SAND2011-3957P

Sandia National Laboratories

# *Your Spending Account* Program

(Medicare Retirees, Medicare Surviving Spouses, Medicare Long-Term Disability Terminees, and/or Medicare Dependents)

## Effective: January 1, 2011

## Program Summary

**Important**

This Program Summary applies to formerly represented employees (who retired prior to January 1, 2010) and formerly non-represented employees who are enrolled in Medicare Part A and B, as well as all surviving spouses and Long Term Disability Terminees who are enrolled in Medicare Part A and B, effective January 1, 2011.

For more information on other benefit programs, refer to the *Sandia Health Benefits Plan for Retirees Summary Plan Description*.

The *Your Spending Account* Program is maintained at the discretion of Sandia. The *Your Spending Account* Program is expected to continue indefinitely. However, the Sandia Board of Directors (or designated representative) reserves the right to amend (in writing) any or all provisions of the *Your Spending Account* Program, and to terminate (in writing) the *Your Spending Account* Program at any time without prior notice. If the Program is terminated, coverage under the Program for you and your dependents will end, and payments under the Program will generally be limited to covered expenses incurred before the termination.

The *Your Spending Account* Program's terms cannot be modified by written or oral statements to you from human resources representatives or from HBE personnel or any other Sandia personnel or Extend Health/Marsh/Hewitt personnel.

National Nuclear Security Administration

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# Section 1. Introduction

This is a summary of highlights of the *Your Spending Account* Program, a component of the Sandia Health Benefits Plan for Retirees (ERISA Plan 545), and contains important information about your Sandia health benefits.

Many sections of this Program Summary are related to other sections of the Program Summary and to information contained in the *Sandia Health Benefits Plan for Retirees Summary Plan Document*. You will not have all of the information you need by reading only one section of one booklet.

Refer to the *Sandia Health Benefits Plan for Retirees Summary Plan Description* for information about eligibility, enrollment, disenrollment, termination, coordination of benefits, subrogation and reimbursement rights, when coverage ends, continuation of coverage provisions, and your rights under the Employee Retirement Income Security Act of 1974 (ERISA).

Certain capitalized words in this Program Summary have special meaning. These words have been defined in the Definitions section of this Program Summary.

When the words "you" and "your" are used throughout this document, we are referring to people who are participants as outlined in Section 2, General Information.

To receive a paper copy of this Program Summary, other Program Summaries, or the *Sandia Health Benefits Plan for Retirees Summary Plan Description*, please contact Extend Health at 888-598-7809 (TTY: 866-508-5123). These documents are also available electronically at http://www.sandia.gov/resources/emp-ret/spd/index.html.

Since these documents will continue to be updated, Sandia recommends that you check back on a regular basis for the most recent version.

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# Section 2. General Information

The Your Spending Account Program is intended to qualify as a self-insured medical reimbursement plan (known as a Health Reimbursement Arrangement (HRA)) for purposes of Sections 105 and 106 of the Internal Revenue Code, as amended ("Code"), as well as a health reimbursement arrangement as defined in IRS Notice 2002-45.

The purpose of the Your Spending Account Program is to reimburse eligible participants for eligible expenses as outlined in Section 5, Eligible Expenses, which are not otherwise reimbursed by any other plan or program. The Your Spending Account Program is intended to meet certain requirements of existing federal tax laws, under which the reimbursements for eligible expenses generally are not taxable to you. However, neither Sandia nor Extend Health can guarantee the tax treatment to any given participant, as individual circumstances may produce different results. If there is any doubt, you should consult your own tax advisor.

The Your Spending Account is merely a bookkeeping account on Sandia's records; it is not funded and does not bear interest or accrue earnings of any kind. All benefits are paid entirely from Sandia's general assets.

The law does not permit participants to make any contributions to their YSA.

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# Section 3. Eligibility/Enrollment

**IMPORTANT:** You cannot enroll in a Sandia-sponsored Medicare Advantage Plan and elect the *Your Spending Account* (YSA) Program. It is an either/or choice.

Eligibility to participate in the *Your Spending Account* Program is limited to those who are enrolled in Medicare Part A and B (and continue to pay these premiums), and who are formerly non-represented employees, as well as surviving spouses and Long-Term Disability Terminees, as outlined in the *Sandia Health Benefits Plan for Retirees*.

