

SUMMER 2011

Welcome to My Medicare Advocate

Telcordia has partnered with **My Medicare Advocate (MMA)** to help you evaluate and enroll in a health insurance plan that best meets your individual needs.

MMA is a personalized and confidential service available at NO COST TO YOU as a Telcordia retiree (and to your eligible dependents, if they are also Medicare-eligible), as long as you are enrolled in Medicare Part A and Part B.

Please take time to read this MMA Introductory Guide and become acquainted with the valuable service MMA can provide. With a new universe of health care plans now available to you in the individual insurance market, you have many choices.

You can expect a welcome telephone call from an MMA Advocate in late August or September. This Advocate will describe MMA's services, answer your questions and invite you to schedule a telephone appointment, at your convenience, to discuss your health care needs and plan options.

Does someone else, such as an adult child or an authorized representative, help you with your health care decisions? That person is welcome to call MMA or visit the Web site to learn about your 2012 choices and help you elect coverage. If this individual is authorized to act on your behalf, he or she may be requested to provide legal documentation—such as a Power of Attorney—at some point during the enrollment process.



Helping You Make
the Right Decisions®

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At Your Service

My Medicare Advocate offers a variety of health insurance carriers whose Medicare plans include a range of benefit levels and monthly premium amounts.

Through MMA, you have access to a much broader range of coverage than your current retiree benefit offers.

It's good to have choices, but making sense of so much information can be confusing. How do you determine which health care option is the best one for you?

Let MMA Do the Research for You

MMA will provide a clear picture of how your benefit coverage and costs compare under various options, based on your unique medical and prescription needs. You can discuss with a licensed MMA Advocate how the medical plans work, compare out-of-pocket costs, and learn whether your doctors and hospitals are in plan networks. When you're ready to make your 2012 election, you easily can enroll by telephone or, with many carriers, through the MMA web site.

On the Phone: Personal Attention

Licensed and knowledgeable MMA Advocates can help you assess how your costs may compare—both in premium payments and out-of-pocket medical and drug expenses—under the plans available in your area.

MMA is here for you after enrollment, too. Call us between 8 a.m. - 5 p.m. weekdays, year round, if you have questions or concerns.

Your personal Advocate can answer questions about Medicare, explain how to use MMA Web-based modeling tools, and check which plans include your doctors and hospitals in their provider networks. If you live in different parts of the country during different times of the year, or you travel internationally, MMA can help you find a plan with comprehensive coverage.

MMA Provides Objective Recommendations

Here's an important point to keep in mind: your personal MMA Advocate will always have your best interest in mind. While MMA Advocates are trained in the details of each available insurance plan, they are not affiliated with, or paid by, any insurance carrier; they are dedicated to helping you choose the plan that is right for your needs and budget. This may not be the case if you enroll with an individual insurance company or through an insurance broker on your own.

Call Us

MMA Advocates are available at 885-250-2251, Monday through Friday, from 8 a.m. – 5 p.m. in your time zone.

- Beginning October 3, 2011, call to compare insurance plans.
- From October 17 – December 7, 2011, call MMA to enroll in a plan of your choice. Note: The call center will be open until 8 p.m. during the enrollment period for your convenience.

On the Web: Decision-Support Tools

Beginning immediately, you can go to the My Medicare Advocate web site at www.mymedicareadvocate.com/telcordia for information about Medicare and MMA.

Starting October 3, 2011, you'll be able to access MMA's user-friendly online modeling tools, which are

available any time, day or night. These tools help you compare different plan options on your own.

After you log on to the MMA web site, you will be asked to enter personal information about your health care needs and prescription drugs.

Your information will always remain confidential and is only used to help MMA estimate and compare your out-of-pocket costs under different available plans.

You can also use the MMA web site to view and store your health information; look up the cost of prescription drugs; search for medical, prescription, vision and dental coverage; and link to carriers' provider directories.

Visit www.mymedicareadvocate.com/telcordia to see how your Medicare Advantage, Medigap and prescription drug options compare in dollars and

cents. This will help you choose the plan you feel will best meet your health care needs and budget.

If you have questions about using the web site or prefer not to use the web site, you can always call My Medicare Advocate toll-free at **855-250-2251**.

