QUEST DIAGNOSTICS ENROLLMENT GUIDE FOR MEDICARE-ELIGIBLE INDIVIDUALS

LOOK INSIDE TO LEARN MORE ABOUT:

- **Connecting with a benefits counselor**
- **Exploring your new healthcare coverage options**
- **Enrolling in a plan that meets your needs and budget**

This Enrollment Guide contains important information on how your current retiree healthcare coverage will be changing. It is important that you read through all pages carefully. You must take action by enrolling in your new healthcare plan — with a benefits counselor — in order to have the coverage you need.

Aptia365*
PO Box 9034, Brentwood, NY 11717
Online: quest.aptia365.com
Toll-Free: 1.888.264.9876
For deaf or hard of hearing: Dial 711 for Telecommunications Relay Service

* Services provided by Aptia Insurance Services Group LLC

This guide has been organized to provide you with a clear roadmap for your upcoming healthcare plan change.

SUCCESSFUL ENROLLMENT USING A STEP-BY-STEP PROCESS — Following these steps will help you understand what to expect, what is needed, and how to get ready for a smooth transition. **Page 2**

PREPARING FOR YOUR CONSULTATION — Using this guideline will help you get the most out of your appointment with your benefits counselor. **Page 4**

COVERAGE AND PLAN TYPES — Utilize these pages for understanding which plan options may best fit your needs and budget. **Page 6**

OTHER INSURANCE OPTIONS — Understand how you can build complete coverage with Dental and Vision insurance. **Page 7**

PRA INFORMATION — Understand important facts about the Premium Reimbursement Account (PRA) your former employer will be providing. **Page 8**

ASSISTANCE BEYOND ENROLLMENT — Our team is available year-round to answer any questions or concerns you may have regarding any healthcare plan related matter. **Page 9**

ADDITIONAL MEDICARE RESOURCES — The Centers for Medicare and Medicaid Services provides a variety of learning opportunities you may wish to explore. **Page 10**

FREQUENTLY ASKED QUESTIONS — Review these FAQs to help guide the transition to your new healthcare plan. **Page 11**

HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION — Record this important information and send to us as soon as possible, but at least 10 days before your consultation. **Page 15**

Welcome to Aptia365

Having the right healthcare coverage to meet your needs and budget during retirement is important. That's why Quest Diagnostics has engaged Aptia365 to help you evaluate your options and enroll in a new healthcare plan. You will need to enroll in a new medical plan if you want to continue to have medical coverage (other than Medicare Part A and Part B).

This solution is intended to provide retirees and eligible with more flexibility and assistance with:

- Spending your healthcare dollars.
- Providing access to a greater variety of plans in the marketplace.
- Connecting you with an experienced, licensed benefits counselor who will assist you in making a new healthcare plan election.

You will shop for and enroll in your new healthcare coverage through Aptia365. You now have several options to choose from to meet your healthcare and prescription drug needs. Aptia365 and its benefits counselors are ready to support you before, during, and long after your health plan changes. They will help you understand the different individual plans offered to you, assist you in determining which plans provide the coverage you need, and complete your enrollment when ready.

When you enroll in new medical coverage through Aptia365, Quest Diagnostics will provide you with an PRA (Premium Reimbursement Account) to offset the cost of your healthcare plan. This PRA, set up in your name, is a special, tax-free account that you may use to reimburse yourself for eligible healthcare plan expenses as defined by your employer and the IRS. For a retiree and any applicable dependent(s) to be eligible for the PRA, you must enroll in medical coverage through Aptia365. A Reimbursement Instructional Guide will be provided in a separate mailing upon your enrollment in medical coverage through Aptia365.

You will have assistance from a benefits counselor at every step. A counselor will help you compare your health and prescription drug coverage options, and complete your enrollment when you are ready. You may also visit our website to learn more about the different plans and compare your coverage options. Refer to page 4 for more information about connecting with a benefits counselor.

In the meantime, review this Enrollment Guide. It contains tools and exercises to help you start learning about your new healthcare plan options. Completing the information requested in this guide will make it easy for you and a benefits counselor to evaluate your options and help you enroll on time.

Our team is excited to serve you in this new program. Benefits counselors are available to support you during your enrollment period. You may reach Aptia365:

- Online at **quest.aptia365.com** at your convenience, 24 hours a day, seven days a week.
- Any business day, from 8:00 a.m. to 5:30 p.m. ET at 1-888-264-9876 toll-free (deaf or hard of hearing individuals should dial 711) to set up a consultation.

