



### **Retiree Medical Exchanges**

### Over Age 65 Retirees

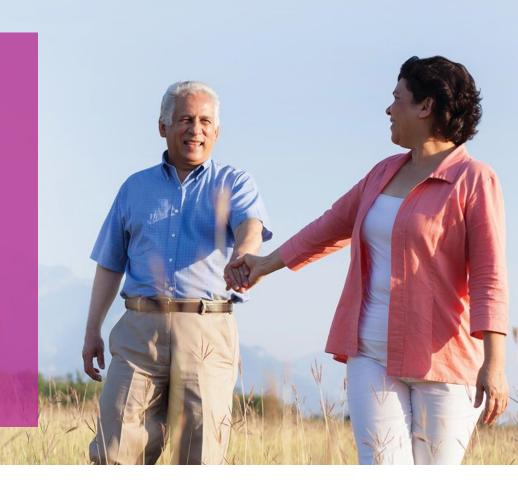
- Administered by Via Benefits
- Rolled out to non-represented retiree population in 2015
- Negotiated for certain represented employees as set forth in respective Collective Bargaining Agreements



### **Introducing Via Benefits**

**Experience That Counts When You Need it Most:** 

- First and largest Medicare marketplace
- Now in our 18<sup>th</sup> Enrollment Season
- We've helped over 2.3 million retirees
- 98% of retirees felt they chose the most effective plan using Via Benefits



### **Planning for Your Future Health Benefits**



1-844-596-0460 (TTY:711) Monday - Friday 8am-7pm ET

- Our service is at no cost to you!
- We take the time you need to listen to your needs
- We are objective we don't pressure you into any plan
- You are ALWAYS in the driver's seat
- We are with you every step of the way
- We are there for you every year

Our goal is to find a plan that is right for you, to provide you with peace of mind

my.viabenefits.com/LockheedMartin
Available: 24/7



### Plans and Insurers

### **PLANS**



**Medicare Supplement** (Medigap)



**Prescription Drug** (Part D)



**Medicare Advantage** (Part C)



**Dental** 



Vision



**Hospital Indemnity** 

### **INSURERS**





















## **Eligibility and Requirements**

### Who is Eligible?

- Non-represented and certain represented retirees and spouses who are over Age
   65 and are eligible for retiree medical
- Opportunity to qualify for the Company subsidy/Health Reimbursement
   Arrangement (HRA) at time you/your spouse first become eligible for over Age 65
   retiree medical or anytime you/your spouse enroll through Via Benefits

### **Retiring BEFORE Age 65**

- **Under Age 65 options:** LMC Under Age 65 retiree medical, COBRA, spouse's plan, etc.
- Do NOT need to be enrolled in a LMC Under Age 65 health plan to be eligible for coverage or HRA Subsidy through Via Benefits.



## **Eligibility and Requirements**

### **Turning Age 65 after retirement:**

 Medicare Initial Enrollment Period (IEP) is available for the retiree and spouse when turning Age 65. When turning Age 65 all plans are Guaranteed Issue\*.

### **Retiring AFTER Age 65**

- If retiree and spouse are enrolled in LMC active medical coverage immediately upon retirement and lose that coverage upon retirement, a Special Enrollment Period (SEP) is activated and Guaranteed Issue applies\*
- If retiree and spouse are not enrolled in LMC active medical coverage immediately prior to retirement, retiree and spouse will NOT activate an SEP and will NOT have Guaranteed Issue\*
- Retiree and spouse may enroll in different plans

To be eligible for the HRA subsidy at Age 65, the retiree and/or spouse must enroll through Via Benefits. If the retiree and/or spouse enrolls through another employer plan or COBRA, they cannot qualify for the HRA subsidy until they enroll through Via Benefits.

Retiree or spouse may enroll in a Via Benefits medical plan at a later date and still be eligible for the HRA subsidy.

If the retiree and/or spouse enrolls through TRICARE For Life, the retiree and/or spouse should call Via Benefits immediately to notify of their enrollment and request a funding exception to qualify for funding.

