

Enrollment Guide

Evaluate your Medicare coverage for 2012

This guide contains

- Information on how to understand and evaluate which plan is best for you
 - Contact information and tips about how to work with Extend Health
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Greetings from Extend Health!

Trusted advisor for hundreds of thousands
of Medicare-eligible participants

We are pleased to welcome you to your enrollment period for 2012 health care benefits. We look forward to helping you make an informed and confident enrollment choice.

This *Enrollment Guide* will explain how to evaluate your coverage options and choose a plan that is right for you.

THIS GUIDE WILL HELP YOU:

1

UNDERSTAND YOUR OPTIONS

2

COMPLETE YOUR ENROLLMENT CALL

What to expect from us

Get the highest-quality coverage for the least expense

Extend Health provides access to a wide variety of individual Medicare market plans from the nation's leading health insurers, as well as dental and vision coverage options.

We offer you and/or your Medicare-eligible spouse personalized service and assistance with finding and enrolling in the plans that best fit your needs. Our licensed benefit advisors, online tools and comprehensive knowledge of the Medicare market combine to make Extend Health the trusted advisor for hundreds of thousands of Medicare-eligible participants.

This service is provided at no cost to you or your spouse.

EXTEND HEALTH OFFERS:

STEP-BY-STEP GUIDANCE

Our licensed benefit advisors will guide you, step-by-step, through the process of understanding the individual Medicare market, evaluating your options and enrolling in the coverage that fits you best.

ASSISTANCE WITH FINDING THE RIGHT PLAN

We have access to a wide assortment of plans from more than 70 of the nation's largest and most popular health insurance companies. Extend Health is not an insurance company or carrier. We are a resource offering assistance in evaluating your plan options and selecting the one that is best for you.

ENROLLMENT MADE EASY

Once you have identified the plan that is best for you, we will assist you with enrollment and ensure your application is processed by the health plan you have selected. After your application is submitted, you may check the web site or call us for an update on your application's status.

Understand your options

How to choose the option that is right for you

You have the opportunity to supplement your original Medicare coverage with Medicare Supplement (Medigap) insurance, or to replace it with a Medicare Advantage plan. These supplemental or replacement plans are available to everyone who is Medicare-eligible, regardless of income. Please note that you and your eligible spouse each must make a separate election.

On the following pages, you will find a comparison of Medicare Advantage and Medigap plans with advice on how to choose the option that is right for you.

GUARANTEED ISSUE

In general, if you enroll during the specified enrollment period you are guaranteed coverage by one of the plans available in your area, regardless of your current medical conditions. Plans are available to everyone who is Medicare-eligible, regardless of income.

During your first enrollment period, Medigap (Medicare supplemental) insurance plans for which you are eligible are guaranteed issue – you cannot be turned down based on your medical history or pre-existing conditions.

After your first enrollment, if you choose to make changes to your coverage, subsequent applications may be subject to underwriting – meaning you can be rejected based on your pre-existing medical conditions.

Should you choose to change your coverage in the future, Extend Health will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

RATE INCREASES

Nearly every plan will increase its premiums each year, primarily due to the rising cost of medical care. We advise our enrollees to contact us and compare other plans if they are curious about alternative rates, or experience rate increases in the 10-15% range.

Medigap plan rates are based on a schedule that is filed with your state's Department of Insurance and will increase based on your age group. In general, even with an increase, your plan premium will still be very competitive with other comparable Medigap plans in your area for people of your age and health status.


Be aware that Medigap plans give you much greater flexibility to see any doctor that accepts Medicare, cover you when you travel outside of your area, and do not require copays or co-insurance – as opposed to Medicare Advantage, which often has lower monthly premiums but doesn't give you as much flexibility and, if you see a doctor frequently, may actually have higher out of pocket costs.