For additional information about Aptia365, including our compensation and privacy practices, please see the enclosed document.

We look forward to working with you.

Aptia365

What steps do I have to take to successfully enroll in my new plan?

This transition will be an easy one if you review the steps below and gather the requested information prior to your consultation. Doing so ensures you will be accurately and efficiently enrolled in the plan that best fits your needs and budget.

STEP 1: Upon receipt

- Review this Enrollment Guide.
- Because you are 65 or older and Medicare-eligible, be sure you have enrolled in coverage for Medicare Parts A and B. You must have already enrolled in both in order to enroll in medical coverage with Aptia365. Contact the Social Security Administration at **www.ssa.gov** or by calling 1-800-772-1213 (TTY 1-800-325-0778) if you have not yet enrolled in Medicare Part B.

STEP 2: Schedule your consultation

Consult with a licensed benefits counselor

Go online at **quest.aptia365.com** to schedule a one-on-one consultation with a licensed benefits counselor. On the home page, click the link in the 'Schedule a Consultation' section. If you prefer, you may also call to schedule. It is important to act NOW to select your date and time. Don't wait until the end of your enrollment period approaches before making this appointment; doing so may leave you with a short amount of time in which to make a decision. If you have signed up for text messages or email updates, you will receive a text/email confirmation once your have scheduled your consultation.

STEP 3: Before your consultation

Preparing for your consultation

Start by keeping track of your individual healthcare coverage needs. Providing correct and complete information will help your benefits counselor analyze your health plan coverage specifics:

- Use the worksheet on page 15 to list your important healthcare providers and prescription drugs; you may enter your prescription drugs online by visiting **quest.aptia365.com** .
- Think about plan features that are important to you.
- Prepare any questions you may have for your benefits counselor.
- Have your Medicare insurance card handy, but do not mail this information.
- Gather any documentation that pertains to a Power of Attorney, if applicable to you.
- Go online to visit our website: **quest.aptia365.com** .
  Our online tools are easy to use, and utilizing them can help you feel more comfortable with this process and also reduce the amount of time you spend on the phone with your benefits counselor.
- If you have signed up for text messages or email updates, you will receive a text/email 24 hours before your consultation with a reminder of the steps listed above.

STEP 4: The consultation

Explore your new plan options when you consult with your benefits counselor

Please take this opportunity to utilize your benefits counselor and his or her health insurance expertise. He or she will present you with all of your options so you can feel confident about the decision you are making.

STEP 5: Avoid a gap in coverage

Enroll in your new plan with your benefits counselor

When you are ready to enroll in your new plan(s), you will:

- Have your benefits counselor complete your enrollment over the phone; online self-enrollment is available only with certain carriers.
- Be sent any forms that are required; please review, sign, date, and return promptly.

STEP 6: Coverage begins

Begin coverage in your new plan(s).

STEP 7: After enrolling in your new plan(s)

After your effective date, you:

- May be contacted by your new insurance carrier in order to verify your enrollment; please do not ignore this request, as doing so could delay or nullify your coverage.
- Will receive your new insurance cards by mail from your insurance carrier(s) after your enrollment has been processed; please review them for accuracy.
- Will receive a confirmation of enrollment with helpful next steps and FAQs if you have signed up for text message/email updates.

STEP 8: Preparing to use your subsidy

Set up your PRA

You will receive additional information in a future mailing outlining how to set up and utilize your PRA.

STEP 9: Ongoing

Please retain this Enrollment Guide as it will serve as on ongoing reference for your health insurance transition.

Open your camera on your smartphone or tablet and place your camera over this code. You will be directed to our website where you can schedule a consultation, chat with our experts, or research your plan options.

How do I schedule an appointment with a benefits counselor and how should I prepare for my consultation?

Follow these steps to ensure that you are prepared for your phone consultation with your Aptia365 benefits counselor.