Kaiser Individual Medicare plans have been added to the Via Benefits platform. Participants that become eligible for Via Benefits enrollment on or after 1/1/2022 and wish to enroll in a Kaiser plan, will need to enroll through Via Benefits to qualify for the subsidy. Participants enrolled in a Kaiser plan prior to 1/1/2022 and have received funding exception can continue their enrollment directly with Kaiser and continue to receive their subsidy.

\* Guaranteed Issue means the policy is offered without regard to health status



### **Medicare Education**

## What is Medicare and Who is Eligible

- Medicare is health insurance for individuals 65 years and older, some under Age 65 with disabilities, and those with ESRD (End Stage Renal Disease), and ALS (Lou Gehrig's Disease)
  - For LMC participation with Via Benefits only retirees and spouses over Age 65 are eligible
- Medicare is administered by a federal agency within the Department of Health and Human Services, the Centers for Medicare & Medicaid Services (CMS). CMS also administers Medicaid and the State Children's Health Insurance Program (SCHIP)



### **Medicare Part A**

### **Known as Hospital Insurance**

- Eligibility for Part A is earned though working in the U.S. and paying Medicare Taxes (FICA) for at least 10 years or 40 quarters. A qualifying person turning Age 65 is automatically enrolled in premium-free Part A.
- If a beneficiary does not have enough work credits to qualify for Part A, they purchase this coverage through the Social Security Administration
  - 30-39 quarters is one premium
  - 0-29 quarters is a higher premium



### **Medicare Part B**

### **Known as Medical Insurance**

- Enrollment into Medicare Part B is optional for all beneficiaries. If an individual is still actively employed and has coverage under a group plan or other coverage, they may opt to defer enrollment into Part B until that employment or coverage ends.
  - 2024 Annual Deductible \$240
  - 2024 Part B Standard Premium \$174.70
  - 20% Coinsurance After Deductible

Medicare usually pays 80% of the "allowed amount" and the Medicare recipient has the responsibility to pay the coinsurance amount.



## **Paying for Medicare Part B**

The premium for Medicare Part B is tied to the Cost of Living Adjustment (COLA) received for Social Security.

Most Medicare beneficiaries will pay the base rate of \$174.70 per month (2024 amount - this figure typically changes every year). The premium for Part B is usually deducted automatically from a beneficiary's Social Security check by the Social Security Administration (SSA).

There is a provision for high income Medicare beneficiaries with reporting incomes over \$103K for an individual tax return, or \$206K for a joint tax return, to be charged a premium surcharge for both Medicare Part B and for their prescription drug plan (Part D).

 Medicare uses the "modified adjusted gross income" reported on tax returns from 2 years ago which is the most recent tax return provided to Social Security by the Internal Revenue Service (IRS).



### **Medicare Supplement Insurance (Medigap)**

### Lettered policies in 47 states

	M	Medicare Supplement Insurance (Medigap) Policies						
Benefits	Α	В	D	G	K	L	M	N
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%
Part B deductible								
Part B excess charges				100%				
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%

100%
100%
100%
100%
100%

100%

80%

100%

**Medicare-First** 

Eligible Before 2020 ONLY

F

100%

100%

100%

80%

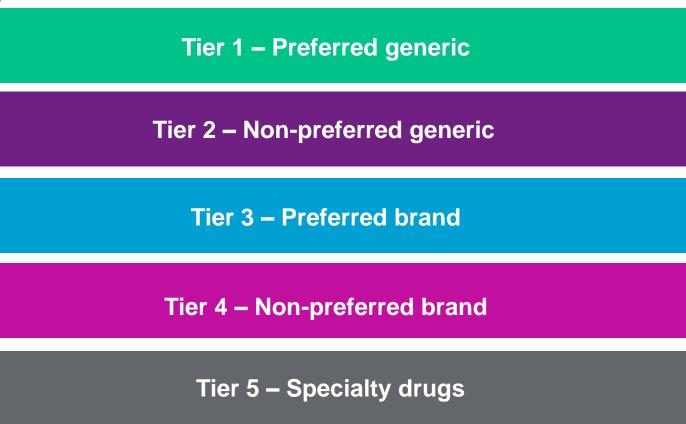
Source: CMS

Out-of-Pocket limit in 2024 \$7,060 \$3,530

### **Prescription Drugs — 5 Tiers of Co-Pays**

A prescription drug plan will typically break the formulary into "tiers." The tiers correspond to the copayment or coinsurance the beneficiary will pay.

