

Frequently Asked Questions

RETIREE MEDICAL COVERAGE - 65+

Via Benefits
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THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

What is Via Benefits?

Via Benefits is a company that is experienced in helping retirees evaluate and enroll in Medicare supplemental insurance. Via Benefits is not an insurance company; it is a resource that gives you access to a state-of-the-art Medicare exchange (sometimes referred to as a marketplace) containing a wide assortment of plans from more than 100 of the largest and most popular national and regional health insurance companies. GW has chosen Via Benefits to support you specifically because of the company's expertise in helping Medicare-eligible retirees find and enroll in supplemental healthcare coverage in the individual market.

Who is eligible to enroll in medical coverage through Via Benefits?

GW retirees and their spouses or domestic partners (including the surviving spouses or domestic partners of deceased retirees) who are age 65 or older are eligible to enroll in medical, prescription, dental and vision coverage through Via Benefits.

What if I am a retiree under the age of 65?

If you are under the age of 65 and wish to continue coverage through the retiree benefit program, you are eligible for the GW Retiree Health Savings Plan (HSP) with UnitedHealthcare (UHC) until you turn age 65. Via Benefits will contact you (via mail) about transitioning to the Medicare exchange before you turn age 65.

Can I enroll my spouse or domestic partner in the program if they are not yet age 65?

No. The plans available through Via Benefits are solely for individuals age 65 or older. If your spouse or domestic partner is covered under your GW medical plan when you retire, but is not yet age 65, he or she is eligible for the GW Retiree HSP *as long as you elect coverage through the GW Retiree HSP or through Via Benefits*. Once your spouse or domestic partner reaches age 65, he or she will be offered coverage through Via Benefits.

I am Medicare-eligible due to a disability, and not yet 65. Can I enroll in the program?

No. If you are under the age of 65 and wish to continue coverage through the retiree benefit program, you are eligible for the GW Retiree HSP with UHC until you turn age 65.

What if I am a post-65 retiree who is covering a dependent child who is under age 26 or disabled?

Dependent children under age 26 or who are disabled are eligible to continue coverage through the retiree benefit program via the GW Retiree HSP. **Please note:** *You must continue coverage through Via Benefits in order for your dependent to remain eligible for coverage under the GW Retiree HSP.*

Can I choose not to enroll in a medical plan through Via Benefits?

Yes, but you may be required to undergo medical underwriting if you desire to enroll later. During a medical underwriting, an applicant's medical information is evaluated to determine eligibility for health insurance coverage and assign premium rates. **Please note:** *You must continue coverage through Via Benefits in order for your dependent to remain eligible for coverage through the retiree benefit program.*

How do I enroll?

If you are currently enrolled in the GW Retiree HSP, and are nearing age 65, Via Benefits will mail you instructions on how to prepare for your enrollment, evaluate your options and complete your enrollment. Be sure to open and review immediately any materials received from Via Benefits. More information is available at <https://my.viabenefits.com/gw>.

Are my options and rates affected by my current or past health?

No. There are no health-based restrictions, nor are any “penalties” reflected in your premiums as long as you enroll in medical plan through Via Benefits. If you choose not to enroll when eligible, you may be required to undergo medical underwriting if you desire to enroll later.

How long does enrollment take?

Most people are able to complete their enrollment in one call. Call duration varies, but most calls average slightly more than an hour. Those who have completed their personal online profile in advance tend to have shorter calls. Look for more information about how to access the online tools in the Enrollment Guide you will receive from Via Benefits (via mail).

How will I pay for my new coverage through Via Benefits?

Once you enroll in Medicare supplemental coverage through Via Benefits, you will be responsible for paying your insurance premiums directly to the carrier you select. Once you have selected and enrolled in your new medical coverage, your benefit advisor will provide a cost estimate for your monthly insurance premium, and help you select amongst the available payment options. After your application is processed, you will be billed directly by your insurance carrier. Because the cost of coverage varies by plan in the individual market, you will not know the cost of your coverage until you have selected your new plan. You can, however, search for medical coverage options by price online or with the help of your Via Benefits benefit advisor during your enrollment call.

Some insurers may require first month’s premium payment during the application process. In this case, expect to make a payment within a few days of your enrollment in coverage through Via Benefits. To expedite your enrollment call, please have your payment information ready when you contact Via Benefits. Most insurance companies provide you multiple billing options for ongoing payments, such as direct billing, Electronic Funds Transfer from your checking account or automatic deduction from your Social Security check.

Does Via Benefits offer dental insurance?

Yes. Dental insurance plans are available through Via Benefits, and they include a wide range of services. Learn more about dental plan features at <https://my.viabenefits.com/gw>, or inquire about dental coverage during your enrollment call with Via Benefits.

You also have the option to continue your GW Aetna dental plan in retirement. You will receive information about continuing this plan from PayFlex, GW’s billing partner.

When choosing to enroll in a dental plan through Via Benefits or PayFlex, we encourage you to compare all available options before making your final decision.

Does Via Benefits offer vision insurance?

Yes. The vision insurance option available through Via Benefits offers immediate access to premium vision coverage, which includes annual eye exams, prescription eyewear, personalized care and more.

You also have the option to continue your GW UHC Vision plan in retirement. You will receive information about continuing this plan from PayFlex, GW’s billing partner.

When choosing to enroll in a vision plan through Via Benefits or PayFlex, we encourage you to compare all available options before making your final decision.

