



FREQUENTLY ASKED QUESTIONS REGARDING CHANGE TO MEDICARE ADVANTAGE PLAN

Q: What company administers the Medicare Advantage plan?

A: The Medicare Advantage plan for the year of 2016 will be administered by UnitedHealthcare. If any change to the administrator will be made after 2016, members will be notified.

Q: Do we need to enroll in Medicare A and B?

A: According to the plan document for the Onondaga County Retiree benefit plan, ONCE YOU ARE MEDICARE ELIGIBLE (either by age or disability) YOU MUST ENROLL IN MEDICARE PARTS A AND B. Enrollment in Medicare parts A & B may or may not be automatic, it depends on your situation, and whether you are collecting Social Security benefits or not. However, in order to insure smooth transition into the Medicare Advantage plan it is advised that you enroll up to 3 months prior to your 65th birthday, or Medicare eligibility date as we are unable to set up your Medicare Advantage coverage until Medicare parts A and B are in place. Medicare enrollment can be done online, or by contacting your local Social Security office. Part B has a premium cost which is paid to Social Security. For information on premium cost for part B, you would contact the Social Security office.

Q: What is the county Medicare Advantage plan?

A: It is a comprehensive healthcare plan which includes Medicare parts C and D. Part C is a supplemental insurance plan which covers most of what is left on a claim after Medicare parts A and B have paid. Part D is the prescription plan. Both of these, C and D are provided by Onondaga County through this Medicare Advantage plan. The cost for this C and D coverage is included in your insurance premiums paid to Onondaga County. Whatever company Onondaga County contracts to administer the Medicare Advantage plan will take care of claims between all the parts of Medicare (A, B, C and D), therefore once effective on the Medicare Advantage plan, you will only need to give providers your county Medicare Advantage card, and they will coordinate benefits between the different Medicare parts. You will also be sent a debit card to cover copays for doctor and hospital which are part of the Medicare Advantage plan. This card is funded by Onondaga County and will look like a Visa or MasterCard. You will give providers both your Medicare Advantage card and the debit card upon office or hospital visits. The debit card does not pay for prescriptions copays, those will be your responsibility.

Q: How will I know how much my medicine is on the new Medicare Advantage plan?

A: Information on the formulary and contact information for the pharmacy administrators will be sent in your welcome packet.

Q: Are there any forms that I have to complete and return?

A: When you receive your Medicare Advantage application, please complete and return to the Employee Benefits office, as we need the form in your file or coverage can be affected. Dependents that are not Medicare eligible will be sent an Onondaga County Employee Benefit Enrollment form. The non-Q and A revised 12-14-15

Medicare eligible dependent would complete this form “as if they are the retiree” with only their information and return to the Employee benefits office in order to continue enrollment with their own OnPoint policy.

Q: How much are my new premiums?

A: Most single policy costs for the 2016 year are \$70.12 per month. For those that already have a single policy, there will be no premium change for the remainder of the 2016 year. For those that have one dependent (spouse or child) on their benefits plan, they would be billed for two (2) single policies per month - therefore premiums would be less than what they paid previously for family OnPoint coverage. Future rates are subject to annual change.

Q: My spouse and I have OnPoint, but only one of us is Medicare eligible. How does this affect us?

A: You will each have individual plans with each carrier. Medicare eligible members will be changed to Medicare Advantage plan, while those not Medicare eligible will remain with OnPoint until they are Medicare eligible, at which time they will also be changed to Medicare Advantage plan. Your premiums will be reduced to two (2) individual plans.

Q: My spouse and I are both Medicare eligible. How does this affect us?

A: You will each have individual Medicare Advantage plans. Your premiums will be reduced to two (2) individual plans.

Q: I am currently billed by POMCO, who will I be paying premiums to now?

A: You would still pay invoices sent by POMCO. There will be a separate bill for each policy. You also have the option of having monthly premiums deducted from your pension check at any time by submitting the proper form to the Employee Benefits office. These forms are located online at www.ongov.net, by clicking “Departments” on top of the County home page, then “Employee Benefits” in the alpha directory. The forms will be available under the “Retiree Health Care” link. Or you could call the Employee Benefits office at 315-435-3498 to request either form be mailed to you.

Q: My premiums are currently deducted from my pension check or bank account. Will that continue?

A: Yes, your automated monthly payments will continue. Any premium adjustments will be done automatically.

Q: Will we be getting new ID cards?

A: In most cases, yes. Those on the Medicare Advantage plan will be getting new Medicare Advantage ID cards with their welcome packets. Those remaining members with OnPoint may or may not be receiving new ID cards, depending on the situation.

Q: Is every retiree being switched to this plan?