Eligible dependents of formerly non-represented employees as well as surviving spouses, and Long-Term Disability Terminees, who are enrolled in Medicare A and B (and continue to pay these premiums), are eligible to participate.

**IMPORTANT:** In order to enroll in the *Your Spending Account* Program, you must have Medicare Parts A and B prior to the first day of the month in which you are eligible.

Eligible retirees, surviving spouses, Long Term Disability Terminees, and their eligible dependents who enroll in the *Your Spending Account* Program are called "Participants." Refer to the *Sandia Health Benefits Plan for Retirees Summary Plan Description* for more information on who is eligible.

Generally you enroll into Your Spending Account during the annual open enrollment period, upon retirement, or upon becoming Medicare eligible. In order to enroll, you must contact Extend Health at 1-888-598-7809 (TTY: 1-866-508-5123).

You may enroll into the YSA if you:

- Enroll into a qualified individual Medicare plan(s) through Extend Health,
- Enroll in TriCare, Veterans Administration, a Kaiser Individual plan,
- Reside in an area with limited or no access to individual Medicare plans through the Extend Health Exchange (as approved by Sandia), or
- Have no medical supplemental plan and you are enrolled in original Medicare Parts A and B only (YSA may be used to pay for Original Medicare premium)

**IMPORTANT:** If you enroll in an individual Medicare plan(s) on your own, you are not eligible to have those premiums reimbursed through the YSA.

Eligibility begins the first day of the month the individual plan coverage begins or the beginning of the month you meet eligibility. You may disenroll from this plan during the open enrollment period as specific by Sandia National Labs, or during the annual enrollment period set by Medicare. Disenrolling from individual coverage, or a change in eligibility will disenroll you from Your Spending Account.

When you enroll into an individual qualified Medicare Advantage or Part D prescription drug plan through the YSA, you will NOT be excluded from enrollment based on your health, nor will your premium or level of benefits be based on any pre-existing condition limitations.

When you enroll into an individual Medicare Supplement plan through the YSA, you must do so within 63 days from the loss of your Sandia-sponsored group coverage (whether it is one of the Sandia-sponsored group Medicare Advantage plans or one of the Sandia-sponsored employee or pre-Medicare medical plans). If you enroll within the 63 day window after loss of coverage, you will not be denied coverage or pay more for your coverage. If you wait to enroll until after the 63 day window, you can be declined coverage or be charged more for the coverage based on your health history.

**IMPORTANT:** If you are enrolled in an individual plan through the *Your Spending Account* Program, and you want to upgrade your Medigap plan (e.g., from Plan F to Plan N), individual carriers have the right to underwrite on past health experience, and most do, so you may not be able to upgrade your coverage. In addition, if you want to change carriers, you may also be subject to underwriting.

In certain situations, you may be asked to supply what is called a Certificate of Creditable Coverage upon enrollment into an individual Medicare plan. The Certificate of Creditable Coverage is a document that shows your prior periods of coverage in a health plan that's provided by your group health plan, HMO, or health insurance company. The certificate of creditable coverage can be requested by contacting your current health insurance company. In addition to standard identification information, the certificate will include the dates on which your prior health plan coverage began and ended. The certificate also should have contact information so that old and new plans can be in touch if necessary. You will receive a certificate of creditable coverage in the following situations.

- **Before you lose your present coverage:** Contact the insurance company if you are seeking other insurance coverage.
- **After coverage ends:** You should receive a certificate automatically upon loss of coverage, even if you are also eligible for COBRA continuation coverage. If you don't get one, or if you need a new one, you can request a certificate, free of charge, up to 24 months after prior coverage ends.
- **When COBRA coverage ends:** You should also automatically receive a certificate when COBRA continuation coverage ends.

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# Section 4. How the YSA Works

The *Your Spending Account* (YSA) Program provides you with annual "credits" to use to buy individual supplemental Medicare plans through Extend Health. You will have access to a wide range of Medicare plans through Extend Health's Exchange, allowing you to choose the plan(s) that best fits your medical and prescription drug requirements. Retirees have access to a state-of-the-art Medicare plan "marketplace" featuring over 4,000 unique plans from more than 70 of the nation's leading health insurers including United Healthcare, Aetna, CIGNA, Humana and more than 15 independent Blue Cross/Blue Shield plans. Refer to Section 2, General Information about Extend Health, in the *Sandia Health Benefits Plan for Retirees Summary Plan Description*.