Cost-sharing increases with the tier number. Tier 1 is the least expensive, tier 4 or 5 is the most expensive.



### **Medicare Prescription Drug Coverage 2024**

### **Beneficiary Pays**

Full retail until deductible is met

Copays for your plan coverage

Initial Coverage

25% for Brand Name25% for Generics

Starting 1/1/2024, once your outof-pocket spending reaches \$8,000, you won't have to pay a copayment or coinsurance for covered Part D drugs for the rest of the calendar year. Coverage Gap (only 25% will reach)

Catastrophic Coverage (only 4% will reach)

70% manufacturer discounts count towards TrOOP

Special CatRx benefit

### Let's Look at Some Scenarios





- Healthy, not many doctor visits
- Routine care in one geographic area only
- Pay copay or coinsurance



- Many doctor/specialist visits
- Routine care anywhere in the USA that accepts Medicare
- Pay up front higher premium



### **Medicare Options**

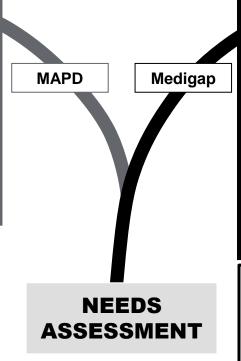
### **Option 1**

### Medicare Advantage (HMO or PPO)

- Prefers low or no monthly premium
- May or may not include prescription drug coverage
- Comfortable with copays
- Familiar with network plans limited or no availability in rural areas
- Preferred physicians are participating providers
- Not age-rated

### Prescription Drug Plan (PDP) - (Part D)

- Typically provides limited coverage in the Medicare Part D gap or "donut hole"
- Not age-rated



### Option 2

# Medigap (Medicare Supplement)

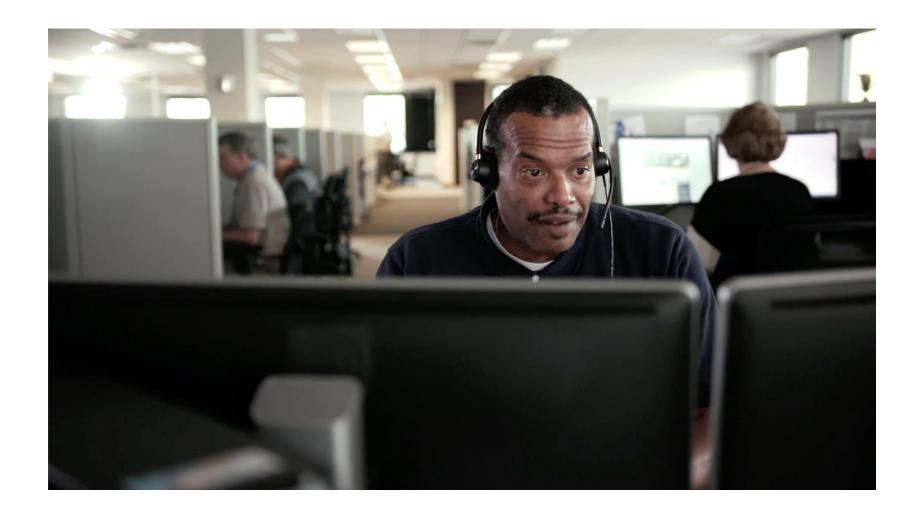
- Prefers monthly premium as opposed to paying at point of care
- Travels outside the Medicare Advantage service area
- Does not want a network-based plan
- Designed to cover gaps in Medicare A and B
- Premiums may vary base on Age, gender and smoker status
- No medical underwriting if elected when first available.

