

2022 Enrollment Guide



**Your Guide to Funding and
Individual and Family Health
Plan Options**





Ready to get started?

Read this guide to learn more about your coverage options and how Via Benefits can assist you throughout the year. When you're ready to enroll, sign into our website or call us. Our enrollment and advocacy support is free.

Getting Started with Via Benefits

Dear John Sample,

3M has selected Via Benefits Insurance Services to assist you in finding and enrolling in new health insurance. We're excited to help you learn about your choices for medical coverage and other benefits available to you.

Via Benefits is not a health insurance carrier, but rather an unbiased resource that will help you navigate your new choices. Think of us as your "coach" — offering health care advice and guidance throughout all the stages of your retirement. You can also shop for and enroll in new health coverage by using our website or by speaking with our licensed benefit advisors on the phone.

The first step in your journey is an assessment call. When you work with Via Benefits, you'll get personalized support from licensed benefit advisors who are trained and certified to match you to a plan in your area. On this call, we'll discuss who needs to be covered with your new Individual or Family Plan, and any conditions or special needs we should keep in mind when searching for your new coverage. Call us when you are ready.

Contact us:

Visit: marketplace.viabenefits.com/3M

Call: 1-833-414-1451 | (TTY: 711)

Monday through Friday

7:00 a.m. to 6:00 p.m. Central Time

You can access our Privacy Policy at app.viabenefits.com/about/privacy-policy. If you have questions or concerns about our Privacy Policy, please contact us.

Your Funding Decision

As a 3M retiree, you're eligible for a Health Reimbursement Arrangement (HRA), which is a tax-free reimbursement account you can use to request reimbursement for post-tax expenses you and your qualified dependents incur. In general, you pay your insurance carrier or health care provider, then submit a request to Via Benefits in order to be reimbursed.

The HRA is funded by a contribution from 3M and is administered by Via Benefits. The following table lists your contribution amount. This funding is available whether or not you choose to enroll in coverage with Via Benefits.

Depending on your income level, some individuals may also be eligible for subsidies from the federal government in the form of a Premium Tax Credit (PTC) or a Cost Sharing Reduction (CSR). By law, you can't accept the HRA and get a PTC or CSR at the same time. If you're eligible for both, you'll need to decide which type of funding support works best for you. See pages 6-8 for details, and remember, we can help you evaluate your options.

Access funding

The individuals named below have access to a HRA on the start date listed in this table. If you do not want the HRA, or would rather opt in to a federal subsidy, sign into your Via Benefits profile to indicate your preference or contact Via Benefits for more information.

By law, you're not allowed to have both a HRA and a federal subsidy at the same time.

Eligible expenses

3M determines which expenses are reimbursable. Near your eligibility date, you'll receive a Via Benefits guide to reimbursement, containing a list of reimbursable expenses, along with instructions explaining how to manage your HRA and submit reimbursement requests. If you have questions, a licensed benefit advisor will be happy to help.

Household Members Eligible for Funding

Name	Start Date	Amount	Frequency
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually
Sample, John	January 1, 2022	X.XX	Annually

Funding types



Premium Tax Credit (PTC)

This federal subsidy is a tax credit that lowers your monthly premium. It is based on both household income and family size, and is paid by the government directly to the health insurance carrier.



Cost Sharing Reduction (CSR)

This federal subsidy lowers what you pay in out-of-pocket costs such as deductibles, copays, and coinsurance. If you qualify for a CSR, these extra savings are available – but you must enroll in a plan from the Silver category.



Reimbursement Account

This is a tax-free reimbursement account you can use to request reimbursement for any qualified post-tax expenses incurred. Your former employer or benefits provider creates the reimbursement account and decides what expenses, including premiums, qualify for reimbursement.



Qualifying for a federal subsidy

The following table outlines the annual household income levels required to qualify for a PTC or CSR*.

