

UnitedHealthcare® Group Medicare Advantage (PPO) plan

Frequently asked questions and answers

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 UnitedHealthcare® Group Medicare Advantage PPO plan.

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 Jefferson Parish Government. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

How does a Group Medicare Advantage plan work?

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan. You may only be enrolled in one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Advantage plan that includes prescription drug coverage or one Medicare Part D plan but not both.

If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan and you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Is the plan nationwide?

Yes, this plan offers nationwide coverage.

How does an out-of-pocket maximum work?

An out-of-pocket maximum places a limit on how much money you pay out of pocket for your medical expenses in a calendar year. This does not include prescription drug costs or plan premiums.

What providers can I use?

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 for covered services, 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.

What major hospitals are in-network?

There are many hospitals in the UnitedHealthcare network. For a list of in-network hospitals, contact UnitedHealthcare Customer Service toll-free at **1-844-518-9527**, TTY **711**, 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-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.

When will I get my UnitedHealthcare member ID card?

Your UnitedHealthcare member ID card will arrive attached to your Quick Start Guide before your effective date of January 1, 2023.

What is the difference between in-network and 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 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 or precluded from Medicare. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

What happens if my provider 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 provider does not accept.

The UnitedHealthcare Group Medicare Advantage (PPO) plan does not require a provider to have a contract with UnitedHealthcare. Under this plan, the provider will be paid the same as Medicare. Most providers 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 provider refuses to accept this plan, you can continue to see the provider, 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.

What happens if my provider does not accept Medicare?

If your provider has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. Less than 1% of providers nationally have opted out of the Medicare program. If you need help finding a provider in our network, call UnitedHealthcare Customer Service toll-free at **1-844-518-9527**, TTY **711**, 8:00 a.m. – 8:00 p.m. local time, 7 days a week.

If you want additional choices, go to **Medicare.gov/physiciancompare** for a listing of providers who participate in Medicare.

How are out-of-network claims processed?

Whether your provider is in-network or out-of-network, they can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare member ID card. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

Are there any situations when a provider will balance bill me?

Providers who participate in Medicare but do not accept the Medicare Fee Schedule as payment in full are allowed to charge more. You may want to ask your provider if he/she accepts Medicare's Fee Schedule. Medicare limits the additional amount a provider 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 provider 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 provider tries to balance bill you, contact UnitedHealthcare. Note: UnitedHealthcare cannot pay more than what Medicare would have paid.

Is there a hospital deductible?

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

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.

Do I need to get new mail-order prescriptions?

You may need a new prescription. Beginning January 1, 2023, your home delivery pharmacy will be through Optum Rx® pharmacy, a UnitedHealth Group company. The Quick Start Guide that you receive following your enrollment in the plan will include Optum Home Delivery contact information.

What pharmacies are in the plan's network?

The UnitedHealthcare Group Medicare Advantage (PPO) plan includes thousands of 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 toll-free at **1-844-518-9527**, TTY **711**, 8:00 a.m. – 8:00 p.m. local time, 7 days a week to check if a pharmacy is in-network or to get pharmacy contact information.

Will I be penalized for not having drug coverage through Jefferson Parish Government previously?

It depends on whether or not you had “creditable” prescription drug coverage from the time you first became eligible for Medicare Part D. 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.

What is the Renew Active® program?

Renew Active is our fitness program for body and mind that’s designed for you and your goals at no additional cost. With Renew Active, you’ll receive a free gym membership with access to our national network of gyms and fitness locations. This includes access to many premium gyms, on-demand workout videos and live-streaming fitness classes, social activities and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online brain health program from AARP® Staying Sharp®.

What is the UnitedHealthcare® HouseCalls service?

UnitedHealthcare HouseCalls is an annual wellness service designed to complement your provider’s care and offered to you for no extra cost. The program sends a licensed health care professional 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 they have this additional information regarding your health. HouseCalls may not be available in all areas.

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 remain on their current coverage plan.

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**.

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.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Participation in the Renew Active[®] program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP[®] Staying Sharp and the Fitbit[®] Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

The 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 Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

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.

© 2022 United HealthCare Services, Inc. All Rights Reserved.