MEDIGAP PLAN

OPTION 1: A Medigap plan

A Medigap plan fills the “gaps” in original Medicare Part A and Part B coverage (*i.e., helps pay the difference between your costs and the amount original Medicare pays*). These plans provide additional coverage for your doctor visits and hospital stays as well as other expenses not covered by original Medicare.



MEDICARE ADVANTAGE

OPTION 2: A Medicare Advantage plan

A Medicare Advantage plan provides an all-in-one plan that bundles your Part A and Part B coverage together with additional benefits. These plans provide coverage for your doctor visits and hospital stays.

Evaluate your options

Select the coverage that best fits your needs



MEDIGAP
PLAN

OPTION 1:

A Medigap plan

The primary value of a Medigap plan is its flexibility. Medigap plans are widely accepted by doctors and hospitals around the country. Anyone that accepts original Medicare will also accept Medigap. In exchange for this flexibility, you may pay higher monthly premiums than with other plan options.

A MEDIGAP PLAN

MIGHT BE RIGHT FOR YOU IF:

You prefer the flexibility to see any doctors that accept Medicare, including your current doctors.

Medigap is accepted by all doctors that accept Medicare. It is the most flexible type of plan regarding choice of physician.

You have frequent doctor visits.

Because most Medigap plans do not require copayments or co-insurance, each visit to the doctor or hospital is covered by your monthly premium payments (*which may be higher than other plans*).

You travel frequently.

Medigap is widely accepted and can accommodate multiple residencies and frequent trips better than other plans.



MEDICARE
ADVANTAGE

OPTION 2:

A Medicare Advantage plan

The primary value of a Medicare Advantage plan is the convenience of having a single plan that covers both hospital and doctor expenses.

Medicare Advantage plans generally have lower monthly premiums than Medigap plans, but they often charge a per-visit fee, either through a copayments or co-insurance. In most cases, Medicare Advantage plans utilize a network of doctors (*a PPO or HMO*) that allows for even deeper cost savings.

A MEDICARE ADVANTAGE PLAN MIGHT BE RIGHT FOR YOU IF:

You are open to seeing doctors within a network.

If you are willing to obtain services from doctors within a defined network (which may or may not include your current doctor), generally Medicare Advantage plans will offer a lower-cost option. Many doctors work with MA plans so changing doctors may not be necessary.

You have fewer doctor visits.

If you visit the doctor infrequently and do not mind being responsible for per-visit copayments or co-insurance, Medicare Advantage plans will offer a lower monthly premium.



	MEDIGAP PLAN	MEDICARE ADVANTAGE
Does it include hospital coverage?	Yes	Yes
Does it cover doctors and specialists?	Doctors and specialists are covered. Any doctor that accepts original Medicare accepts these plans.	Doctors and specialists are covered. There are three types of Medicare Advantage doctor networks: HMO* , PPO* , and PFFS* . Note: If you do not wish to change your current doctors you must know which plans they accept prior to enrolling.
Does it have prescription drug coverage?	No, prescription drugs are not covered by a Medigap plan. Your Employer Group Plan will cover your prescription drugs.	There are two versions of Medicare Advantage Plans: MAPD , which includes prescription drug coverage, and MA , which does not. Only MA plans will be available to you, as your prescription drugs will be covered under your Employer Group plan.
Does it have dental and vision benefits?	Dental and vision are not covered. However, separate dental and vision plans are available.	Dental and vision coverage varies by plan. Separate dental and vision plans are available if you choose an MA plan that does not offer dental and vision coverage.
Does it cover me when I travel?	Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you.	Medicare Advantage plans cover urgent and emergency services nationwide, but some may not provide nationwide coverage for non-emergency services. If you live part of the year out-of-state, these plans may not be right for you.

*Please see page 11 for a definition of these terms



WHY CAN'T I SEE THE PRICES NOW?

Regional variations prevent us from printing the prices of specific plans in this guide. Cost comparisons are available on our web site or by calling a licensed benefit advisor.

