



# Lockheed Martin Corporation, Retiree Medicare Exchange

Updated December 2021

## 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

## Via Benefits - Experience Counts When You Need it Most

#1



The first and largest private Medicare company

2.1M



Retirees from hundreds of employers

120+



Insurance providers

16th



Enrollment Season

# Via Benefits Service Center









**1-844-596-0460 (TTY:711)**  
**Monday - Friday 8am-9pm ET**



**[my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin)**  
**Available: 24/7**

# Plans and Insurers

## PLANS

 <p><b>Medicare Supplement</b> (Medigap)</p>	 <p><b>Prescription Drug</b> (Part D)</p>	 <p><b>Medicare Advantage</b> (Part C)</p>
 <b>Dental</b>  <b>Vision</b>  <b>Hospital Indemnity</b>		

## INSURERS

<b>AARP</b>	UnitedHealthcare	<b>aetna</b>		Cigna
Humana.	EXPRESS SCRIPTS® Medicare (PDP)	KAISER PERMANENTE.	SilverScript	WELLPOINT

# 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 through 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.
  - **2022 Annual Deductible - \$233**
  - **2022 Part B Standard Premium - \$170.10**
  - **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 \$170.10 per month (2022 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 \$91K for an individual tax return, or \$182K 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

Benefits	Medicare Supplement Insurance (Medigap) Policies								Medicare-First Eligible Before 2020 ONLY	
	A	B	D	G	K	L	M	N	C	F
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Part B deductible									100%	100%
Part B excess charges				100%					100%	100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%