1 GO ONLINE AT **QUEST.APTIA365.COM** TO SCHEDULE A CONSULTATION WITH A BENEFITS COUNSELOR. On the home page, click the link in the 'Schedule a Consultation' section. If you prefer, you may call 1-888-264-9876 (Monday through Friday, 8:00 a.m. to 5:30 p.m. ET) to schedule your consultation. If your spouse is also eligible to enroll, we recommend calling to schedule your consultations so they can be scheduled close to one another. Jot down the date and time for this appointment below:

Consultation Date: _____

Time: _____

2 COMPLETE THE HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION FORM **online as soon as possible before your consultation**. If you submit your prescription drug information and healthcare providers list through the website before your consultation, you can shorten the amount of time you spend on the call.

- Start by visiting the homepage at **quest.aptia365.com**.
- From the main menu navigational bar at the top of the page, select "Shop & Compare"
- Choose "Medicare Plans"
- When you are ready to begin reviewing plan options, scroll to the bottom and click 'GET STARTED.' When you follow the step-by-step instructions, you will be directed to a location where you will enter prescription drug information.
- Your prescription drug information will be pre-loaded to your profile and available to your benefits counselor prior to your consultation.

Your benefits counselor will ask you the following questions during your consultation, but it helps to have them in front of you and be better prepared for your call. Your answers to these questions will help your benefits counselor discuss healthcare insurance plans that best fit your needs.

3 CONSIDER YOUR ANSWERS TO THE FOLLOWING QUESTIONS PRIOR TO YOUR CONSULTATION:

- Do you have end stage renal disease (ESRD)?
- Do you currently reside in a Nursing Home or Assisted Living Facility?
- Do you anticipate spending considerable time away from your primary residence during which you would seek non-emergency medical care?
- Are you comfortable with an HMO/PPO network which may include some, but not all, of your providers and may not provide care outside your area without additional higher fees?
- Do you use healthcare providers that do not accept Medicare? (You can call your providers and ask the billing department.)
- Are you entitled to TRICARE For Life, other prescription drug/health benefits through the VA, or any other health or prescription drug benefits not listed here?
- Has Medicare or the Social Security Administration notified you that you are eligible for assistance with paying for Medicare prescription drug plan costs?
- Are you currently receiving Medicaid benefits?

4 BE READY ON THE DATE AND TIME YOU SELECTED FOR YOUR CONSULTATION, AND:

- Have your Medicare (red, white, and blue) ID card available for your consultation. You will need to provide both your Part A and Part B effective dates. Please do not email this card or Medicare number.
- Allow enough time for the consultation, approximately 60-90 minutes.
- Make certain any family member or caregiver is available for the call if desired.
- If you do not receive your consultation call within 30 minutes of the scheduled time, please contact Aptia365.
- Promptly reschedule the consultation if you find you cannot keep the appointment you originally scheduled by going online at **quest.aptia365.com** or by calling 1-888-264-9876; those who are deaf or hard of hearing should dial 711 for Telecommunications Relay Service.

How can I learn more about my Medicare options?

In most cases, when a person enrolls, they will choose between these options.
Use this chart to help you decide which option is right for you.

Step 1: Decide if you want	
Original Medicare WITH MEDICARE SUPPLEMENT	**Medicare Advantage Plan** LIKE AN HMO OR PPO NETWORK
PART A (HOSPITAL INSURANCE) **PART B** (MEDICAL INSURANCE)	**PART C:** INCLUDES BOTH PART A (HOSPITAL INSURANCE) & PART B (MEDICAL INSURANCE)
Medicare provides this coverage. You have your choice of doctors, hospitals, and other providers that accept Medicare. Most people pay a monthly premium for Part B. In addition, you will pay deductibles for services covered under Parts A and B and pay co-insurance for all Medicare-covered services. IN ADDITION, YOU MAY ADD A MEDICARE SUPPLEMENT POLICY TO YOUR PART A AND B MEDICARE COVERAGE. These plans are offered by private insurance companies that pay all or part of the deductibles and co-insurance with predictable out-of-pocket expenses. Note: You can enroll in either a Medicare Advantage Plan that offers prescription drug coverage as part of the plan, or a Medicare Supplement policy and a free-standing prescription drug plan. No network restrictions, as long as the provider accepts Medicare.	Private insurance companies approved by Medicare provide this coverage. In most plans, you need to use approved network doctors, hospitals, and other providers or you will pay more. You pay a monthly premium (depending upon the plan), your Part B premium, and co-payments for covered services. Costs, rules, and coverage beyond what's covered in Medicare Parts A and B will vary by plan. Note: If you join a Medicare Advantage Plan, you cannot have a Medicare Supplement policy or enroll in a free-standing prescription drug plan. Normally you will see lower monthly premium costs, but higher out-of-pocket expenses when services are rendered.
Step 2: Decide if you want Prescription Drug Coverage (Part D)	
If you want this coverage, you must choose a Medicare Prescription Drug Plan. These plans are run by private insurance companies approved by Medicare. You must pay the monthly plan premium and drug co-payments.	Most Medicare Advantage Plans include prescription drug coverage (Part D). The prescription drug premium is included in your monthly Medicare Advantage premium. You will be responsible for co-payments and any other plan costs.