Complete your enrollment call

Speak to a licensed and trained benefit advisor

WHAT TO EXPECT WHEN CALLING

When you call Extend Health, you will automatically be connected with a benefit advisor who is licensed and trained to find the coverage that best fits your specific needs. To speed up the process of connecting you to the right benefit advisor, you will be asked a few questions by our automated telephone system. You may either speak your answers, or use the numbers on your telephone keypad.

BEFORE YOU ARE CONNECTED TO A BENEFIT ADVISOR:

- Step 1** Select from a menu of options so we may route you to an appropriate team member.
- Step 2** Enter your zip code, if prompted.
- Step 3** Provide the last four digits of your Social Security Number, if prompted.*
- Step 4** Confirm the first three letters of your last name.

When an advisor answers the phone he or she will already have your information in hand and will be ready to help you evaluate your options and enroll in a Medicare supplemental plan that fits your needs.

A LICENSED BENEFIT ADVISOR IS HERE TO HELP YOU

Extend Health benefit advisors understand the insurance options in your area and will match your unique needs and budget to a plan that is right for you. Our benefit advisors are local experts specifically trained on the benefits and coverage for the states in which they are licensed, and for each of the different insurance plans offered in those states.

*Our privacy policy can be found on pages 14 and 15 of this guide, or on our website. Simply click the “privacy policy” link at the bottom of any page on our website, found at the address next to the page number below.

BEFORE YOU CALL

If you have not yet spoken with a benefit advisor, we will need some information from you. Providing this information will help us find a plan that best fits your needs and budget.

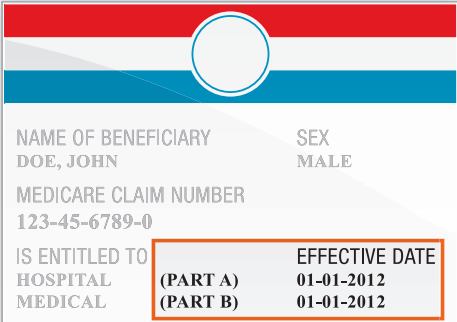
- **Make sure you have your basic identification information handy.**

Your current phone numbers, address(es), Social Security number and a Medicare ID number will be required to enroll you in a plan for 2012. We also need your effective dates for both Medicare Part A and Part B, which can be found on your Medicare card. (*see the sample provided*).

- **Make a list of your doctors' names and addresses. (optional)**

A phone number is also helpful, but if you do not have one, we can look it up for you. Depending on the coverage you select, your doctor information may not be requested during your enrollment call. However, having it available will save time if it is needed.

*To create your online account click the "Register" link at the top of our website. To login to an existing account, click the "Login" link at the top of our website, found at the address next to the page number below.



A sample Medicare card for John Doe. The card features a red and blue header with a circular logo. The beneficiary's name is listed as 'DOE, JOHN' and his sex as 'MALE'. His Medicare claim number is '123-45-6789-0'. The card also shows entitlement to Hospital (Part A) and Medical (Part B) benefits, both with an effective date of 01-01-2012. The Part A and B sections are highlighted with an orange border.

NAME OF BENEFICIARY	SEX
DOE, JOHN	MALE
MEDICARE CLAIM NUMBER	
123-45-6789-0	
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	01-01-2012
MEDICAL (PART B)	01-01-2012

Tools & resources

Find the plan that fits you best with the help of our online tools

In addition to working with our licensed benefit advisors over the phone, you have access to online tools (*available at the website provided at the bottom of this page*) to help you compare and evaluate the plan options available to you:

HELP ME CHOOSE™

Answer a few simple questions online and our Help Me Choose™ tool will match you to the plans that best fit your needs.

UNDERSTANDING MEDICARE

Click the “Help” link to access our easy on-line guide and learn about the many components of the Federal Medicare program.

YOUR PERSONAL PROFILE

If you have not already done so, create your personal profile online. Having this important information already entered saves time during your enrollment appointment.

