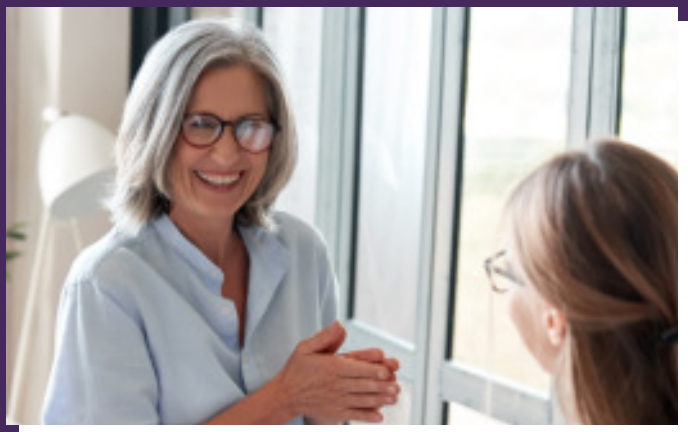


SmartConnect™ for HR and Benefits Professionals





About SmartConnect™

SmartConnect is an exclusive program created specifically for Medicare-eligible, working or retiring adults and their family members. HR professionals can refer employees to SmartConnect and rely on this program for clear, accurate information about Medicare options and benefits.

Benefits for HR Teams

SmartConnect is an extension of your great employee benefits. We help people get connected to Medicare education and explain everything through on-demand resources and live Medicare experts. We offer insurance plan cost comparisons and enrollment services at no cost to the individual or company.

This one-of-a-kind program:

- Enhances your employee benefit package
- Extends the service to an employee's family members at no extra cost
- Helps ensure employees don't defer retirement longer than necessary
- Delivers curated Medicare resources
- Provides on-demand, ongoing Medicare support

We can help you and your company's employees understand Medicare and compare their current health insurance to multiple Medicare plans, providing clarity to employees and their families. SmartConnect will help them enroll in a Medicare plan with confidence.

How We Work With Your HR Team

We provide free Medicare resources, guidance, and enrollment services to help your employees identify how they can benefit from Medicare. Simply refer your eligible employees to SmartConnect and we'll handle all of their questions.

We have several pieces of material on-demand (including FAQs, guides, webinar, ebooks, etc.) to allow your employees to do their own research, or they may call us to get one-on-one assistance year-round.

Who We Serve

SmartConnect is for full-time and part-time employees (and members of their families) who are:

- Retired or retiring soon
- Already enrolled in Medicare
- Covered by the company health plan
- Covered by another health plan
- Not covered at all
- Simply confused about Medicare
- Unsure what their options are

How SmartConnect Works With Employees

It all starts with a phone call. After some brief introductory communications, the employee (or member of their family) schedules an appointment to speak with one of our licensed insurance advisors. **Here's a brief overview of our process:**



Connect

First, we get to know them. We'll ask basic questions about their health insurance needs and preferences so we can head down the right path.



Educate

The next step is to ensure they understand the details that could impact their enrollment, costs, and coverage.



Evaluate

Then, we'll provide them with the plan and carrier options available to them.



Enroll

While there is no obligation to buy, we can enroll them in a plan if they find one they like and are ready to take action. This can happen on the same phone call!



Support

Our team is their dedicated Medicare resource and is available to answer questions, conduct policy reviews, and even help them work with the carrier when necessary.

Ready to get started? Call us at (833) 540-0479.

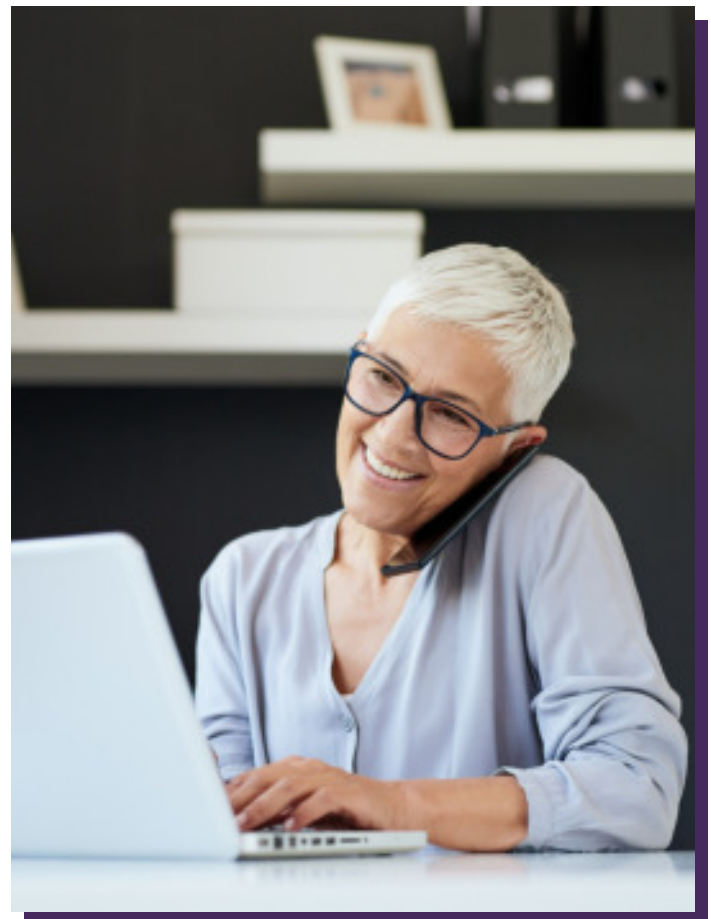
Medicare Eligibility for Special Circumstances

