

Welcome Xerox Retirees

Xerox has partnered with **My Medicare Advocate (MMA)** to help you evaluate and enroll in a 2012 Medicare health insurance plan that best meets your individual needs.

MMA is a personalized and confidential service available at **no cost to you** as a Xerox 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 the time to read this introductory guide and become acquainted with the valuable service MMA provides. With a new universe of Medicare health care plans now available to you in the individual insurance market, you have many choices. MMA will help you select the coverage that's right for you.

My Medicare Advocate (MMA) is available to help!

MMA is available to provide you with the support you need to learn more about your Medicare options.

Call us at 855-346-5171 or visit our website at www.mymedicareadvocate.com/xerox and we will help you compare your plan options.



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.

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 in a plan by telephone or through the MMA website.

On the Phone: Personal Attention

Through the MMA website, or by talking with knowledgeable and licensed MMA Advocates over the phone, you can assess how your costs may compare—both in premium payments and out-of-pocket medical expenses—under the plans available in your area.

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, MMA can help you find a plan with comprehensive coverage.

MMA: Objective Recommendations

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.

On the Web:

Decision-Support Tools

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



The screenshot shows the My Medicare Advocate website interface. At the top left, it says "MY MEDICARE advocate" with "a service of ACS" and "A XEROX Company" below it. To the right, it says "Helping You Make the Right Decisions". A blue banner at the top right contains the text "Need Help? Call 855.346.5171 M-F 8-5. TTY: 711." Below the banner, the main content area has a heading "Welcome Xerox Retiree!" followed by a paragraph: "Welcome to My Medicare Advocate (MMA), your resource for tools and information to help you select and enroll in health care coverage that is right for you. MMA is a new service from Xerox to help you learn and compare individual Medicare plans available in your area. Whether you are considering a Medicare Advantage, Medigap or prescription drug plan, MMA can help you compare and enroll in a plan that best meets your needs." Below this is a bolded instruction: "Click on the button below to compare Medicare plans available in your area. Beginning October 17, you also will be able to enroll in the plan of your choice." At the bottom left of the content area is a blue button labeled "Compare Plans". At the bottom right is a photograph of an elderly couple embracing.

Once on the MMA website, you'll be able to access 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 website, 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 also can use the MMA website 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/xerox to see how 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 website or prefer not to use the website, you can always call My Medicare Advocate toll-free at 855-346-5171.



TIPS FOR USING MY MEDICARE ADVOCATE

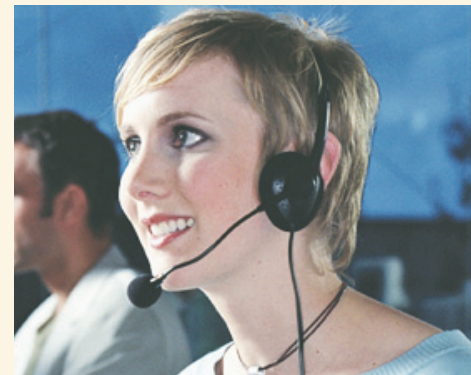
To provide the individual support you need when reviewing health care plans, your MMA Advocate will ask about your medical needs, any prescriptions you take, and your Medicare coverage. Whether provided to an MMA Advocate or via the website, **your personal data will always remain confidential.**

You can prepare ahead of time by gathering the following information and having it handy when you talk to an MMA Advocate or when you log on to www.mymedicareadvocate.com/xerox:

- **Providers:** The full name and correct spelling of your preferred doctors and hospitals.
- **Prescriptions:** The full name, quantity and dosage of each of your prescription drugs. **To ensure accuracy, have your actual prescription bottles with you when you go online or talk with your MMA Advocate.**

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 website 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.



Call My Medicare Advocate at
855-346-5171 toll-free

How to Enroll Using My Medicare Advocate

Just follow these 3 easy steps:

Be prepared.

1 Inform yourself about your 2012 coverage options. Read this introductory guide to learn about the services My Medicare Advocate can provide Xerox retirees.

Get ready.

2 Call your MMA Advocate at 855-346-5171, Monday through Friday, from 8 a.m. to 5 p.m. in your time zone to compare plans in terms of costs and coverage. Or, log on to the MMA website at www.mymedicareadvocate.com/xerox to get more information about individual Medicare plan options.

Take action.

3 Enroll in the plan of your choice, available through MMA, from October 17, 2011 through December 7, 2011. Log on to the MMA website (see step 2) or call a licensed MMA Advocate 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 Centers for Medicare and Medicaid Services (CMS), 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.

You may contact the Centers for Medicare and Medicaid Services (CMS) at www.medicare.gov and request the CMS Medicare & You 2011 publication, or you can await the 2012 version that will be available and mailed to you by CMS in October.

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 other 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.

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.

Private Fee-for-Service (PFFS) Plans

—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 also can 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 benefit 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, such as 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. If you do not also enroll in a prescription drug plan but wish to do so later, late penalties will apply.

What You Can Expect



Note these dates on your calendar:

Beginning Immediately	The MMA Call Center is open to answer general questions regarding Medicare plan options and the enrollment process. Call MMA at 855-346-5171 from 8 a.m. to 5 p.m. in your time zone.
Now through November	You may receive a welcome phone call from your MMA Advocate to help acquaint you with the decision-making process and resources to help you.
Now through December	Log on to the My Medicare Advocate website: www.mymedicareadvocate.com/xerox
October 17 - December 7	Medicare annual election period. Time to enroll for your 2012 coverage.
December 2011 - January 2012	Confirmation from your selected insurance carrier, including plan booklets and ID card, will be mailed to your home.
January 1, 2012	Effective date for your new individual Medicare plan coverage.



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