A: The following scenarios will result in a change to the County Medicare Advantage Plan:

*OnPoint Retirees that are Medicare eligible and have single health policies.

*OnPoint Retirees with one dependent on their health insurance policy, and one or both of them are Medicare eligible. Medicare eligible members will be changed to the Medicare Advantage plan, and those not Medicare eligible will remain with OnPoint.

There are exceptions to this plan change: One exception would be for retirees with two or more dependents on their policy, with one or more of those dependents or retiree being Medicare eligible. The other exception is for those members that are currently on the Indemnity plans A or B through POMCO. Onondaga County has elected not to change plans at this time. These plans are “closed” to new participants. Members currently enrolled will be allowed to remain.

Q: Will enrollment into the Medicare Advantage Plan affect any other Health Plan I may have?

A: Enrollment into the Medicare Advantage will automatically dis-enroll retirees and/or dependents from other Medicare Advantage plan or Part D coverage that you may have had prior to the switch over to Medicare Advantage. Rules of Medicare state that you can only be enrolled in one Medicare Advantage plan at a time. If you currently have another plan, please contact their customer service to see how their coverage will work with the Medicare Advantage Plan. Conversely, if you enroll in another Medicare Advantage plan while on the county’s plan (including prescription only plans), you will be dis-enrolled from the county plan, therefore cancelling your retiree coverage with Onondaga County. Some other prescription only plans may look like discount coupons or discount drug plans – when in fact, they are other Medicare part D plans. Using the other plan will automatically dis-enroll you from our plan. It is recommended that you contact the company marketing the discount plan to find out using their product will affect your county Medicare Advantage plan.

Q: The Medicare Advantage plan materials reference co-payments. Will I have to pay them?

A: As a supplement to your Medicare Advantage plan, Onondaga County will continue to provide additional coverage through a county funded Retirement Reimbursement Account (RRA). You will receive a county-funded Visa debit card as an additional benefit to cover medical co-pays and co-insurance not covered under your Medicare Advantage Plan. This debit card will be mailed to you separately. This account ***does not*** cover co-pays for prescriptions or pharmacy coverage.

Q: When will I get my ID cards and Medicare Advantage plan materials?

A: Provided your Medicare A and B enrollment is completed (can be done up to 3 months in advance, and is recommended to do early to insure smooth transition), you will receive your materials 2-3 weeks in advance of your effective date on the plan.

Q: What if I want to opt out of the Medicare Advantage plan?

A: You may opt out of this plan by submitting your request in writing to Onondaga County Employee Benefits, 15th Floor, 421 Montgomery Street, Syracuse 13202. By opting out of this plan you are cancelling your retiree coverage through Onondaga County and cannot be re-enrolled at a later date.

For specific questions on the Medicare Advantage plan coverage for the 2016 year, contact UnitedHealthcare at 1-877-714-0178 (TTY 711).

For specific questions regarding your OnPoint Coverage, contact POMCO at 1-866-543-0277

For questions regarding Onondaga County insurance in general, you may contact the Onondaga County Employee Benefits Department at 315-435-3498.

Detailed information about the plans is also available on the Employee Benefits web page at www.ongov.net. Once in the website, click the link for “Departments” at the top of the page, then click “Employee Benefits” in alpha directory.



UnitedHealthcare Group Medicare Advantage (PPO) Plan

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 County does have an Retiree Reimbursement Account (RRA) which means that the maximum medical out of pocket is subsidized by a debit card funded by Onondaga County. Once you have met the \$ 4000 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.

Is the plan nationwide?

Yes, this plan offers nationwide coverage.

What do I need to know about the UnitedHealthcare provider 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.

What major hospitals in Onondaga County 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. 1-877-714-0178, TTY 711 8:00am – 8:00pm 7 days per 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.

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.

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.

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.

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.

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.

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?

Yes, beginning January 1, 2016 your Preferred Mail Order Provider will be OptumRx, a UnitedHealth Group company. UnitedHealthcare/OptumRx is not able to access this information from your current provider, you will have to get new mail order prescriptions for 2016. Additionally, the Welcome kit that you receive following your enrollment in the plan, will include an OptumRx Mail Order Brochure containing OptumRx contact information.

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.

- 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 \$7.00 for a one-month supply of that drug. If your drug falls into Tier 4 (the highest and most expensive tier), you pay \$40 for a one-month supply of that drug. 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.

- Your plan sponsor is providing additional drug coverage which means that if you reach the Coverage Gap stage, 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 of \$2.95 for generics or \$7.40 for brand name drugs.

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; Wegmans, Walgreens, Walmart, CVS, Sams Club, Rite Aid, Target and many others.

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

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

You are not required to use OptumRx home delivery for a 90- 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.

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.

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.

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.

Y0066_150619_101431