What other insurance options should I be considering to round out my coverage?

During your consultation with your benefits counselor, he or she will review all of your benefits options with you, discuss your personal situation, and answer any questions you may have. Your benefits counselor will help educate you about additional insurance options available that you may wish to consider in order to make the best possible decision for you and your family.

DENTAL INSURANCE THROUGH APTIA365:

Enrolling in dental insurance can be a cost-effective way to address the costs of annual exams and related services such as fillings and extractions. Dental insurance can play an important role in your health. Since people with dental insurance are more likely to visit the dentist, a solid insurance plan can help you maintain good oral health, which promotes your overall health.

VISION INSURANCE THROUGH APTIA365:

Vision insurance is a type of supplemental insurance that can help pay for yearly eyesight exams, glasses and/or contact lenses. With vision insurance, you will also have access to eye doctors who are focused on keeping your eyes healthy by detecting conditions such as glaucoma or cataracts.

You may go online to view your additional insurance options and enroll in a plan of your choice.

- Start by visiting the homepage at **quest.aptia365.com**.
- On the navigation bar at the top of the page, click 'Learn about Plan Options (Shop & Compare)', then explore the Dental & Vision insurance options. Enroll in the Dental and Vision plan(s) of your choice online or with the assistance of your benefits counselor.

How does my PRA work and how will I be reimbursed?

Your former employer is providing a Premium Reimbursement Account (PRA) for their retirees and eligible dependents. A PRA is a "notional" account established in your name by Quest Diagnostics. "Notional" means a bookkeeping entry will be established on your behalf; no specific funds are set aside for you and your PRA does not earn interest. Instead, to help offset your healthcare costs, Quest Diagnostics will reimburse your eligible medical plan premiums up to the amount credited to your notional account. Quest Diagnostics may decide to increase, decrease, or terminate the PRA credit at any time.

Once you select your new plan(s), you will first pay your premium(s) directly to your insurance carrier(s), then you will submit a claim for premium reimbursement. The retiree will be reimbursed from available funds in the PRA. Any balance left in your PRA at the end of the year would remain available until March 31st of the following calendar year. You must submit a claim for reimbursement of medical, prescription drug, and dental plan premiums paid during the calendar year by this March 31st deadline.

You will receive additional information in a future mailing outlining how to set up and utilize your PRA. Remember, the retiree is the primary PRA account holder and is responsible for the submission of all claims.

What type of assistance is available to me after I enroll?

We are here to help beyond your initial enrollment

Once you have enrolled in your medical plan(s) through Aptia365, your benefits counselor is available to provide assistance with any healthcare plan related matter. If you have questions about your plan or problems resolving an issue with a carrier, help is just a click online or a phone call away.

What to expect in the years to come

Typically, if you like your healthcare plan(s), and the carrier continues to offer the plan(s), you do not need to re-enroll each year. However, there are a few things you will need to consider each fall:

- We will send you a reminder that the Open Enrollment Period is approaching. If you do wish to make a new healthcare plan election, keep in mind the Medicare Open Enrollment Period is typically October 15–December 7.
- By law, your insurance carrier is required to send you information about plan or pricing changes. Please be certain to open, review, and save all of this documentation.
- If you are considering making a change to your healthcare plan, please be certain to contact an Aptia365 benefits counselor BEFORE making any changes on your own. There are implications you will need to consider, and our benefits counselors are trained at making sure you understand these prior to enrolling in a new plan.

How you can reach us

- **Go online:** **quest.aptia365.com**
- **Call:** 1-888-264-9876; those who are deaf or hard of hearing should dial 711 for Telecommunications Relay Service.
- **Mailing address:** PO Box 9034, Brentwood, NY 11717

Make sure your email, phone number and mailing addresses are up-to-date with us, as we may send you different communications throughout the year and want to have the most accurate way of reaching you.

