Your Guide to Coverage & Choices

FOR MEDICARE-ELIGIBLE RETIREES & THEIR ELIGIBLE SPOUSES/DEPENDENTS
Now that you’re Medicare-eligible...

health care benefits will change for you and your Medicare-eligible spouse and/or dependents.

This guide explains these changes and the steps you must take to ensure that you make the best choices regarding your Turner retiree health care benefits.

This guide will explain in detail how to evaluate Medicare plan options and enroll in the plan that is right for you. Turner has selected OneExchange to help you navigate this change and ensure that you are well equipped to make informed and confident health care choices. You are to call OneExchange and work with a licensed Benefit Advisor to complete the enrollment process.

The information in this guide pertains only to Medicare-eligible retirees, Medicare-eligible spouses of retirees, surviving spouses, and dependents of retirees who are Medicare-eligible due to age or disability. Those who are not currently Medicare-eligible remain on Turner’s plans for early retirees. The materials in this guide do not apply to those who are not Medicare-eligible.
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COVERAGE THAT WORKS FOR YOU

Different coverage options, and financial flexibility for Medicare-eligible retirees.

If you are similar to many retirees, you would like help navigating through the different Medicare-related plans and options to find the coverage that meets your individual need—both in terms of cost and the benefits provided.
This is why Turner has partnered with OneExchange, an expert in the commercial Medicare market. OneExchange offers our Medicare-eligible retirees several Supplemental plan options and assistance in choosing the option that works best for them.

In addition, Turner provides benefit dollars through a Retiree Reimbursement Arrangement (RRA) to all Medicare-eligible retirees and their spouses and dependents who are also eligible for Medicare.

These benefit dollars can be used for reimbursement when you purchase individual health care coverage, including coverage that coordinates with Medicare, such as Medicare Advantage and Medicare Supplement coverage. They also can be used to reimburse you for other eligible out-of-pocket health care expenses.

As you go through the process of enrolling in a health plan, OneExchange’s licensed Benefit Advisors will become your advocates—helping you find and enroll in an individual plan that best serves your medical needs and fits your budget.

The benefit dollars Turner provides will be placed in a special, tax-free account. You can receive reimbursement from the account for the premiums of your selected Medicare-coordinated plan.

Additionally, you can receive reimbursement for eligible medical, dental, and even vision expenses! You will have flexibility in how you use your Turner retiree benefits.

**OneExchange: With You Every Step of the Way**

We understand that you will need to make important choices about your health care coverage. OneExchange’s Benefit Advisors are objective, knowledgeable, and will be available to guide you through the process.
INTRODUCING ONEEXCHANGE

OneExchange is dedicated to making the transition to your new health coverage as easy and as straightforward as possible.

OneExchange is the leading provider of Medicare-coordinated health care solutions. With OneExchange’s assistance, retirees and their dependents who are Medicare-eligible gain access to the health insurance market, including a wide range of coverage choices offered by the leading national and regional insurance companies.

DURING YOUR ENROLLMENT PERIOD,
OneExchange’s Benefit Advisors will be available to help you understand all your benefit options and answer questions.

An experienced OneExchange Benefit Advisor will provide you and your eligible dependents with personalized assistance, including:

■ EDUCATION about the differences between various plans, and the costs of each of those plans.

■ ASSISTANCE with enrolling in medical, prescription drug, dental, and even vision plans during a scheduled appointment.

■ UNLIMITED ACCESS, advice and decision making support, based on your current coverage and future needs. You may call OneExchange’s Benefit Advisors as many times as you want—and talk as long as you need until you fully understand your options.

If you and an eligible spouse or dependent are eligible for this service, you must each make a separate election. Both Medicare and supplemental insurance are only offered as individual coverage.
Are You Enrolled in Medicare Part B?

Only Turner retirees, their spouses, and eligible dependents who are enrolled in both Medicare Part A and Part B are eligible for OneExchange’s services. If you are eligible for Medicare, but have not yet enrolled for Part B services, you will need to contact Medicare directly to enroll as soon as possible. For more information on Medicare, call 1-800-MEDICARE or visit www.Medicare.gov.