This is a quick reference tool to help HR professionals and managers address common questions employees have about Medicare eligibility and how it works for individuals with special circumstances.

On the following pages, you'll find information to help individuals determine when Medicare becomes primary or secondary insurance, depending on special circumstances such as: employees with disabilities, employees with kidney failure, veterans, recently released or furloughed employees, retirees and employees who qualify for Medicare regardless of age.

SmartConnect offers free resources on a variety of Medicare plans and options, including:

- Medicare Supplement Insurance
- Medicare Advantage plans
- Dental, Vision, and Hearing plans
- Prescription Drug Coverage
- Other Ancillary Coverage



Have questions?
Call us at (833) 540-0479.

When does Medicare become primary?

Determining when Medicare becomes primary or secondary generally depends on how many employees are on the company's group insurance plan.

For employees with employer group insurance

If an employer group insurance plan has less than 20 employees, Medicare is **primary** to employer group insurance.

If an employer group insurance plan has more than 20 employees, Medicare is **secondary** to employer group insurance.

For employees with FEHB (Federal Employees Health Benefits) program coverage or a union plan, coverage works the same as an employer group insurance plan.

For employees who have disabilities

If they are covered by employer group insurance or by a family member's insurance, are entitled to Medicare, and the company has less than 100 employees—Medicare is **primary** and the employer group insurance is secondary.

If they are covered by employer group insurance or by a family member's insurance, are entitled to Medicare, and the company has more than 100 employees—the employer group insurance is primary and Medicare is **secondary**.

For employees with kidney failure or ESRD with employer group insurance

If an employee becomes eligible for Medicare because of permanent kidney failure, Medicare coverage usually doesn't start until the fourth month of dialysis. Meaning, if they have coverage under an employer group insurance plan, that plan is the only payer for the first three months of dialysis.

After four months of dialysis, there will still be a coordination period when the employer group insurance plan continues to pay their health care bills.

During the coordination period, if the employer group plan doesn't pay 100% of the health care bills, Medicare may pay some of the remaining costs. This is called "coordination of benefits," under which the employer group plan is primary and Medicare is **secondary**. This coordination period lasts for 30 months.

However, if they have ESRD and are covered by employer group insurance, after the coordination period, Medicare is **primary** and employer group insurance is secondary.

For employees with kidney failure or ESRD under COBRA

During the first 30 months of Medicare eligibility, COBRA is primary and Medicare is **secondary**.

After 30 months of Medicare eligibility, Medicare is **primary** and COBRA is secondary.

For employees who are veterans

If they are enrolled in Medicare and Tricare for active-duty military, Tricare is primary and Medicare is **secondary**.

If they are enrolled in Medicare and Tricare for inactive-duty military, Medicare is **primary** and Tricare is secondary.

If they are a Veteran and covered under Veteran's benefits, then Medicare pays for Medicare-covered services and items, while Veterans Affairs pays for VA authorized services and items.

For unemployed or furloughed employees

If they are not actively employed, enrolled in Medicare, and have COBRA insurance, Medicare is **primary** and COBRA is secondary.

For retirees

If they are covered by employer group insurance through their former employer after they retire, are 65 and older, and have Medicare, Medicare is **primary** and the employer group insurance is secondary.

If they are covered by retiree group insurance and have Medicare, Medicare is **primary** and the retiree group insurance is secondary.

While this covers a broad range of questions, we are here to help with any other Medicare questions you or an employee may have. Call us at (833) 540-0479.