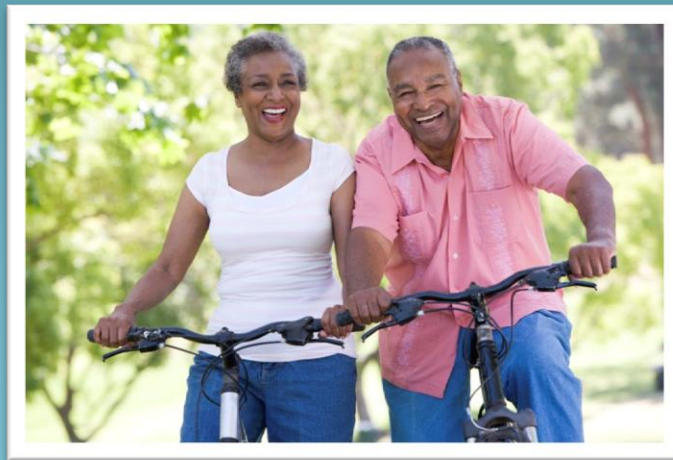


Healthcare Benefits for NJM's Medicare-eligible Retirees, Spouses and Surviving Spouses



About this guide

This guide explains the steps you must take to ensure that you make sound, timely choices regarding your healthcare benefits provided by NJM. Via Benefits has been selected by NJM as our approved partner to help you navigate this change and ensure that you are well equipped to make an informed and confident choice of healthcare benefits. You will receive a Getting Started Guide that will tell you how to prepare for these changes. Then you will receive an Enrollment Guide that explains in detail how to evaluate Medicare plan options and enroll in the plan that is right for you. Both of these communications will come directly from Via Benefits. 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, you will be required to work with a Via Benefits benefit advisor to select and enroll in a health plan in order to access your Health Reimbursement Arrangement funds.

Table of Contents

Medicare Eligible Coverage	3
Introducing Via Benefits	4
Steps toward enrollment	5
Become familiar with Medicare	6
What is an HRA?	7
How funding works	8
HRA scenarios	9
Transitioning to Via Benefits	10
Questions & Answers	11

The information in this guide pertains to retirees, spouses of retirees, and surviving spouses of retirees who are Medicare-eligible due to age. If you or your spouse are currently not Medicare-eligible due to age, NJM's existing healthcare plan through Horizon will continue until age 65. Information on Medicare enrollment from Social Security will be sent to you and your spouse approximately four months before reaching age 65.

Medicare Eligible Retiree Coverage

For Medicare eligible retirees, NJM has selected a solution that provides you with the ability to choose from a wide selection of Medicare plans, allowing you to personalize your Medicare benefits and provide you with a Health Reimbursement Arrangement (HRA) that offsets the cost of an individual Medicare plan. HRAs are tax-free accounts established by employers, and are used to reimburse eligible healthcare expenses, including health insurance premiums.

Instead of receiving medical and prescription drug coverage under healthcare plans through NJM, **you will now be responsible for selecting your own health coverage with the assistance of NJM's exchange partner, Via Benefits.** Thereafter, you will make payment for the coverage selected to the carrier, and be reimbursed from the NJM Health Reimbursement Arrangement (HRA) account established for you, to the extent of available benefit dollars.

We understand that you will need to make important choices about your healthcare 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 tools, as well as access to benefit advisors, are services provided at no cost to you and are offered in recognition of your dedication and service to NJM. To date, Via Benefits has helped hundreds of thousands of retirees evaluate and enroll in Medicare plans.

To be eligible to enroll **with** individual coverage with Via Benefits, individuals must meet the following requirements: Medicare eligible due to age; enrolled in Medicare Part A & B; and enrolled in the NJM Healthcare Plan at the time of retirement.

Introducing Via Benefits

Your transition to new retiree healthcare benefits

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

Via Benefits is the leading provider of defined contribution healthcare solutions. With Via Benefits' assistance, retirees gain access to a number of different Medicare plans, including those offered by the leading national and regional insurance companies, including, AARP, Aetna, Blue Cross Blue Shield, and United Healthcare.

