



CenturyLink™

Retiree Exchange (Applies to Legacy CenturyTel, Legacy Embarq 1/1/11 and later and Legacy Qwest Post-90 Management Retirees) Frequently Asked Questions (FAQ)

	Question	Answer
Aon Hewitt		
1.	Why is CenturyLink changing the way retiree health insurance is delivered for those eligible for Medicare?	The Medicare individual market is developing rapidly, with more choice in products to meet individual needs both financially and in benefit design. Using a Medicare coordination model will give our Medicare eligible retirees more options at varying prices, so you can choose the policy that's right for you. Aon Hewitt Navigators will help you compare policies and if you enroll through them, also provides advocacy services after you enroll. This gives CenturyLink the confidence that our retirees are cared for by experts in Medicare and health care benefits without increased administration investment or the risk of uncertain claim experience.
2.	Do I have to enroll in a policy through Aon Hewitt Navigators to receive the Health Reimbursement Account, HRA, contribution offered by CenturyLink?	No. As long as you are Medicare-eligible (age 65 or older or disabled), and meet the eligibility requirements for retiree health benefits, you will be able to receive the Company HRA contribution. You also must be enrolled in an individual policy. However, you may want to consider enrolling through Aon Hewitt Navigators as there are several benefits. These include: <ul style="list-style-type: none">• Access to a broad array of choices to help meet your distinct health care needs, since Aon Hewitt Navigators represents a variety of insurance providers.• Access to insurance providers that will facilitate automated

Updated 11/14/11

		<p>reimbursement of your premium each month, eliminating the need for you to file manually (this feature is not available from all providers).</p> <ul style="list-style-type: none"> • Access to special support after enrollment, including experienced advocates who can help you navigate Medicare claims and coverage complexities.
3.	How is Aon Hewitt Navigators paid?	The insurance companies that Aon Hewitt Navigators partners with pay the company, Aon Hewitt Navigators, a commission for each enrolled retiree. This allows the services that Aon Hewitt Navigators provides to be at no charge to the retiree.
Benefit Advisors		
4.	What type of qualifications do the Benefit Advisors have?	All Benefit Advisors hold insurance licenses in the state that they enroll retirees. In addition they are all certified by the insurance companies so that they meet all of the requirements for the insurance companies so that they can speak with retirees.
5.	How are the Benefit Advisors paid?	The benefit advisors are salaried employees and are not paid a commission, and so there is not an incentive to steer retirees to a particular policy. The Benefit Advisors do not know what commissions are paid to Aon Hewitt Navigators.
6.	Are all of the Benefit Advisors in the United States?	All of the Benefit Advisors are located in Lincolnshire, IL (north of Chicago) and in The Woodlands, TX (north of Houston). None of Aon Hewitt Navigators calls are answered outside of the United States.
7.	Can I speak to the same Benefit Advisor each time I call in?	You may request to speak to the same benefit advisor each time you call in during the enrollment period. The Benefit Advisors will provide their phone extension in the event you need to call back.

8.	When a Benefit Advisor contacts me to discuss my insurance options, do I have to be the one to speak with him or her, or can I have my spouse or another family member or caregiver speak with the Benefit Advisor?	If you have a spouse, family member or caregiver who handles insurance information on your behalf, he or she can speak with the Benefit Advisor. Be sure to let the Benefit Advisor know the correct number to call and whom to ask for when you, or your designated representative, confirm your telephone appointment date and time.
Communications		
9.	Why does the Education Kit indicate I will only receive my HRA if I enroll in a policy through Aon Hewitt Navigators?	There is conflicting information in the education kit. There is a statement that indicates you must use Aon Hewitt Navigators in order to receive your HRA. However, this is incorrect. You will find additional information in the kit which indicates you may enroll in any individual policy outside of Aon Hewitt Navigators to receive your HRA subsidy. You do need to contact Aon Hewitt Navigators before the end of the year, in order to let them know that you have enrolled in an individual policy in the open market. This will activate or turn on your HRA.
10.	The Education Kit also indicates the person you call at Aon Hewitt to discuss policy options is contracted with a variety of Medicare approved policies and may be compensated based on your enrollment in a policy. This isn't what we were told in the initial communication and at the retiree meetings. Which is correct?	Aon Hewitt is compensated by the various carriers. However, the Benefit Advisor is not. The Benefit Advisor is a salaried employee of Aon Hewitt. The Education Kit must be approved by CMS, so much of the language in the kit is required by CMS. This is a statement CMS requires Aon Hewitt to include in their materials.
Enrollment		
11.	My spouse and I already have coverage through another policy that we've previously purchased in the individual market. Can we keep this policy?	Yes, since enrollment through Aon Hewitt Navigators is optional, you can keep your existing policy and still submit notification of paid premiums for reimbursement from your HRA.

