

COMCAST NBCUNIVERSAL WELCOME KIT FOR PRE-65 INDIVIDUALS



LOOK INSIDE TO LEARN MORE ABOUT:

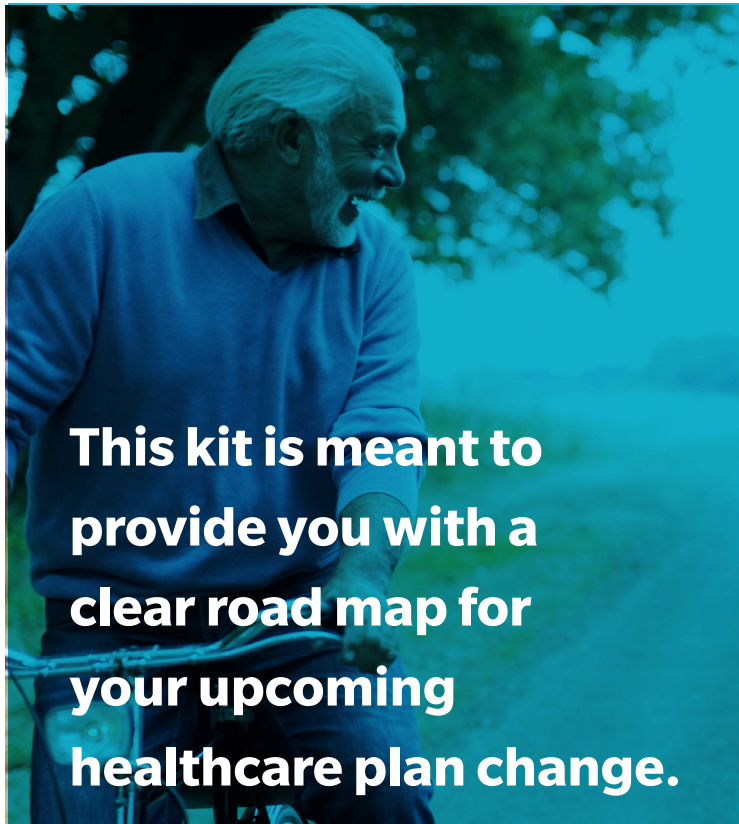
- **Connecting with a licensed Benefits Counselor**
- **Exploring your new healthcare coverage options**
- **Enrolling in a plan that meets your needs and budget**

This welcome kit contains important information on your retiree healthcare benefit options and how to enroll in healthcare coverage. It is important that you read through all pages carefully so that you can select the plan option that best meets your needs.

Mercer Marketplace 365+ Retiree^{SM*}

P.O. Box 14401, Des Moines, IA 50306-3401
866.435.5135 (toll-free)
Dial 711 (deaf or hard of hearing individuals)
857.362.2999 (fax)
retiree.exchange@mercer.com
<http://retiree.mercermarketplace.com/comcastnbcu>

* Services provided by Mercer Health & Benefits Administration LLC.



This kit is meant to provide you with a clear road map for your upcoming healthcare plan change.



SUCCESSFUL ENROLLMENT USING A STEP-BY-STEP PROCESS — Following these steps will help you understand what to expect, what is needed, and how to get ready for a smooth transition. **Page 2**

PREPARING FOR YOUR CONSULTATION — Using these guidelines will help you get the most out of your appointment with your licensed Benefits Counselor. **Page 4**

COVERAGE AND PLAN TYPES — Learn about the four different plan types available to you and what factors may help you make a decision. **Page 6**

OTHER INSURANCE OPTIONS — Understand how you can build complete coverage with Dental, Vision, Short Term Medical and Critical Illness Insurance. **Page 7**

RRA INFORMATION — Understand important facts about the Retiree Reimbursement Account (RRA) your former employer will be providing. The enclosed RRA Instructional Guide goes into greater detail about this account. **Page 8**

ASSISTANCE BEYOND ENROLLMENT — Our team is available year-round to answer any questions or concerns you may have regarding any healthcare plan related matter. **Page 9**

GETTING READY FOR MEDICARE ELIGIBILITY — As you approach Medicare eligibility, it's important to understand the timing and what you need to do in advance. **Page 10**

FREQUENTLY ASKED QUESTIONS — Review these FAQs to help guide the transition to your new healthcare plan. **Page 11**

HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION — Go online to enter this information 2-5 days before your consultation. If you are unable to do so, you may use this form to complete and send to us 10-14 days in advance of your consultation. **Page 15**

Welcome to Mercer Marketplace 365+ Retiree

Having the right healthcare coverage during retirement is important. That's why Comcast NBCUniversal has engaged Mercer Marketplace 365+ Retiree to help you evaluate your new plan options and enroll in a healthcare plan that best fits your need and budget.