BE ON THE LOOKOUT!

OneExchange will mail your Enrollment Guide soon after you receive this communication. It is important that you review the information provided, as it will include helpful information on eligibility and plan options.
STEPS TOWARD ENROLLMENT
A step-by-step guide to enrolling for new coverage.

BEGIN YOUR ENROLLMENT PROCESS WITH OneExchange™
OneExchange has identified three steps in completing this process: **Education, Evaluation and Enrollment**. You will be fully supported through each of these steps by licensed Benefit Advisors from OneExchange.

**STEP 1: Education**

Soon, you will receive an *Enrollment Guide* from OneExchange containing information on how their Benefit Advisors will work with you to evaluate and enroll in the plan that is right for you. This guide will include comparisons of plan options and helpful information on eligibility, and it will refer you to OneExchange’s online tools and call center.

**STEP 2: Evaluation**

Using the *Enrollment Guide* and/or OneExchange’s online tools, you will be able to review the options available to you before speaking with a Benefit Advisor. When you call, a Benefit Advisor will spend time learning about your specific needs in order to assist you with your enrollment choices.

**STEP 3: Enrollment**

A OneExchange Benefit Advisor will help you through every step of the enrollment process, and assist you with enrolling in the Medicare supplemental plan you choose. During your dedicated enrollment period, and using OneExchange’s customized tools, your Benefit Advisor will ensure that you make informed and confident decisions and that you have expert support throughout the entire process.
Before you contact OneExchange to select your individual coverage, it is good to become familiar with Medicare.

**WHAT YOU GET**

**PART A & PART B**
Original Medicare consists of Part A and Part B. You automatically receive Part A and become eligible for Part B when you qualify for Medicare either due to age or disability.

**PART A**
Part A provides inpatient care, and covers inpatient hospital stays, home health care, stays in skilled nursing facilities, and hospice care.

**PART B**
Part B provides outpatient care, and it covers physician fees and other medical services not requiring hospitalization. You must enroll in Part B to receive this benefit.
Medicare benefits are broken into several components. To decide how to best meet your medical needs and budget, it helps to understand how these parts work together.

The simple outline shown on the next few pages will familiarize you with the parts of Medicare and the decisions you must make.

**WHAT YOU CHOOSE**

**Medicare Advantage, Medigap, and/or Part D**
You choose between these three different types of supplemental plans that add coverage where original Medicare may have less than you require.

**MEDICARE ADVANTAGE**
Medicare Advantage is a plan offered by a private company to provide you with all your Medicare Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage plans: MAPD, which includes prescription drug coverage, and MA, which does not. Within these two Medicare Advantage types there are three doctor networks: HMO, PPO, and Private Fee-for-Service (PFFS) Plans. Medicare Advantage is also referred to as Part C.

**MEDIGAP**
Medigap is supplemental insurance sold by private insurance companies to fill “gaps” in Original Medicare plan coverage.

**PART D**
Part D refers to optional prescription drug coverage, which is available to all people who are eligible for Medicare. Plans are offered through private insurance companies.

**HOW TO DECIDE**

**Choosing the Best Combination**
You may combine the supplemental plans above to get a package of plans that covers all of your needs. Choosing the best combination requires some education and some comparison of plan features and costs. For additional details on the options available, please review the following page for a more complete description of each plan type.
WHAT DOES IT COVER?

Hospital Insurance
Part A covers hospice care, home health care, skilled nursing facilities, and inpatient hospital stays.

Medical Insurance
Part B covers physician fees and other medical services not requiring hospitalization.

Medicare Advantage
Part C is a plan offered by a private company to provide you with Part A and Part B benefits plus additional benefits. There are two versions of Medicare Advantage plans: MAPD, which includes prescription drug coverage, and MA, which does not. Medicare Advantage plans vary by the type of doctor network they provide: PFFS, PPO, and HMO.

PFFS Plans
Private Fee-for-Service (PFFS) plans cover visits to any primary care doctor, specialist, or hospital that accepts the terms of the plan’s payment. PFFS plans usually include a prescription drug plan.