Where can I find out more information about the Medicare program?

If you are new to Medicare, or just want to better understand the Medicare program and different benefits, you may visit CMS (The Centers for Medicare and Medicaid Services) at **https://www.cms.gov**.

CMS produces a comprehensive publication each year that discusses the Medicare program in its entirety. You may request a printed copy of this book by calling 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048. You may also access this publication online by visiting **https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf.**

MEDICARE

- Go online **www.medicare.gov**
- Call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048), available 24 hours a day, 7 days a week

SOCIAL SECURITY

- Visit your local Social Security office
- Go online **www.ssa.gov**
- Call 1-800-772-1213 (TTY 1-800-325-0778)

Where can I find answers to additional questions I may have?

We recognize your health plan choices and costs are important to you. Below you will find answers to many questions frequently asked by retirees and their dependents.

HOW IS MY HEALTH INSURANCE CHANGING?

You will soon turn 65 and become eligible to enroll n Medicare, OR you are already enrolled in Medicare and will soon be retiring from the company where you are currently employed. As such, your current health plan coverage will end and you will need to choose a new plan to ensure you have the coverage you need going forward.

HOW WILL I OBTAIN MY NEW HEALTH INSURANCE?

In order to help you find the plan that best fits your needs and budget, your company has partnered with Aptia365 to guide you through the process from beginning to end. Aptia365 will be your single point of contact for healthcare insurance issues — before, during and after the transition to your new plan(s).

HOW WILL I PAY FOR MY NEW HEALTH INSURANCE?

You will now pay your premiums directly to the insurance carrier for your retiree healthcare coverage and you will be reimbursed by from your PRA. You can be reimbursed for your premiums via direct deposit into your bank account or a paper check. For additional details about your PRA, you may refer to the Reimbursement Instructional Guide you will receive after enrolling in medical coverage through Aptia365.

WILL I BE REQUIRED TO CHOOSE A NEW DOCTOR?

It depends on the health insurance strategy that you choose. Medicare Supplement plans allow you to choose any doctor that accepts Medicare, while Medicare Advantage uses networks of doctors who accept only certain plans. Your Aptia365 benefits counselor will help you find a plan that works with your doctor.

Where can I find answers to additional questions I may have? *continued*

HOW LONG WILL THE APPOINTMENT WITH MY BENEFITS COUNSELOR LAST?

In general, you'll spend about 60 to 90 minutes on the phone speaking with your benefits counselor. The length of the call will depend on whether you enroll that day or want to include a family member or caregiver, or a power of attorney on the call. The length of your appointment will also depend on how much preparation you wish to do in advance.

Remember, your benefits counselor is an excellent resource and will take as much time on the phone or in a future conversation as you need to feel comfortable with your enrollment decision.

If you go online to the Aptia365 website prior to your consultation to enter your prescription drugs, your appointment could be much shorter. See the checklist in this Enrollment Guide for details on how to prepare for your call.

IF I NEED ASSISTANCE WITH ENROLLING, CAN SOMEONE SPEAK WITH MY BENEFITS COUNSELOR ON MY BEHALF?

If you complete and sign a Personal Information Authorization form (found on **quest.aptia365.com** in the 'Prepare For Your Consultation' section), anyone listed on the form can assist you with your plan information and/or selections. However, **a durable Power of Attorney (POA) document must be on file at Aptia365 for anyone but the retiree to enroll in healthcare coverage**. Anyone who is listed on the durable POA can act on behalf of the retiree in all insurance capacities, including PRA paperwork.

Where can I find answers to additional questions I may have? *continued*

IF I LIKE THE BENEFITS COUNSELOR I HAVE MY CONSULTATION WITH, CAN I REQUEST THAT SAME PERSON AGAIN?

The person you enjoyed dealing with before may not be available due to other scheduled appointments when you call. Every benefits counselor must, by law, be licensed, certified, and appointed to talk with you about the plans in your specific geographic area.

Please be assured that if you can't reach the benefits counselor you request, all of your information is available in our secure system, and another benefits counselor will be able to assist you.

DO I NEED TO ENROLL IN MEDICARE PART B?

Yes, in order to qualify for a Medicare Supplement or Medicare Advantage plan, you must be enrolled in both Medicare Part A and Part B, and continue to pay for those premiums.

