

## UnitedHealthcare® Group Medicare Advantage (PPO) Plan

### Frequently Asked Questions & Answers

#### **1. Do I need Original Medicare (Part A and Part B)?**

Yes, you must be entitled to Medicare Part A and enrolled in Medicare Part B. You must continue paying your Medicare Part B premium to Social Security in order to be eligible for coverage under the Cameron University plan.

#### **2. Is this the Medicare Advantage plan that's advertised on TV?**

No. This is a custom Group Medicare Advantage PPO plan designed exclusively for retirees of Cameron University. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

#### **3. Is the plan nationwide?**

Yes, this plan offers nationwide coverage.

#### **4. How do I find out if my doctor is in the network?**

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network.

#### **5. What major hospitals are in the network?**

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals, contact UnitedHealthcare Customer Service toll-free at **1-866-225-9726**, TTY **71**, 8:00 a.m. – 8:00 p.m. local time, 7 days a week.

And remember, since this is a PPO plan, the hospital does not have to be in the network in order for you to receive services under this plan. Please note that UnitedHealthcare Customer Service will only be able to provide a list of hospitals within the UnitedHealthcare network.

#### **6. When will I get my UnitedHealthcare Member ID card?**

Your UnitedHealthcare Member ID card should arrive before your effective date of January 1, 2021.

#### **7. What is the difference between in-network and out-of-network providers? How does this difference affect the total amount that I can expect to pay for services when using out-of-network providers?**

Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract.

With this plan, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

### **8. What happens if my doctor does not accept Medicare Advantage plans or participates in Medicare but does not accept this plan?**

There are many different types of Medicare Advantage plans so it depends on what your doctor does not accept.

The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare. Under this plan, the doctor will be paid the same as Medicare. Most doctors accept this type of plan once they understand they do not need a contract and they will be paid the same as Medicare. If you contact UnitedHealthcare, we will be happy to reach out to your provider to discuss how the plan works and how they will be paid. If the doctor refuses to accept this plan, you can continue to see the doctor, pay for the services upfront and then submit the bill to UnitedHealthcare for reimbursement. You will only be responsible for the same copayment or coinsurance as if you had stayed in-network.

### **9. Are there any situations when a doctor will balance bill me?**

Doctors who participate in Medicare but do not accept the Medicare Fee Schedule as payment in full are allowed to charge more. But Medicare limits the additional amount a doctor can charge. This is called the “Medicare Limiting Charge”. The difference between the Medicare Fee Schedule and the Medicare Limiting Charge is called “Excess Charges” and this is what a doctor can “balance bill”. Under this plan, you are protected from any balance billing. When you go out-of-network for care, this plan pays providers just as much as Medicare would have paid (up to the Medicare Limiting Charge), and you pay the same copayment or coinsurance as if you had stayed in-network. If your doctor tries to balance bill you, please contact UnitedHealthcare. Please note that UnitedHealthcare cannot pay more than what Medicare would have paid.

### **10. What pharmacies are in the plan’s network?**

The UnitedHealthcare® Medicare Advantage (PPO) plan includes over 67,000 national chain, regional, local and independent neighborhood pharmacies in the UnitedHealthcare network. Once you are a member, you will be able to look up pharmacies online or request a printed pharmacy directory by calling UnitedHealthcare Customer Service at the number on the back of your UnitedHealthcare Member ID card. You can also call UnitedHealthcare Customer Service to check if a pharmacy is in-network, or to get pharmacy contact information.

### **11. Will I be penalized for not having drug coverage through Cameron University previously?**

It depends on whether or not you had “creditable” prescription drug coverage from the time you first became eligible for Medicare Part D or not. Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had a Medicare Part D plan, you had creditable coverage. If you had creditable prescription drug coverage through another source, such as a spouse’s employer plan, you should have gotten a certificate of creditable coverage. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for more than 63 days, Medicare will determine if you need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Part D coverage.

## **12. What is the SilverSneakers® program?**

SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at over 15,000+ fitness locations\*. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

\*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

## **13. What is the UnitedHealthcare® HouseCalls program?**

UnitedHealthcare HouseCalls is an annual wellness program designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health. HouseCalls may not be available in all areas.

## **14. Should I keep my Medicare Supplement plan?**

If you have a Medicare Supplement plan and later enroll in a Medicare Advantage plan, you may want to drop your Medicare Supplement plan. Medicare Supplement plans and Medicare Advantage plans do not coordinate payment. With a Medicare Supplement plan, your medical bills are submitted to Medicare (the government) for payment first and then sent to the Medicare Supplement plan to pay its share. With a Medicare Advantage plan, your health care bills go to the Medicare Advantage plan directly NOT Medicare and the Medicare Advantage plan pays for your coverage. If applicable, you will pay a cost share, like a copayment, for the service.

## **15. What happens to my spouse's coverage if he/she is under 65 and/or not eligible for Medicare?**

Dependents that are not Medicare eligible will be automatically enrolled in Blue Cross Blue Shield PPO plan until they become eligible for Medicare.

## **16. What is Medicare Part D IRMAA and does it apply to me?**

IRMAA stands for Income Related Monthly Adjustment Amount. Similar to Medicare Part B, high income earners will pay more for their Medicare Part D coverage. If you are a member of a Medicare plan that includes prescription drug coverage and your Modified Adjusted Gross Income on your IRS tax return from two years ago is above \$85,000\* for an individual or \$170,000\* for a couple, you may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Social Security, not to your plan. If you are subject to IRMAA, Social Security will send you a letter. The letter will explain how they determined the amount you must pay and the actual IRMAA amount. Neither Cameron University nor your health plan determine who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, contact the Social Security Administration. You can:

- Go online to [www.ssa.gov](http://www.ssa.gov)
- Call Social Security toll-free at **1-800-772-1213**, TTY **1-800-325-0778** between 7 a.m. – 7 p.m., local time, Monday – Friday.
- Visit your local Social Security office

\*These amounts are accurate for 2019.

## **17. What if I have trouble paying for my prescription drugs?**

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs.

Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year. Call Social Security toll-free at **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m., local time, Monday – Friday.

**18. Do I still need to use my red, white and blue Medicare card?**

No, you will only use your UnitedHealthcare® Group Medicare Advantage Member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare Member ID card each time you receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare Member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2019. All rights reserved.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Cameron University members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This information is not a complete description of benefits. Call **1-866-225-9726**, TTY **711**, for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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