Via Benefits will give you and your eligible spouse personalized assistance. An experienced Via Benefits benefit advisor will provide:

- Individualized telephone support to help you make an informed and confident Medicare plan enrollment decision. Please follow the instructions that will be sent in the *Getting Started Guide* to set up a time for your enrollment 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.
- Assistance with enrolling in medical, prescription drug, dental, and vision plans.
- For those interested in more immediate access to information, Via Benefits offers a personalized website for education, evaluation of options and enrollment information. The web address for this site is www.My.ViaBenefits.com/njm.



Steps Toward Enrollment

A step-by-step guide to enrolling in Medicare.

Via Benefits will help you enroll in the individual Medicare plans that best fit 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 licensed benefit advisors from Via Benefits, and through use of Via Benefits' online tools and services.

1. Education	2. Evaluation	3. Enrollment
<p>You will receive a <i>Getting Started Guide</i> from Via Benefits that will tell you how to prepare for enrollment, and will give you important information about scheduling an appointment. Then, you will receive an Enrollment Guide from Via Benefits containing instructions about how to evaluate and enroll in the plan that's right for you. This guide will include comparisons of plan options, helpful information on eligibility, and additional information about working with Via Benefits.</p>	<p>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. 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 dictates future choices. (You also have the option of completing this information online before you speak with your benefit advisor - a recommended step that will ensure your advisor has all the information she or he needs to help you find the best plan for your particular situation). Your 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.</p>	<p>Your licensed benefit advisor will expedite the process of enrollment, and help you apply for and enroll in the Medicare plans you choose. During your dedicated enrollment period and using Via Benefits' customized tools, your benefit advisor will ensure that you make informed and confident decisions and that you have expert support throughout the entire process.</p>

Become Familiar with Medicare

How the parts combine to provide you with coverage.

Medicare benefits are broken 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 simple outline shown here will familiarize you with the parts of Medicare and the decisions you must make.

What you get:

Part A and B

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

Part A

Part A provides you with inpatient care, and covers inpatient hospital stays, home healthcare, stays in skilled nursing facilities, and hospice care.

Part B

Part B provides you with outpatient care, and covers physician fees, and other medical services not requiring hospitalization. You must choose to enroll in Part B.

What you choose:

Medicare Advantage, Medigap and Part D

You choose between these three different types of Medicare Supplement plans that add coverage where original Medicare may have less than you require.

Medicare Advantage

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: MAPD, which includes prescription drug coverage, and MA, which does not. Within these two Medicare Advantage types there are three doctor networks: HMO, PPO, and Private Fee-for-Service Plans (PFFS). Medicare Advantage is also referred to as Part C.

Medigap

Medigap is supplemental insurance sold by private insurance companies to fill “gaps” in Original Medicare plan coverage.

Part D

Part D refers to optional prescription drug coverage, which is available to all people who are eligible for Medicare. Plans are offered through private insurance companies.

How to decide:

You may combine the Medicare Supplement plans above to get a package of plans that covers all of your needs. Choosing the best combination requires some education and some comparison of plan features and costs.

What is an HRA?

Instead of receiving medical and prescription drug coverage under healthcare plans through NJM, you will now be responsible for selecting your own health coverage with the assistance of NJM's exchange partner, Via Benefits. Thereafter, you will make payment for the coverage selected, and be reimbursed from the NJM Health Reimbursement Arrangement (HRA) account established for you, to the extent of available benefit dollars.

A Health Reimbursement Arrangement (HRA) is an account that is used to reimburse you for eligible healthcare expenses on a tax-free basis. Via Benefits is the administrator for NJM's HRA. This means you will submit claims to Via Benefits and Via Benefits will reimburse you from your HRA account. The following are some HRA qualified healthcare expenses that can be reimbursed:

- ✓ Premiums for individual Medicare Supplement plans such as Medicare Advantage, Medigap, and Prescription Drug plans.
- ✓ Out-of-pocket expenses like deductibles and co-pays.
- ✓ Dental and Vision plan premiums.
- ✓ Eligible expenses incurred by your dependent children (IRS rules determine who is a dependent child for these purposes).

Via Benefits will mail you an HRA Guide that will help you access and manage your HRA account as well as provide you with claims and processing information. The HRA Guide will also provide a complete listing of HRA reimbursable expenses. Under existing IRS regulations, HRA reimbursements are NOT taxable.