DO I NEED TO ENROLL IN A MEDICARE PART D PLAN?

Medicare recommends that you enroll in a plan when you are first eligible, both to gain access to discounted prescriptions and to avoid Medicare's permanent late enrollment penalty.

Where can I find answers to additional questions I may have? *continued*

WILL MY NEW COVERAGE COVER ME IF I TRAVEL?

When traveling domestically, as long as a hospital, clinic, or doctor accepts Original Medicare, Part A, and Part B, healthcare providers will accept your Medicare supplement plan. For Medicare Advantage plans such as HMOs and PPOs, there will be network restrictions when traveling outside of your plan's area. Your licensed benefits counselor can provide additional details on healthcare benefits while traveling during your consultation or at any point throughout the year.

IF I DON'T LIKE THE PLAN I'M ENROLLED IN, WHEN CAN I CHANGE?

Medicare Supplement plans can be changed at any point during the course of the year, but may require underwriting to do so. There is a one-time window of guaranteed insurability after your initial enrollment into Medicare or after you leave a terminating group plan. After that window closes, carriers may ask you underwriting questions if you are changing your plan. Each carrier has its own rules, so **it is important to discuss any changes you may wish to make with your licensed benefits counselor.** There is no medical underwriting for changing Medicare Advantage plans, however, Medicare Advantage and Medicare Advantage Prescription Drug plans only accept enrollments during the Annual Enrollment Period (October 15th–December 7th) for a January 1st effective date. Additionally, Part D prescription drug plans can only be changed during the same Annual Enrollment Period for a January 1st effective date.

What information do I need to provide?

HEALTHCARE PROVIDER INFORMATION

YOUR NAME_____ **PHONE**_____

Please list your current healthcare providers below. Some healthcare plans like HMOs and PPOs use networks. Gathering your healthcare providers' information here will help your benefits counselor compare access to your current providers. You may also contact your providers and ask them which plans they accept.

CURRENT HEALTHCARE PROVIDERS (PRIMARY CARE, SPECIALISTS, ETC.)

Name	Address	Phone Number

PRESCRIPTION DRUG INFORMATION

In order to construct an accurate cost analysis, we will need your complete and correct drug information. For example, it is important to indicate the name of the drug that you are taking, and whether you are taking a BRAND or GENERIC version. Please note, over-the-counter medications, vitamins, and supplements are not covered by prescription drug plans and therefore are not required on this form.

CURRENT PRESCRIPTIONS, DOSAGES, FREQUENCY AND WHERE/HOW YOU OBTAIN THE MEDICATION

Medication	Dosage	Frequency	Pharmacy or Mail Order

Please complete one form per person. If you have additional healthcare providers or prescription drugs to share with your benefits counselor, please make a copy of this page (prior to completing) and use it to record your additional entries.

REMEMBER! You may go online to enter your prescription drug information as soon as possible prior to your consultation; doing so will shorten the amount of time you spend on the consultation call. Follow the step-by-step instructions listed on page 4.

If you are unable to go online, please mail this worksheet as soon as possible, but at least 10 days prior to your scheduled appointment to:

Aptia365
PO Box 9034, Brentwood, NY 11717

[The remainder of this page is intentionally left blank so that if you submit this information by mail, you won't be mailing anything important that you may need later.]

Questions for my benefits counselor

The insurers whose policies you may enroll in are separate and independent from Aptia365. Aptia365 is not responsible for any insurer's or service provider's failure to provide coverage or service, including but not limited to any failure resulting from the insurer's or service provider's current or future financial condition or solvency. From time to time, insurance companies may become insolvent and fall into receivership with the state's insurance regulatory authority. In addition to potential access to state guarantee funds, these state departments also may provide financial information. See your state's department of insurance website for any information they may provide. While each state does impose its own minimum capital and surplus requirements on insurers, Aptia365 also advises that you consider the ratings of an independent agency. Independent agencies, such as A.M. Best (www.ambest.com), may also issue ratings describing their evaluation of an insurer's financial ability to honor its insuring obligations. Insurers receive different ratings. Some insurers available to you fail to achieve the agency's rating for superior or excellent. Aptia365 recommends that you carefully consider financialinformation provided by both state insurance regulators and independent rating agencies when purchasing insurance coverage.