You have 60 days after the end of your active health coverage to enroll in a new plan. In order to avoid a gap in coverage, it is important to enroll before your current coverage ends.

Please note that you may still experience a gap in coverage based on federal and state enrollment deadlines.

You will shop for and enroll in your new healthcare coverage through Mercer Marketplace 365+ Retiree. You now have several options to choose from to meet your healthcare and prescription drug needs. Mercer Marketplace 365+ Retiree and its licensed Benefits Counselors are ready to support you before, during, and long after your health plan changes. They will help you understand the different individual plans offered to you, assist you in determining which plans provide the coverage you need, and complete your enrollment when ready.

You may be eligible for a Retiree Reimbursement Account (RRA) to help offset a portion of the cost of your healthcare plan. This RRA, set up in your name, is a special, tax-free account that you may use to reimburse yourself for eligible healthcare plan premiums as defined by your employer and the IRS. The RRA Instructional Guide, included in this package, provides more information about your RRA. You will need to submit an eligible RRA claim within 90 days of your date of retirement. Thereafter, you must submit an eligible RRA claim annually to remain eligible. Failure to complete either step will result in permanent loss of eligibility for the RRA.

You will have assistance at every step from a licensed Benefits Counselor. A Benefits Counselor will help you compare your health and prescription drug coverage options, and complete your enrollment when you are ready. You may also visit our website to learn more about the different plans and compare your coverage options. Refer to page 4 for more information about connecting with a Benefits Counselor.

In the meantime, review this welcome kit. It contains tools and exercises to help you start learning about your new healthcare plan options. Completing the information requested in this kit will make it easy for you and a Benefits Counselor to evaluate your options and help you enroll on time.

Our team is excited to serve you. You will have assistance from a licensed Benefits Counselor to support you during your enrollment period. You may reach Mercer Marketplace 365+ Retiree:

- Any business day, from 8:00 a.m. to 5:30 p.m. ET at 1-866-435-5135 toll-free (deaf or hard of hearing individuals should dial 711) to set up a consultation.
- Online at **<http://retiree.mercermarketplace.com/comcastnbcu>** at your convenience, 24 hours a day, seven days a week.

For additional information about Mercer Marketplace 365+ Retiree, including our compensation and privacy practices, please see the enclosed document.

We look forward to working with you.

Mercer Marketplace 365+ Retiree



What steps do I have to take to successfully enroll in my new plan?

This process will be an easy one if you review the steps below and gather the requested information prior to your consultation. Doing so ensures you will be accurately and efficiently enrolled in the plan that best fits your needs and budget.

STEP 1: Upon receipt

Review this welcome kit in its entirety.

STEP 2: Call now to schedule

Consult with a licensed Benefits Counselor

Call Mercer Marketplace 365+ Retiree to schedule a one-on-one consultation with a licensed Benefits Counselor. It is important to call NOW to select your date and time. Don't wait until the end of your enrollment period approaches before making this appointment; doing so may leave you with a short amount of time in which to make a decision. Please call now to set up this important consultation.

STEP 3: Before your consultation

Preparing for your consultation

Start by keeping track of your individual healthcare coverage needs. Providing correct and complete information will help your Benefits Counselor analyze your health plan coverage specifics:

- Go online at <http://retiree.mercermarketplace.com/comcastnbcu> to enter your prescription drugs and healthcare providers; doing this in advance will save you time during the consultation. If you'd prefer to do this on paper, use the worksheet on page 15 to list your important healthcare providers and prescription drugs.
- Think about plan features that are important to you.
- Prepare any questions you may have for your licensed Benefits Counselor.