Establishing direct deposit for your HRA reimbursements

In order to receive your reimbursements as quickly as possible, we encourage you to establish direct deposit. Information on how to do so will be provided in the Via Benefits *HRA Guide*. Unless you choose to set up direct deposit, all reimbursements will be made by check and mailed to the address on file with Via Benefits.

NJM's Contribution to your HRA

NJM will contribute to the HRA in the form of benefit dollars deposited into your HRA. This amount will be credited to your HRA account on a monthly basis. If you currently cover your spouse, you will receive benefit dollars for you and your spouse placed in a joint account. Any balance remaining at the end of the year will roll over into the next year. If you predecease your spouse, he/she will continue to receive benefit dollars for six (6) months after which point they can continue to access plans through Via Benefits without a contribution from NJM. Please note that you can only establish your HRA account by selecting medical coverage through Via Benefits.

How Funding and Reimbursement Works



Select your plan(s) and qualify for your funding

Select your plan(s) through the Via Benefits marketplace. Remember, to qualify for the HRA, you **MUST** select a Medicare medical plan through Via Benefits. Your HRA will be administered by Via Benefits.

1. Pay for your expenses – make your payments for eligible health care expenses directly to your health care provider.
2. Submit reimbursement requests – submit a reimbursement request for eligible health care expenses to Via Benefits. As your benefit advisor how to activate automatic reimbursements for your eligible premiums.
3. Via Benefits will reimburse you from your HRA – Via Benefits will reimburse you for eligible expenses from the available funds. Activate direct deposit to receive your reimbursements quickly. If you chose not to set up direct deposit, your reimbursement check will arrive by mail.

How Funding and Reimbursement Works (continued)

AUTO

Carrier pulls premium from retiree's bank account of their choosing



1



2

Carrier sends AR file to Via Benefits

- AR represents 87% of all claim activity



3

Via Benefits mails a reimbursement check or makes a direct deposit into the retiree's account

*AR- Auto Reimbursement

MANUAL



1

Carrier sends premium statement to retiree



2

Retiree pays carrier directly



3

Carrier provides a receipt to the retiree



5

Via Benefits mails a reimbursement check or makes a direct deposit into the retiree's account



4

Retiree sends receipt/state ment via fax, web or mail to Via Benefits



HRA Scenarios

When an HRA begins & NJM coverage ends.

Below are some sample scenarios to help you better understand when an HRA begins and when NJM healthcare coverage ends.

You ARE Medicare-eligible	Your spouse IS Medicare-eligible	Your dependents ARE Medicare-eligible
Your NJM healthcare coverage ends on your retirement date and you receive HRA benefit dollars as part of your Health Reimbursement Arrangement.	Your spouse's NJM healthcare coverage ends and your spouse receives HRA benefit dollars as part of your Health Reimbursement Arrangement. You and your spouse may share your joint HRA account, which may be used for expenses incurred by just one individual or by both.	Pre-65 Medicare eligible dependents will continue on NJM coverage as long as eligibility requirements are met.
You ARE NOT Medicare-eligible	Your spouse IS NOT Medicare-eligible	Your dependents ARE NOT Medicare-eligible
You continue on NJM healthcare coverage until you become Medicare-eligible at age 65. At that time, NJM healthcare coverage will end and you will participate in the HRA.	Your spouse continues on NJM coverage as long as he or she meets all eligibility requirements. Your spouse qualifies for an HRA when he or she becomes Medicare-eligible at age 65; at that time NJM coverage ends for your spouse.	Your dependents continue on NJM coverage as long as they meet all eligibility requirements.