PPO Plans
Preferred Provider Organization (PPO) plans cover visits to any physician whether they are in or out of the plan’s network. However, you will pay less if you use primary care doctors, specialists, and hospitals in the plan’s network. A PPO usually includes a prescription drug plan.

HMO Plans
Except for emergencies, a Health Maintenance Organization (HMO) only covers care that is provided by primary care doctors, specialists, or hospitals in the plan’s network.
Understanding the various components of Medicare is important as you make new choices for health care benefits and coverage. The table below summarizes specific information about Medicare plans. Unfamiliar with terms used in this chart? Refer to the glossary on page 24.

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<th>ENROLLING</th>
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| Enrollment is automatic when you become Medicare-eligible. | - **Monthly Premium:** $0 if you have 10+ years of Medicare-covered employment  
- **Annual Deductible:** $1,260 for your first 60 days of inpatient care  
- **Co-insurance:** No co-insurance for your first 60 days of inpatient care |
| You must choose to enroll. | - **Monthly Premium:** $104.90* for many individuals, depending on income  
- **Annual Deductible:** $147  
- **Co-insurance:** Part B covers 80% of medically necessary services. You are responsible for the remaining 20%. |
| You may choose to enroll in a Medicare Advantage plan. | Each Medicare Advantage plan sets its own premium, deductible, and co-insurance. In addition, you will continue to pay your Medicare Part B premiums. |

*Income adjustment rates apply.
WHAT DOES IT COVER?

Supplemental insurance
Medigap is Medicare supplemental insurance sold by private insurance companies to fill “gaps” in Original Medicare plan coverage. Sold by private insurers, these 10 plans—labeled Plans A, B, C, D, F, G, K, L, M and N—offer standardized menus of benefits. (Massachusetts, Minnesota, and Wisconsin have their own versions of these plans.) Medigap policies only work in conjunction with the Original Medicare plans. Generally, there is no prescription drug coverage.

Prescription Drug Coverage
Part D covers generic and brand-name drugs included in the plan’s formulary, which is a list of drugs the plan will pay for.
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<td>You may choose to enroll in Medigap supplemental insurance.</td>
<td>If you choose to enroll in a Medigap plan, you will pay a monthly premium to the insurance company you choose. In addition, you will continue to pay your Medicare Part B premiums and you are responsible for Part B deductibles and co-insurance. There are no deductibles or co-insurance specific to Medigap plans.</td>
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<tr>
<td>You may choose to enroll. A premium penalty is applied if you do not enroll when you first become Medicare-eligible.</td>
<td>Whether you pay a Part D premium, deductible, or co-insurance depends on the plan you choose, as each Part D plan has a different cost-sharing structure. Depending on the plan you select, you may pay both a monthly premium and a share of the cost of your prescriptions in a Part D plan.</td>
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WHAT IS AN RRA?

Use the RRA account to get reimbursed for your premiums and eligible expenses.

A Retiree Reimbursement Arrangement (RRA) is an account that is used to reimburse you for eligible health care expenses on a tax-free basis.

When you enroll through OneExchange as a Medicare-eligible participant, Turner will credit your account on a prorated basis when you first enroll and then at the beginning of each subsequent year, if you and your eligible dependents are enrolled in a plan through OneExchange.

You can use the funds in your account to get reimbursed for any premiums you pay and/or your share of eligible health care expenses during the year. You decide how to use the benefit dollars in your RRA. Any dollars remaining in your RRA at the end of the year will roll over for you to use in future years, provided you remain enrolled in the plan.

If you also have a Medicare-eligible spouse or dependent, Turner will contribute their benefit dollars to the same RRA you have. This means you will all submit eligible expenses to the same RRA for reimbursement.

RRA-ELIGIBLE EXPENSES

The following are some RRA qualified health care expenses that can be reimbursed:

- Premiums for Medicare Part A and Part B
- Premiums for individual Medicare supplemental insurance such as Medicare Advantage, Medigap, and prescription drug plans.
- Out-of-pocket expenses, such as deductibles and co-pays.
- Dental and/or vision plan premiums.
- Dental and vision expenses not covered by an insurance plan.