- Between \$17,774 – \$51,520 for individuals
- Between \$24,039 – \$69,680 for a family of two
- Between \$36,570 – \$106,00 for a family of four

If your income is:	Then:
Higher than these amounts...	You will probably not qualify for a PTC or CSR**.
Within these amounts...	You may qualify for a PTC or CSR.
Lower than these amounts...	You or your children may be eligible for other government programs, such as Medicaid or the Children's Health Insurance Program (CHIP). Call Via Benefits to discuss your options.

*Qualifying income levels are different for Alaska and Hawaii.

**The American Rescue Plan Act has temporarily expanded eligibility for PTCs, so if your income is above the ranges shown above, Via Benefits can help you determine if you qualify.

Prepare, Review, and Enroll

Now that you've learned a little more about how Via Benefits can help you, you're ready to move to the next step.

Via Benefits uses the three-step approach of **Prepare, Review, and Enroll** to help you find a health plan based on your needs. Let's start with the basics.



PREPARE

Take time to consider:



Your medical needs – Do you or does someone in your family have a chronic condition, such as asthma, diabetes, or heart disease? Understanding what services and care you might need for the coming year will help you decide which plan type is right for you. It's important to know you won't be denied coverage based on any preexisting condition due to the Affordable Care Act.



Your doctors – Do you or your family have a primary care physician or specialist that you'd like to continue seeing? Do you have any upcoming treatments or surgeries planned? If you have specific providers or facilities, you'll want to check if they're in the network of the plan you select.