# Prescription Drug Plan (PDP) - (Part D)

- Typically provides limited coverage in the Medicare Part D gap or "donut hole"
- Not age-rated



### **How to Work With Us**



### **Via Benefits**

Fast, safe, secure



Your time is valuable. Go to our website and take these steps to maximize your time.

# PREPARE

# Pre-enrollment Call



We'll reach out to you before your enrollment begins to help:



Guide you through your benefit changes



Set up your online account



Identify the type of plans that work with your health needs, finances, and lifestyle



Decide to enroll by phone or on our website

If you are ready, don't wait for us! Contact us any time at **1-844-596-0460 (TTY:711)**. Go to **my.viabenefits.com/LockheedMartin**, create an account, and start window-shopping.



### **Schedule an Appointment**

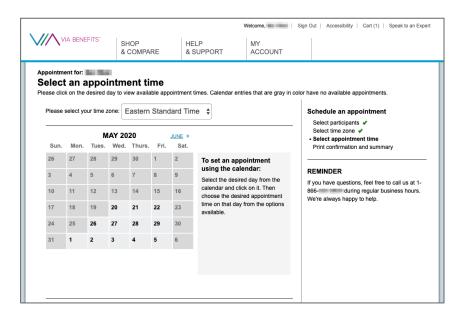






Web





1-844-596-0460 (TTY:711) Mon-Fri 8:00am-7:00pm ET my.viabenefits.com/LockheedMartin





### **Enrollment Guide**

- Pre-enrollment checklist
- Your enrollment period
- Information about your HRA
- my.viabenefits.com/LockheedMartin



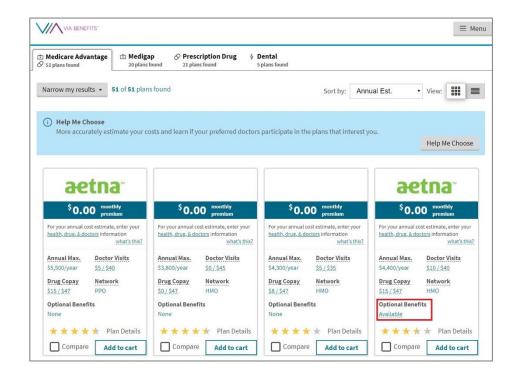


**Shop & Compare** allows you to view Medicare plans available in your area

- Sort plans
- Compare plans side by side



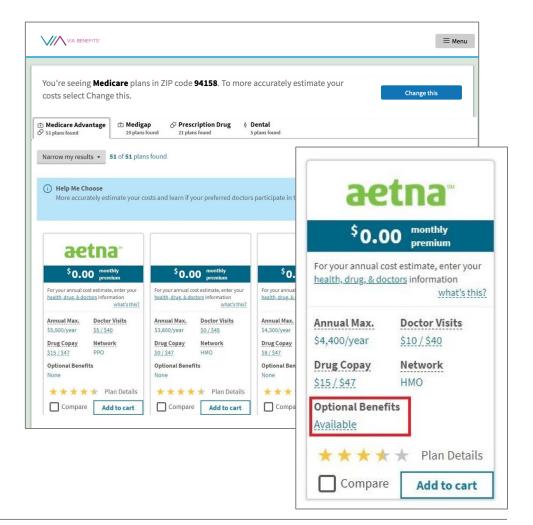
Insurance companies update plans and pricing annually in October.





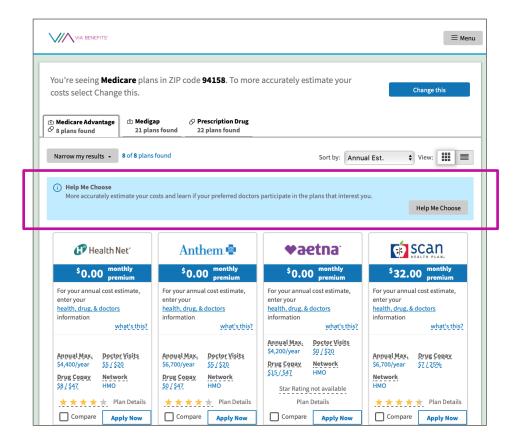
If the Medicare Advantage plan offers Optional Benefits, it's listed as shown. Some benefits offered are:

- Dental
- Vision
- Meal plans
- Gym memberships
- Hearing





Refine your choices with Help Me Choose my.viabenefits.com/LockheedMartin View plan options with 24/7 access





# Target drug plans which cover your prescriptions

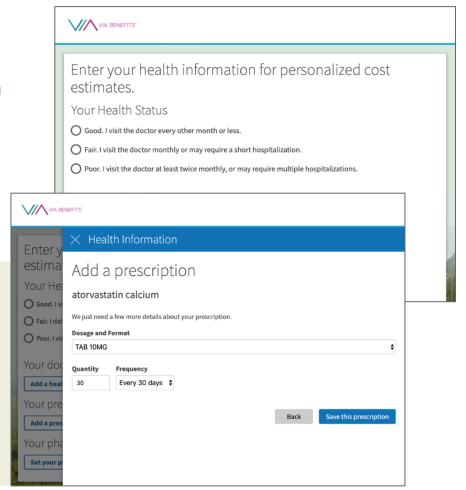
my.viabenefits.com/LockheedMartin

Enter your prescriptions

- Name
- Dosage
- Frequency

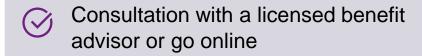


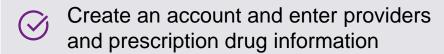
Discover the Part D plans which cover your prescriptions and estimate your annual out-of-pocket costs by entering in the prescription drugs you currently take.

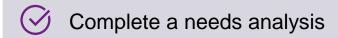




### **Pre-Enrollment Checklist**







Ohoose a plan type

Decide to enroll by phone and make an appointment



No appointment?

No problem, you can schedule one.

Visit:

my.viabenefits.com/LockheedMartin

Call:

1-844-596-0460 (TTY:711)

# ENROLL





**Enroll During Your Enrollment Period** 

By Phone: 1-844-596-0460 (TTY:711) Visit: my.viabenefits.com/LockheedMartin



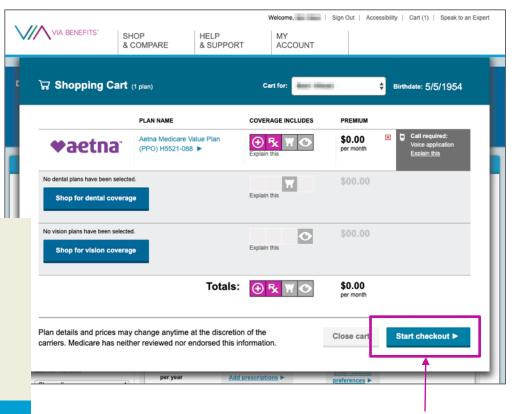
# Enroll on our Website Fast, secure, easy

Can't Enroll on our Website?

Call us and we'll take it from there

1-844-596-0460 (TTY:711)

Note: Plans and rates for 2024 are available beginning October 1, 2023.



Click Here



### **Selection Confirmation Letter**

- Review the plan(s) that you selected
- The Selection Confirmation Letter will be sent shortly after you enroll
- This letter confirms that your applications have been submitted



This form cannot be used as proof of insurance



#### Selection Confirmation

Your applications have been submitted for the plans listed below

Information Center 2105 West 2300 South Salt Lake City, UT 84119

1 1 SP 0.900

John Sample 1234 Street Name Any Town, State 00000

#### Dear John Sample,

This letter confirms that you have made your plan selection(s) for 2021, and that your applications have been submitted to the insurance carriers listed below. Please review this statement carefully to ensure it reflects the choices you have made. If the plans or premiums are not what you expected, please contact Via Benefits Insurance Services immediately at 1-000-000-0000.

This letter does not confirm acceptance of your applications or that your plans have been issued, and it cannot be used as proof of coverage. This letter only confirms that your applications have been submitted. Once your applications are accepted, you will begin to receive information directly from your insurance carrier.

