

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 (HMO and PPO) plans, you must be enrolled in Medicare Parts A and 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 covered medical expenses in a calendar year. With this plan, the maximum amount that you would pay out of your pocket for covered medical expenses in a single year is \$1,500. Once you have paid \$1,500 in covered 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 Medicare Advantage PPO plan nationwide?

Yes, this plan is available in all 58 California counties, all 50 states and 5 US territories.

4. What do I need to know about the UnitedHealthcare provider network?

- **Medicare Advantage HMO**

The UnitedHealthcare Group Medicare Advantage (HMO) is a Health Maintenance Organization (HMO) plan. That means you must get care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist.

- **Medicare Advantage PPO**

The UnitedHealthcare Group Medicare Advantage (PPO) is a Preferred Provider Organization (PPO) plan that covers medical care both within and outside of a network of doctors and hospitals. 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 as if you had received care from within the network.

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

In-network providers have a Medicare Advantage contract with UnitedHealthcare. Out-of-network providers do not have a Medicare Advantage contract with UnitedHealthcare.

- **Medicare Advantage HMO**

To receive your full coverage through your plan, you will need to choose a primary care provider from our large local network. Your primary care provider will help refer you to specialists when needed.

- **Medicare Advantage PPO**

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 cost share 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.

6. 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.

- **Medicare Advantage HMO**

The UnitedHealthcare Group Medicare Advantage (HMO) plan requires a doctor to have a contract with UnitedHealthcare (except in cases of emergency). You will only be covered for services rendered by doctors and hospitals who have a contract with UnitedHealthcare. If you receive care from a doctor or hospital outside of the network, the plan will not cover your costs; you will pay the full cost for services. If you need help finding a doctor, UnitedHealthcare can help you find a doctor in the network based on your needs.

- **Medicare Advantage PPO**

The UnitedHealthcare Group Medicare Advantage (PPO) plan includes a network, but also provides coverage when you receive care from doctors and hospitals that are outside of the network. This plan works like the traditional PPO plans with which doctors have been familiar 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 that they do not need a contract, and that they will be paid the same as Medicare. UnitedHealthcare proactively contacts the out-of-network doctors that you have used in the past 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.

7. 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.

8. My doctor is not in the network. Can he/she submit PPO claims for processing?

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

9. Are there any situations when a doctor will balance bill me on a Medicare Advantage PPO plan?

Under this plan, you are protected from any balance billing. When you go out-of-network for your 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. The plan will pay up to the Medicare allowable amount of the Medicare limiting charge, as appropriate for your doctor based on his/her status with Medicare.

10. Is there a hospital deductible?

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

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

There is no maximum number of days covered for hospital admissions. Days are unlimited, based on medical necessity.

12. 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 a \$2.95 co-payment for generic drugs and a \$7.40 co-payment for all other drugs through the end of the plan year. These amounts are set by the federal government and change slightly each year.

*Medicare Part D Benefit Parameters for 2016.

13. 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, CVS, Target, Costco, Rite Aid and many others.

14. What is the Silver Sneakers program?

SilverSneakers® helps members stay physically active by providing a basic fitness membership and access to more than 11,000 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.