

Post65 Healthcare Benefits – Via Benefits

Frequently Asked QAs from Altria Salaried Retirees

- 1) **When will my coverage end with Altria? When will my new plan start?**
Generally, pre-65 health care coverage for current retirees/enrolled dependents stops at the end of the month preceding the month in which you or your enrolled dependent turn age 65. If you enroll in a new plan with Via Benefits, your effective date of coverage should start at the beginning of the month in which you turn age 65 to avoid a gap in coverage.
- 2) **Will my pre-65 dependent still have coverage with Altria?**
Yes, your under age 65 spouse and dependents will continue to have coverage with Altria until they attain age 65, or are no longer eligible for coverage with Altria.
- 3) **When will I be notified of the actions needed to enroll with Via Benefits?**
You will receive information from Fidelity and from Via Benefits when you and/or your spouse/domestic partner approach age 65. It will include the steps you need to take such as enrolling in Medicare and how to contact Via Benefits to enroll in coverage. Your Enrollment Guide with HRA funding insert should arrive around three (3) months prior to turning age 65. You will receive additional funding information from Via Benefits on how to submit reimbursement requests once you are enrolled.
- 4) **Do I need to enroll in Medicare before enrolling in a new plan with Via Benefits?**
Yes, in order to enroll in medical coverage with Via Benefits, you must be enrolled in Medicare Parts A and B with effective dates on or before your new plan effective date. If you are only enrolled in Medicare Part A as of your new plan effective date, then you will only be able to enroll in prescription drug coverage with Via Benefits.
- 5) **Can we enroll in the same plan together?**
No, each person will need to enroll in an individual plan; you and your spouse may choose the same plan, but they must be individual plans (not joint plans).
- 6) **Do I need to enroll each year even if I don't make changes?**
For most plans, you can remain enrolled if the plan offers an auto renewal feature. Please consult with your Via Benefits Advisor for more information on available plans and features.
- 7) **When can I make changes to my current plan or add a new plan?**
You can make changes to your current plan during the Medicare Annual Enrollment Period (AEP) which is from October 15 through December 7. Any changes you make during the Medicare AEP will be effective Jan. 1.
- 8) **Who's eligible to receive HRA funding from Altria?**
Generally, if you were hired prior to July 1, 2012 and you enroll in a Medical and/or Prescription Drug plan with Via Benefits, you are eligible to receive tax-free HRA funding from Altria. **You must continue to be enrolled in a Medical and/or prescription Drug plan with Via Benefits each year in order to receive the annual HRA funding.**
- 9) **Can I enroll through Via Benefits if I am not eligible for HRA funding?**
Yes, if you are not eligible for the HRA funding from Altria, you may still enroll through Via Benefits when you are eligible and take advantage of their health care options and support from the Benefits Advisors. You will pay the insurance carrier directly.
- 10) **How do I find out what my annual HRA amount is?**
Your **annual** HRA amount will be listed on the insert included in your Enrollment Guide which will be sent to you from Via Benefits, or you can call Via Benefits at 833-945-1104.

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You should receive your Enrollment Guide within 90 days of your 65th birthday. This information is also located on the Altria Total Rewards portal - www.altriatotalrewards.com (generic login “AltriaSal”).

11) Will my HRA amount be pro-rated for the first year?

Yes, unless your new plan with Via Benefits is effective January 1. For the first year, your annual HRA amount will be prorated based on your new plan effective date with Via Benefits. For example, if you turn 65 on Aug 15, your new plan effective date will be Aug 1 therefore you will receive 5 months’ worth of your annual HRA amount. The full HRA amount will be deposited into your HRA in January of the following year.

12) How is my HRA amount determined?

Your HRA amount is based on years of service and the date when you retired. The HRA amounts will vary for retirees and spouses.

13) When will my HRA funds be available in my account?

Your HRA funds are available on or after your effective date of coverage through Via for a Medical and/or Prescription Drug plan. Annual funding is available to use for reimbursement requests on January 1 each year.

14) What expenses are reimbursable from my HRA?

All 213D eligible expenses, which are; Medical, Prescription Drug, Dental, Vision, Long Term Care, and Medicare Part B premiums. In addition, out of pocket expenses, like co-pays and co-insurance for Medical, Prescription Drug, Dental, Vision and Hearing.

15) What if I don’t use all of my HRA funds each year?

Any dollars remaining in your HRA at the end of each plan year will roll over for future use as long as you are enrolled in a medical plan and/or prescription drug plan through Via Benefits.

16) Will my HRA funds and my spouse’s funds be combined?

In most cases, yes, each of your HRA amounts will be combined into a JOINT HRA account to share and can be used to pay expenses for yourself and your spouse. However, if you and your dependent are both retired from Altria and you each have your own, separate coverage (one dependent is not covered by the other), you will have individual HRAs.

17) Will my HRA increase in future years?

At this time, there are no plans to change the HRA funding amounts. However, we understand that medical costs can change over time and may make changes to the HRA amounts in the future.

18) What happens to the HRA upon my death?

Your HRA is a joint account, which provides automatic survivor benefits of any existing HRA balance. Altria will continue to provide HRA funding for the surviving spouse according the current benefit level.

19) What happens to my Health Savings Account (HSA)?

Your HSA is your own personal account and will not be impacted. However, when you enroll in Medicare, you are no longer eligible to contribute to an HSA and earn company incentives. If you plan to earn incentives, please ensure you do so at least 90 days prior to enrolling in Medicare to allow time for the incentives to be processed and deposited into your HSA.