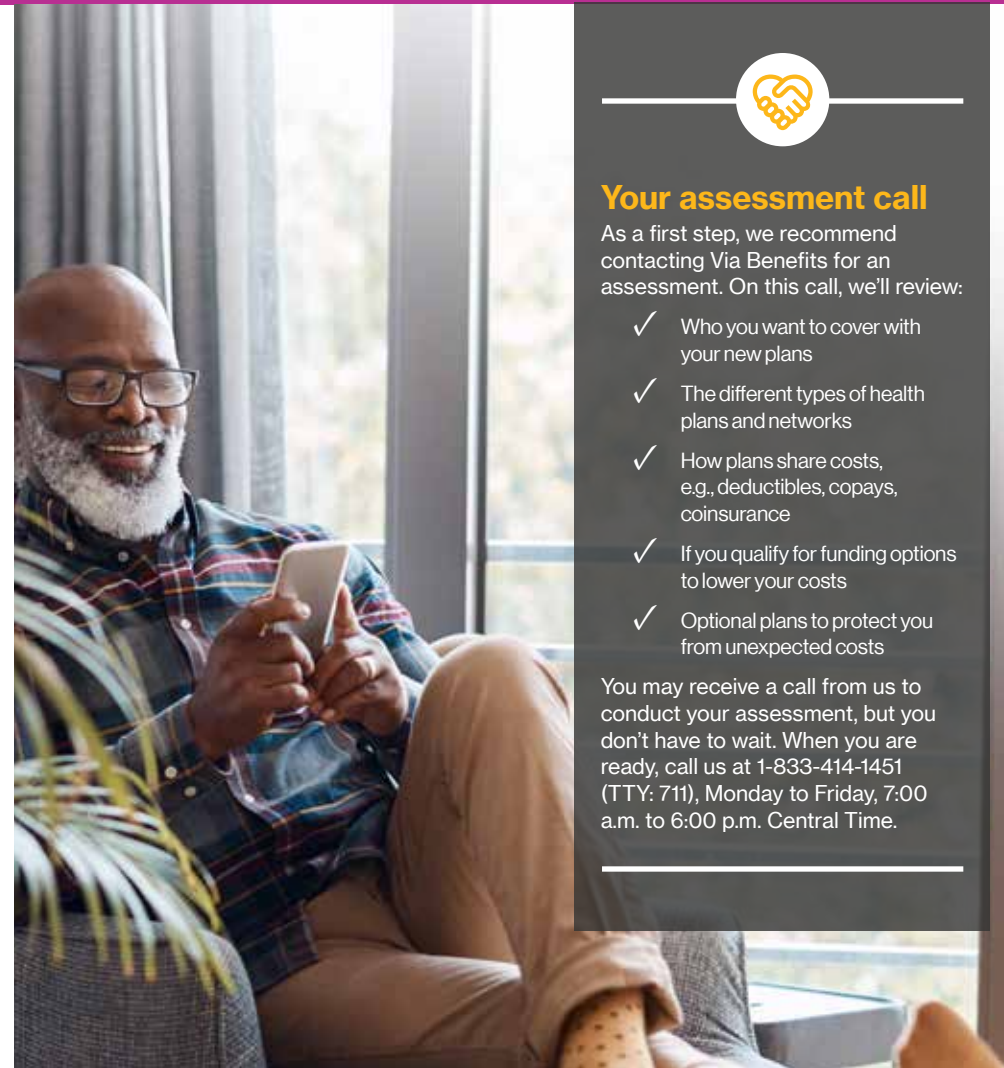


Your prescription drugs – Are there prescription drugs you take regularly? Do you take any specialty drugs? If you do, you'll want to check if the plan's preferred drug list includes your drugs. Finding plans with no or a low prescription drug deductible may be necessary. Via Benefits can help you factor these considerations into your new plan selection.

Gather your information

After you consider your needs, gather the following information to have on hand for the next two steps: your pre-enrollment assessment and creating your profile on the Via Benefits website. These items will help to narrow your options as you learn more about the health insurance marketplace:

- Social Security numbers (or immigration document numbers) for all family members
- A list of prescription drugs, including dosage and frequency
- Names of doctors and facilities you wish to continue using
- Estimate of your annual household income



Your assessment call

As a first step, we recommend contacting Via Benefits for an assessment. On this call, we'll review:

- ✓ Who you want to cover with your new plans
- ✓ The different types of health plans and networks
- ✓ How plans share costs, e.g., deductibles, copays, coinsurance
- ✓ If you qualify for funding options to lower your costs
- ✓ Optional plans to protect you from unexpected costs

You may receive a call from us to conduct your assessment, but you don't have to wait. When you are ready, call us at 1-833-414-1451 (TTY: 711), Monday to Friday, 7:00 a.m. to 6:00 p.m. Central Time.

Create your Via Benefits profile

Creating a profile on our website helps you review plans and build your benefit package. To set up your profile, go to the Via Benefits website (marketplace.viabenefits.com/3M) and follow the instructions on the screen.

Via Benefits uses a security process that requires two or more credentials to authenticate your identity. When you first look at your profile, you may see that some information is pre-populated. Your former employer or benefits provider shared this information with us.

REVIEW

Getting to know the characteristics of each plan type will help you narrow your choices.