12.	Do I need to have both Part A and Part B of Medicare before enrolling in individual supplemental coverage?	Yes, these plans require Part A and B. Enrollment in Medicare Part A (which covers hospital services) is automatic for most people, while enrollment in Medicare Part B (which covers physician and medical services) is optional. However, we strongly recommend that CenturyLink retirees enroll in Part B in order to ensure you have the most complete coverage and the least amount of out-of-pocket expenses. In addition, most Medicare Supplement, Medicare Advantage and Medicare Prescription Drug plans will require you to have Part B in place before you can enroll in them. A Benefit Advisor can help you understand all the different policies, what each one is designed to cover, and what you're required to have before enrolling in supplemental policies.
13.	I'm the CenturyLink retiree who is Medicare eligible, but my dependent(s) is not Medicare eligible. How does this work?	You will enroll with Aon Hewitt Navigators for your Medicare medical coverage which will begin Jan. 1, 2012. Your dependent(s) will remain under the CenturyLink group health care plan as long as they remain eligible under the terms of the Plan.
14.	My dependent is Medicare eligible, but I'm not Medicare eligible. How does this work?	Your dependent will enroll with Aon Hewitt Navigators for Medicare medical coverage in an individual policy which will begin Jan. 1, 2012. You will remain covered under the CenturyLink group health care plan.
15.	How does coordination of benefits work with other employer's group plans?	Group plans do not coordinate with Medicare individual policies.
16.	My spouse and I are both Medicare eligible, do we need to be enrolled in the same policy?	Because all policies are individual policies, you both can be enrolled in the same policies or different policies with different insurance companies.
17.	Why do I need to confirm my appointment?	Medicare requires the retiree's permission in order to call and speak to you about the policies, so it is very important to confirm your appointment either by calling Aon Hewitt Navigators or by going to the website (www.aonhewittnavigators.com/CenturyLink).

<p>18.</p>	<p>What if I do not need coverage through Aon Hewitt Navigators because I am covered by a group health plan through my spouse's employer?</p>	<p>You will need to let Aon Hewitt Navigators know that you would like to defer/suspend coverage. By doing this, you will be allowed to enroll at a later time in an individual Medicare policy with a CenturyLink sponsored HRA (if applicable). You can defer/suspend coverage only one time.</p> <p>Medicare states that if a group health plan is ending for an employee/retiree, they have the 63-day guarantee issue window for Medicare supplement plans. However, enrollment is prospective, so coverage will not be effective until the first of the month following your enrollment.</p>
<p>19.</p>	<p>What if I do not need coverage through Aon Hewitt Navigators because I am covered through my spouse's Legacy Qwest Occupational group health plan?</p>	<p>You will need to let Aon Hewitt Navigators know that you would like to defer/suspend coverage. By doing this, you be will allowed to enroll at a later time in an individual Medicare policy with a CenturyLink sponsored HRA (if applicable). You can defer/suspend coverage only one time.</p> <p>Medicare states that if a group health plan is ending for an employee/retiree, they have the 63-day guarantee issue window for Medicare supplement plans. However, enrollment is prospective, so coverage will not be effective until the first of the month following your enrollment.</p>
<p>20.</p>	<p>What if I do nothing during this annual enrollment period?</p>	<p>You will only be covered with Medicare Parts A and B (provided you have timely enrolled and pay your Part B premiums). You will not have access to an HRA.</p> <p>See #18 if you have other coverage and do not want to participate through Aon Hewitt Navigators this year.</p> <p>You should notify Aon Hewitt Navigators that you wish to defer/suspend individual coverage to a later date. You will then have the option to enroll in an individual policy with Aon Hewitt Navigators during future annual enrollment periods or if you have a Qualifying Life Event or. However, if you do not enroll in an individual policy during this annual enrollment period, you may not be guaranteed coverage and may be required to submit a health questionnaire if you select a Medicare Supplement/Medigap policy in the future. You can defer/suspend coverage only one time.</p>