Transitioning to Via Benefits

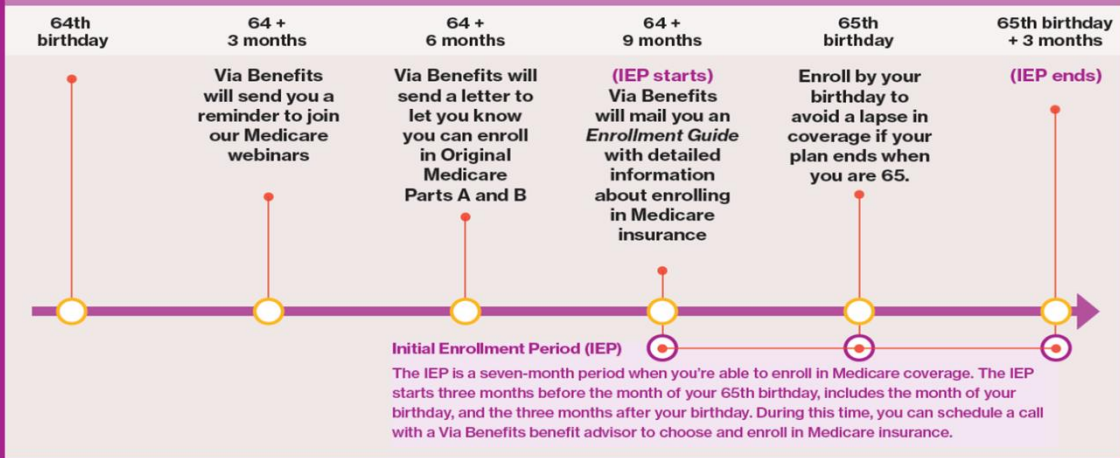
What happens after you retire from NJM?

In the twelve months prior to your 65th birthday you will enter your Medicare initial enrollment period, a seven-month period composed of the three months before, after, and including the month of your 65th birthday. During that time you are guaranteed coverage in at least one of the plans available in your area, regardless of your medical conditions. If you don't apply for your supplemental Medicare coverage during the eligibility period around your 65th birthday, you could be turned down.

Key items to remember:

1. To be eligible to enroll in new individual coverage with Via Benefits, individuals must meet the following requirements: Medicare eligible due to age; enrolled in Medicare Part A & B; and enrolled in the NJM Healthcare Plan at the time of retirement.
2. Enrollment into any Medicare supplement or Medicare Advantage plan will require that you have your Medicare Part B coverage in place as of your plan effective date. You can apply for your Medicare Part B coverage 4 months prior to your coverage effective date by contacting your local Social Security office.
3. Via Benefits walks you through the process of selecting and enrolling in supplemental Medicare Coverage and will reach out to you on your 64th birthday to start the process of choosing a plan.

Medicare Enrollment Timeline



Questions and Answers

How does a retiree exchange work?

Instead of receiving medical and prescription drug coverage under healthcare plans through NJM, you will now be responsible for selecting your own health coverage with the assistance of NJM's exchange partner, Via Benefits. Thereafter, you will make payment for the coverage selected to the carrier, and be reimbursed from the NJM Health Reimbursement Arrangement (HRA) account established for you, to the extent of available benefit dollars.

Who is Via Benefits?

Via Benefits has built the largest Medicare exchange in the country by aggregating a large number of national and regional insurance carriers and plans. Via Benefits will help you gain access to a wide variety of healthcare plans, which allows you to pick a plan that truly fits your unique medical needs. Via Benefits will provide you and your eligible spouse with personalized assistance via an experienced licensed benefit advisor, who will provide:

- Individualized telephonic support to help you make an informed and confident Medicare enrollment decision.
- 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.
- Assistance with enrolling in medical, prescription drug, dental and vision plans.

What is a Health Reimbursement Arrangement (HRA)?

A Health Reimbursement Arrangement (HRA) is an account provided by your employer (NJM) that you can use to pay for eligible healthcare expenses. At the beginning of each month funds will be put into your account to reimburse you for premiums you have paid to your insurance carrier and/or for your out-of-pocket healthcare expenses. You decide how to use the benefit dollars in your HRA. Any dollars remaining in your HRA at the end of the year will roll over for use in future years as long as you remain in the plan.

How does the HRA work in conjunction with the Exchange?

You will enroll in a participating plan with Via Benefits and pay premiums directly to the health carrier. You will then request premium reimbursement from Via Benefits.

Questions and Answers

Is Via Benefits part of the government run healthcare program?

No. Via Benefits is a private post-65 retiree healthcare exchange created to assist Medicare eligible retirees in obtaining supplemental insurance coverage. Medicare Supplement plan exchanges predate the Affordable Care Act (Obamacare), and Via Benefits has offered Medicare exchange coverage for over ten years.