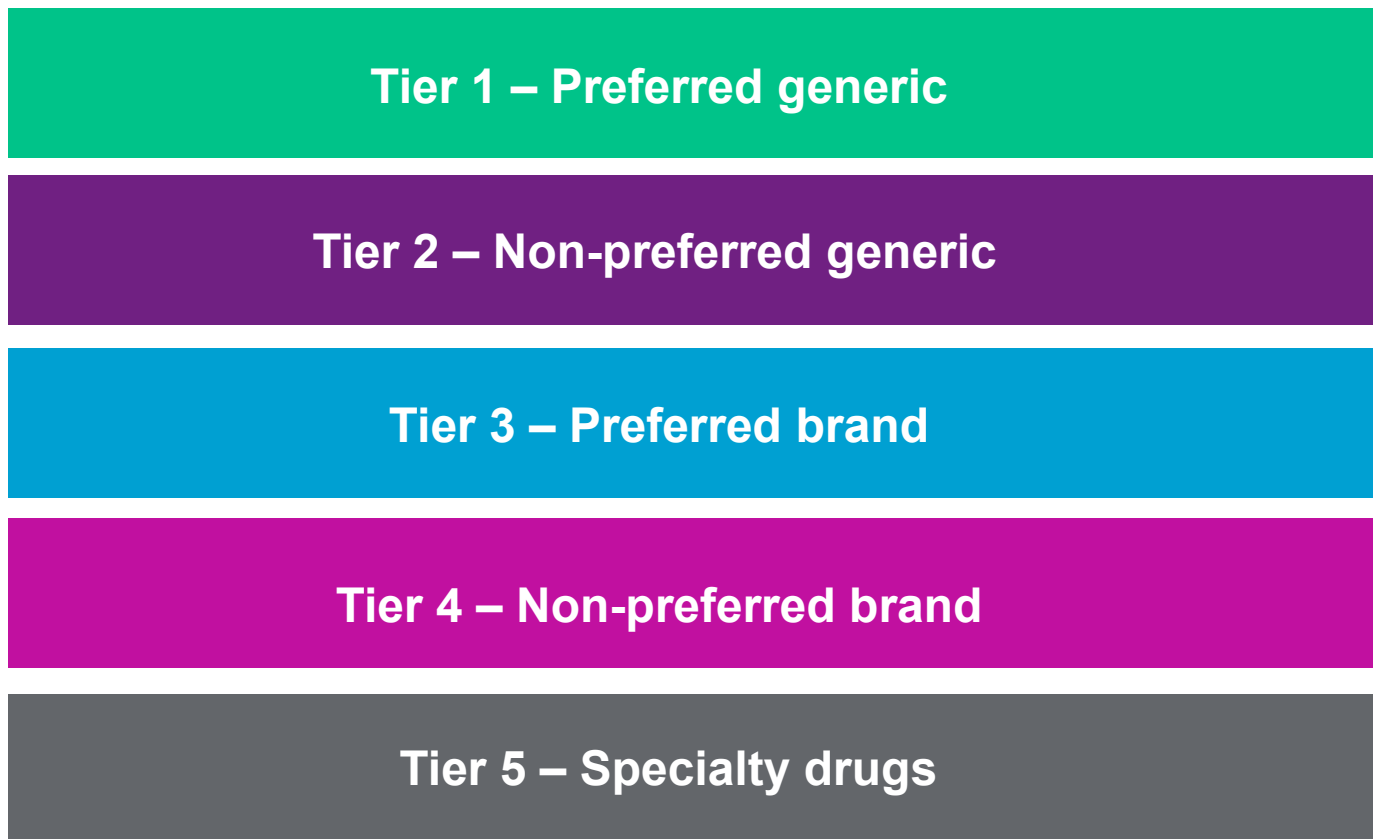
Source: CMS

Out-of-Pocket limit in 2022	
\$6,620	\$3,310

## Prescription Drugs — 5 Tiers of Co-Pays

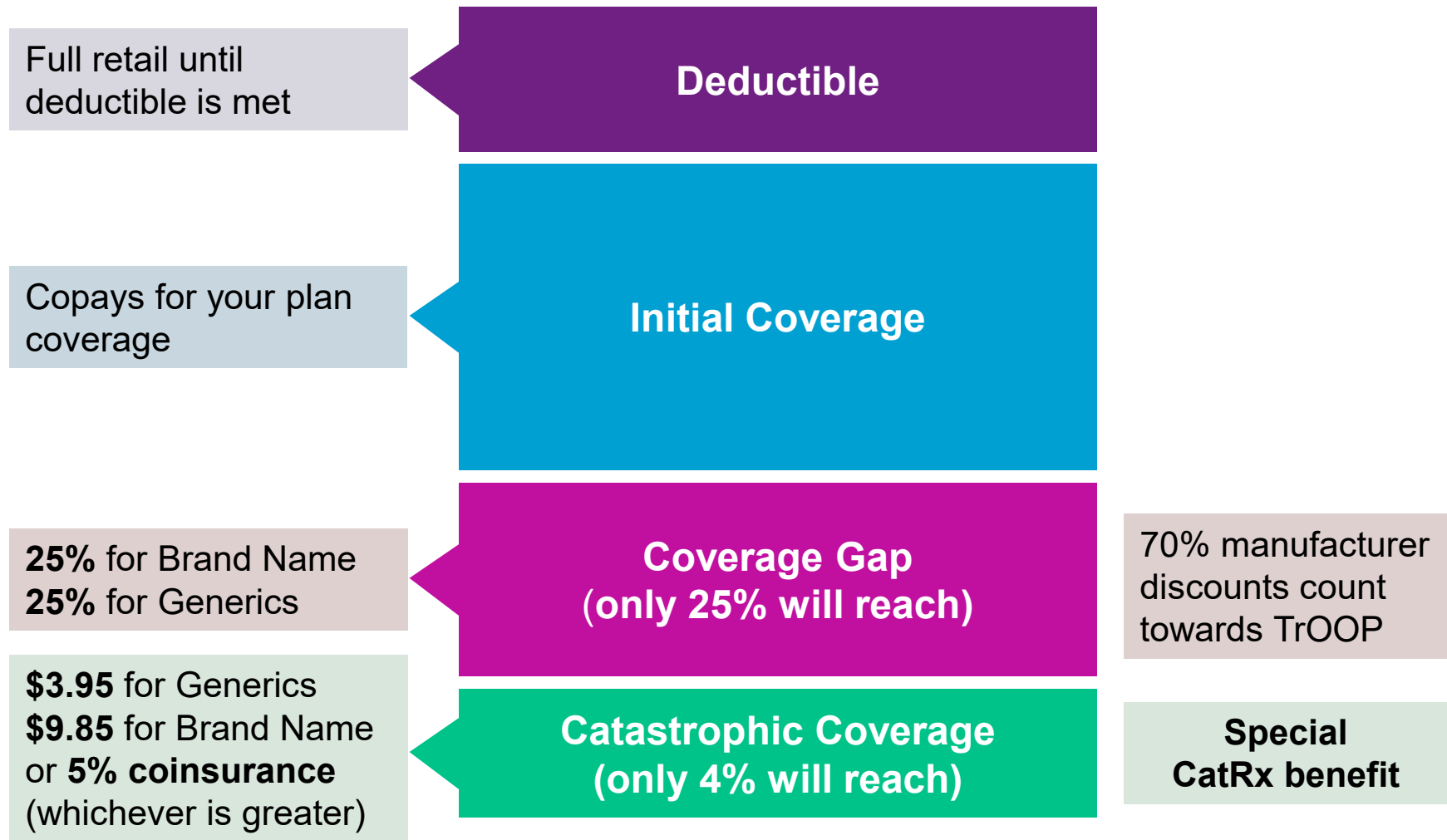
A prescription drug plan will typically break the formulary into “tiers.” The tiers correspond to the copayment or coinsurance the beneficiary will pay.

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 2022

## Beneficiary Pays



# 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

MAPD

Medigap

**NEEDS  
ASSESSMENT**

## 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

# Catastrophic Coverage Special Payments

- Additional level of benefit for participants with high drug costs
- More information about this benefit will be included in your **Via Benefits Guide to Reimbursement**



<Barcode>

Account ID: <XXXXXXXXXX>  
<Plan Name>

### Catastrophic Coverage Reimbursement Request Form

Exclusively for the account of:  
<First Name> <Last Name>  
<Address Line 1>  
<Address Line 2>  
<City>, <State> <ZIP Code>

Go online or call to correct  
personal information.