Note: Any expenses or premiums incurred by a spouse or dependent who is not Medicare-eligible cannot be reimbursed from the RRA.
Turner’s Contributions to Your RRA

Each year, Turner contributes benefit dollars to an RRA on your behalf. The amount of benefit dollars Turner contributes to your RRA is based on your years of service with Turner. Turner will automatically establish an RRA for you through OneExchange, the administrator of the RRA. This means you will submit claims to OneExchange, and OneExchange will reimburse you from your RRA.

How It Works

You enroll in a participating plan with OneExchange and pay the premiums directly to the carrier. You can then be reimbursed for these premiums from your RRA. The RRA Guide you will receive shortly before the effective date of your chosen supplemental Medicare coverage will help you access and manage your RRA, as well as provide you with claims and processing information. The RRA Guide will also provide a complete listing of reimbursable expenses. RRA funds used to reimburse your eligible expenses are not considered taxable income.

IMPORTANT NOTE ABOUT PREMIUMS

You will receive a monthly bill for the premiums from the insurance carrier for the plan you elect. You will need to pay these bills and submit documentation of payment to your RRA for reimbursement of your premiums.

If you have a spouse or dependent who is currently enrolled in Turner’s early retiree medical plan and has medical premiums deducted from your pension, these premiums can continue to be deducted from your pension check. You will not be able to use your RRA funds to cover medical premiums or expenses for non-Medicare-eligible spouses and/or dependents.
HOW AN RRA WORKS: AN OVERVIEW

Learn the basics about the process.

When your new coverage with OneExchange takes effect, Turner will place your retiree medical benefit dollars in your RRA (instead of applying them against your medical premiums). You choose the plan that is best for you and pay the carrier directly for your health care coverage. You can then be reimbursed from your RRA to the extent that benefit dollars are available in your account.
How Your RRA Account Is Established

You and OneExchange work together to evaluate the options and select the plan that is right for you.

You enroll in a plan through OneExchange during your enrollment period.

After you enroll, and your new coverage takes effect, Turner places benefit dollars in your RRA.

Getting Reimbursed from Your RRA

You pay your premium directly to your insurance carrier and any required out-of-pocket expenses not covered by Medicare to your health care provider when you receive services. You save all bills and receipts.

You submit your claim, along with required receipts, to OneExchange.

OneExchange reimburses you from your RRA account.

Establishing Direct Deposit for Your RRA Reimbursements

To receive your reimbursements as quickly as possible, we encourage you to establish direct deposit, which allows for reimbursements to be deposited directly into your checking or savings account.

Information on how to set up direct deposit is included in the OneExchange RRA Guide, which will be mailed to you soon. Unless you choose to set up direct deposit, all reimbursements will be made by check and mailed to the address on file with OneExchange.
RRA SCENARIOS

Understand when your RRA begins and coverage under Turner’s current plan ends.

Here are some sample scenarios to help you better understand when the RRA begins and when Turner’s current health care coverage ends.
**Remember:**

If you are not Medicare-eligible, but your spouse or dependent is, he or she must enroll in a health plan through OneExchange and you will remain enrolled in Turner’s early retiree health care coverage.

### MEDICARE-ELIGIBLE RETIREES & DEPENDENTS

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<th>Your Spouse or Dependent</th>
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<td>When you are eligible and Medicare becomes your primary coverage, your Turner health plan transitions to the Medicare supplemental coverage you choose through OneExchange. Retirement benefit dollars are placed in your RRA when you enroll in a plan through OneExchange.</td>
<td>Your spouse or dependent’s coverage on Turner’s health plan transitions when he or she becomes eligible for Medicare. When your spouse or dependent enrolls in Medicare Parts A and B and chooses a plan through OneExchange, their retirement health care dollars are placed in your RRA. You and your spouse or dependent will share your joint RRA, which may be used for expenses incurred by just one individual or by all eligible participants.</td>
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### NON-MEDICARE-ELIGIBLE RETIREES & DEPENDENTS

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<td>You continue on Turner’s health care coverage until you become Medicare-eligible due to age or disability. At that time, Turner’s health care coverage will end, and you will need to enroll in a plan through OneExchange.</td>
<td>Your spouse or dependent continues coverage on Turner’s health plan as long as he or she meets all eligibility requirements. When your spouse or dependent becomes Medicare-eligible due to age or disability, his or her coverage under Turner’s early retiree medical plan will end and then he or she will need to enroll through OneExchange.</td>
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The following timeframes are important to note as you begin the transition to your new Medicare supplemental plans. These periods indicate the actions and events required to enroll in a new Medicare supplemental plan by the enrollment deadlines.