- Gather any documentation that pertains to a Power of Attorney, if applicable to you.
- Research your options by visiting <http://retiree.mercermarketplace.com/comcastnbcu>. Our online tools are easy to use, and utilizing them can help you feel more comfortable with this process and also reduce the amount of time you spend on the phone with your Benefits Counselor.

STEP 4: Conduct the consultation

Explore your new plan options when you consult with your licensed Benefits Counselor

Please take this opportunity to utilize your Benefits Counselor and his or her health insurance expertise. He or she will present you with all of your options so you can feel confident about the decision you are making.

STEP 5: Enroll in a plan

Enroll in your new plan(s) with your Benefits Counselor before your active healthcare coverage with Comcast NBCUniversal ends. You have 60 days after the end of your active health coverage to enroll.

Please note that you may still experience a gap in coverage based on federal and state enrollment deadlines.

When you are ready to enroll in your new plan(s), you will:

- Have your Benefits Counselor complete your enrollment over the phone.
- Provide information to set up payment for your premium.
- Be sent any forms that are required; please review, sign, date, and return promptly.

STEP 6: Begin coverage

Begin coverage in your new plan(s).

STEP 7: After enrolling in your new plan(s)

After your effective date, you:

- May be contacted by your new insurance carrier in order to verify your enrollment; please do not ignore this request, as doing so could delay or nullify your coverage.
- Will receive your new insurance cards by mail from your insurance carrier within 2-4 weeks after your enrollment has been processed; please review them for accuracy.

STEP 8: After enrolling in your new plan(s)

Set up your RRA

Utilizing your RRA is an easy process, but you must take action by:

- First, paying your premium up front to your insurance carrier.
- Then, submitting a claim for reimbursement from your RRA.

You will need to submit an eligible RRA claim within 90 days of your date of retirement.

Thereafter, you must submit an eligible RRA claim annually to remain eligible. Failure to complete either of these two submissions will result in permanent loss of eligibility of the RRA.

The enclosed RRA Instructional Guide provides greater detail about the entire process you should follow in order to efficiently submit your claims and receive reimbursement for eligible premiums.

STEP 9: Ongoing

Store this welcome kit and contact information in an easy-to-find location so you can contact us whenever a need arises.

Our Benefits Counselors are licensed insurance advisors; they are not salespeople who are compensated by commission. They receive no incentive for helping you enroll in any specific plan. Their goal is to work with you to help you arrive at a plan decision that is best for your needs and budget.

As you review this welcome kit and the enclosed documents, please reach out to a Benefits Counselor if you feel you need assistance. These individuals are ready to provide you with any help you may need during this process, or in the years to come.



How do I schedule an appointment with a Benefits Counselor and how should I prepare for my consultation?

Follow these steps to ensure that you are prepared for your phone consultation with your Mercer Marketplace 365+ Retiree licensed Benefits Counselor.

- 1** **CALL MERCER MARKETPLACE 365+ RETIREE MONDAY THROUGH FRIDAY FROM 8:00 A.M. TO 5:30 P.M. ET** at 1-866-435-5135 to schedule your one-on-one consultation with a licensed Benefits Counselor. If your spouse or family members are under 65, you may schedule your consultation together. However, if your spouse is Medicare-eligible, you may want to schedule your appointment just before or just after that of your spouse. Jot down the date and time for this appointment below:

Consultation Date: _____

Time: _____

- 2** **GO ONLINE TO ENTER YOUR HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION 2-5 DAYS PRIOR TO YOUR CONSULTATION;** doing so will shorten the amount of time you spend on the consultation call.

- If you'd like to enter your information directly into the plan shopping portal, you may do so by visiting the homepage **<http://retiree.mercermarketplace.com/comcastnbcu>**.
- Under the 'Shop & Compare' section, click on 'Shop & Compare Pre-65 Plans' section.
- Click the blue 'Get started' link at the bottom of the page, and then the blue 'GET STARTED' button on the following page.
- Follow the step-by-step instructions to log in and create your personal account.
- Confirm your household information is correct for the family members seeking coverage. Select 'SHOP WITH YOUR EMPLOYER CONTRIBUTION' or 'SHOP WITH TAX CREDITS.' Select 'PERSONALIZE PLAN SCORES' and enter your prescription drug information and your healthcare providers.
- Your information will be automatically saved to your account when you leave the website and available for your Benefits Counselor prior to your consultation.

