****

**UnitedHealthcare Group Medicare Advantage (PPO) Plan**

**Frequently Asked Questions & Answers**

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

Yes, in order to be eligible for the UnitedHealthcare Group Medicare Advantage PPO plan, you must be entitled to Part A and purchase Part B. You must also continue to pay your Medicare Part B monthly premium to the government.

**2. Explain how the out-of-pocket maximum works?**

An out-of-pocket maximum places a limit on how much money you pay out of your pocket for your

medical expenses in a calendar year. With this plan, the maximum amount that you would pay out of

your pocket for medical expenses in a single year is $1,500. Once you have paid $1,500 in medical expenses, your UnitedHealthcare Medicare Advantage plan pays 100% of the cost of your covered medical care expenses for the rest of the year.

**3. Is the plan nationwide?**

Yes, this plan offers nationwide coverage.

**4. What do I need to know about the UnitedHealthcare provider network? How do I find out if my doctor is in the network?**

The UnitedHealthcare Group Medicare Advantage (PPO) is a Preferred Provider Organization (PPO) plan and does not have restrictions on in and out-of-network coverage. You have access to our national network and can see any provider as long as the provider participates in the Medicare program and accepts the plan; the provider does not have to be in the UnitedHealthcare network. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid, and you pay the same out-of-pocket co-payment or co-insurance as if you had stayed in the network.

**5. What major hospitals in <City/County/State> are in the network?**

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals, you can contact a UnitedHealthcare Customer Service representative.

And remember, since this is a PPO plan, the hospital does not have to be in-network in order for you to receive services under this plan.

**6. When will I get my ID card?**

Your ID card should arrive by mid-December before your effective date of January 1, 2016.

**7. If I go to the doctor 10 times will I have met my out-of-pocket maximum?**

If the only thing you do is go to the doctor 10 times and your co-payment is $15, then you will have reached your out-of-pocket maximum after the 10th doctor visit.

**8. 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?**

In-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 doctors that are both inside and outside the UnitedHealthcare network. Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

**9. What happens if my doctor does not accept Medicare Advantage plans? What happens if a doctor accepts Medicare but doesn’t 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. This plan works like traditional PPO plans which doctors have been familiar with for a long time. Under the 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 the provider will be paid the same as Medicare. 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 co-payment or co-insurance as if you had stayed in the network.

**10. What happens if my doctor does not accept Medicare?**

If your doctor has opted out the Medicare program in its entirety, you would only have coverage in an

emergency situation. This is no different than your current medical plan. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor, UnitedHealthcare can help you find a doctor based on your needs.

**11. How are out-of-network claims processed?**

Whether your provider is in network or out of network, your provider can submit claims to

UnitedHealthcare to be processed electronically. If needed, the UnitedHealthcare claim address information is provided on your Member ID card and in your Welcome Kit. UnitedHealthcare administers claim payments for out-of-network providers in compliance with all federal regulations.

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

Under this plan, you are protected from any balance billing. When you go out-of-network for

care, the PPO plan pays providers just as much as Medicare would have paid, and you pay the same co-payment or co-insurance as if you had stayed in the network. If your doctor attempts to balance bill you, please contact UnitedHealthcare.

**13. Is there a hospital deductible?**

No. The UnitedHealthcare Group Medicare Advantage (PPO) plan does not have a hospital deductible.

**14. What is the maximum number of days covered for hospital admission?**

There is no maximum number of days covered for hospital admission. Days are unlimited.

**15. Do I need to get new mail order prescriptions?**

Beginning January 1, 2016 your Preferred Mail Order Provider will be OptumRx, a UnitedHealth

Group company. UHC is working with your current mail order provider to transition open refills that you have on file. Through this process, the majority of open refills will transition and will not require a new script. There are certain classifications of prescriptions that cannot be transitioned and will require a new prescription from your provider. The Welcome kit that you receive following your enrollment in the plan, will include an OptumRx Mail Order Brochure containing OptumRx contact information.