Please note: Due to final rate approvals and insurance carrier applied discounts, final premiums may vary from those shown below. Your insurance carrier will contact you with your final premium cost.

Plan name	Premium	Requested coverage start date	Automatic Reimbursement status
Medical carrier name, plan name that might be more than two lines Confirmation #: App Confirmation ID	\$000.00 per month	January 1, 2021	Medical auto reimbursement status
Part D carrier name, plan name that might be more than two lines Confirmation #: App Confirmation ID	\$000.00 per month	January 1, 2021	RX auto reimbursement status
Dental carrier name, plan name that might be more than two lines Confirmation #: App Confirmation ID	\$000.00 per month	January 1, 2021	Dental auto reimbursement status
Vision carrier name, plan name that might be more than two lines  Confirmation #: App Confirmation ID	\$000.00 per month	January 1, 2021	Vision auto reimbursement status



### **Advocacy All Year Long**



### **Help & Support on our Website**



**Help & Support** 



**Shop & Compare** 



**Help Me Choose** 



**Coverage Checkup** 

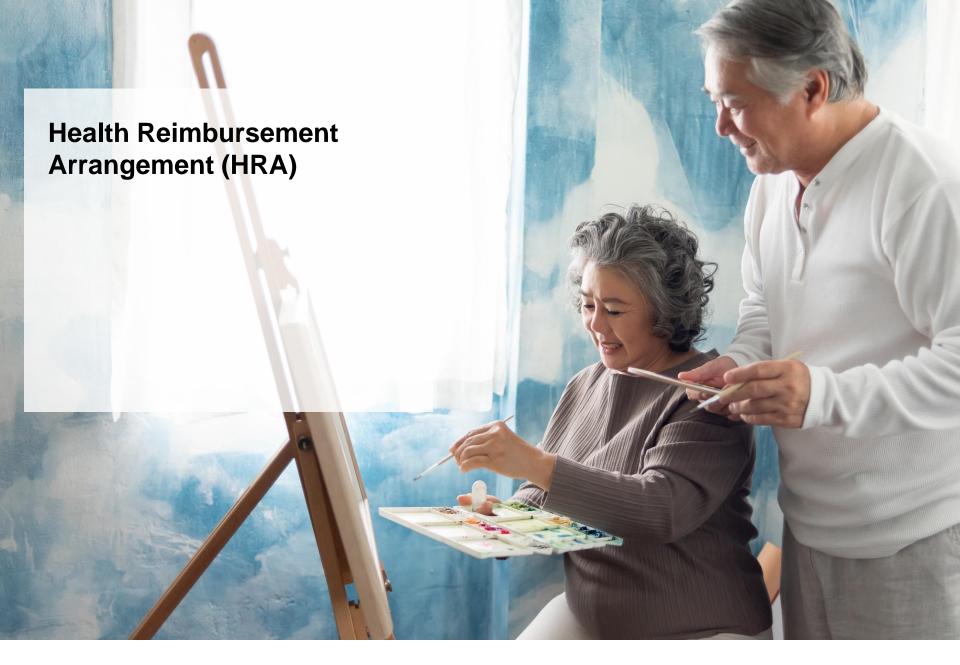
### **During Business Hours**



1-844-596-0460 (TTY:711)



Your plans will automatically renew from year to year. No need to re-enroll unless you want to make a change.



