



UnitedHealthcare® Group Medicare Advantage (PPO) plan

Frequently asked questions and 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 City of Savannah 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 City of Savannah. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

3. 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.

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.

4. Is the plan nationwide?

Yes, this plan offers nationwide coverage.

5. 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.

6. How do I find out if my provider 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 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.

7. 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 1-877-714-0178, TTY 711, 8 a.m. – 8 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.

8. 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, 2022.

9. 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.

10. 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.

11. 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 1-877-714-0178, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.

12. 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.

13. 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.

14. Is there a hospital deductible?

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

15. 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.

16. Do I need to get new mail-order prescriptions?

You may need a new prescription. Beginning January 1, 2022, your Home Delivery pharmacy will be OptumRx, a UnitedHealth Group company. The Quick Start Guide that you receive following your enrollment in the plan, will include OptumRx contact information.

17. What pharmacies are in the plan's network?

The UnitedHealthcare Group 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 1-877-714-0178, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week to check if a pharmacy is in-network or to get pharmacy contact information.

18. Will I be penalized for not having drug coverage through City of Savannah 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.

19. 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 an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. Renew Active can help you stay fit, focused and ready for what's next.]

20. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare HouseCalls is an annual wellness program 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 that they have this additional information regarding your health. HouseCalls may not be available in all areas.

21. 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.

22. 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.

23. 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 \$87,000*for an individual or \$174,000* 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 your City of Savannah 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
- Call Social Security toll-free at **1-800-772-1213**, TTY **1-800-325-0778**
- Visit your local Social Security office

*These amounts are accurate for 2021.

24. 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

25. 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.