Mail to: <Return Address>  
<City>, <State> <ZIP Code>

Fax to: <VB Fax Nbr>  
Total pages:

Phone number:  
<VB Phne Nbr>

**What I Need To Do:**

- Verify account holder information
- Complete catastrophic coverage form
- Provide supporting documentation (EOB)
- Sign and date form
- Mail or fax your completed form and EOB

For qualification and documentation send in the Explanation of Benefits (EOB) from your Medicare prescription drug plan insurance company.

Covered Participant ( <i>John Doe</i> )	Relationship ( <i>self, spouse</i> )

**Catastrophic Coverage Threshold Qualification Date (MM/DD/YYYY):**

**Step 1: Qualification**  
To qualify for the catastrophic coverage benefit, you must have reached the catastrophic coverage threshold as documented on the EOB provided monthly by your Medicare prescription drug plan insurance company.

**Step 2: Reimbursement Documentation**  
Once you have qualified for the catastrophic coverage benefit for the calendar year, you must submit a Catastrophic Coverage Reimbursement Request Form for incurred prescription expenses. The EOB can be used for both qualification and reimbursement documentation.  
(See reverse side for further information on Step 1 and Step 2)

\*Documentation - use additional pages, if needed (see reverse side for further information)

Date of Purchase	Amount Requested	Date of Purchase	Amount Requested

\*Total prescription amount requested from all pages:

**Certification:**  
By signing below, I certify that the information provided on this reimbursement form is correct, and that the expenses for which I am requesting reimbursement: a) were incurred for the covered participant while eligible under the plan on or after its effective date, b) have not been reimbursed in any other way from any other source, and c) will not be submitted for future reimbursement.

Account Holder Signature

Date

<VB Fax Number>  
<YYMMDD> - <employeeID> 471006-10207-Catastrophic Request Form



## How to Work With Us



## Via Benefits

Fast, safe, secure



 **PREPARE**



 **REVIEW**



 **ENROLL**

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

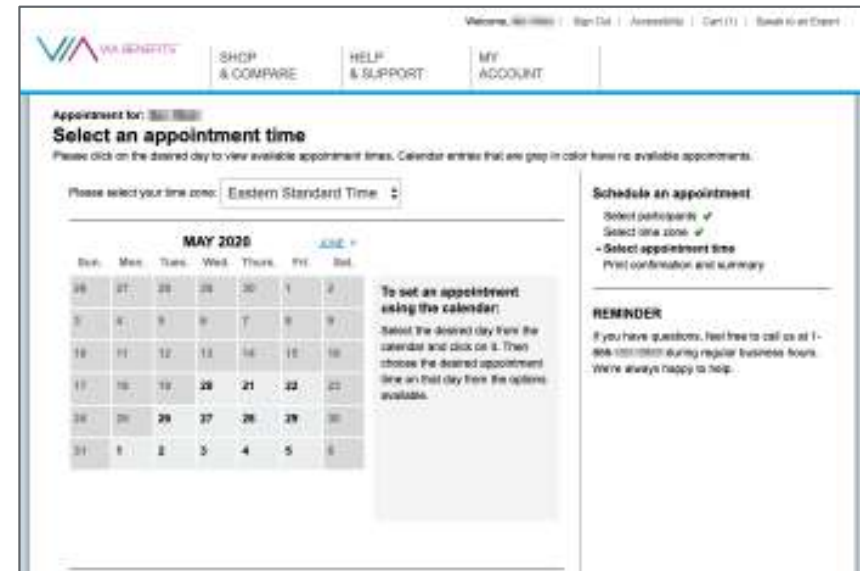
If you are ready, don't wait for us! Contact us any time at **1-844-596-0460 (TTY:711)**. Go to [my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin), create an account, and start window-shopping.

## Schedule an Appointment

Call 



Web 



1-844-596-0460 (TTY:711)  
Mon-Fri 8:00am-9:00pm ET

[my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin)

## Enrollment Guide

- Pre-enrollment checklist
- Your enrollment period
- Information about your HRA
- [my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin)



# REVIEW

**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.

The screenshot shows the 'Shop & Compare' interface for Medicare Advantage plans. At the top, there are filters for 'Medicare Advantage', 'Medigap', 'Prescription Drug', and 'Dental'. Below the filters, it shows 'Narrowing results: 31 of 81 plans found'. A 'Sort by' dropdown is set to 'Annual Est.' and there are 'View' options for grid and list views. A 'Help Us Choose' section provides a tip: 'Move to a city to estimate your costs and taxes. If your preferred doctors participate in the plans that interest you.' Below this, four Aetna Medicare Advantage plans are displayed side-by-side. Each plan card shows a '\$0.00 monthly premium' and a table of costs: Annual Max (\$3,000/year), Doctor Visits (\$0/\$0), Drug Copay (\$0/\$0), and Network (PPO). The fourth plan has a red box around the 'Optional Benefits' section, which lists 'None'. Each plan card includes a star rating, a 'Plan Details' link, and 'Compare' and 'Add to cart' buttons.