What is the difference between Medicare Advantage and Medigap?

A Medicare Advantage plan is a Medicare Part C plan. There are several types of Medicare Advantage plans available, including Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Private Fee-for Service (PFFS) and Special Needs Plan (SNP).

A Medigap plan, also called a Medicare Supplement plan, helps pay the difference between what original Medicare (Medicare Parts A and B) pays and what you pay out-of-pocket. There are 10 different Medigap coverage options to choose from. Plans are labeled A, B, C, D, F, G, K, L, M and N.

	Medicare Advantage	Medigap / Medicare Supplement
Eligibility	Must have original Medicare, Parts A and B, and live within the plan's service area.	Must have original Medicare, Parts A and B.
Costs (premiums, copayments, coinsurance, out-of-pocket maximums)	Costs vary by state. Typically, you will pay a copayment for most medical services. Plans do have an out-of-pocket annual maximum. You will also still need to pay your Part B premium.	Premiums can vary with gender and health, and may increase with age. Premiums for the same plan may differ from company to company. Generally, there are no copayment costs for Medicare-covered services at the time of service, and no out-of-pocket maximums.
Provider choice and availability	HMOs and PPOs maintain provider networks. They must have available Medicare-assigned providers in order to accept new members. HMOs generally cover in-network providers only, and referrals may be required for specialist visits. PPOs cover out-of-network providers, but costs may be higher. In a PPO, referrals are usually not required when you need to see a specialist. PFFS plans have no provider network, and it may be difficult to find providers that accept them in some areas.	You can go to any doctor or healthcare provider that accepts Medicare. Referrals by your primary care doctor are usually not required to see a specialist. It may be difficult to find providers accepting Medicare Parts A and B in some areas.
Prescription drug coverage	These plans generally include prescription coverage.	Not included. If you want drug coverage, you will need to enroll in a Medicare Part D prescription drug plan.
Extras	Some Medicare Advantage plans include routine dental and vision coverage.	Plans typically cover the "gap" in what Medicare Parts A and B cover, such as copayments and deductibles. Some plans cover medical care when traveling outside the U.S.

What if I don't like the plan I enrolled in, can I change it?

Yes. Each year, Via Benefits holds an Open Enrollment period October 15 - December 7, during which participants are permitted to explore and enroll in other Medicare supplemental plan options.

Please keep in mind that your medical status may limit the specific plans available to you. Under Medicare Advantage, you are generally covered, in most cases, for all Medicare benefits even if you have a pre-existing condition. However, if you decide to switch to a Medigap plan, a medical underwriting may be considered when determining your premium rates. Moreover, Medigap insurance companies can refuse

to cover your out-of-pocket costs for pre-existing conditions for up to six months during a “pre-existing condition waiting period.”

Via Benefits will mail you a Fall Newsletter each year with reminders about Open Enrollment. If you wish to make a change to your plan, you must contact Via Benefits during the Open Enrollment period.

If I need assistance, can someone else contact Via Benefits and speak with a benefit advisor on my behalf?

Yes, but this person can only complete your enrollment if they have your medical Power of Attorney. During your call, inform the benefit advisor that there will be a Power of Attorney on the account. You may also provide this information to Via Benefits online in advance of your call to expedite your enrollment.

Once I have enrolled, who do I contact regarding any questions I have about my coverage?

If you have any questions, please contact Via Benefits at **1 (855) 232-5748**. You can also visit <https://my.viabenefits.com/gw>.

How do I qualify for the Catastrophic Drug Coverage Reimbursement?

You must enroll in a medical plan through Via Benefits, and must also have a Part D (prescription) plan. Once the True out-of-pocket (TrOOP) expense of your prescription drugs reaches \$5,000, you may receive additional reimbursement. More information will be provided in the packet you receive from Via Benefits once you enroll.

Can I continue to see my current doctor after I enroll?

We understand the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend speaking with your healthcare providers prior to your call, and asking which insurance plans they accept. During the enrollment process, Via Benefits may ask for your doctor’s name and mailing address.

Do I need internet access to learn about my options or to enroll?

No. Your Via Benefits benefit advisor will walk you through your options and complete your enrollment process by phone. However, if you have internet access, you can find helpful informational tools on the Via Benefits website at <https://my.viabenefits.com/gw>; support features include on-demand tutorials and anytime webcasts for faculty with eight or more years from retirement, staff and covered spouses or domestic partners.

Will Via Benefits be available to assist me after I am enrolled?

Yes. When you purchase a Medicare supplemental plan through Via Benefits, they continue to be your advocate for the lifetime of your enrollment. If your medications or health needs change, or if you move, please contact Via Benefits to determine whether your existing plan is still the right fit for you. Via Benefits can help you make changes to your plan, if necessary.

Will my premium rates increase each year? If so, by how much?

In general, insurance premiums undergo modest increases each year due to numerous factors, not in small part due to the rising costs of healthcare nationwide. While the year-to-year increase in the cost of plans in the private Medicare exchange can vary, the annual increases over the past decade have remained in the single digits.

Will Via Benefits contact me?

Yes. To ensure all GW retirees have all the information they need to make their medical plan choice, Via Benefits may contact you by phone in addition to sending out mailings and reminders. **Please note:** *Be sure to have your most up-to-date contact information on file in GWeb upon retirement. If this information changes in the future, please update GW Benefits and Via Benefits to ensure you don’t miss important information.*