Reviewing Individual and Family Plan Options

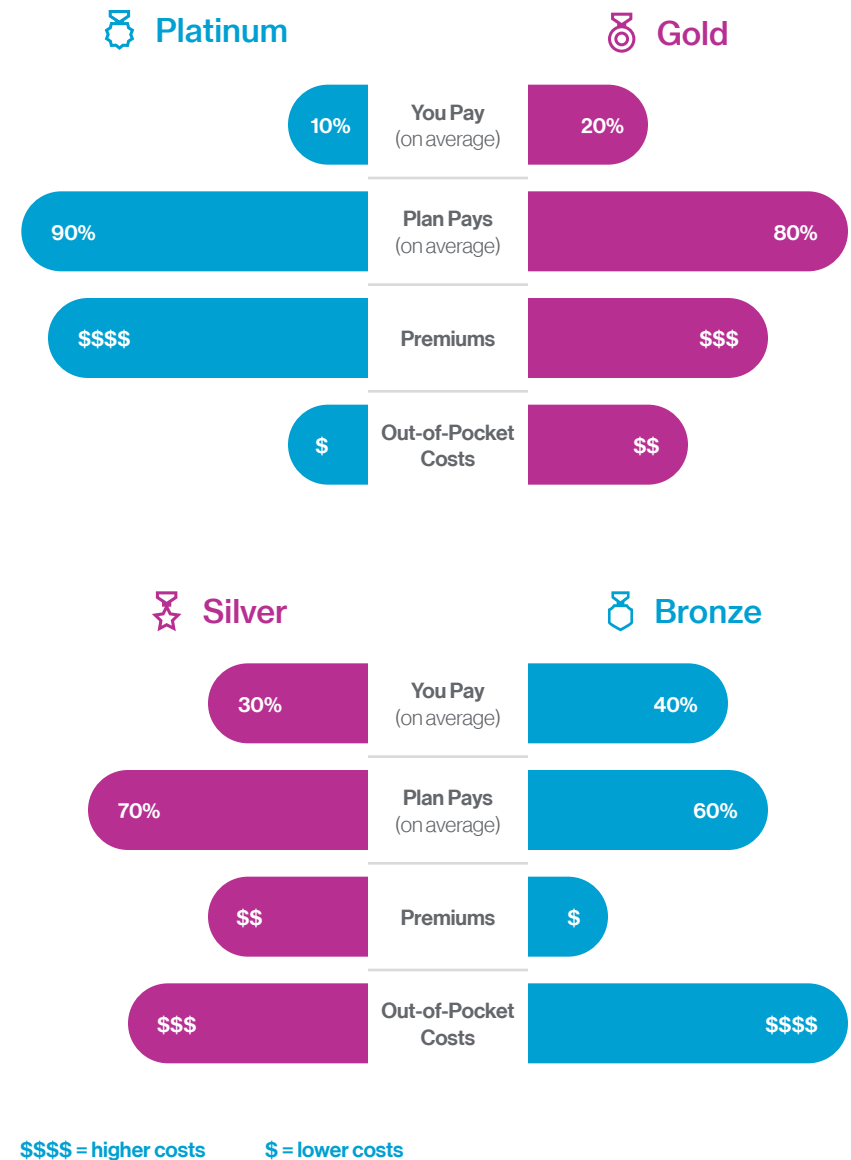
It's good to know the basics of medical plan design.

Health plans will:

- Cover essential health benefits required by law.** These include preventive care, emergency care, outpatient care, hospitalization, mental health care, and prescription drugs.
- Have a provider network that includes doctors and other health care providers.** These doctors and providers have agreed to see members under specific rules, including billing at lower rates. Almost all available plans will require you use in-network providers for the service to be covered (most available plans won't cover out-of-network services, except in emergencies).
- Pay different amounts of your medical expenses.** A plan that pays a smaller percentage of your costs will have a lower monthly premium, while a plan that pays more of your expenses will have a higher monthly premium.
- Require a deductible.** Like your car insurance, most plans require you to pay a set dollar amount before the plan makes payments.
- Require cost sharing.** Once you've met your deductible, you'll likely be required to pay a portion of the cost of services through coinsurance or copays.

Plan categories

There are four categories of Individual and Family Plans: Platinum, Gold, Silver, and Bronze. These plans differ based on how you and the plan share the costs of your care but not on the amount or quality of care you receive. Not all plan levels are available in every area. Via Benefits will help you discover what plans are available in your location.



Snowbirds take note

If you live in more than one state during the year, you'll want to keep the following in mind:

- If available, a PPO might be your best option since you can see out-of-network providers.
- Your plan will cover care at in-network rates for true emergencies regardless of where you are.
- You are unlikely to find individual plans with national plan networks (but you may find a plan that contains a national pharmacy network).
- Look for a plan in the region where your primary providers are located.
- You may be able to use your regular provider's telehealth options when traveling.
- If you prefer to have access to in-network providers near both residences, you have these options:
 - You may switch plans when you arrive at your secondary residence and will qualify for the Permanent Move Special Enrollment Period. (Downside: Out-of-pocket costs toward your deductible and out-of-pocket maximum do not transfer between plans.)
 - You may enroll in two plans at once just not two marketplace plans at once: you must choose at least one off-marketplace plan. (Downside: You'll have to pay two premiums, and your out-of-pocket costs will not transfer between plans).



Prescription drug information

All available Individual and Family Plans will provide prescription drug coverage, but there are a few things to understand before choosing your plan.