Glossary of terms

Understand some of the key terms of Medicare coverage

Coinsurance: A percentage of covered expenses that a patient must pay out-of-pocket.

Copayment (Copay): A charge, collected at the time of service and paid by the patient, for certain services including prescription drugs. Generally copayments are not applied toward deductibles and out-of-pocket maximums.

Deductible: The amount you pay out-of-pocket toward covered medical expenses before your plan begins paying.

HMO (Health Maintenance Organization): An HMO is an insurer offering comprehensive health coverage. HMOs may employ their own staff, or they may contract with a network of preferred providers for health services. HMO members generally need pre-approval from their primary care doctor to see a specialist.

Medigap (Medicare Supplement Insurance) Policies: Policies sold by private insurance companies to fill gaps in original Medicare coverage. In general, with a Medigap policy, beneficiaries get help paying for some or all of the health care costs not covered by the original Medicare plan.

PFFS (Private Fee-for-Service): A type of health insurance plan offered by a private company, also known as a traditional indemnity plan, that covers a set range of services and allows you to choose your doctor or hospital with no (or minimal) restrictions so long as the doctor participates in that plan.

PPO (Preferred Provider Organization): Sometimes referred to as a participating provider organization, a PPO is an organization of medical doctors, hospitals, and other health care providers who have contracted with an insurer or a third-party administrator to provide health care services at reduced rates to the insurer's or administrator's clients. Members can seek services outside the contracted providers, but generally at a higher cost.



Online Tools to Help You Enroll

There's a lot you can do online with our easy-to-use website

To prepare for your enrollment call we encourage you to visit the Extend Health website, create your account, and complete your personal profile (if you haven't already done so). You'll find the web address for your account printed in the cover letter included with this mailing, and also next to the page numbers of this *Enrollment Guide*.

After you've created your account and completed your personal profile, there's a lot more you can do online. **Shop & Compare** is a powerful feature you can use to search for Medicare insurance plans, and compare them side-by-side. Your **Shopping Cart** lets you save plans you'd like to discuss during your enrollment call. If you haven't already scheduled an enrollment appointment, you can do that online too.

Using our website is optional. Your information can be provided and your enrollment can be made over the phone (using the phone number printed in your

cover letter and next to the page numbers of this *Enrollment Guide*). While you don't have to go online if you don't wish to, our online tools are easy to use, and will quickly walk you, step-by-step, through the process from start to finish. If you have questions along the way, simply call and speak to a trained expert.

The more you complete online now, the faster and easier your enrollment appointment will be. To help you begin, the opposite page outlines the steps you'll follow online. Let's get started!

STEP 1: CREATE AN ACCOUNT

Creating an account allows you to add family members, search for and save plans, and track the status of your applications.

- Click the **My Account** link on the Extend Health website. (The specific address for your account is printed beside the page numbers of this *Enrollment Guide*.)
- *First-time visitors:* Select **Create an account** and enter the required information.
- *Returning Visitors:* Enter your username and password.
- Review our privacy policy and agree to our terms of service.

STEP 2: CREATE YOUR PERSONAL PROFILE

Creating and updating your personal profile makes the enrollment process quick and easy, and will allow you to schedule your enrollment call at a time convenient for you.

- Verify or update your personal information. (Information that already appears in your personal profile was provided to us by your employer.)
- Add your doctors.

STEP 3: SCHEDULE AN APPOINTMENT

- Select your plan participants (it could be just you, or you and your spouse and/or Medicare-eligible dependents).

- Select the plan types that you want to discuss with a benefit advisor.
- Select your time zone.
- Select appointment time.
- Print your confirmation and summary.

STEP 4: SHOP & COMPARE

- Select “Shop & Compare.”
- Review and compare plans in your area.
- Add plans to your shopping cart.
- Check out (*Optional for some plans*).