**16. Explain the stages of prescription drug payments. Is there a donut hole?**

This plan has different stages of drug coverage – the Initial Coverage stage, the Coverage Gap (or Donut Hole) and the Catastrophic Coverage stage. Your plan does not have a deductible, which means beginning January 1, 2016, you pay the copays as outlined in the initial coverage stage. When you fill a prescription, the amount you pay depends on the stage you’re in.

* In the initial coverage stage, you pay a co-pay or co-insurance, then the plan pays the rest. Your co-pay will depend on what tier the drug belongs to. For example, if your drug falls into Tier 1, you pay $5.00 for a one-month supply of that drug at retail. Tier 2, you pay $20, Tier 3 you pay $35 and Tier 4 you pay $35. You stay in this stage until your total drug costs reach $3,310. The total drug cost combines the amount you pay and the plan pays for prescription drugs.
* When your total drug costs reach $3,310, your plan sponsor is providing additional drug coverage which means that if you reach the Coverage Gap, you will continue to pay the same co-pay or co-insurance. There is no coverage gap or donut hole with this plan.
* After your total out-of-pocket costs reach $4,850, you enter the Catastrophic Coverage stage. In this stage, you pay a small co-pay or co-insurance, of $2.95 for generic and $7.40 for brand name drugs or 5% coinsurance, whichever is greater.

**17. What is the most I will have to spend out-of-pocket for prescription drugs?**

There is no actual limit on how much you can spend out of pocket on prescription drugs. However, once you have spent $4,850 out of your pocket in drug expenses, you will reach the catastrophic drug phase of your coverage. At that point you will pay $2.95 for generic and $7.40 for brand name drugs or 5% coinsurance, whichever is greater.

**18. What national retail pharmacies are in the plan?**

The UnitedHealthcare Medicare Advantage (PPO) plan includes over 65,000 regional and local pharmacies in its network including major national retail pharmacies. Some examples include: Walgreens, Walmart, CVS, Duane Reade, Rite Aid, Target and many others.

**19. Will I be penalized for not having drug coverage through Group name 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 Medicare. If you had a Medicare Part D plan, you had creditable coverage. If you had prescription drug coverage through another source, such as a spouse’s employer plan, you should have gotten a certificate of creditable coverage, if the coverage was creditable. If you were eligible for Medicare Part D and you did not have any prescription drug coverage, you will need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Part D coverage.

**20. What is the Silver Sneakers program?**

SilverSneakers® helps members stay physically active by providing a basic fitness membership and

access to more than 13,000 participating facilities across the country. For members who don’t live near a fitness center, the SilverSneakers Steps is a personalized fitness program for members who can’t get to a SilverSneakers location. Once enrolled in Steps, you may select one of four programs that best fits your needs — general fitness, strength, walking or yoga.

**21. What happens to my under 65 spouse’s coverage?**

Dependents that are not Medicare eligible will remain on their current coverage plan.

**22. 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. Any Medicare Part D plan member

whose Modified Adjusted Gross Income as reported on your IRS tax return, is above $85,000 for an

individual or $170,000 for a couple, may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Medicare, 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 your employer group nor your health plan determines who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, you must contact the Social Security Administration. You can:

• Go online to www.ssa.gov

• Call Social Security at 1-800-772-1213, TTY 1-800-325-0778

• Visit your local Social Security office

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

If you have trouble paying for your prescription drugs, you may qualify for Medicare’s Extra Help program. Another name for this is Medicare’s Low Income Subsidy. If you have limited income, you may qualify. If you qualify, Medicare will help pay for the cost of your prescriptions. If you are interested and want to find out if you qualify, you can

• Go online to www.ssa.gov

• Call Social Security at 1-800-772-1213, TTY 1-800-325-0778

• Visit your local Social Security office

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details.

Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries. © 2015 Healthways, Inc. All rights reserved.

You are not required to use OptumRx home delivery for a 90- or 100- day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

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

Other Pharmacies, Physicians, Providers are available in our network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change each plan/benefit year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a

Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

Enrollment in the plan depends on the plan’s contract renewal with Medicare.