OR, you may submit your information using a downloaded PDF:

- Start by visiting the homepage at **<http://retiree.mercermarketplace.com/comcastnbcu>**.
- Under the 'Prepare for your consultation' section, click on 'Submit Prescription Drug information' and 'Submit your Healthcare providers.'
- Follow the step-by-step instructions for separately downloading and submitting each form.
- Your information will be pre-loaded and available for your licensed Benefits Counselor prior to your consultation.

If you are unable to go online to submit the necessary information, please complete the Healthcare Provider and Prescription Drug Information worksheet included in this kit on page 15 and mail, fax, or email this at least 10-14 days before your consultation:

Address: Mercer Marketplace 365+ Retiree
P.O. Box 14401
Des Moines, IA 50306-3401

Secure fax: 857-362-2999

Email: retiree.exchange@mercer.com



3 BELOW ARE SOME QUESTIONS YOU AND ALL FAMILY MEMBERS WHO ARE UNDER AGE 65 SHOULD CONSIDER. These will help determine the best plan at a cost you can afford:

- Who do you want to enroll (who are under 65) and what are their dates of birth?
- How many times a year do you or your family visit the doctor?
- Do your healthcare providers participate with carriers on the individual health insurance market? (You can call your providers and ask the billing department.)
- How many ongoing monthly prescriptions do you have?
- Are any other benefits such as chiropractic care or acupuncture important to you?
- Are you currently receiving or eligible for Medicaid benefits?

4 GATHER THE FOLLOWING INFORMATION TO SHARE WITH YOUR BENEFITS COUNSELOR:

- Your Social Security Number (or other document ID number if you are a legal immigrant).
- Your household income: you should have a pay stub, your W-2 tax form, or your most recent tax return and other income information. This could include unemployment checks, child support, veterans' payments, alimony, retirement income or other sources.
- People in your household: the number of people who you claim as dependents, whether or not they live with you.
- Current medical plan information: the type of current medical coverage you have and other medical plans you may have access to now.

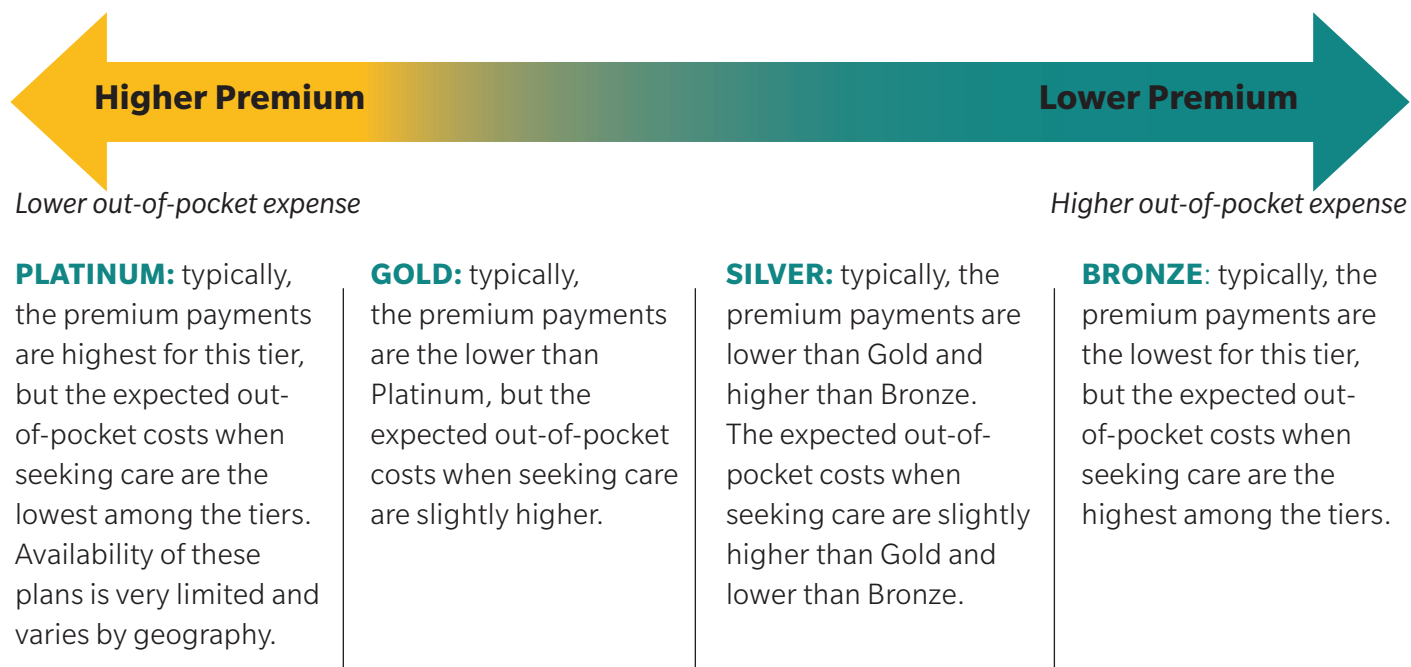
5 BE READY ON THE DATE AND TIME YOU SELECTED, AND:

- Allow enough time for the consultation, approximately 60-90 minutes per person.
- Make certain any family member, caregiver, or a power of attorney on the call is available for the call if desired.
- Wait for your Benefits Counselor to call you.
- Promptly reschedule the consultation if you find you cannot keep the appointment you originally scheduled by calling 1-866-435-5135.



How can I learn more about options available to me as a pre-65 individual?

When you begin researching and shopping for a healthcare plan through Mercer Marketplace 365+ Retiree, you will see that plans are tiered and named after metals: Platinum, Gold, Silver, and Bronze. The cost sharing structure is different from tier to tier. But keep in mind that all of the plans, regardless of tier, combine both health coverage and prescription coverage under one plan.



KEEP IN MIND

When you Enroll

After researching your medical plan options and gathering your basic household information as listed above, please keep in mind:

You have options for coverage: you may elect a plan that provides coverage for your family, or each family member can enroll in an individual plan.

You may have access to federal tax credits: when you call Mercer Marketplace 365+ Retiree, your Benefits Counselor will walk you through your options. He or she will make you aware of any available tax credits for which you may qualify. You can only use a federal tax credit or employer provided subsidy, but may not use both. If you choose to use a federal tax credit, you will no longer be eligible to receive the RRA moving forward.



As you compare your medical plan options, it is important to consider all the costs of the plan, not just the monthly premium. When determining your budget, remember to include other factors that go into your healthcare expenses, like prescriptions and provider visit co-payments. This will help you get a clear picture of the true cost differences among the insurance plans.



What other insurance options should I be considering to round out my coverage?

During your consultation with your licensed Benefits Counselor, he or she will review all of your benefits options with you, discuss your personal situation, and answer any questions you may have. Your Benefits Counselor will help educate you about additional insurance options available that you may wish to consider in order to make the best possible decision for you and your family.

ALSO AVAILABLE THROUGH MERCER MARKETPLACE 365+ RETIREE:

DENTAL INSURANCE

Enrolling in dental insurance can be a cost-effective way to address the costs of annual exams and related services such as fillings and extractions. Dental insurance can play an important role in your health. Since people with dental insurance are more likely to visit the dentist, a solid insurance plan can help you maintain good oral health, which promotes your overall health.

VISION INSURANCE

Vision insurance is a type of supplemental insurance that can help pay for yearly eyesight exams, glasses and/or contact lenses. With vision insurance, you will also have access to eye doctors who are focused on keeping your eyes healthy by detecting conditions such as glaucoma or cataracts.

SHORT TERM MEDICAL

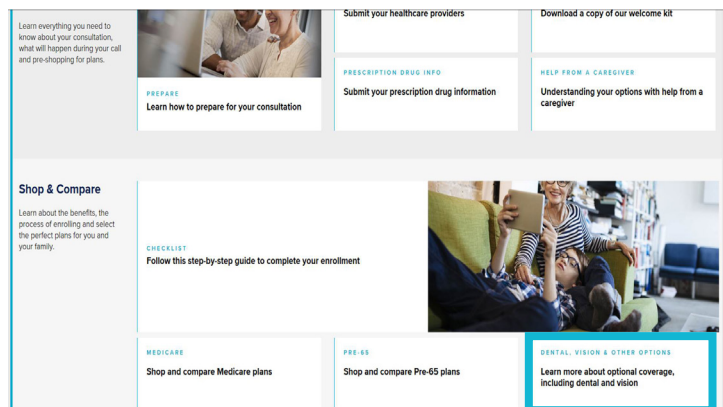
Don't risk going without coverage, even for a few days. Explore Short Term Medical coverage offered by Mercer Marketplace 365+ Retiree. These plans are a temporary solution to help fill gaps in coverage you or your family may be facing.