# REVIEW

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

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

The screenshot shows the Via Benefits website interface. At the top, there's a navigation bar with the logo and a 'Menu' button. Below that, a message states: "You're seeing Medicare plans in ZIP code 94158. To more accurately estimate your costs select Change this." There are filters for "Medicare Advantage", "Medigap", "Prescription Drug", and "Dental". A "Narrow by results" dropdown shows "84 of 84 plans found". A "Helpful Choice" banner is present. The main content area displays three Aetna Medicare Advantage plans, each with a "\$0.00 monthly premium" badge. A callout box on the right highlights the first plan, showing its details: "aetna™", "\$0.00 monthly premium", "For your annual cost estimate, enter your health, drug, & doctors information what's this?", "Annual Max. \$4,400/year", "Doctor Visits \$10 / \$40", "Drug Copay \$15 / \$47", "Network HMO", and "Optional Benefits Available" (highlighted with a red box). Below the callout, there are star ratings and "Plan Details", "Compare", and "Add to cart" buttons.

# REVIEW

Refine your choices with  
**Help Me Choose**  
[my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin)  
View plan options with 24/7 access

You're seeing **Medicare** plans in ZIP code **94158**. To more accurately estimate your costs select **Change this**.

**Medicare Advantage** 8 plans found | **Medigap** 31 plans found | **Prescription Drug** 22 plans found

Sort by: Annual Est. | View: [Grid] [List]

**Help Me Choose**  
More accurately estimate your costs and learn if your preferred doctors participate in the plans that interest you.

Health Net	Anthem	aetna	SCAN
0.00 monthly premium	0.00 monthly premium	0.00 monthly premium	32.00 monthly premium
Annual Max: \$4,400/year	Annual Max: \$6,700/year	Annual Max: \$4,200/year	Annual Max: \$5,700/year
Presc Costs: \$0 / \$0	Presc Costs: \$0 / \$0	Presc Costs: \$0 / \$0	Presc Costs: \$0 / \$0
Drug Costs: \$0 / \$0	Drug Costs: \$0 / \$0	Drug Costs: \$15 / \$0	Drug Costs: \$1,100 / \$0
Network: HMO	Network: HMO	Network: HMO	Network: HMO



# REVIEW

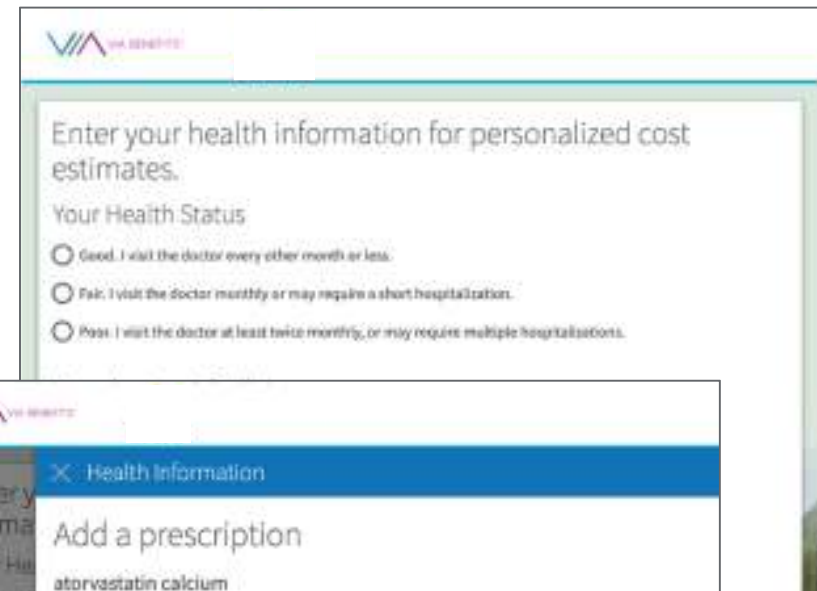
## Target drug plans which cover your prescriptions [my.viabenefits.com/LockheedMartin](https://my.viabenefits.com/LockheedMartin)

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.



VIA BENEFITS

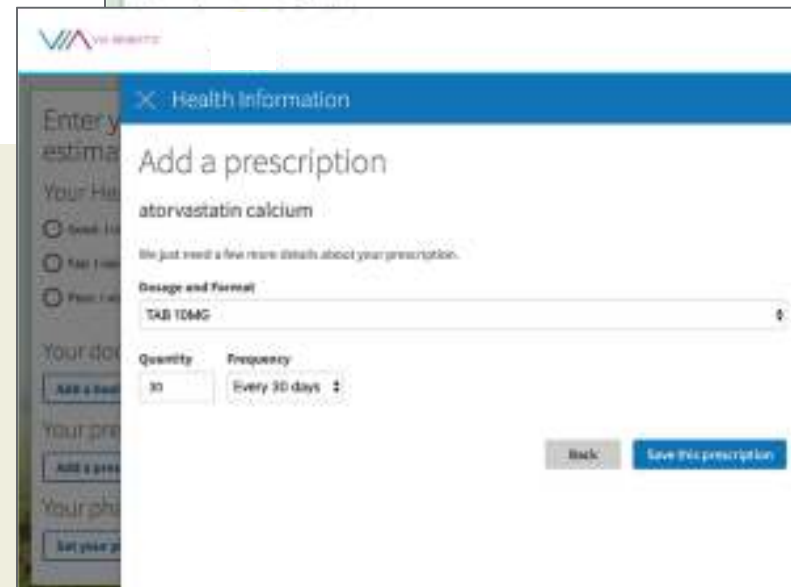
Enter your health information for personalized cost estimates.