### **Health Reimbursement Arrangement**





### If you are eligible

Lockheed Martin will make an annual contribution



### **Tax-free account**

Used to reimburse you for eligible health care expenses

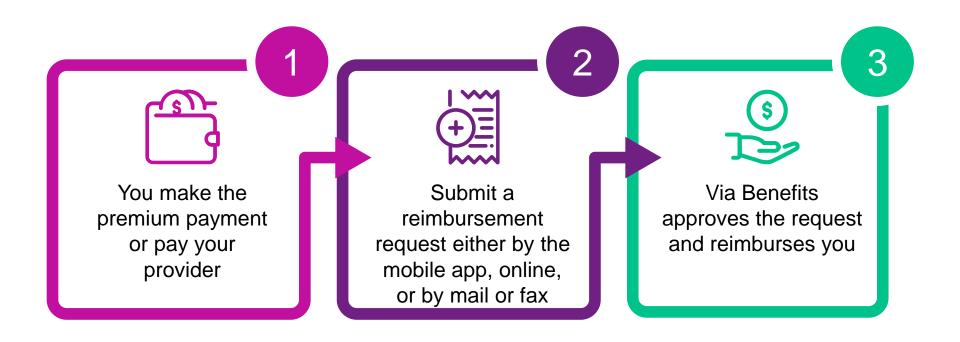
Your HRA funding will be available: 1st of the month that you transition or qualify for funding
Unused funds **DO** roll over

### **Get reimbursed**

For eligible medical, prescription drug, dental and vision premiums as well as out-of-pocket expenses

### **Health Reimbursement Arrangement**

How the HRA works



Important: You may be reimbursed up to the amount available in your HRA

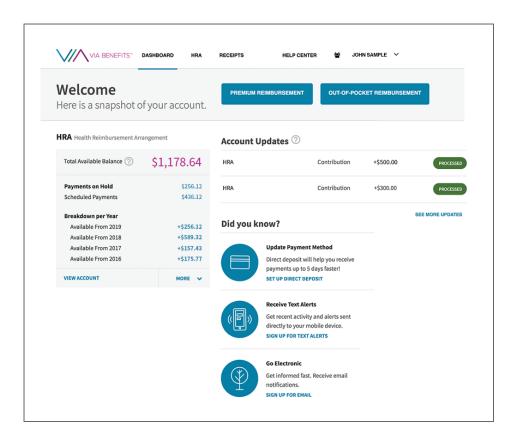
### **Maximize Your Account**

### Sign in, Set Up, and Automate

- Sign onto your online account
- Set up Direct Deposit
- Automate your reimbursements
- Go paperless
- Submit reimbursement requests



Managing your HRA using our website is fast, safe, and secure, and up to 10 days faster than mail or fax



### **Via Benefits Accounts Mobile App**

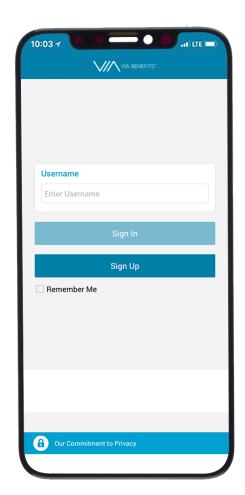
### HRA Management on the go

### With the mobile app you can:

- Check reimbursement status
- Check available balance
- Submit new reimbursement requests
- Take a picture and attach documents to your reimbursement requests