CRITICAL ILLNESS COVERAGE (CANCER, HEART ATTACK, OR STROKE)

Major medical health insurance is an important part of protecting both your health and well-being. Based on the specific individual medical plan you select, you may find that there is a sizable deductible that must be fulfilled prior to your benefits beginning to cover the cost of service. For some people, other insurance coverage, such as a critical illness plan (cancer, heart attack, or stroke), may provide assistance in funding out-of-pocket costs or other related expenses. This additional coverage may help provide peace of mind and assist you in better managing unexpected healthcare expenses that can occur.

You may go online to view your additional insurance options and enroll in a plan of your choice.

- Start by visiting the homepage at <http://retiree.mercermarketplace.com/comcastnbcu>
- Under the 'Shop & Compare' section, click on the box to the far right titled 'DENTAL, VISION & OTHER OPTIONS.' (See the area in the blue box at the right.)
- Review your different options for Dental, Vision, Short Term Medical and Critical Illness
- Enroll in the plan(s) of your choice online or with the assistance of your Benefits Counselor





How does my RRA work and how will I be reimbursed?

Your former employer is providing a Retiree Reimbursement Account (RRA) for their retirees and eligible dependents. This RRA may be used for reimbursement of healthcare premiums as defined by your former employer. Because Mercer Marketplace 365+ Retiree is administering your RRA reimbursements, you have one point of contact to call for all of your insurance and reimbursement needs.

Once you select your new plan(s), you will first pay your premium(s) directly to your insurance carrier(s), then you will be reimbursed by Mercer Marketplace 365+ Retiree with available funds from your RRA.

You will need to submit an eligible RRA claim within 90 days of your date of retirement. Thereafter, you must submit an eligible RRA claim annually to remain eligible. Failure to complete either step will result in permanent loss of eligibility for the RRA.

Please review the enclosed RRA Instructional Guide for a detailed explanation of how to utilize your RRA.





What type of assistance is available to me after I enroll?

We are here to help beyond your initial enrollment

Once you have enrolled in medical plan through Mercer Marketplace 365+ Retiree team, your licensed Benefits Counselor is available to provide assistance with any healthcare plan related matter. If you have questions about your plan or a claim, or problems resolving an issue with a carrier, help is just a phone call away.

What to expect in the years to come

Typically, if you like your healthcare plan(s), and the carrier continues to offer the plan(s), you do not need to re-enroll each year. However, there are a few things you will need to consider each fall:

- Mercer Marketplace 365+ Retiree will send you a reminder that the Open Enrollment Period is approaching, along with information on your RRA. If you do wish to make a new healthcare plan election, keep in mind the Open Enrollment Period (for individuals not yet Medicare eligible) is typically scheduled for the November 1 – December 15 timeframe; this is subject to change, so we will be sure to communicate with you in advance of that date.
- By law, your insurance carrier is required to send you information about plan or pricing changes. Please be certain to open, review, and save all of this documentation.
- If you are considering making a change to your healthcare plan, please be certain to contact a Mercer Marketplace 365+ Retiree Benefits Counselor BEFORE making any changes on your own. There are implications you may need to consider, and our licensed Benefits Counselors are trained at making sure you understand these prior to enrolling in a new plan.

How you can reach us

- **Call:** 1-866-435-5135 (deaf or hard of hearing individuals should dial 711)
- **Go online:** <http://retiree.mercermarketplace.com/comcastnbcu>
- **Email:** retiree.exchange@mercer.com
- **Mailing address:** P.O. Box 14401, Des Moines, IA 50306-3401
- **Fax:** 857-362-2999



Make sure your email and mailing addresses are up-to-date with us, as we may send you different communications throughout the year and want to have the most accurate way of reaching you.