21.	What is the process to enroll, if I turn 65 in 2012?	<p>You should enroll in one of the group health coverage benefit options offered by CenturyLink at this coming annual enrollment so that you will have coverage under that Plan from January until your birthday.</p> <p>Approximately, 3 months before you turn 65, you will receive an Aon Hewitt Navigators education kit that will contain a brochure and a letter with an appointment for you to speak to a benefit advisor. You will need to call to confirm your appointment with Aon Hewitt Navigators. Your group health coverage will terminate when you become Medicare eligible and you will have the opportunity through your appointment with Aon Hewitt Navigators to select an individual policy. Your HRA (if eligible) will be activated at that time.</p>
22.	Do the same rules that apply to guarantee issue during annual enrollment for Medicare supplement policies also apply to me when I turn 65 in 2012?	<p>Yes. You will have 63 days to enroll into a Medicare supplement policy without a medical questionnaire. This is called the guarantee issue period.</p> <p>Medicare states that if a group health plan is ending for an employee/retiree, they have the 63-day guarantee issue window for Medicare supplement plans. However, enrollment is prospective, so coverage will not be effective until the first of the month following your enrollment.</p>
23.	Are there enrollment restrictions when coming from another group health plan outside of the 2012 Medicare annual enrollment period?	<p>Medicare states that if a group health plan is ending for an employee/retiree, they have the 63-day guarantee issue window for Medicare supplement plans.</p>
Health Reimbursement Account (HRA)		
24.	Can I be reimbursed for 6 months worth of premiums if I decide to pre-pay for my insurance?	<p>IRS guidelines state that you can only be reimbursed for incurred services, and therefore, can only be reimbursed one month at a time. Another factor to consider is if a retiree passes away, it may take time to get a refund from the insurance carrier.</p>

25.	Can I be reimbursed for premiums that my spouse pays under his/her employer's group health plan? I was advised that I could at a meeting.	<p>IRS guidelines do not allow for reimbursement of group health plan premiums. Reimbursement is only permitted for individual policies.</p> <p>If you are enrolled in your spouse's group health plan, notify Aon Hewitt Navigators that you wish to defer/suspend your individual coverage to a later date. You can defer/suspend coverage only one time.</p>
26.	My spouse is over age 65 and Medicare eligible. Will the contribution he or she receives go into my HRA or a separate HRA?	Contributions for the retiree and spouse are placed into a single account. You, or your insurance provider, may submit notification of paid premiums on behalf of you and your spouse. Upon the death of one's spouse, the money in the joint account HRA will be adjusted to reflect his or her death.
27.	I am a legacy Qwest retiree and will receive \$290/month subsidy for me and my spouse (\$145 each). What if I elect a policy that costs less than \$145/month, but my spouse chooses a policy that costs more than \$145/month? Can we only be reimbursed up to \$290 per month?	The total annual HRA amount is available to you on January 1, 2012 and you have a joint HRA account with your covered spouse. You can submit any monthly policy premium amount for reimbursement up to the total annual HRA balance available. However, if your premiums total more than \$290 per month, you will run out of HRA dollars prior to the end of the calendar year.
28.	How was my HRA amount determined if I'm a legacy CenturyLink retiree that received a percentage subsidy in the past?	We priced the CenturyLink Medicare group health plans for 2012 and used the total annual cost multiplied by your company subsidy to determine your HRA amount. So, for example, if the total plan cost for 2012 was \$3,000 and your subsidy was 80%, you would receive an HRA allocation of \$2,400 (\$3,000 x 80%).
29.	I am a legacy Qwest retiree and my current healthcare deductions are taken from my pension check. Will my January pension check deduction be for the month of December or January?	Legacy Qwest retiree healthcare premiums are deducted in arrears, meaning the deduction taken from your January pension check is paying for your healthcare coverage in December. This means your January pension check will include a deduction for your December medical, dental and life insurance coverage (if applicable) under the current group plan. In addition, you will need to pay for your new medical/prescription drug plan in January.