Some plans will have one combined plan deductible for medical and prescription drugs. In these plans, you must meet your full medical deductible before coverage for prescription drugs begins. Other plans will have separate medical and prescription drug deductibles. This is an important consideration for those with higher prescription drug needs.

Once you meet the deductible, the amount you pay in coinsurance or copays generally depends on if the drug is classified as a generic, preferred brand drug, or non-preferred brand drug.

Most plans will only allow you to use their in-network retail pharmacies and will have a home delivery program for mail order. Make sure you pick a plan that includes pharmacies that are convenient for you.

Optional Benefits to Consider

In addition to traditional medical plans available through Via Benefits, we also offer other types of plans that might be right for you. These include short-term medical plans and optional health plans.

Short-term medical plans

Short-term medical plans can be a good fit for some retirees between age 62 and 65 looking for lower-cost coverage. Short-term medical plans bridge the gap in health care coverage during a period of transition, including the time between retirement and Medicare eligibility for early retirees.

How it works

Short-term medical plans are customizable, allowing you to select different levels of benefits to align coverage with a variety of needs and budgets. Just like traditional medical plans, they have coinsurance and a deductible and they may have benefit limits. In addition to being less expensive, short-term medical plans don't have provider restrictions, so you can use any doctor and hospital.

While these plans don't meet the minimum essential benefits of the Affordable Care Act (e.g., no preventive care coverage, no unlimited lifetime maximum), short-term medical plans are considered creditable coverage under the law. In addition, these plans aren't eligible for PTCs or CSRs.

You can only enroll in short-term medical insurance and optional health plans by speaking with one of our licensed benefit advisors. You can't elect these plans on our website. If you are interested in exploring additional benefits, be sure to mention them during your assessment call.

Optional health plans

Optional health plans are a great way to get added protection and peace of mind. Hospital stays, accidents, and unforeseen illnesses are all things we'd rather not think about — but life happens. It's wise to think ahead, and that's where optional health insurance can help.

Optional benefits help you save money. All medical plans have deductibles — some as high as several thousand dollars — along with copays and coinsurance that can be burdensome. Plus, there can be hidden expenses with a significant medical event, such as home care services and durable medical equipment. Optional health insurance is a cost-effective way for you to manage these often unexpected out-of-pocket costs.

How it works

Optional health insurance policies pay you a cash benefit for covered accidents or illnesses or if you need hospital care. They work independently of a health plan and are paid directly to you, allowing you to choose how to spend the money. This insurance can ease the financial burden of medical care and will enable you to focus on your recovery.

There are different types of optional health plans, including those that specifically provide coverage for certain accidents, critical illnesses, and hospitalizations. Some examples of what's typically covered by these plans are burns, fractures, dislocations, heart attacks, strokes, cancers, and hip or knee replacement surgeries.



Pro Tip

High-deductible health plans can be a great way to save money on premiums, especially if your expected health care needs are low. Optional benefits provide protection from large out-of-pocket costs and can help make enrolling in a plan with a higher deductible (and lower premiums!) an easier choice.







There are two ways to shop for and enroll in a new plan: you can complete the process on your own with our user-friendly online tools, or you can speak with a licensed benefit advisor by telephone. This is where the assessment call can help you understand your options.

If you haven't had an assessment call, that's okay, too. Our website makes it easy to compare your plan options and enroll. If you choose to enroll by phone, please schedule an appointment using our website or by giving us a call.

Here for you after enrollment

Via Benefits is your year-round advocate. Our team is available to support you with all types of issues and questions. We're here to assist you!

As a reminder, here are the steps to take to enroll in new health coverage

-  **1** Gather your information
-  **2** Conduct an assessment (if you don't call us, we may call you)
-  **3** Complete your online profile
-  **4** Shop and enroll in new coverage on our website or by calling us at the number below



We look forward to working with you!



Visit: marketplace.viabenefits.com/3M



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Information Center
4080 S 500 W
Salt Lake City, UT 84123

11 SP 0.900
*****SNGLP T1 P1
John Sample
1234 Street Name
Any Town, State 00000



Important!

Time-sensitive information regarding
your 2022 health benefits are enclosed.