“Check out” allows you to enroll in plans online, and is available only for certain plans from certain carriers. If you have an enrollment appointment scheduled, just add the plans you are interested in to your cart but do not check out. You will review the plans in your cart with your benefit advisor and complete your enrollment during your appointment.

STEP 5: RELAX, YOU’RE READY FOR YOUR APPOINTMENT

Thank you for taking time to complete the steps above. If you were able to finish your enrollment online, congratulations! If you have an enrollment appointment scheduled with a benefit advisor, the information you entered and the plans you saved to your cart will make your appointment much easier and faster.

Privacy Policy: Your privacy is important to us.

This policy applies to information received by Extend Health, Inc. and its subsidiaries (collectively, “Extend Health”). In this Privacy Policy and HIPAA Related Privacy Notice, the words “you,” “your,” and “customer” are used to mean any individual about whom Extend Health has collected personal information for purposes of assisting in administration of an employer’s plan or who has been enrolled in an individual health plan by an Extend Health benefits advisor.

As a provider of services and products that involve compiling personal information, Extend Health takes your privacy very seriously. We may not collect all of the types of information described below, however, this policy explains how we handle and protect your personal information and protected health information.

When you enroll in a particular health plan, it will have its own privacy policies that describe how your information will be treated. To obtain a copy of your health plan’s HIPAA Privacy mandated Notice of Privacy Practices, please contact the member services number on your health plan ID card.

INFORMATION WE COLLECT

Extend Health seeks to be the leader in customer-directed service related to selection and enrollment in the country’s premier health plans. We collect information that helps us serve your needs, provide personalized customer service and fulfill legal and regulatory obligations. Depending on the services we provide and the services you might request, we collect information such as (1) information provided by your employer to assist us in helping you select and enroll in a health plan that meets your needs, (2) responses from you and others regarding your health care providers and medications you may be taking, (3) information about your relationship with us, such as products purchased through Extend Health and transaction history, (4) information necessary to provide customer service such as demographic information, gender, geographic area and preferences when such information is linked to other information that identifies you, and (5) information from hospitals, doctors, laboratories and other companies about your health condition and from your health plan. Your personal information is used to identify you and maintain the security and privacy of your benefits.

REGISTERING WITH US

We collect personal information from you when you register with us. You may register with us through our website or through our Service and Support Center by providing certain personal or contact information (e.g., email address, phone number, gender, date of birth) to one of our benefit advisors.

APPLYING FOR HEALTH INSURANCE AND OTHER PRODUCTS

If you apply for health insurance or other products through our website, we may ask you to provide us with personal information and/or health information relating to you and any family member who will be included on your application. This information will be used by your chosen insurance company, agent or plan administrator to process your application. Additionally, we may ask you to provide us with credit card or bank information, which will be used by your chosen insurance company or plan administrator to process your application or collect any fees associated with your application or insurance premiums upon approval of your application.

SURVEYS

You may have the opportunity to provide information to us through online surveys and forms. We use this information to better understand your health insurance needs and to provide quality products, services and other opportunities. We plan to use any information we obtain from you to help us continually improve our customer experience.

USE OF PERSONAL INFORMATION

Any personally identifiable information you give us will be used to provide the product, service or information you have requested. We use your information to provide applications and services to you, and to display customized content. We may also use personal information for certain auditing, research and analysis activities to operate and improve Extend Health technologies and services. Your personal information may also be used to set up, process, or contact you regarding your account. When we use your personal information, it may be processed on our servers in the United States of America and in other countries, and your information may be processed on a server that lies outside your own country.

When we use personal information in our internal marketing efforts, we provide you with choices (see “Choices” below) and do not disclose the information to third parties except as described in this privacy policy.

SHARING OF YOUR PERSONAL INFORMATION *Insurance companies & authorized plan administrators*

If you submit an application for an insurance product offered by us, we will disclose your personal information to your chosen insurance company to process your application. If you enroll in a reimbursement subsidy account (such as a Health Reimbursement or other account) offered through an authorized plan administrator with whom we have associated, then we

may disclose your personal information to that trustee or administrator in order to complete your enrollment. These partners are only allowed to use your personal information to process your requested quote, application or enrollment and are contractually obligated to maintain strict confidentiality and security with respect to your personal information.