**Pre-Enrollment**

The OneExchange *Enrollment Guide* will be mailed to you within 90 days of the date you become Medicare-eligible. In it, you will find:

- How and when to call OneExchange’s Benefit Advisors for help with eligibility questions, plan options, and other facts.
- The clearly defined steps you will take toward successful enrollment.
- A worksheet you can complete to help your OneExchange Benefit Advisor enroll you in the individual Medicare supplemental plan that fits your needs.
- Additional educational materials that will help you pinpoint the best medical, dental, and/or vision plan coverage.

Review the material in this guide and the online tools it references.
EVALUATE AND ENROLL IN PLANS
After reviewing the Enrollment Guide, please call the phone number in the guide to speak with an OneExchange Benefit Advisor. Your Benefit Advisor will answer your questions and help you enroll in the individual Medicare supplemental plans that make the most sense for you.

Enrollment Deadline
You must enroll in an individual Medicare supplemental health plan by your enrollment deadline (shown in your OneExchange Enrollment Guide) to avoid any lapse in medical coverage.

After You Enroll
The OneExchange confirmation letter and RRA Guide will be mailed to you once you have enrolled in a plan through OneExchange. These items explain how the Retiree Reimbursement Arrangement (RRA) process works, and they include the information needed to set up your RRA.

Coverage Begins
Assuming you enroll by your deadline, retiree health care benefit changes go into effect on the first of the month you become Medicare-eligible and are enrolled for coverage through OneExchange.
FREQUENTLY ASKED QUESTIONS
Check out some of the most frequently asked questions below.

What will happen to my Turner health care coverage?
When you become Medicare-eligible, your Turner medical coverage will be replaced by access to a wide variety of Medicare-coordinated plans offered through OneExchange.

After you enroll in coverage through OneExchange, a Retirement Reimbursement Arrangement (RRA) will be established in your name and Turner will contribute benefit dollars to it on your behalf. You may use the RRA for reimbursement of eligible health care expenses. Examples include: Medicare supplemental insurance premiums, Medicare premiums (i.e., Parts B and D) and certain out-of-pocket medical, dental, and/or vision expenses.

Must I be enrolled in Medicare to be eligible for the RRA?
Yes. You must be enrolled in Medicare Part A, Part B and supplemental coverage through OneExchange to receive RRA benefit dollars.

Who is eligible for the RRA and services provided by OneExchange?
Turner retirees and their dependents who are covered by Medicare are eligible for the RRA and services and coverages offered through OneExchange.

What are benefit dollars?
Turner will fund your RRA with benefit dollars that are used to reimburse you for eligible medical expenses, including individual insurance premiums and certain out-of-pocket medical expenses. The amount of benefit dollars Turner contributes to your RRA is based on your years of service.

When will my benefit dollars be placed in my RRA?
When you enroll in a plan through OneExchange, Turner will establish your account and allocate your benefit dollars and then contribute RRA dollars each January 1 thereafter. If your spouse or dependent becomes Medicare-eligible during the year, Turner prorates the amount it contributes to your account for that first year.
How will I get reimbursed for my qualifying expenses from my RRA?
You will request reimbursement from OneExchange. More details on administration of the RRA will be included in a communication you receive from OneExchange once you enroll in a plan.

Will any unused benefit dollars in the RRA roll over to the following year?
Yes. Any RRA account balance rolls over year-after-year.

Can I contribute to my RRA?
No. Participant contributions are not allowed.

Is the amount Turner contributes to my RRA considered taxable income by the IRS?
No.

