



Wespath

BENEFITS | INVESTMENTS



VIA BENEFITS™

New Health Coverage with More Choices

a general agency of The United Methodist Church

Get ready for a new approach to health coverage—
with more flexibility to choose a plan that fits your needs.
Effective **January 1**, health care benefits offered through your
annual conference or employer will change for Medicare-eligible
retirees and other Medicare-eligible participants and spouses.
Instead of your current employer-sponsored retiree health plan, you will now choose
a health plan through Willis Towers Watson's **Via Benefits™**.
Via Benefits offers access to many Medicare supplemental plans
from more than 85 health insurers nationwide.



Welcome to Willis Towers Watson’s Via Benefits

Table of Contents

Why the Change 2

Introducing Via Benefits 3

What Happens Next..... 4

Steps Toward Enrollment..... 5

Become Familiar with Medicare 6

Medicare Summary Chart..... 8

Glossary..... 11

Understanding HRAs..... 12

How an HRA Works 13

Change Means More Choices 15

This guide explains the reasons behind the change to Via Benefits and the steps you must take to ensure that you make sound, timely choices regarding your health care benefits. In late August, you will receive a *Getting Started Guide* that will tell you how to prepare for the change. In October, you will receive an *Enrollment Guide* that explains in detail how to evaluate Medicare supplemental plan options and enroll in the plan that is right for you. Both of these communications will come directly from **Via Benefits**. Your plan sponsor has selected Via Benefits as their approved partner to help you navigate this change and ensure that you are well-equipped to make an informed and confident selection of health care benefits.

You will not need to face this change alone. A Via Benefits licensed benefit advisor will become your advocate—helping you find and enroll in the plan that best serves your medical needs and fits your budget. After the *Enrollment Guide* arrives in October, you will be required to work with a Via Benefits benefit advisor to select and enroll in a health plan.



1-866-249-7785

Toll-free

my.ViaBenefits.com/wespath



Wespath

BENEFITS | INVESTMENTS

wespath.org

Why the Change?



Confronting Soaring Health Care Costs

Like many other employers across the United States, your annual conference or employer has worked to contain soaring health care costs without sacrificing quality or coverage for its active and retired clergy, lay employees, eligible dependents and surviving spouses. The move to Via Benefits addresses costs and coverage for Medicare-eligible individuals.

Your annual conference or employer has elected a solution that gives you the ability to choose from a wide selection of Medicare supplemental plans, allowing you to personalize your Medicare benefits. Most plan sponsors also will provide eligible participants with a health reimbursement account (HRA) that helps offset the cost of an individual Medicare supplemental plan.

You will now be responsible for choosing and paying for your own health coverage—but the HRA* will help cover the cost.

Wespath understands that you will need to make important choices about your health care coverage. To help you make informed decisions with confidence, we have partnered with Via Benefits. Via Benefits' licensed benefit advisors will be your advocates and will help you choose the Medicare coverage plan that best serves your medical needs and fits your budget. These knowledgeable, objective advisors will be available to support and assist you in making these decisions. They will guide you through the entire process. Via Benefits' online (Internet) tools, as well as access to benefit advisors, are provided at no cost to you and are offered in recognition of your dedication and service. To date, Via Benefits has helped more than 1.7 million retirees evaluate and enroll in plans.

***About HRAs (if offered by your plan sponsor)**

Health reimbursement accounts (HRAs, also called health reimbursement arrangements) are tax-free accounts established and funded by employers and plan sponsors, such as annual conferences. You can use funds in the Via Benefits HRA to reimburse yourself and your eligible dependents for eligible health care expenses, including your retiree health insurance premiums or other out-of-pocket costs not paid for by your health plan. (See page 12 to learn more about HRAs.)

Introducing Via Benefits

Your Transition to New Retiree Health Benefits

Via Benefits is dedicated to making
the transition to your new health coverage
as easy and straightforward as possible.