Your MMA Personal Identification Number (PIN)

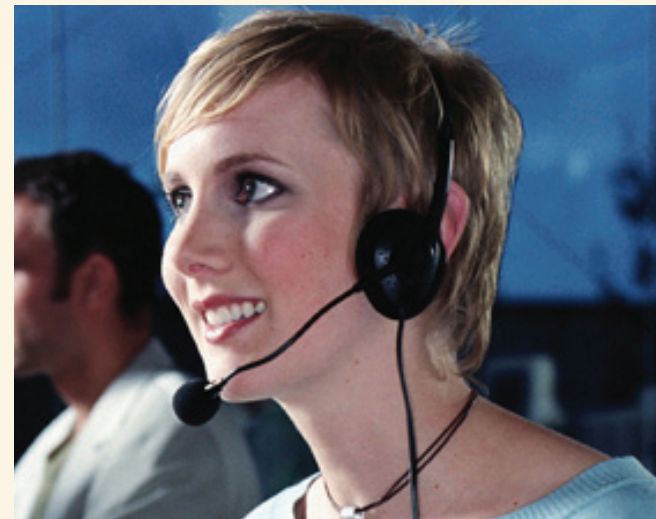
In late September, you will receive your confidential PIN with your MMA Enrollment Workbook. You will need your MMA PIN and date of birth each time you access your account on the MMA web site. You do not need your PIN to call MMA toll-free at 855-250-2251.

Tips for Using My Medicare Advocate

To provide the individual support you need when reviewing health care plans, your MMA Advocate will ask about your medical needs, any prescriptions you take, and your Medicare coverage. Whether provided to an MMA Advocate or via the web site, **your personal data will always remain completely confidential.**

You can prepare ahead of time by gathering the following information by October 3. Make sure you have it handy when you talk to an MMA Advocate or log on to www.mymedicareadvocate.com/telcordia:

- **Providers:** The full name and correct spelling of your preferred doctors and hospitals.
- **Prescriptions:** Medco will provide your current prescription drug data to MMA to simplify the plan comparison process for you. **However, to ensure accuracy, you should have your prescription bottles handy when you go online or talk with your MMA advocate.**



Call My Medicare Advocate at 855.250.2251 toll-free beginning October 3 to compare insurance plans.

How to Enroll Using My Medicare Advocate

Just follow these 3 easy steps:

Be prepared.

1 Inform yourself about your 2012 coverage options. Read the MMA communications you will receive in the mail in late September, which will include your MMA Enrollment Workbook and your Personal Identification Number (PIN) that you will need if you use the personalized section of the web site. Use the workbook to organize your health care information and enrollment notes in one central place.

Get ready.

2 Beginning October 3, 2011, with the help of your personal MMA Advocate or the MMA web site, compare plans in terms of costs and coverage. Call your MMA Advocate at **855-250-2251** between 8 a.m. – 5 p.m. in your time zone, Monday through Friday. You also can use the MMA web site at www.mymedicareadvocate.com/telcordia for personalized decision support. Note: Whenever you use personalized sections of the web site, you will need your Personal Identification Number (PIN), which you will receive from MMA by mail in late September.

Take action.

3 Enroll in the plan of your choice from October 17, 2011 through December 7, 2011. Call a licensed MMA Advocate or log on to the MMA web site (see step 2) to complete the enrollment process.

The ABCs of Medicare

Here is a brief description of Medicare coverage and the various types of Medicare plans.



Medicare coverage is health insurance for people age 65 or older; people under age 65 with certain disabilities, and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant). Medicare coverage includes several “parts” that help cover specific services:

Medicare Part A

(Hospital Insurance) helps cover inpatient care in hospitals, as well as skilled nursing facility, hospice and home health care. You generally don’t pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.

Medicare Part B

(Medical Insurance) helps cover doctors’ services, outpatient care and lab services. It also covers some preventive services to help maintain your health and keep certain illnesses from getting worse. You pay a monthly premium for Part B coverage.

Original Medicare, run by the federal government, provides Part A and/or Part B coverage.

With Original Medicare, you can: go to any doctor or hospital that accepts Medicare, pay for a Medicare Prescription Drug Plan to add drug coverage, and buy a Medigap (Medicare Supplement Insurance) policy from a private carrier to help fill the gaps in Part A and Part B coverage. Your current Telcordia retiree medical plan is an example of a Medicare Supplement plan.

Medicare Part C

(Medicare Advantage Plans) is available through private carriers approved by and under contract with Medicare. Medicare Advantage Plans include Part A and Part B coverage but can charge different amounts for different services. These plans may offer extra coverage, such as vision, hearing, dental and/or health and wellness programs, and prescription drug coverage, sometimes for an extra cost.

Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. You usually pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services. Costs, extra coverage and rules vary by plan. If you want drug coverage, you can get it through your

Medicare Advantage Plan (in most cases), or buy a separate Medicare Prescription Drug Plan.

There are different types of Medicare Advantage Plans, described below, including **Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), Private Fee-for-Service (PFFS) Plans and Special Needs Plans (SNPs)**. In most of these plans you need to use participating plan doctors, hospitals and other providers—or else you pay some or all of the costs.