30.	What documents will be required as notification of paid premiums?	If you enroll with a provider who doesn't offer automatic reimbursement, notification of paid premiums may be validated by providing one of the following: Medicare statement indicating how much you're paying, payment coupon showing your monthly premium, bank statements showing the insurance provider and amount, or a Social Security Administration letter that shows the Medicare rates.
31.	Are the contributions provided through the HRA considered taxable income by the IRS?	Contributions into the HRA will not be reported as income.
32.	Will I earn interest on the money in my HRA?	No. The HRA is not an interest-bearing account.
33.	Can I use my HRA for reimbursement of dental and/or vision policies?	You can use the HRA for vision reimbursement but not for dental. However, if you elect an individual medical policy which includes dental and/or vision benefits, you can receive reimbursement for that policy.
Plans		
34.	What is the difference between a Medicare Supplement/Medigap and a Medicare Advantage policy?	<p>A Medicare Supplement/Medigap policy helps pay the Part A and Part B deductibles, and co-insurance that you would otherwise pay yourself. Medicare Supplement/Medigap policies do not have a network. All you need to do before accessing services by a provider is to confirm that they accept Medicare assignment. If you want to keep your current physicians, you should confirm that they will accept a Medicare Supplement/Medigap policy.</p> <p>Medicare Advantage policies are designed to look like an HMO or PPO plan, whereby the policies may have copayments and coinsurance very similar to what you may have been used to with a group health plan. Medicare Advantage policies are network based, so you do need to see a network provider in order for services to be covered.</p> <p>Additional information about Medicare Supplement/Medigap and Medicare Advantage policies can be found in the 2012 Medicare & You booklet or the Aon Hewitt Navigators materials sent to you previously.</p>

		NOTE: One important item to note is that if you purchase a Medicare Supplement/Medigap policy, you must also purchase a Prescription Drug Plan (PDP). Most (but not all) Medicare Advantage policies already include the PDP with the policy. Make sure you ask about your specific policy under consideration before you enroll in it.
35.	What does the Coverage Gap or “Donut Hole” in the Part D prescription plan mean?	In 2011 you must pay the first \$310 of your drug costs (through copayments or coinsurance depending on the plan design) before the insurance company starts to pay their portion. After your total cost (what you and the plan has paid) has reached \$2,840, then you are in the “donut hole”. During this period, you will get a 50% discount on covered brand name drugs. (Many plans cover generic drugs in the “donut hole”.) Once and your insurance you have spent \$4,850 out-of-pocket for the year, your gap or “donut hole” ends. At this point you will pay only a small copayment for each drug until the end of the year.
Advocacy		
36.	When can I call an advocate?	If you enroll into a policy through Aon Hewitt Navigators, you have access to the Advocacy services during their regular business hours (8 am to 8 pm in all time zones). They can help you with any questions that you are not able to get resolution for from the insurance company.
37.	Is Advocacy available to me if I decide to enroll on the open market or directly with another insurance carrier?	Advocacy is only available to retirees who enroll in a policy through Aon Hewitt Navigators. However, you may use Aon Hewitt Advocacy Services if you have questions regarding your HRA.
Additional Questions		
38.	I’m a legacy CenturyLink retiree currently enrolled in the Consumer-Driven Health Plan (CDHP). What will happen to the unused fund balance in my CDHP account with United Healthcare?	As long as you enroll into an individual Medicare policy either through Aon Hewitt Navigators or on your own, you will have access to the remaining balance. Please note that balances will be transferred to an Aon Hewitt Navigators “CDHP HRA” from United Healthcare on April 1, 2012. After April 1, 2012, you will be able to use this HRA for reimbursement of out-of-pocket medical expenses and prescription drug expenses only.

39.	I am a legacy Qwest retiree currently enrolled in an HMO plan. What will happen to my coverage in January?	CenturyLink is eliminating HMO coverage as an option from the group health plan for legacy Qwest Post-1990 management retirees effective January 1, 2012. If you are Medicare eligible and wish to maintain your HMO coverage, you may be able to enroll in an individual HMO with your present carrier by contacting them directly. You can also enroll in an HMO or other policies through Aon Hewitt Navigators. (Note: Not all current Qwest HMOs will be available through Aon Hewitt Navigators).
40.	I am a Medicare eligible legacy Qwest Post-1990 management retiree and my spouse is also Medicare eligible. What happens to my spouse's coverage if I pass away?	Your spouse may continue enrollment in his or her individual policy in the event of your death. The current HRA balance is available to your spouse for the remainder of the calendar year. However, your spouse will not receive an HRA allocation in future years. If you and your spouse are enrolled in the CenturyLink group dental plan, your spouse would be offered COBRA coverage for the dental plan.
41.	Where can I find additional information about Medicare Supplement and Medicare Advantage plans?	The 2012 Medicare booklet (Medicare & You) has additional information about these policies as well as the Medicare website (www.medicare.gov). You may also contact Medicare at 1-800-MEDICARE (1-800-633-4227) or Aon Hewitt Navigators at 1-800-505-8575.
42.	Where should I call if I have questions about my HRA or enrolling in an individual medical/prescription drug policy?	You should call Aon Hewitt Navigators at 1-800-505-8575, Monday – Friday, 8 am to 8 pm Central time.