Willis Towers Watson's Via Benefits is the nation's leading provider of health care solutions for Medicare-eligible individuals. With Via Benefits' assistance, retirees and other Medicare-eligible individuals gain access to a marketplace of many different Medicare plans, including those offered by well-known national and regional insurance companies. Via Benefits works as a portal, providing access to many insurance carriers. *Your insurance will actually be provided by the carrier you choose in consultation with a Via Benefits benefit advisor.* You can learn more about Via Benefits' services and experience at my.ViaBenefits.com/wespath.

Helping You Make an Informed Selection

Via Benefits will provide personalized assistance to you and your Medicare-eligible spouse, if applicable. An experienced Via Benefits benefit advisor will provide:

- **Individualized telephone support** to help you make an informed and confident enrollment decision for your Medicare supplemental coverage. Please follow the instructions provided in the forthcoming *Getting Started Guide* to set up a time for your enrollment phone call;
- **Education** about the differences between various plans, and the costs of each of those plans;
- **Advice and decision-making support**, based on your current coverage and future needs; and
- **Assistance with enrolling** in medical, prescription drug, dental and vision plans.

Via Benefits will also offer a customized website where you can learn about plan options available in your area, begin evaluating those options, and get more details about the enrollment process. Your customized website is my.ViaBenefits.com/wespath.



Who Is Eligible for Via Benefits?

The information in this guide pertains to Medicare-eligible retirees, Medicare-eligible spouses of retirees, individuals who are Medicare-eligible due to disability, Medicare-eligible participants who are employed by a plan sponsor that qualifies for and has elected the Medicare Secondary Payer Small Employer Exception (MSPSEE), Medicare-eligible spouses of disabled participants, and surviving spouses of individuals who are Medicare-eligible due to age or disability. If your spouse is currently not Medicare-eligible, he or she may be able to remain on your conference's or employer's existing active plan coverage until he or she becomes eligible for Medicare, depending on your plan sponsor's rules.

Learn More at Workshops

Plan to attend a workshop
hosted by
your annual conference
or employer, Wespath
and Via Benefits.

What Happens Next

Over the next few months, you will receive important information from Via Benefits about the upcoming enrollment period. Review this information carefully to ensure you have a smooth transition to your new health care plans.

When	What You Need To Do
Late August <i>Getting Started Guide</i> booklet mailed to your home.	<ul style="list-style-type: none">• Review the information in the booklet.• Complete the pre-enrollment worksheet that is included.• Call Via Benefits at 1-866-249-7785 or go online to begin the pre-enrollment process and schedule an enrollment appointment with a benefit advisor. This step will make your enrollment starting in October much more efficient.
September Education sessions/workshops begin	<ul style="list-style-type: none">• Decide which workshop you want to attend.• Attend a workshop to learn more.
September Schedule your meeting with a benefit advisor	<ul style="list-style-type: none">• Call Via Benefits at 1-866-249-7785 to schedule your enrollment telephone appointment with a benefit advisor. Please call to schedule this phone appointment by the last week of September.
Early October <i>Enrollment Guide</i> mailed to your home	<ul style="list-style-type: none">• Review the information and prepare to enroll as early as possible.• If you have not already done so, call Via Benefits at 1-866-249-7785 to schedule your enrollment appointment.
October Benefit advisor meeting (by phone)	<ul style="list-style-type: none">• Get your questions answered.• Be available at your scheduled appointment time. A Via Benefits representative will call you during this time.
Early October	<ul style="list-style-type: none">• Enrollment season begins.
October through November	<ul style="list-style-type: none">• Enroll for coverage.• Although the enrollment season is early October through December, enrolling as early as possible will help assure that your application is processed and you receive your new insurance ID card before your new coverage begins January 1. Please note: You may be required to pay your first month's premium in advance, at the time of enrollment.
Late December <i>HRA Guide</i> mailed to your home (if your plan sponsor provides an HRA)	<ul style="list-style-type: none">• Read the guide carefully.• Save the guide for future reference.
End of December Open enrollment ends	<ul style="list-style-type: none">• Deadline to enroll in an individual Medicare supplemental health plan to avoid any lapse in medical coverage.• <i>We strongly recommend that you enroll as early as possible.</i>

Steps Toward Enrollment

A Step-by-Step Guide to Enrolling in a Medicare Supplemental Plan

Beginning in October, Via Benefits will help you enroll in the individual Medicare supplemental plan that best fits your needs. Via Benefits has identified three steps in completing this process: Education, Evaluation and Enrollment. You will be fully supported through each of these steps by benefit advisors from Via Benefits and through use of Via Benefits' online tools and services.