Will I receive information from Via Benefits prior to enrollment?

You will receive a Getting Started Guide from Via Benefits. This guide will provide more information about how and when to contact a Via Benefits licensed benefit advisor, as well as additional details about how to begin the evaluation and enrollment process. In this guide you will find helpful information about how to verify your profile and other things you need to do to prepare for enrollment. Also included is a worksheet on your health history. Completing this worksheet will help a Via Benefits benefit advisor verify key information that will help streamline the enrollment process. See page 10 for additional information regarding your transition to Via Benefits.

Who is Eligible?

To be eligible to enroll with individual coverage with Via Benefits, individuals must meet the following requirements: Medicare eligible due to age; enrolled in Medicare Part A & B; and enrolled in the NJM Healthcare Plan at the time of retirement.

I am Medicare eligible, but my spouse is under age 65. What happens to his/her medical insurance?

Any retiree or spouse under the age of 65 will remain with the current medical insurance plan through Horizon Blue Cross Blue Shield of New Jersey – PPO until they reach 65.

I am a NJM retiree under 65, but my spouse is over 65. What happens to his/her healthcare coverage?

He/she will participate in coverage through Via Benefits, while you will continue on the NJM Healthcare Plan.

What happens to my spouse if I pre-decease him/her?

Similar to the Horizon healthcare plan, NJM will continue to fund your spouse's HRA for 6 months. Thereafter, your spouse will continue to have access to Via Benefits for their lifetime without an HRA contribution.

Questions and Answers

What if I plan to live in different states during the year. What plan is best for me?

Please speak with your benefit advisor at Via Benefits for more information about the best plan for you.

How does the HRA affect me if I am covered under my spouse's retiree health plan?

It depends on how your spouse's plan coordinates benefits. If your spouse's plan requires that you terminate coverage, you can cancel NJM's Plan, but enroll in the HRA plan at a later date if necessary. In other words, if you opt out of the HRA plan and coverage ends under your spouse's plan, you will have the option to enroll in the HRA plan. However, if you participate in the HRA and cancel coverage you would not be eligible for Medicare Reimbursement, should that be approved. If your spouse's plan allows you to have a Medicare Supplement Plan in addition to the group plan, you can select a Medigap plan through Via Benefits and receive the HRA subsidy.

I am retired and age 65, but my spouse is still actively working and I have coverage through my spouse's employer. What happens?

You may remain on your spouse's healthcare plan. However, you are required to be enrolled in Medicare Part A & Part B to participate in Via Benefits. If your spouse's plan is primary, you can waive NJM's Plan until he/she retires and then you can enroll in Medicare A & B, with access to Via Benefits and the HRA.

What are benefit dollars?

Benefit dollars are the actual dollars that NJM contributes to your HRA.

What will NJM's HRA funding amount be?

It depends on your contribution toward your retiree healthcare. The amount will be provided to you at the time of your retirement.

How do I enroll?

You need to call Via Benefits at 1-855-671-6088 and set up an appointment to speak with an experienced licensed benefit advisor who will assist you in choosing a plan that is right for you.

Questions and Answers

Do I need to provide information about my medications and my doctors?

Yes. The benefit advisor will ask you several questions such as your physician's name, names of medications, and whether you travel frequently. This will help to ensure that you are enrolling in the plan that is right for you.

What is the current NJM Healthcare Plan most comparable to on the exchange?

It is most comparable to Medigap Plan F with a Medicare D Prescription Plan, but this may not be the best plan for you. Please speak with a Via Benefits benefit advisor to determine what healthcare plan best suits your needs.

What if I have a pre-existing condition? Will I be denied, cancelled or have to pay a higher premium?

You are guaranteed coverage regardless of your health status as long as you enroll by your retirement date. Your rate is not affected by your health status. However, if you enroll in a Medicare Supplement plan when you first transition from group coverage and you wish to change to another Medicare Supplement plan in the future, you may go through medical underwriting with some carriers. You should speak with a Via Benefits benefit advisor for more information.

Can I use my same doctors?