Your Health Status

Good. I visit the doctor every other month or less.

Fair. I visit the doctor monthly or may require a short hospitalization.

Poor. I visit the doctor at least twice monthly, or may require multiple hospitalizations.



VIA BENEFITS

Health Information

Add a prescription

atorvastatin calcium

We just need a few more details about your prescription.

Design and Format

TAB 10MG

Quantity: 30 Frequency: Every 30 days

Back Save this prescription

## Pre-Enrollment Checklist

- ✔ Consultation with a licensed benefit advisor or go online
- ✔ Create an account and enter providers and prescription drug information
- ✔ Complete a needs analysis
- ✔ Choose 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](https://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](https://my.viabenefits.com/LockheedMartin)**



## Enroll on our Website

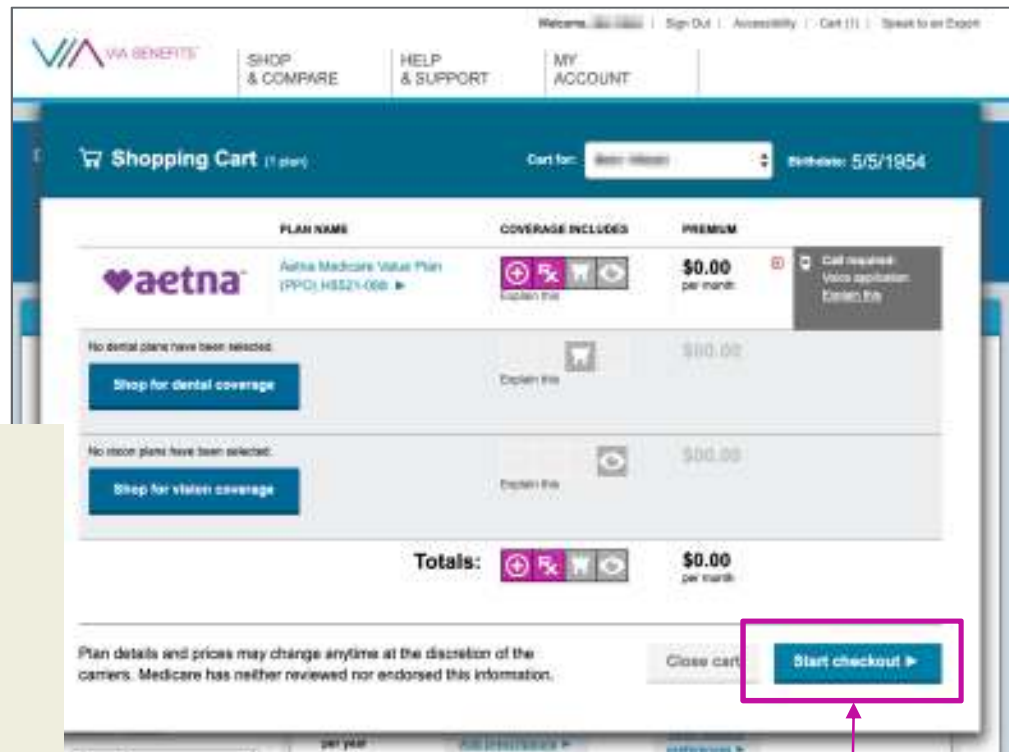
Fast, secure, easy

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 2022 are available beginning October 1, 2021.



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

**VIA BENEFITS™** Selection Confirmation  
Your applications have been submitted for the plans listed below

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

11 SP 0 500  
\*\*\*\*\*SNGLP T1 P1  
John Sample  
1734 Street Name  
Any Town, State 00000

Dear John Sample,

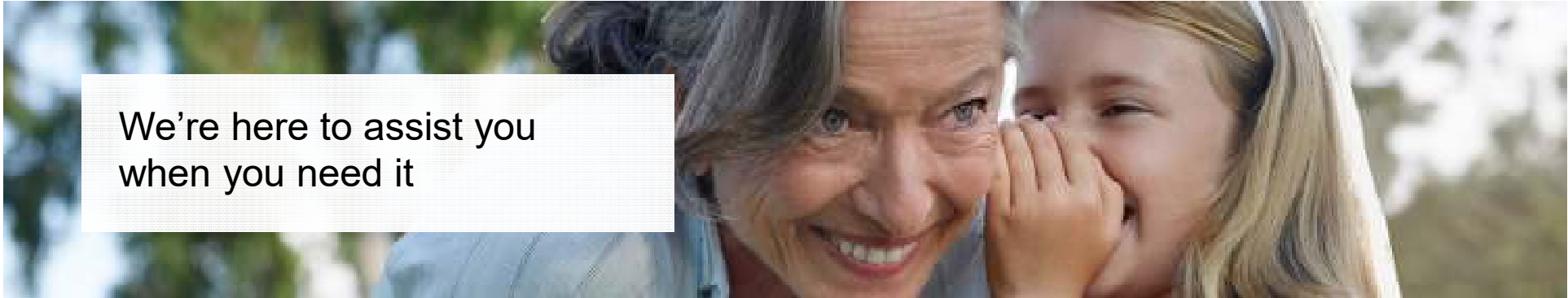
This letter confirms that you have made your plan selection(s) for 2021, and that your applications have been submitted to the insurance carriers listed below. Please review this statement carefully to ensure it reflects the choices you have made. If the plans or premiums are not what you expected, please contact Via Benefits Insurance Services immediately at 1-800-866-0000.