- 1. Education**—In late August, you will receive a *Getting Started Guide* from Via Benefits that explains how to prepare for the enrollment season. Please review the *Guide* carefully and follow its instructions to ensure an accurate, efficient enrollment. After you collect the requested information, go online or call Via Benefits to complete your personal profile. *We encourage you to do this pre-enrollment early*; doing so will expedite your enrollment call later this fall and allows you to schedule your enrollment appointment with a licensed benefit advisor at a time convenient for you.

In early October, you will receive an Enrollment Guide from Via Benefits containing instructions about how to evaluate and enroll in the plan that is right for you. This guide will include comparisons of plan options, helpful information on eligibility, and additional information about working with Via Benefits.

- 2. Evaluation**—Using the *Getting Started Guide*, the *Enrollment Guide* and Via Benefits' online tools, you will review the options available to you before speaking with a benefit advisor. Before or during your dedicated call-in time, you will provide medical background and other basic information to a licensed benefit advisor and will learn how your background and specific information shapes future choices. (As explained above, you can complete this information online or by phone before your enrollment appointment with your benefit advisor—a recommended step that will ensure your advisor has all the information he or she needs to help you find the best plan for your particular situation.)

Your Via Benefits benefit advisor will make recommendations based on this data in order to help you determine which options make sense for you. You'll be able to compare your options and decide what level of coverage you require to best meet your medical needs and budget.

Your discussion with the Via Benefits benefit advisor is confidential.

- 3. Enrollment**—Your licensed benefit advisor will expedite the process of enrollment, and will help you apply for and enroll in the Medicare plan(s) you choose. During your dedicated enrollment period this fall and using Via Benefits' customized tools, your benefit advisor will help you make informed decisions and provide support throughout the entire process. Once you select a plan, the Via Benefits benefit advisor will handle your enrollment—you *won't need to fill out applications yourself*.



Become Familiar with Medicare

How the Parts Combine to Give You Comprehensive Coverage

Medicare benefits are divided into several component “parts.” To decide how to best meet your medical needs and budget, it helps to understand how these parts work together. The table below will familiarize you with the parts of Medicare and the decisions you must make. You can learn more about Medicare online at www.medicare.gov and www.socialsecurity.gov (click on “Medicare”).

What You Get Through the Government-Provided Medicare Program

Medicare consists of Part A and Part B. If you are Medicare-eligible, you automatically receive Part A. You become eligible for Part B when you qualify for Medicare either due to age or disability.

There is no cost to you for Medicare Part A if you paid into Social Security during your working years. You pay a monthly premium for Medicare Part B.

Note: If you opted out of Social Security early in your career, you must enroll in Medicare now in order to apply for coverage through Via Benefits. You will have to pay premiums for Medicare Parts A and B.

Part A	Part B
Part A covers inpatient hospital stays, stays in skilled nursing facilities, home health care and hospice care.	Part B provides you with outpatient care and covers physician fees and other medical services not requiring hospitalization. You must enroll in Part B to receive this coverage.

More information on Medicare supplemental plans is on the next four pages.



Become Familiar with Medicare

What You Choose Through Via Benefits

You can choose between these three different types of supplemental plans, which add coverage where Medicare may have less than you require.