If you choose a Medicare Supplement plan policy, you may continue to see any doctor that accepts Medicare, without restriction. Alternatively, a Medicare Advantage policy may include network restrictions. You should speak with a Via Benefits benefit advisor for more information.

Will vision be covered?

Vision and dental are available under various plans. You should speak with a Via Benefits benefit advisor for more information.

Can a family member or friend assist me with my elections?

Yes. We encourage a spouse, child or other caretaker to participate in your call with the Via Benefits benefit advisor.

Questions and Answers

If I don't like the plan I elected, when can I change?

Every year, you will have an Annual Medicare Enrollment Period. You will receive notification from Via Benefits regarding the Annual Medicare Enrollment Period. Medicare Advantage Plans or Prescription Drug Plans can be changed during the Annual Enrollment Period. However, a Medical Supplement plan can be changed at any time but you retiree may be subject to underwriting.

If you need to make plan changes outside of the Annual Medicare Enrollment Period, please contact Via Benefits to discuss your individual situation.

Can I do online research now?

We recommend that you have an in-depth consultation with a Via Benefits benefit advisor. However, if you would like to research plans now, you can go to www.My.ViaBenefits.com/njm.

What if I have a problem with a claim being paid? Who do I contact?

You should contact your health carrier first, then Via Benefits. If you are unable to resolve the issue, then please contact the NJM Benefits staff.

What if I do not pay my premium to my carrier on time?

It is important that you pay the premium on time. Your carrier will bill you directly. You will not receive your reimbursement until you pay your premium.

Is there a time limit on when you are able to submit for reimbursement?

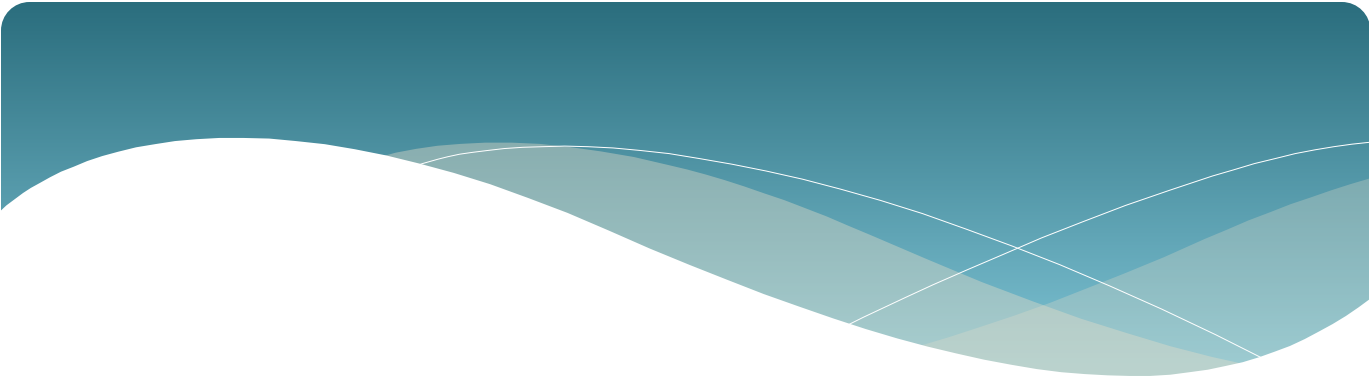
Six months.

Will I receive a bill from NJM?

No. NJM will only bill you – on a monthly basis - for life insurance, if applicable.

I like Horizon Blue Cross Blue Shield of NJ. Can I still use them?

You may still be able to select Blue Cross Blue Shield as a carrier for your coverage based on where you live and if it suits your individual medical needs. However, you should contact a benefit advisor at Via Benefits to determine the plan that best suits your needs.



If you have questions about information in this brochure, please call Via Benefits at 1-855-671-6088, Monday - Friday from 8 a.m. - 9 p.m. EST. You can also visit Via Benefits online at: www.My.ViaBenefits.com/njm,

Important Contact Information/Numbers:

Via Benefits:

www.My.ViaBenefits.com/njm; 1-855-671-6088

Social Security office:

www.ssa.gov or 1-800-772-1213

NJM Benefits Department:

609-883-1300, extension 3328