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	Part D 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



We're here to assist you when you need it

## Help & Support on our Website



**Help & Support**



**Shop & Compare**



**Help Me Choose**



**Coverage Checkup**

## During Business Hours



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

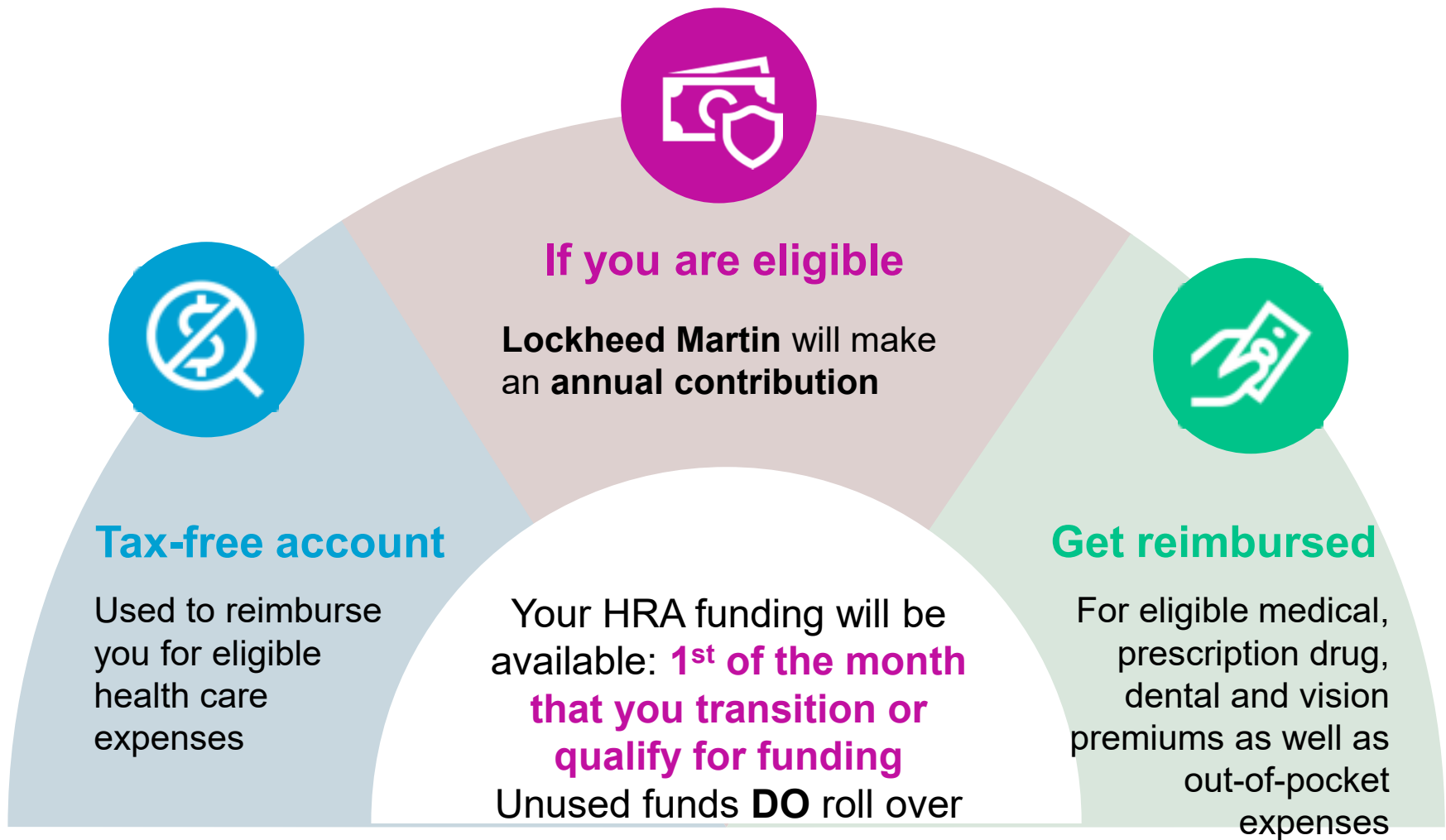


Your plans will automatically renew from year to year. No need to re-enroll unless you want to make a change.

