

UVA RETIREE HEALTH BENEFITS PROGRAM

EFFECTIVE 1/1/2022

FAQs

HOW IS MY HEALTH INSURANCE CHANGING?

The University of Virginia is changing the way it provides retiree healthcare coverage. Your current group health plan coverage will end on December 31, 2021. You will need to choose a new plan through Mercer Marketplace 365+ Retiree that is effective January 1, 2022 to ensure you have the coverage you need going forward.

WHY IS MY HEALTH INSURANCE CHANGING?

UVA is committed to providing access to affordable, comprehensive, medical and prescription drug and dental benefits. The new UVA Retiree Health Benefits Program allows you and your currently enrolled dependents to continue to receive quality care through a variety of comprehensive healthcare coverage options. You will have multiple insurance plans from which to choose the one that best meets your individual needs. Depending on your income, you may also have access to federal tax health credits including federal premium and cost-sharing subsidies.

WHAT IS MY DEADLINE TO ENROLL IN A NEW PLAN THROUGH MERCER MARKETPLACE 365+ RETIREE?

To avoid a gap in coverage, you must enroll in your new Mercer Marketplaces plan before your current coverage ends. To ensure you have coverage on January 1, 2022 and beyond, **you must enroll no later than December 31, 2021**. You will not be able to enroll retroactively in coverage.

HOW CAN I OBTAIN HELP ENROLLING IN MY NEW HEALTH INSURANCE?

To help you find the plan that best fits your needs and budget, the University of Virginia has contracted with Mercer Marketplace 365+ Retiree to guide you through the process of enrolling in your new coverage from beginning to end. Mercer Marketplace 365+ Retiree will be your single point of contact for healthcare insurance issues — before, during and after the transition to your new healthcare plan.

WHEN CAN I BEGIN THE ENROLLMENT PROCESS WITH MERCER MARKETPLACE 365+ RETIREE?

Your enrollment period runs from November 1, 2021 through December 31, 2021. You will have access to Mercer's website on September 20, 2021 at <http://retiree.mercermarketplace.com/UVA> where you can view an educational webinar about your insurance choices or "Shop & Compare" medical plans.

WILL I BE REQUIRED TO CHOOSE A NEW DOCTOR?

It depends on the health insurance strategy that you choose. Individual healthcare plans offer narrower provider networks. Your Mercer Marketplace 365+ Retiree benefits counselor will review

the plans you have available in your zip code and determine if your doctor(s) are included in the provider networks. You may also call your doctor to confirm the plans in which they are a participating provider.

HOW DO I ENROLL IN MY NEW HEALTH INSURANCE?

You will receive an enrollment kit in the mail from Mercer Marketplace 365+ Retiree. It will detail the process you should use to schedule a one-on-one consultation with a Mercer benefits counselor who will walk you through the entire decision-making process and help you choose the coverage that best meets your needs and budget. The kit will also provide you with ways to prepare for your consultation.

HOW LONG WILL THE APPOINTMENT WITH MY MERCER BENEFITS COUNSELOR LAST?

In general, you'll spend about 60 to 90 minutes on the phone speaking with your Mercer benefits counselor. The length of the call will depend on whether you enroll that day or want to include a family member or caregiver, or a power of attorney on the call. The length of your appointment will also depend on how much preparation you wish to do in advance.

Remember, your Mercer benefits counselor is an excellent resource and will take as much time on the phone or in a future conversation as you need to feel comfortable with your enrollment decision. If you go online to the Mercer Marketplace 365+ Retiree website prior to your consultation to enter your prescription drugs, your appointment could be much shorter. See the checklist in this Enrollment Guide for details on how to prepare for your call.

IF I NEED ASSISTANCE WITH ENROLLING, CAN SOMEONE SPEAK WITH MY MERCER BENEFITS COUNSELOR ON MY BEHALF?

If you complete and sign a Personal Information Authorization form, anyone listed on the form can assist you with your plan information and/or selections. However, a durable Power of Attorney (POA) document must be on file at Mercer Marketplace 365+ Retiree for anyone but the policy holder to enroll in healthcare coverage. Anyone who is listed on the durable POA can act on behalf of the retiree in all insurance capacities; this form must be in place prior to your consultation. A Mercer benefits counselor can mail or email you the Personal Information Authorization form upon request.

IF I LIKE THE MERCER BENEFITS COUNSELOR WITH WHOM I HAVE MY CONSULTATION, CAN I REQUEST THAT SAME PERSON AGAIN?

The person you enjoyed dealing with before may not be available due to other scheduled appointments when you call. Every Mercer benefits counselor must, by law, be licensed, and certified to talk with you about the plans in your specific geographic area.

Please be assured that if you can't reach the Mercer benefits counselor you request, all of your information is available in our secure system, and another licensed Mercer benefits counselor will be able to assist you.

WHAT HEALTHCARE PLANS WILL BE AVAILABLE?

The individual healthcare insurance market has the following metal tier plans: Bronze, Silver, Gold, and Platinum. Plans in these categories differ based on how you and the plan share the costs of your care. Bronze plans will have lower premiums but higher out-of-pocket expense when going to a doctor. Gold plans will have higher premiums but will have lower out of pocket expenses when going to a doctor. The categories have nothing to do with the amount or quality of care you receive.

WHAT BENEFITS WILL BE COVERED UNDER MY PLAN?

All individual healthcare plans provide the same essential health benefits, cover pre-existing conditions, and offer free preventive services. However, many plans will offer additional benefits which your benefits counselor can review.

WHAT ARE "ESSENTIAL HEALTH BENEFITS?"

Essential health benefits are included in all individual healthcare plans. There are ten categories of essential health benefits including: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

IF I DON'T LIKE THE PLAN IN WHICH I'M ENROLLED, WHEN CAN I CHANGE?

Outside of the annual Open Enrollment Period—typically November 1st through December 15th—the only way you can obtain or change your health insurance is through one of two ways: (1) Qualify for a special enrollment period if you lose job-based coverage, have a baby, get married, or have certain other life changes, or (2) Qualify for Medicaid or the Children's Health Insurance Program (CHIP). Your Mercer benefits counselor can answer any questions you may have about changing your plan during your consultation or at any point throughout the year.

WILL MY NEW HEALTH PLAN BE MORE EXPENSIVE THAN MY CURRENT HEALTH PLAN?

Your new health plan may be more expensive or less expensive than your current health plan depending on the type of plan you choose. When calculating the difference, take into consideration the fact that your current health plan premium was scheduled to increase by 15% in 2022. Also remember that depending on your income, you may have access to federal premium and cost-sharing subsidies which will lower the cost of your new health plan.