You can also use the credits to reimburse any Medicare Part A (if applicable) or Part B premiums, reimburse Tricare premiums, and/or reimburse certain out-of-pocket medical expenses. Refer to Section 5, Eligible Expenses for more information.

Credits are based on your retirement date, your coverage tier (retiree only, retiree plus one dependent, etc.), and, if you retired after December 31, 2002, your term of employment. The credits are provided each year during Open Enrollment.

For 2011, the annual credits for retirees are as follows:

| One Medicare Enrollee | Two Medicare Enrollees | Three Medicare Enrollees |
|---|---|---|
| Employees Who Retired Prior to January 1, 1995 | | |
| $1,728 | $3,456 | $5,184 |
| Employees Who Retired after 12/31/94 and before 1/1/2003 OR after 12/31/2002 with 30+ years | | |
| $1,555 | $3,110 | $4,665 |
| Employees Who Retired After 12/31/2002 with 25-29 years | | |
| $1,469 | $2,936 | $4,405 |
| Employees Who Retired After 12/31/2002 with 20-24 years | | |
| $1,296 | $2,592 | $3,888 |
| Employees Who Retired After 12/31/2002 with 15-19 years | | |
| $1,123 | $2,246 | $3,369 |
| Employees Who Retired after 12/31/2002 with 10-14 years | | |
| $950 | $1,900 | $2,850 |

For 2011, the annual credit for a surviving spouse of a retiree or regular employee with 15 or more years of service is $864.

For 2011, the annual credits for a Long Term Disability Terminee are as follows:

| One Medicare Enrollee | Two Medicare Enrollees | Three Medicare Enrollees |
|---|---|---|
| Employees Who Became an LTD terminee Prior to January 1, 1995 | | |
| $1,728 | $3,456 | $5,184 |
| Employees Who Became an LTD terminee After 12/31/1994 and Prior to January 1, 2003 | | |
| $1,555 | $3,110 | $4,665 |
| Employees Who Became an LTD terminee After December 31, 2002 | | |
| $1,123 | $2,246 | $3,369 |

If you are a current Medicare retiree, surviving spouse, or Long Term Disability Terminee or a Medicare dependent and you enroll in the YSA during Open Enrollment, or you are an employee and retire prior to January 1st and enroll in the YSA, you will receive your full allocation of YSA credits which are available on January 1 of each year.

**Example:** Joe, a current Medicare retiree, enrolls in the YSA during Open Enrollment. He will be eligible for the applicable full allocation of his YSA credits.

If you are an employee and retire during the year, you and/or your covered dependents will remain in the employee plan until the following month. You and/or your covered dependents will receive a pro-rated allocation of YSA credits.

**Example:** Mary retires on March 3; she is Medicare-eligible and wants to enroll in the YSA. Mary will stay in the active employee plan until March 31. Effective April 1, she will be eligible for 9/12th of the applicable full YSA allocation amount.

If you are a current Medicare retiree, surviving spouse, or Long-Term Disability Terminee and you experience a qualifying mid-year election change event to add an eligible dependent, your dependent will receive a pro-rated allocation of YSA credits. All Medicare coverage in the individual marketplace is effective the first day of the month following the qualifying event.

**Note:** Not all qualifying events coincide with allowable events under Medicare to enroll in an individual plan outside of Medicare's open enrollment period.

Refer to Section 5, Enrollment/Disenrollment Events, in the *Sandia Health Benefits Plan for Retirees Summary Plan Description*, for information on qualifying mid-year election change events.

**Examples:** Jack, a current Medicare retiree, is enrolled in the YSA and gets married on June 5. His new Medicare spouse also enrolls in the YSA. Jack's spouse is eligible to enroll into Your Spending Account effective July 1 by meeting one of the qualifications noted in Section 3, Eligibility/Enrollment. She is eligible for 6/12 of the applicable full YSA allocation amount. Enrollment must be completed by June 30.

Joe, a current pre-Medicare retiree, is enrolled in one of the Sandia-sponsored group pre-Medicare medical plans, and gets married on May 20. His new Medicare spouse also enrolls in the YSA. Joe's spouse is eligible to enroll into Your Spending Account effective June 1 by meeting one of the qualifications noted in Section 2. She is eligible for 7/12 of the applicable full YSA allocation amount. Enrollment must be completed by May 31.