## Health Reimbursement Arrangement (HRA)



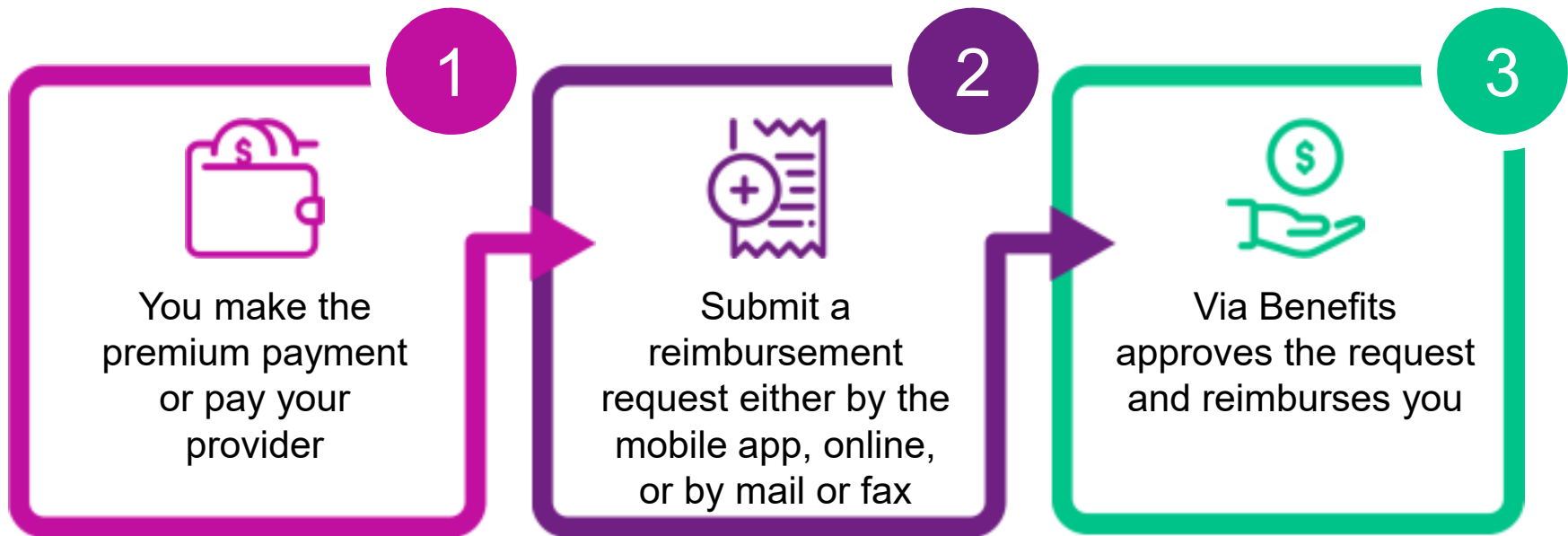
# Health Reimbursement Arrangement





# 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

The screenshot shows the 'VIA BENEFITS' dashboard for a user named 'JOHN SAMPLE'. The main heading is 'Welcome' with a subtext 'Here is a snapshot of your account.' Below this, there are two buttons: 'PREMIUM REIMBURSEMENT' and 'OUT-OF-POCKET REIMBURSEMENT'. The 'HRA Health Reimbursement Arrangement' section displays a 'Total Available Balance' of \$1,178.64. A table lists 'Payments on Hold' and 'Scheduled Payments'. Another table shows 'Breakdowns per Year' from 2016 to 2019. The 'Account Updates' section shows two 'PROCESSED' contribution entries. The 'Did you know?' section offers three options: 'Update Payment Method', 'Receive Text Alerts', and 'Go Electronic', each with a 'SIGN UP FOR' button.

