed issue*—during a valid enrollment period. What this means is that you do not have to answer any medical questions if you want to enroll in these plans.

Most Medigap plans offer guaranteed issue when you are losing your current coverage, including your group-sponsored health plan. However, it is important to understand that if you wish to move from one Medigap plan to another Medigap plan in the future, underwriting (i.e., answering medical questions) may be required and could impact your eligibility or cost. For that reason, this first enrollment is important.

*Note: If you have End Stage Renal Disease, you may not be able to enroll in a Medicare Advantage plan. For more information, talk with your Benefits Advisor.

Is it true that I could lose my guaranteed issue in the second year if I stay with my Medicare Advantage plan?

For Medicare Advantage, Prescription Drug and Medigap plans, as long as you continue to pay your premiums on time, you will remain enrolled. The plans auto-renew. The only exception would be if the carrier that issues your policy decides to leave the Medicare Marketplace altogether. In that case, you will need to find a new insurance policy and will have guaranteed issue rights to enroll in all available Medicare Advantage and Prescription Drug Plans, and most Medigap plans.

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