I will be Medicare-eligible soon. What should I expect from Mercer Marketplace and what should I do in advance?

As you approach your 65th birthday and reach Medicare eligibility, rest assured that we're here to help you throughout the transition. Your Mercer Marketplace 365+ Retiree licensed Benefits Counselor will guide you through the enrollment process in the same manner as he/she did with your pre-65 enrollment.

In the months before your 65th birthday, you will receive information from the Social Security Administration about your Medicare enrollment, if you are not already enrolled due to specific circumstances such as disability. Your entitlement to Medicare is established with the Social Security Administration.

To enroll in a Medicare Advantage plan or a Medicare Supplement plan through Mercer Marketplace 365+ Retiree, you must enroll in Medicare Part A and B in a timely manner. Enrollment in a Prescription Drug Plan -- Medicare Part D -- only requires enrollment in either Medicare Part A or Part B.

If you want to better understand the Medicare program and different benefits, you may visit CMS (Centers for Medicare and Medicaid Services) at <https://www.medicare.gov> or call 1-800-MEDICARE (1-800-633- 4227; TTY 1-877-486-2048), available 24 hours a day, 7 days a week.

CMS produces a comprehensive publication each year, Medicare & You, that discusses the Medicare program in its entirety. You may request a printed copy of this book by calling 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048. You may also access this publication online by visiting <https://www.medicare.gov/medicare-and-you/medicare-and-you.html>.



? Where can I find answers to additional questions I may have?

We recognize your health plan choices and costs are important to you. If you have questions, we encourage you to reach out to your Benefits Counselor to understand more about this transition. Below you will find answers to many questions frequently asked by retirees and their dependents.

WHAT IS MY DEADLINE TO ENROLL IN A NEW PLAN?

In order to avoid a gap in coverage, you must enroll in your new plan(s) before your current Comcast NBCUniversal coverage ends. You have 60 days after the end of your active health coverage to enroll, but you may still experience a gap in coverage.

WHEN WILL MY NEW PLAN BE EFFECTIVE?

Plans available on the individual market are typically effective the first of the month following enrollment.

HOW WILL I OBTAIN MY NEW HEALTH INSURANCE?

In order to help you find the plan(s) that best fit your needs and budget, your company has partnered with Mercer Marketplace 365+ Retiree to guide you through the process from beginning to end. Mercer Marketplace 365+ Retiree will be your single point of contact for health and prescription drug insurance issues — before, during and after the transition to your new RRA.

WHAT HEALTHCARE PLAN CAN I ENROLL IN TO BE ELIGIBLE FOR MY EMPLOYER PROVIDER RRA?

You can enroll in any individual healthcare plan either through Mercer Marketplace 365+ Retiree with the assistance of your Benefits Counselor or enroll outside of Mercer Marketplace 365+ Retiree. The healthcare plan must be a qualified ACA metal tier plan (bronze, silver, gold or platinum).

HOW WILL I PAY FOR MY NEW HEALTH INSURANCE?

You will now pay your premiums directly to the insurance carrier for your retiree healthcare coverage and you will be reimbursed monthly by Mercer Marketplace 365+ Retiree from your RRA. You can be reimbursed for your premiums via direct deposit into your bank account or a paper check. Please refer to the enclosed RRA Instructional Guide for additional details about your RRA.





Where can I find answers to additional questions I may have? *continued*

WILL I BE REQUIRED TO CHOOSE A NEW DOCTOR?

It depends on the health insurance strategy that you choose. Individual healthcare plans may offer narrower provider networks than the active group plan. 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 what plans they will be participating in the provider networks.

HOW LONG WILL THE APPOINTMENT WITH MY BENEFITS COUNSELOR LAST?

In general, you'll spend about 60 to 90 minutes on the phone speaking with your licensed 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 licensed 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 healthcare providers and prescription drugs, your appointment could be much shorter. See the checklist in this welcome kit for details on how to prepare for your call.

IF I NEED ASSISTANCE WITH ENROLLING, CAN SOMEONE SPEAK WITH MY 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 retiree to enroll in healthcare coverage. Anyone who is listed on the durable POA can act on behalf of the retiree in all insurance capacities, including RRA paperwork.