Medicare Advantage	Medigap	Part D
<p>Medicare Advantage is a plan offered by a private company to provide you with all your Medicare Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage plans: Medicare Advantage Prescription Drug (MAPD), which includes prescription drug coverage, and Medicare Advantage (MA), which does not include prescription drug coverage. Within these two Medicare Advantage types there are three doctor networks: HMO, PPO and Private Fee-for-Service plans (PFFS). Medicare Advantage is also sometimes called “Part C.”</p>	<p>Medigap is supplemental insurance sold by private insurance companies to fill “gaps” in Medicare plan coverage. Medigap plans do not include prescription drug coverage.</p>	<p>Part D refers to optional prescription drug coverage, which is available to all people who are eligible for Medicare. Part D prescription drug plans are offered through private insurance companies.</p>

How to Decide

You may combine the supplemental plans above to get a package that covers all of your needs. Choosing the best combination requires some education and some comparison of plan features and costs. For additional details on the options available, please review the following pages for a more complete description of each plan type.



Medicare Summary Chart

Understand Your Medicare Options

Understanding the various components of Medicare is important as you make choices for health care benefits and coverage. The tables below and on pages 9 and 10 summarize specific information about Medicare plans in more detail than the previous pages. If you're unfamiliar with the terms used in these charts, refer to the glossary on page 11 of this guide.

	Part A	Part B
What does it cover?	Hospital Insurance Part A covers hospice care, home health care, skilled nursing facilities and inpatient hospital stays.	Medical Insurance Part B covers physician fees and other medical services not requiring hospitalization.
How do I enroll?	Enrollment is automatic when you become Medicare-eligible.	You must choose to enroll.
Is there a premium?	Medicare publishes Fact Sheets for Part A & B premiums and deductibles.* Typically, there is no premium for Part A if you have more than 10 years of Medicare-covered employment.	Yes. The monthly premium for Part B varies depending on when you were first enrolled in Part B and if you are subject to a higher premium due to your income level. Medicare publishes Fact Sheets for Part A & B premiums and deductibles.*
What is the deductible?	There is a Part A deductible for the first 60 days of inpatient care. Medicare publishes Fact Sheets for Part A & B premiums and deductibles.*	Medicare publishes Fact Sheets for Part A & B premiums and deductibles.*
Is there co-insurance?	The Part A inpatient deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient care, after which daily co-insurance applies.	Part B covers 80% of medically necessary services. You are responsible for the remaining 20%.

* Find Fact Sheets at [medicare.gov](https://www.medicare.gov) or [cms.gov](https://www.cms.gov).

Medicare Summary Chart

Understand Your Medicare Options

Medicare Advantage is a plan offered by a private company to provide you with Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage Plans: MAPD, which includes prescription drug coverage, and MA, which does not include prescription drug coverage. Medicare Advantage plans vary by the type of doctor network they provide: PFFS, PPO and HMO.

	Medicare Advantage/Part C		
	Private Fee-for-Service (PFFS)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
What does it cover?	PFFS plans cover visits to any primary care doctor, specialist or hospital that accepts the terms of the plan's payment. PFFS plans usually include a prescription drug plan.	PPO plans cover visits to any physician, whether they are in or out of the plan's network. However, you will pay less if you use primary care doctors, specialists and hospitals <i>in the plan's network</i> . A PPO usually includes a prescription drug plan.	Except for emergencies, an HMO only covers care that is provided by primary care doctors, specialists or hospitals <i>in the plan's network</i> .
How do I enroll?	You can choose to enroll in a Medicare Advantage plan. (This is a one-time enrollment, unless you decide to change plans in the future.)		
Is there a premium?	Each Medicare Advantage plan sets its own premium, deductible and co-insurance. In addition, you will continue to pay your Medicare Part B premiums.		
What is the deductible?	Determined by carrier.		
Is there co-insurance?	Determined by carrier.		