All from your smartphone or tablet Available for iOS and Android

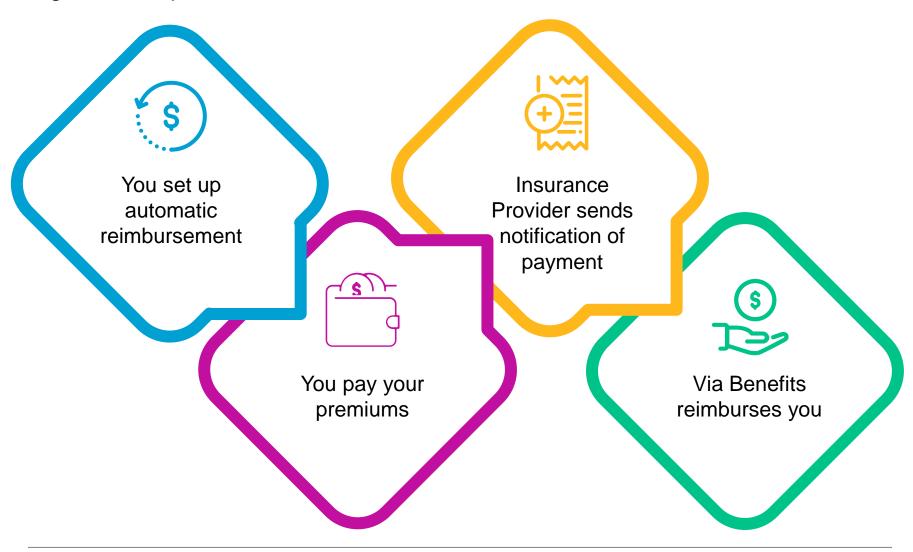






### **Health Reimbursement Arrangement**

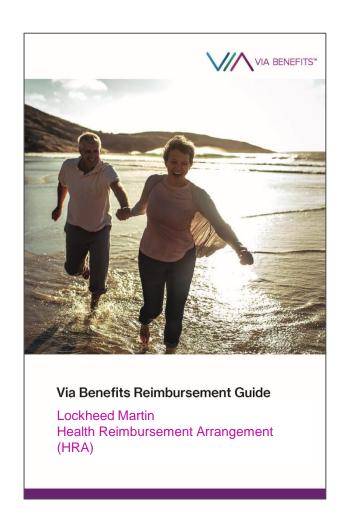
Sign in, Set up and Automate



### **Qualify for Your Health Reimbursement Arrangement**

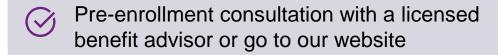
### Via Benefits Reimbursement Guide

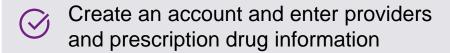
- Enroll in a medical plan through Via Benefits before your enrollment period ends to have access to your HRA
- You must remain enrolled through
   Via Benefits to continue to have access to your HRA or forever forfeit rights to your HRA
- If you do need to make a change in your medical plan, make sure to make that change through Via Benefits to remain qualified.



### **Important Reminders**

### **Enrollment Checklist**





Choose a plan type

O Decide to enroll online or by phone

Schedule an enrollment appointment if enrolling by phone

Enroll on our website or over the phone before your enrollment window ends



No appointment?

No problem, you can schedule one.

### **Online:**

my.viabenefits.com/LockheedMartin

### Call:

1-844-596-0460 (TTY:711)

### **Education and Communications**

### 64th Birthday Introduction Letter



# 7 Months Prior to 65<sup>th</sup> Birthday



# 3 Months Prior to 65<sup>th</sup> Birthday







### **Enrollment Process if you are under Age 65 when you retire**

- Request/submit retirement package as early as 90 days prior to retirement commencement date
- The Lockheed Martin Employee Service Center (LMESC) will send you a notice reminding you of eligibility for Via Benefits as you approach Age 65
- Via Benefits will start sending you information/reminders if you are between ages 64 and 65. Enrollment information will be sent if you are at or over Age 65
- Enroll in Medicare Parts A and B prior to turning Age 65
- If you want your spouse to be eligible for the HRA Subsidy, contact the LMESC to ensure spouse information is up-to-date and ask them to ensure your spouse is on the file to Via Benefits
- Contact Via Benefits to start enrollment process prior to 65<sup>th</sup> birthday.
- Review plan offerings/make decisions on which plan(s) you want
  - Enroll in plans through Via Benefits
    - Enrollment process can take up to 90 minutes per person due to Medicare enrollment requirements
  - Set up reimbursement method (various)

### **After Enrollment:**

- Make sure to keep address up-to-date with Via Benefits.
- Each Annual Enrollment remember to contact Via Benefits directly to review or change plans.
   Enrollment directly with the carrier can disqualify you for the HRA subsidy until you can re-enroll through Via Benefits



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- Request/submit retirement package as early as 90 days prior to retirement commencement date
- Enroll in Medicare Parts A and B prior to retirement commencement date
- If you want your spouse to be eligible for the HRA Subsidy, contact the LMESC to ensure spouse information is up-to-date and ask them to ensure your spouse is on the file to Via Benefits
- Contact Via Benefits to start enrollment process after you have submitted your completed retirement package.
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### Call Now, We Are Ready!

1-844-596-0460

My.ViaBenefits.com/LockheedMartin