**Note:** If you do not use all of the amounts credited to your YSA during the calendar year, the balance of funds will roll over to the next year.

The YSA is set up as either a single account (if only one participant is enrolled is the YSA) or a joint account (if multiple participants are enrolled in the YSA). YSA credits for all enrolled participants in your family will be credited to that YSA. You can use these credits toward any eligible expenses for any enrolled participant(s).

**Example:** Joe, a Medicare retiree, and his Medicare spouse, Jane, both elected to enroll in the YSA. Joe retired in 2009 with 33 years of service. For 2011, the amount he will receive for himself is $1,555. He will also receive $1,555 for Jane. These amounts are combined into one account for a total of $3,100. Joe enrolled in a Medigap and Medicare Part D plan through Extend Health for a yearly premium amount of $2,000. This leaves a remainder of $1,100 to be used by Jane, Joe, or both.

YSA credits will be credited in the amount and at the times specified earlier and will be reduced from time to time by the amount of any eligible expenses for which the participant(s) is reimbursed. At any time, the participant(s) may receive reimbursement for eligible expenses up to the amount in the YSA.

In the event of a divorce, legal separation, annulment or ineligibility of a dependent, under a federal law called "COBRA," eligible dependents under the *Your Spending Account* Program who are the former spouse or dependent child of a participant may elect to continue coverage under the Sandia Retiree Health Benefits Plan for a limited time after the date they would otherwise lose coverage. These are called "qualifying events." Refer to the *Sandia Health Benefits Plan for Retirees Summary Plan Description*.

If the covered retiree, surviving spouse, or Long Term Disability Terminee dies with no enrolled dependents, his or her YSA is immediately forfeited upon death, but the deceased participant's estate or representatives may submit claims for eligible expenses incurred by the participant before his or her death. Claims must be submitted within 180 days of his or her death.

If the retiree dies and the Medicare surviving spouse enrolls in the Surviving Spouse Medical Plan option, the surviving spouse becomes the account holder and the retiree's account balance is allocated to the survivor.

**Example:** Joe, the retiree, dies on January 30 and has his spouse, Jane, enrolled with him in a joint YSA. The balance in the joint account was $2,900. This amount transfers to Jane.

If the Medicare spouse dies and the Medicare retiree enrolls in the Retiree Medical Plan option, the retiree becomes the account holder and the spouse's account balance is allocated to the retiree.

If a surviving spouse (enrolled in the Surviving Spouse Medical Plan option) or Long Term Disability Terminee (enrolled in the Long Term Disability Terminee Medical Plan option) dies with one or more enrolled dependents, his or her YSA is immediately forfeited upon death, but the deceased participant's estate or representatives may submit claims for eligible expenses incurred by the participant before his or her death. Claims must be submitted within 180 days of his or her death.

Refer to the Section 6, How to Submit for Reimbursement for information on submitting claims.

# Section 5. Eligible Expenses

An eligible expense under the Your Spending Account (YSA) Program is an expense incurred by:

- you (if you are the only one enrolled in the YSA)
- any enrolled dependent in the YSA (who holds a joint account with you), or
- your enrolled dependent (if he or she is the only one enrolled in the YSA)

**Example 1:** Joe, a Sandia Medicare retiree, enrolled in the YSA for 2011. His Medicare spouse, Jane, also selected the YSA for 2011. Both are eligible to use the cumulative funds in the joint YSA account.

**Example 2:** Jack, a Sandia Medicare retiree, enrolled in the YSA for 2011. His Medicare spouse, Jill, enrolled in the Lovelace Senior Plan. Jack is the only one eligible to use the YSA funds for his expenses. He cannot use the YSA for any of Jill's expenses.