Service providers

We may disclose your personal information to other companies that help us process or service your insurance application or correspond with you. For example, we may provide your personal information to a service provider to verify the validity or credit limit of your credit card. The companies we hire to process or service your insurance application or to correspond with you are not allowed to use your personal information for their own purposes and are contractually obligated to maintain strict confidentiality and security with respect to your personal information.

LEGAL OBLIGATIONS

For information that is considered “protected health information” under the federal Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), you have the right to see and copy that information, receive an accounting of disclosures of the information and amend that information. If you believe your rights have been violated, you have the ability to file a complaint with your health plan or with the Secretary of the U.S. Department of Health and Human Services. Additionally, the use and disclosure of certain “non-public personal financial and health information” is regulated by the Gramm-Leach-Bliley Act of 1999 (“**GLBA**”), and your disclosure of such information to us and our business associates is governed by the terms of v.

SECURITY

We are committed to protecting your privacy and preventing the unauthorized access and use of your personal information. Extend Health employs and maintains physical, electronic and procedural safeguards for protecting personal information. Only those employees and contractors who need to know your personal information to provide products and services to you will have access to it. Any employee or contractor who violates our Privacy Policy is subject to disciplinary action.

CONTACT US

If you want to correct or update your contact information, you may contact us by email at

support@extendhealth.com or by mail at:

Customer Service, Extend Health
10975 S. Sterling View Dr.
South Jordan, UT 84095
Fax: (801) 413-0991

We will share your messages with those within our organization that are most capable of addressing the issues contained in your message. We preserve the content of your e-mail, your e-mail address and our response so that we can efficiently respond to questions you might have. We also do this in an effort to meet legal and regulatory requirements. We will use reasonable efforts to respect your request not to be contacted by e-mail.

CHOICES

We may contact you to survey your satisfaction of our service and/or to inform you of additional products and services. You may opt out of receiving satisfaction surveys and/or information on additional products and services from us. If you want to opt out of these surveys and/or notices, you may use our email opt-out page located at www.extendhealth.com/preferences/opt-out.

You may also contact us by email at

support@extendhealth.com or by mail at:

Sales Support, Extend Health
10975 S. Sterling View Dr.
South Jordan, UT 84095
Fax: (801) 413-0991

Please note that you will still receive communications from us regarding your insurance quote, application or policy even if you opt out of receiving our surveys and/or notices of additional products and services.

SITES WE LINK TO

If you choose to use any of the links we provide to our member companies, sponsors, and other third party resources, you will leave our website and navigate to a new website. Protection of your privacy at websites other than ours will be governed by the privacy policy at that site. Take the time to read the privacy policies on their sites. Because these third party websites are not under our control, we cannot be responsible for the privacy practices of such websites or pages and we do not endorse any of these websites or pages, the services or products described or offered on such sites or pages, or any of the content contained on those sites or pages.

CHANGES TO THIS POLICY

If we make any changes to this policy, we'll let you know the effective date of the changes and provide a tool for you to understand what has changed. If you have any questions or comments or receive any unwanted e-mail from this site, please contact our webmaster via e-mail at privacy@extendhealth.com. In addition, if we make any material changes to our information privacy practices that do not affect the personal information already stored in our database, we will post a prominent notice in the privacy portion of our website notifying users of the change.

Last updated: June 14, 2011



The information offered on our website and provided in this mailing is believed to be true and correct. Licensed Extend Health benefit advisors are available Monday through Friday, 9:00 a.m. until 9:00 p.m. Eastern Time.

Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a non-resident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from, the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services and may receive other performance-based compensation for its sale of the insurance products and services provided to you. Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services, LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare open enrollment period.