Medicare Summary Chart

Understand Your Medicare Options

	Medigap	Part D Prescription Drug Coverage
What does it cover?	Medigap is Medicare supplemental insurance designed to fill “gaps” in Medicare plan coverage. Sold by private insurers, these 10 plans—labeled Plans A, B, C, D, F, G, K, L, M and N—offer standardized menus of benefits. (Massachusetts, Minnesota and Wisconsin have their own versions of these plans.) Medigap policies only work in conjunction with a Medicare plan. Generally, there is no prescription drug coverage.	Part D covers generic and brand-name drugs included in the plan’s formulary, which is a list of drugs the plan will pay for.
How do I enroll?	You can choose to enroll. You can choose to change plans during annual Medicare open enrollment periods but may be subject to review of medical history.	You can choose to enroll. A premium penalty is applied if you do not enroll when you first become Medicare-eligible. You can choose to change plans during annual Medicare open enrollment periods.
<ul style="list-style-type: none"> • Is there a premium? • What is the deductible? • Is there co-insurance? 	If you choose to enroll, you will pay a monthly premium to the insurance company you select. In addition, you will continue to pay your Medicare Part B premiums and you are responsible for Part B deductibles and co-insurance. There are no deductibles or co-insurance specific to most Medigap plans.*	Whether you pay a Part D premium, deductible or co-insurance depends on the plan you choose, as each Part D plan has a different cost-sharing structure. Depending on the plan, you may pay both a monthly premium and a share of the cost of your prescriptions (co-insurance or co-payment) in a Part D plan. Compare plans to make sure your plan covers the drugs you take.

Vision, Behavioral Health and Dental Coverage

You will have the opportunity to elect and purchase dental and/or vision coverage through Via Benefits. This coverage is optional. A Via Benefits benefit advisor can explain your options. Additional behavioral health coverage may be offered through the Medicare supplement plan you select.

* Plan F also offers a high-deductible plan. If you choose this plan, you must pay for Medicare-covered costs up to the deductible before the Medigap plan pays anything.

Glossary

Important Medicare Terms

Co-Insurance: A set percentage of covered expenses that a Medicare user must pay out-of-pocket.

Co-Payment (Co-Pay): A set charge collected at the time of service and paid by the Medicare user for certain services, including prescription drugs. Co-payments are not applied toward the deductibles and out-of-pocket maximum.

Deductible: The amount paid out-of-pocket toward covered medical expenses before the plan begins paying.

Gap or Donut Hole: Through 2024, most Medicare drug plans had a “coverage gap,” sometimes called the “donut hole.” Beginning in 2025, there is no coverage gap. All Medicare plans include a \$2,000 cap on what is paid out-of-pocket for prescription drugs covered by your plan.

Out-of-Pocket Maximum: The maximum you will pay each year for deductibles and/or co-insurance.

Medicare Advantage Plans: Health plan options that are approved by Medicare but run by private companies. Medicare Advantage plans vary by the type of doctor network they provide: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and Private Fee-for-Service (PFFS).

Medigap (Medicare Supplement Insurance) Policies: These policies are sold by private insurance companies to fill gaps in Medicare plan coverage. In general, Medigap policy participants receive help paying for some of the health care costs not covered by the Medicare plan.

Part D (Medicare Prescription Drug Plans): These stand-alone plans add prescription drug coverage to the Medicare supplemental plan. Medicare prescription drug plans are offered by insurance companies and other private companies approved by Medicare.



Understanding HRAs

Establishing Direct Deposit for Your HRA Reimbursements

If you will have an HRA, we encourage you to establish direct deposit so you can receive your reimbursements as quickly as possible. Information on how to set up direct deposit will be provided in the *Via Benefits HRA Guide*. If you choose not to set up direct deposit, all reimbursements will be made by check and mailed to the address on file with Via Benefits.

Qualifying for the HRA

To qualify for your HRA, you must enroll in a medical plan through Via Benefits. If you change plans in future years, you must use the Via Benefits service to find and enroll in your new medical plan—or you will lose your HRA eligibility.

Instead of receiving medical, prescription drug, behavioral health, dental and/or vision coverage through your annual conference or employer, you will now be responsible for choosing your own health coverage through Via Benefits and paying your monthly premiums directly to the company you select for health care coverage (i.e., health insurance). If your spouse will also be covered through Via Benefits, you will also pay your spouse's monthly premiums directly to the company you select for health care coverage. If your spouse remains in your conference's/ employer's active plan, your spouse's monthly premiums may continue to be deducted from your pay or retirement benefits, depending on your plan sponsor's rules.