Your YSA funds are generally provided to you to be used for paying your premiums for your individual medical plans and Part D prescription drug coverage purchased through Extend Health's Exchange. However, some other common expenses eligible for reimbursement from the YSA include but are not limited to the following:

- Acupuncture treatment for a medical condition
- Allergy testing and shots
- Ambulance service
- Chiropractic treatment for a medical condition
- Crutches
- Diabetic supplies including insulin, needles, and testing strips
- Flu shots
- Laboratory and x-ray fees
- Mastectomy-related products
- Medical coinsurance
- Medical copays
- Medical deductibles
- Medical equipment – costs to buy or rent durable equipment prescribed by a medical practitioner to alleviate or treat a medical condition
- Medical reasonable/customary – amounts not paid by a medical plan that exceed reasonable and customary limits
- Medical services – services provided by doctors, surgeons, specialists, or other medical practitioners

- Medicare Part A and/or Part B premiums
- Oxygen or oxygen equipment
- Physical therapy
- Eligible expenses associated with the Veteran's Administration (VA) medical plan.
- Premiums to buy an individual dental plan through Extend Health's Exchange
- Prescription drugs
- Tricare premiums
- Wheelchairs

Only eligible expenses incurred while you are a participant in the YSA Program may be reimbursed from your YSA. Similarly, only eligible expenses incurred while your dependent is a participant in the YSA Program may be reimbursed from the joint account (if more than one of you is enrolled) or from the dependent's YSA (if only the dependent is enrolled).

Eligible expenses are "incurred" when the medical care is provided, not when you or your enrolled dependent is billed, charged or pay for the expense. Thus, an expense that has been paid but not incurred (e.g. pre-payment to a physician) will not be reimbursed until the services or treatment giving rise to the expense has been provided.

Some examples of common items that are <u>not</u> eligible expenses include but are not limited to:

- Sandia's Dental Care Plan premiums;
- Premiums you pay to enroll in an individual Medicare plan on your own;
- Premiums to pay for dependent's insurance through their active or retiree plan;
- Dental expenses (unless covered under your medical plan);
- Vision expenses (unless covered under your medical plan);
- COBRA premiums;
- Long-term care services;
- Cosmetic surgery or similar procedures (unless the surgery is necessary to correct a deformity arising from a congenital abnormality, accident or disfiguring disease);
- Household and domestic help;
- Hearing aids;
- Herbal remedies;
- Massage therapy;
- Custodial care;
- Health club or fitness program dues;
- Medical supplies (over the counter) such as bandages, thermometers, etc.; and
- Over-the-counter medicines

In addition to the list above of ineligible expenses, the following expenses may not be reimbursed from the YSA:

- expenses incurred *prior to the date* that you became a participant in the YSA;
- expenses incurred *after the date* that you cease to be a participant in the YSA; and
- expenses that have been reimbursed by another plan or for which you plan to seek reimbursement under another health plan.

If you have any questions regarding whether an expense is an eligible expense under the YSA Program, contact Extend Health by phone at 1-888-598-7809, option 3, or by mail:

Your Spending Account
P.O. Box 785040
Orlando, FL 32878-5040

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# Section 6. How to Submit for Reimbursement

Upon enrolling into an individual Medicare Advantage, Medigap, and/or Part D plan through Extend Health, you will be required to remit any payments due to the individual insurance carrier that you elected during the enrollment process. An Extend Health benefit advisor will assist you with the initial payment during the enrollment process. After that, you will make arrangements with your insurance carrier to remit premiums directly to them. Please note that insurance company billing processes vary by carrier.

You may not obtain reimbursement of any eligible expenses incurred after the date your eligibility ceases. You have one year after your eligibility ceases, however, to request reimbursement of eligible expenses you incurred before your eligibility ceased.

Premium payments for the individual plans you enrolled with can be submitted against *Your Spending Account* for reimbursement.

Extend Health offers automatic reimbursement with most insurance carriers. Automatic reimbursement is a process where you pay your premiums to the insurance carrier for the month or quarter, and the insurance carrier notifies Extend Health through an electronic file that your payment has been received. This notification will trigger a release of payment from the Your Spending Account funds to reimburse you for the premium payment (as long as funds are available in your account). You do not need to file a paper claim form. Automatic reimbursement is only available with specified carriers and does not cover expenses outside of the premiums for medical or prescription drug coverage.

If you are not set up under the auto reimbursement process described above, or you have other eligible expenses (refer to Section 4, Eligible Expenses) for which you want to request reimbursement, you must complete a reimbursement form and mail or fax it to:

Your Spending Account
P.O. Box 785040
Orlando, FL 32878-5040
Fax #: 888-211-9900

To obtain a claim form, you may contact Your Spending Account support at 888-598-7809, Option 3, request a form through your on line account at Your Spending Account, or request by mail at the address noted above.

Claim forms may be submitted through the online web portal, however, you must fax or mail the documentation supporting the claim before it will be reimbursed.