You don't need, and you can't use, a Medigap policy with a Medicare Advantage Plan.

Your personal MMA Advocate can help you compare plans, premiums and networks, and then select a plan that fits your needs.

Medicare Advantage Plans

Preferred Provider Organization

(PPO)—A type of Medicare Advantage Plan in which you pay less if you use doctors, hospitals and providers that belong to the network. You can use doctors, hospitals and providers outside of the network for an additional cost. Plans must cover all Medicare Part A and Part B health care, and some extra benefits can be offered. Your out-of-pocket costs may be lower under Original Medicare.

Health Maintenance Organization

(HMO)—A type of Medicare Advantage Plan available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists or hospitals on the plan's list except in an emergency. Your costs may be lower than under Original Medicare.

Private Fee-for-Service (PFFS) Plans

—(This type of plan is no longer available in most markets, due to legislative changes.) A type of Medicare Advantage Plan that lets you visit any Medicare-approved doctor or hospital that accepts the plan's payment terms and agrees to treat you (not all providers will). If you join a PFFS plan with a network, you usually will pay more to see out-of-network providers. If your PFFS Plan does not offer drug coverage, you can also join a Medicare Prescription Drug Plan.

Medicare Special Needs Plan (SNP)

—A type of Medicare Advantage Plan for people with certain chronic diseases and conditions or who have specialized needs (such as people who have both Medicare and Medicaid or people who live in certain institutions). Medicare SNPs provide their members with all Medicare Part A, Medicare Part B and Medicare Part D coverages.



Medicare Part D (Medicare Prescription Drug Coverage)

is an option run by private insurance carriers approved by and under contract with Medicare that helps cover the cost of prescription drugs. Medicare Part D coverage may help lower your prescription drug costs and help protect against higher costs in the future.

Exact coverage and costs are different for each Medicare drug plan, but all plans must provide at least a standard level of coverage set by Medicare. Generally, plans have a yearly deductible (the amount you pay for prescriptions before your plan begins to pay). After the deductible, you and your drug plan share in the cost of covered prescriptions through copayments or coinsurance. Alternative drug designs charge copays for generic and brand drugs rather than a deductible and coinsurance and may be priced higher.

Most Medicare drug plans have a coverage gap (known as the “donut hole”). This means that after you and your drug plan have spent a certain amount of money for covered drugs, you have to pay all costs out of pocket for your prescriptions up to a yearly limit. Alternative drug designs will offer generic drugs in the coverage gap for a higher cost. **Your MMA Advocate can help you compare choices and premiums, and select a plan.**

Medigap Coverage (Medicare Supplement Insurance)

If you have Original Medicare (Medicare Parts A and B) coverage, you can choose to buy a benefit plan from a private carrier that can help pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover, like copayments, coinsurance and deductibles.

Some Medigap policies also offer coverage for services that Original Medicare doesn’t cover, like medical care when you travel outside the U.S. If you have Original Medicare and you buy a Medigap policy, both plans will pay their share of Medicare approved amounts for covered health care costs. Medicare doesn’t pay any of the costs for a Medigap policy.

There are different types of Medigap Plans, each titled with a letter (A, C, F, N, etc.) and providing different coverage. Costs vary among Medigap plans, sometimes by your age, and different carriers may charge different rates for the same type of plan. Your Personal MMA Advocate can explain the differences to you and help you compare policies. Your Advocate also can make sure you are comparing a plan offered by one carrier with the same plan type offered by another carrier.

Medigap policies are no longer sold with prescription drug coverage. If you enroll in a Medigap policy and want drug coverage, you must also select and pay for a Medicare Prescription Drug Plan. Your MMA Advocate can help you.

What You Can Expect

You will receive more information from My Medicare Advocate in the weeks ahead. **Note these dates on your calendar:**



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| September 1 | MMA Call Center opens for general questions 855-250-2251 (plan comparisons will be available starting October 3). |
| August 29 - September 30 | Welcome telephone call from your MMA Advocate. |
| Late September | You will receive the MMA Enrollment Workbook and PIN letter in the mail. |
| October 3 | Personalized plan comparison information available on the My Medicare Advocate web site: www.mymedicareadvocate.com/telcordia . |
| October 3 | Personalized plan comparison information available from an MMA Advocate at 855-250-2251 . |
| October 17 - December 7 | Medicare annual election period. Time to enroll for your 2012 coverage. Call MMA Monday through Friday 8 a.m. – 8 p.m. in your time zone. |
| December 2011 - January 2012 | Confirmation from your selected insurance carrier mailed to your home. |



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