Your annual conference or employer is committed to keeping your health care costs as affordable as possible, and therefore *may* offer and fund a health reimbursement arrangement (also called a health reimbursement account or HRA). If eligible, you can use funds in the HRA to help pay your retiree health monthly premiums and any eligible health care costs. You will be reimbursed for these expenses from the HRA to the extent that credits are available in your HRA.

What Is an HRA?

An HRA is an account that is used to reimburse you for eligible health care expenses on a tax-free basis. Under existing Internal Revenue Service (IRS) regulations, HRA reimbursements are not taxable.

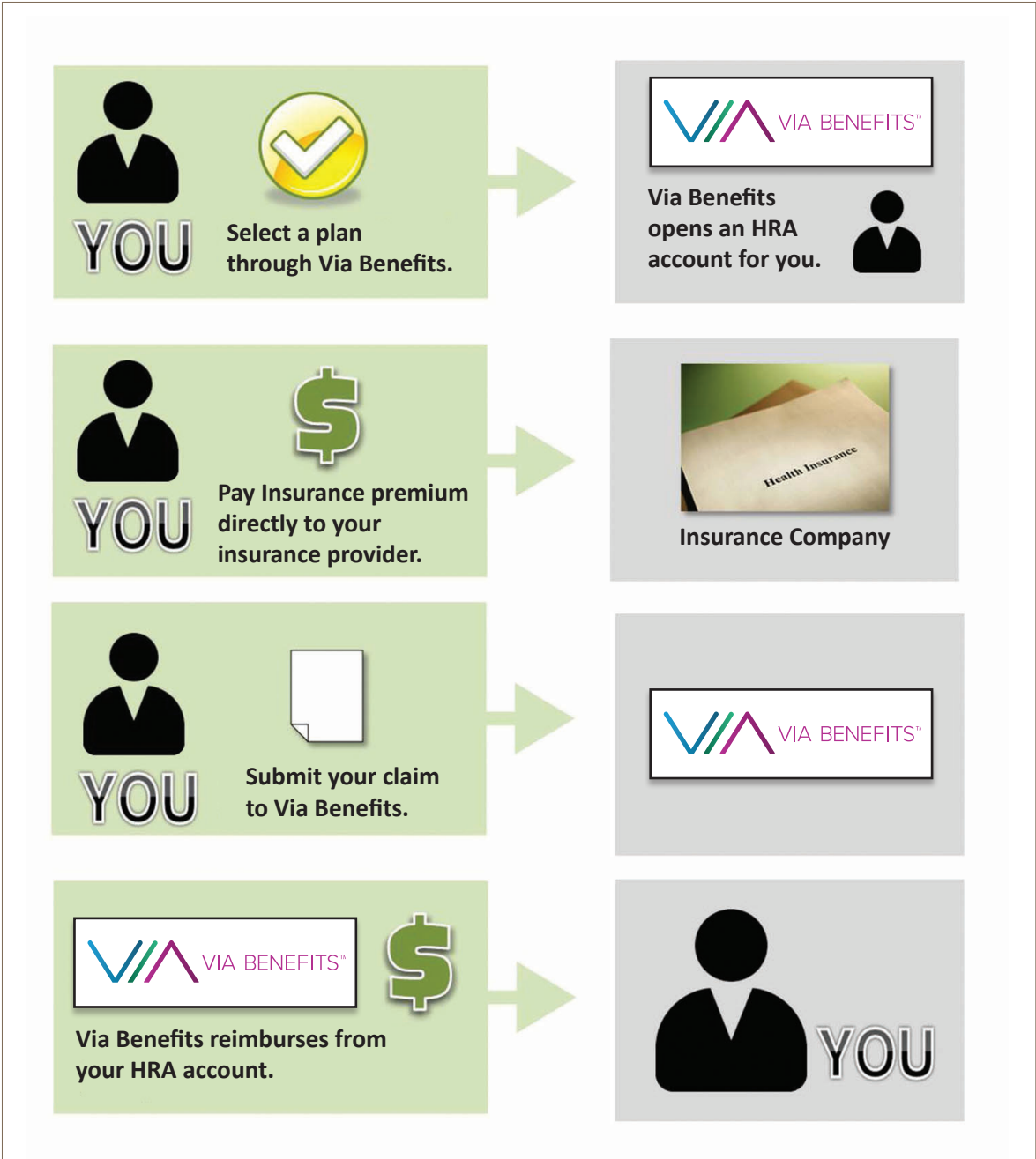
If your plan sponsor provides an HRA, Via Benefits will become the administrator for your HRA. This means you will submit claims to Via Benefits, and Via Benefits will reimburse you from your HRA account—as long as funds are available in your HRA. The following are some HRA-qualified health care expenses that can be reimbursed:

- Premiums for Medicare supplemental insurance such as Medicare Advantage, Medigap and prescription drug plans;
- Out-of-pocket expenses like deductibles and co-payments;
- Premiums for dental and vision plans; and
- Eligible expenses incurred by your dependent children (IRS rules determine who is a dependent child for these purposes).

If you are eligible for an HRA, Via Benefits will mail you an *HRA Guide* later this year to help you access and manage your HRA. The guide will include information about filing and processing claims for reimbursement.

How an HRA Works*

(Note: This page applies only if your annual conference or employer provides and funds an HRA.)



* Some annual conferences or employers may not offer and fund an HRA for all eligible individuals. This page applies only to eligible participants who will have an HRA with their new health plan.

How an HRA Works

(**Note:** This page applies only if your annual conference or employer provides and funds an HRA.)

- **Funding frequency:** If you have an HRA, it will be funded on January 1 of each year with the entire annual amount available for that year. Unused funds will be rolled over to the next plan year, with no limit to the amount of funds to be accumulated from year to year.
- All participants eligible for Medicare on January 1 will receive a full year's funding for that year. Participants becoming Medicare-eligible during the year (after January of any plan year) will receive a prorated funding amount based on the month they become eligible. (For example, participants becoming Medicare-eligible on April 1 would receive 75% of the annual funding amount, for the remaining nine months of that year.)
- If you are a retired couple, you may have a joint account that covers you and your Via Benefits-covered spouse. This means you will have one HRA that is shared. All funds contributed to your HRA can be used by both you and your spouse in retirement, even if your spouse receives no contributions.
- If your spouse remains in your annual conference or employer plan and he or she has an HRA through another employer/salary-paying unit, he or she will not have access to the funds in the HRA that is administered through Via Benefits.
- Rules for HRA eligibility include:
 - Individuals must enroll in a medical plan with Via Benefits and remain enrolled for an HRA.
 - If the retiree enrolls in a plan outside of Via Benefits, **he or she loses HRA eligibility.**
 - If you lose HRA eligibility, you are not allowed to keep any remaining funds.
 - Individuals with Via Benefits due to the Medicare Secondary Payer Small Employer Exception may be eligible for an HRA; please contact your benefits office.



Change Means More Choices



The move from your current plan to the plan you choose through Via Benefits is a big change. We hope you'll see it as a good change—one that offers you more choice to select insurance plans that fit your needs.

Via Benefits, in partnership with Wespath, stands ready to guide you through the transition. Via Benefits' benefit advisors have helped more than 1.7 million eligible participants compare different Medicare plan options to choose the plans that are best for their unique needs. A Via Benefits benefit advisor will guide you through the enrollment process.



1-866-249-7785

Toll-free

my.ViaBenefits.com/wespath

Website

Watch for more information in the coming months from
Via Benefits and Wespath.

Register for one of the workshops being offered in September or early October
by your annual conference or employer.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Wespath

BENEFITS | INVESTMENTS

1901 Chestnut Avenue
Glenview, IL 60025-1604
wespath.org