You will need to submit a copy of your insurance premium bill, an "explanation of benefits" or "EOB," or, if no EOB is provided, a written statement from the service provider. The written statement from the service provider must contain the following: (a) the name of the patient, (b) the date service or treatment was provided, (c) a description of the service or treatment; and (d) the amount incurred. Your claim is deemed filed when it is received by Your Spending Account.

**IMPORTANT:** You must submit requests for reimbursement for the calendar year within one year of the date of service to be considered for reimbursement.

If your claim for reimbursement is approved, you will be provided reimbursement as soon as reasonably possible following the determination, but in no event later than 30 days. Claims are paid in the order in which they are received.

If it is later determined that you or your enrolled dependent received an overpayment or a payment was made in error (e.g., you were reimbursed from your YSA for an expense that is later paid by another medical plan), you or your enrolled dependent will be required to refund the overpayment or erroneous reimbursement to the Program.

If you do not refund the overpayment or erroneous payment, the Program reserves the right to offset future reimbursements equal to the overpayment or erroneous payment. However, if that is not feasible, the Program will withhold such funds from any amounts due to you from the Program. If all other attempts to recoup the overpayment/erroneous payment are unsuccessful, Sandia may treat the overpayment as a bad debt, which may have tax implications for you.

# Section 7. How to Submit an Appeal

If your request for reimbursement under the *Your Spending Account* (YSA) is denied in whole or in part and you do not agree with the decision, upon receipt of the denial, you can request an informal or formal review (i.e. appeal) of your claim.

**IMPORTANT:** Upon denial of a claim, you have 180 calendar days of receipt of the notification of adverse benefit determination to appeal the claim.

To request an informal review, contact YSA at 888-598-7809. If you are not satisfied with the informal review, you can request Hewitt to send you a Level 1 Appeal Initiation Form.

You should submit all information identified in the notice of denial, as necessary, to perfect your claim and any additional information that you believe would support your claim.

Once you have completed the form, you can either mail it or fax it to:

Your Spending Account Benefit Determination Review Team
P.O. Box 1407
Lincolnshire, IL 60069-1407
Fax # 847-554-1547

If the *Your Spending Account* (YSA) Benefit Determination Review Team (BDRT) denies your Level I appeal, you can request a Level II appeal.

You must submit a Level II appeal to *Your Spending Account* BDRT within 180 days from the date of the level 1 denial letter. If you do not submit a Level II Appeal to *Your Spending Account* BDRT during this time period, you may not file a Level II Appeal for this claim at a later date. If you wish to appeal the denial of your Level I Appeal, please complete the Level II Appeal Initiation Form and mail it to:

*Your Spending Account* BDRT
Post Office Box 1407
Lincolnshire, IL 60069-1407

In preparing your Level II Appeal, you have the right to receive, upon request and without charge, reasonable access to or copies of any relevant documents, records, or other information relied upon by the *Your Spending Account* BDRT in making this determination. If you have any additional information or documentation to support your Level I Appeal, you must submit it with your Level II Appeal.

The *Your Spending Account* Benefit Determination Review Team (BDRT) will review the facts, the reasons for the claim decision, and the information you have provided. The *Your Spending Account* BDRT will respond in writing within 60 days following the receipt of your Level II Appeal.

If the *Your Spending Account* BDRT denies your Level II Appeal, you have the right to initiate a civil action in federal court under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). This option is available to you only after you have exhausted all of the administrative remedies available to you through the Plan's appeals process.

Refer to the *Sandia Health Benefits Plan for Retirees Summary Plan Description* for more information on appeals, including timeframes.

# Section 8. Glossary

| Term | Definition |
|---|---|
| **Certificate of Creditable Coverage** | A document that shows your prior periods of coverage in a health plan that's provided by your group health plan, HMO, or health insurance company. |
| **Exchange** | A marketplace that offers purchasers of health insurance a variety of plans from different insurance providers. |
| **Medicare** | A Federal program that pays for certain health care expenses for people aged 65 and older. |
| **Medicare Advantage Plans** | Health plans that are approved by Medicare and provided by private insurance companies. |
| **Medigap** | Health plans provided by private insurance companies designed to cover the areas of non-coverage under Medicare. |
| **Part D Prescription Drug Plan** | A stand-alone prescription drug plan offered by insurers and other private companies to people aged 65 and older. |

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