## Via Benefits Accounts Mobile App

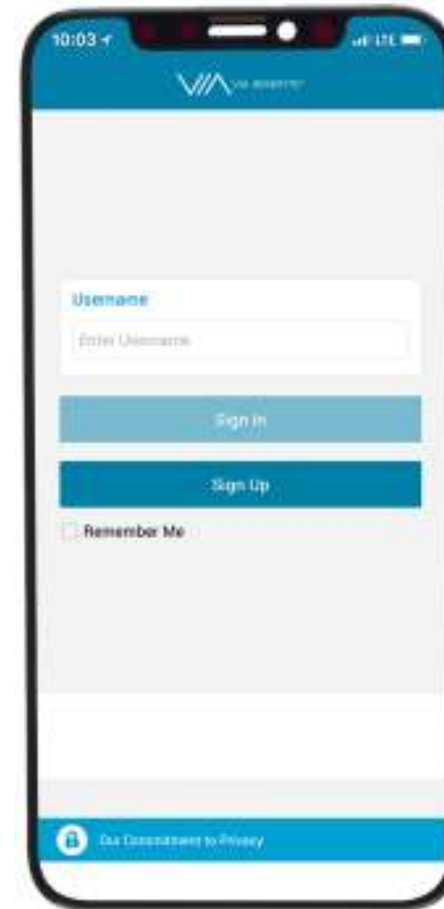
HRA Management on the go

### 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

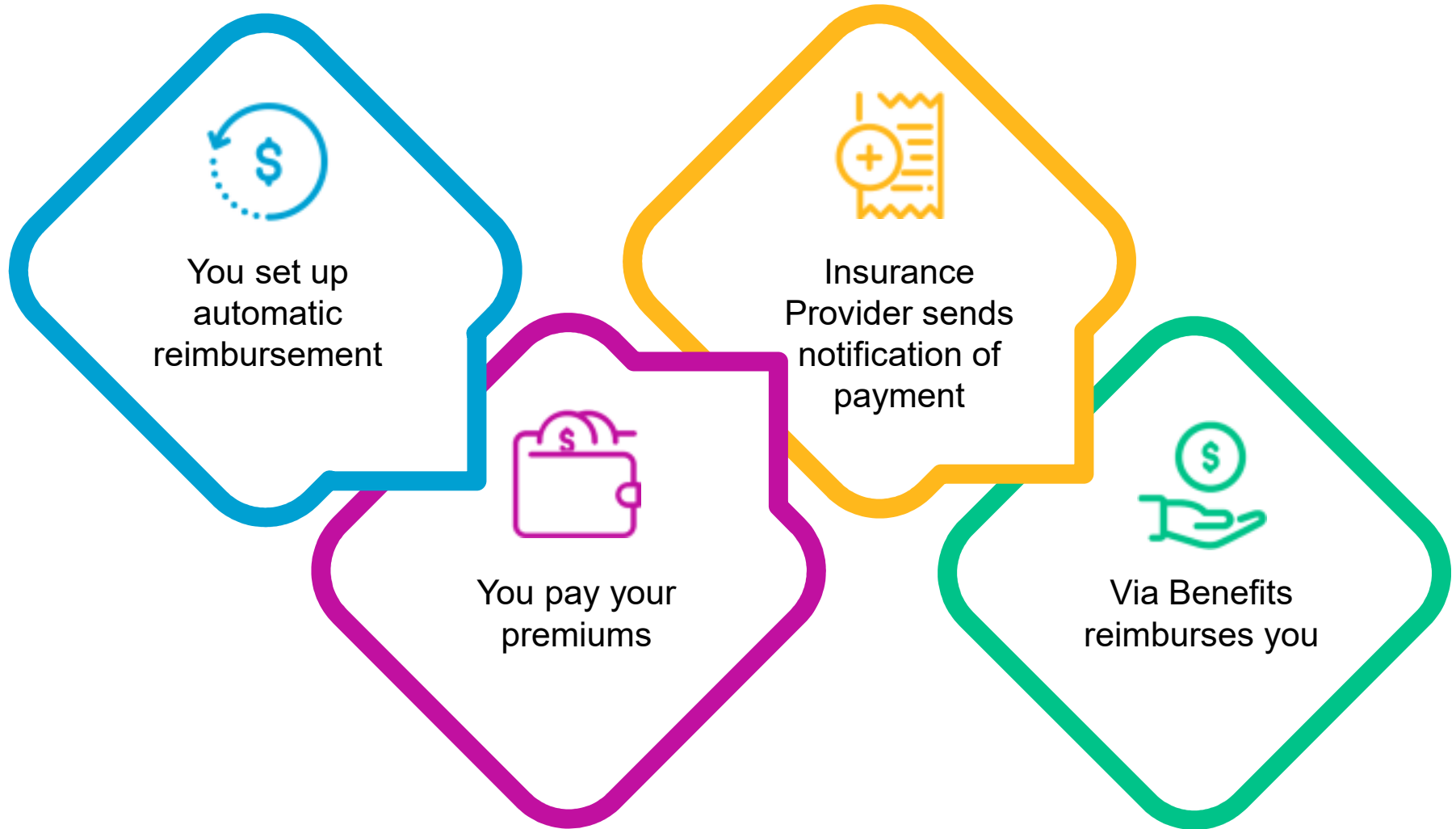


All from your smartphone or tablet  
Available for iOS and Android



# 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

- ✔ Pre-enrollment consultation with a licensed benefit advisor or go to our website
- ✔ Create an account and enter providers and prescription drug information
- ✔ Choose a plan type
- ✔ 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](https://my.viabenefits.com/LockheedMartin)

### Call:

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

# Post Retirement Age-In Communications – Your 64<sup>th</sup> Year \*



- 12 months from 65<sup>th</sup> B-Day – 64<sup>th</sup> B-Day Intro Letter
- 9 months from 65<sup>th</sup> B-Day – Refresher Letter
- 6 months from 65<sup>th</sup> B-Day – Reminder Letter
- 120 days from 65<sup>th</sup> B-Day – Enrollment Guide
- 90 days from 65<sup>th</sup> B-Day – Enrollment begins
- 60 days from 65<sup>th</sup> B-Day – Outbound Calls
- 2 weeks prior to effective date – HRA Funding Guide

\*Note, the communications you will receive will depend on when you have submitted your completed retirement package to LMC

## 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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**Call Now, We Are Ready!**

**1-844-596-0460**

**My.ViaBenefits.com/LockheedMartin**