IF I LIKE THE BENEFITS COUNSELOR I HAVE MY CONSULTATION WITH, 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 Benefits Counselor must, by law, be licensed, certified, and appointed to talk with you about the plans in your specific geographic area.

Please be assured that if you can't reach the Benefits Counselor you request, all of your information is available in our secure system, and another licensed Benefits Counselor will be able to assist you or you can ask to speak with your requested Benefits Counselor.

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 get.

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.





Where can I find answers to additional questions I may have? *continued*

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.

DO I NEED TO ENROLL IN A PLAN WITH PEDIATRIC DENTAL COVERAGE?

Pediatric dental coverage is included as one of the ten essential health benefits that are all a part of individual healthcare plans. Many carriers include pediatric dental coverage as a rider or require the enrollee to attest they have dental coverage that includes pediatric dental. Your Mercer Marketplace 365+ Retiree Benefits Counselor will work with you to ensure you are enrolled in the appropriate benefits to include pediatric dental so your plan is compliant with the Affordable Care Act’s (ACA) regulations.





What information do I need to provide?



IF YOU DID NOT SUBMIT YOUR HEALTHCARE PROVIDERS AND PRESCRIPTION DRUGS ONLINE, PLEASE SEND THIS FORM TO US.

HEALTHCARE PROVIDER INFORMATION

YOUR NAME _____ **PHONE** _____

Please list your current healthcare providers below. Some healthcare plans like HMOs and PPOs use networks. Gathering your healthcare providers' information here will help your Benefits Counselor compare access to your current providers. You may also contact your providers and ask them which plans they accept.

CURRENT HEALTHCARE PROVIDERS (PRIMARY CARE, SPECIALISTS, ETC.)

Name	Address	Phone Number

PRESCRIPTION DRUG INFORMATION

In order to construct an accurate cost analysis, we will need your complete and correct drug information. For example, it is important to indicate the name of the drug that you are taking, and whether you are taking a BRAND or GENERIC version. Please note, over-the-counter medications, vitamins, and supplements are not covered by prescription drug plans and therefore are not required on this form.

CURRENT PRESCRIPTIONS, DOSAGES, FREQUENCY AND WHERE/HOW YOU OBTAIN THE MEDICATION

Medication	Dosage	Frequency	Pharmacy or Mail Order

Please complete one form per person. If you have additional healthcare providers or prescription drugs to share with your Benefits Counselor, please make a copy of this page (prior to completing) and use it to record your additional entries.

(over)

REMEMBER! You may go online to enter your healthcare provider and prescription drug information 2-5 days prior to your consultation; doing so will shorten the amount of time you spend on the consultation call.

Start by visiting <http://retiree.mercermarketplace.com/comcastnbcu> and navigate to plan shopping. When you follow the step-by-step instructions on pages 4-5, you will be directed to a location where you will enter your prescription drugs and healthcare providers.

If you are unable to go online, please fax, mail, or email this worksheet 10-14 days prior to your scheduled appointment to:



Mercer Marketplace 365+ Retiree
P.O. Box 14401, Des Moines, IA 50306-3401

Fax: 857-362-2999

Email: retiree.exchange@mercer.com

[The remainder of this page is intentionally left blank so that if you submit this information by mail, you won't be mailing anything important that you may need later.]

The insurers whose policies you may enroll in are separate and independent from Mercer Marketplace 365+ Retiree. Mercer Marketplace 365+ Retiree is not responsible for any insurer's or service provider's failure to provide coverage or service, including but not limited to any failure resulting from the insurer's or service provider's current or future financial condition or solvency. From time to time, insurance companies may become insolvent and fall into receivership with the state's insurance regulatory authority. In addition to potential access to state guarantee funds, these state departments also may provide financial information. See your state's department of insurance website for any information they may provide. While each state does impose its own minimum capital and surplus requirements on insurers, Mercer Marketplace 365+ Retiree also advises that you consider the ratings of an independent agency. Independent agencies, such as A.M. Best (www.ambest.com), may also issue ratings describing their evaluation of an insurer's financial ability to honor its insuring obligations. Insurers receive different ratings. Some insurers available to you fail to achieve the agency's rating for superior or excellent. Mercer Marketplace 365+ Retiree recommends that you carefully consider financial information provided by both state insurance regulators and independent rating agencies when purchasing insurance coverage.

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