What happens to remaining unspent RRA benefit dollars when all members covered under the account have died?
Any RRA benefit dollars remaining in the account after all covered members are deceased will revert back to Turner.

What happens to unspent RRA benefit dollars when a retiree, spouse, or dependent dies?
Any unspent RRA benefit dollars remain in the account for the use of the surviving members covered under the account. Turner’s contribution to the RRA for the next year after the individual’s death will only be for the surviving eligible members.

Can RRA benefit dollars be used for out-of-pocket expenses for a spouse or dependent who is not Medicare-eligible?
No.

What happens if I choose not to enroll in a plan through OneExchange?
Your coverage under the Turner plan will end the first of the month after you retire from Turner if you are already eligible for Medicare. Otherwise, your Turner coverage will end when you become eligible for Medicare. If you choose not to enroll in a plan through OneExchange, your Turner-sponsored retiree medical benefits will end and you will not be eligible for re-enrollment in the future.
GLOSSARY OF TERMS
Some of the more important Medicare concepts and terms.

CO-INSURANCE
A set percentage of covered expenses that a Medicare user must pay out-of-pocket.

CO-PAYMENT (CO-PAY)
A set charge, collected at the time of service and paid by the Medicare user for certain services, including prescription drugs. Co-payments are not applied toward the deductibles and out-of-pocket maximum.

COVERAGE “GAP”
Medicare prescription drug plans may have a “coverage gap,” sometimes called the “donut hole.” The donut hole is a period when you are paying a portion of your prescription costs.

For 2015, once Medicare covers $2,960 in prescription costs for you, you are in the “donut hole” and you are responsible for a portion of your prescription costs. For 2015, you will pay 45% of retail prescription costs and 65% of generic costs. What you pay for generic drugs during the coverage gap will decrease each year until it reaches 25% in 2020.

DEDUCTIBLE
The amount you pay out-of-pocket toward covered medical expenses before the plan begins paying.

OUT-OF-POCKET MAXIMUM
The maximum you will pay each year for deductibles, and/or co-insurance.

MEDICARE ADVANTAGE PLANS
These are health plan options that are approved by Medicare but run by private companies. Medicare Advantage plans vary by the type of physician network they provide: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Private Fee-for-Service (PFFS).
MEDIGAP (MEDICARE SUPPLEMENT INSURANCE) POLICIES
These policies are sold by private insurance companies to fill gaps in Original Medicare (Part A and Part B) plan coverage. In general, with a Medigap policy, beneficiaries get help paying for some of the health care costs not covered by Medicare Part A and Part B coverage.

PART D (MEDICARE PRESCRIPTION DRUG PLANS)
These stand-alone plans add prescription drug coverage to the Original Medicare (Part A and Part B) plan, some Medicare Advantage plans, and some Medicare Private Fee-for-Service plans. Medicare Prescription Drug plans are offered by insurance companies and other private companies approved by Medicare.
KEY ENROLLMENT STEPS: AT A GLANCE

Here are some important milestones to be aware of during your enrollment process.

Pre-Enrollment
The OneExchange Enrollment Guide will be mailed to you soon. Review the material in this guide and call OneExchange to update your profile information.

Evaluate and Enroll
Call OneExchange to speak with a Benefit Advisor after reviewing the Enrollment Guide and OneExchange’s online tools. Your Benefit Advisor will answer your questions and help you choose the individual Medicare supplemental plans that fit your situation best.

After You Enroll
The OneExchange RRA Guide will be mailed to you after you enroll. It explains how the RRA process works, and provides information you’ll need to manage your account.

When New Coverage Begins
After you complete the enrollment process with OneExchange, you will receive a confirmation letter that shows your plan selection, coverage effective date, premium amount, and whether or not you have selected automatic reimbursement. This letter also will outline what will happen next.

This is a very high level summary of Turner’s benefits. Details regarding your benefits are found in the official plan documents, which will determine the benefits you are eligible for. If there is a conflict between the official plan documents and any other document or representation made to you, the plan documents will control. Turner retains the right to amend or terminate its benefit programs at any time.