



Your Onondaga County 2016 Benefit Plan



WELCOME

Why We're Here

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Plan Benefits

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Why we're here?

Important news about your health care coverage:

- **Your health and prescription drug plans are changing.**
 - Effective January 1, 2016, Onondaga County is changing health insurance coverage for Medicare-eligible retirees/spouses
 - The current medical coverage offered through MVP will end December 31, 2015.

Medicare Basics

The ABCs of Medicare

Medicare choices.

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.

STEP
1

Enroll in Original Medicare when you become eligible.

Original Medicare
Provided by the government



Part A covers
hospital stays



Part B covers doctor
and outpatient visits

STEP
2

If you need to add more coverage, you have two options.

OPTION 1

Keep Original Medicare and
add one or both of the following:

Medicare Supplement Insurance
Offered by private companies



Covers some or all of
the costs not covered by
Parts A and B

Medicare Part D
Offered by private companies



Part D covers
prescription drugs

OR

OPTION 2

Keep Original Medicare and add additional
coverage by choosing a Medicare Advantage plan:

Medicare Advantage (Part C)
Offered by private companies



Part C combines
Parts A and B



Provides additional
benefits



Most plans cover
prescription drugs


When are you eligible for Medicare?

You're eligible for Original Medicare (Parts A and B) if:

You're 65 years old, or you're under 65 and qualify on the basis of disability or other special situation.

and

You're a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years.

| | | | | |
|---|--|---|-------------------------|--|
| MEDICARE | |  | HEALTH INSURANCE | |
| 1-800-MEDICARE (1-800-633-4227) | | | | |
| NAME OF BENEFICIARY YOUR NAME HERE | | | | |
| MEDICARE CLAIM NUMBER 000-00-0000-A | | SEX FEMALE | | |
| IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B) | | EFFECTIVE DATE 07-01-1986 07-01-1986 | | |
| SIGN HERE <i>Jane Doe</i> | | | | |

Plan Benefits

Onondaga County

UnitedHealthcare Group Medicare Advantage PPO

Your Medicare Advantage plan



The advantages of a single plan.

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare. They include Part A and Part B coverage and often Part D — all in one plan. Medicare Advantage plans also generally offer additional benefits beyond doctor and hospital visits.



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

- Included in many Medicare Advantage plans



Additional benefits

- May be bundled with the plan

Your plan overview (NPPO)

Getting the health care coverage you may need.

- ✓ No referral needed to see a specialist
- ✓ Can see doctors outside the network for the same cost share as in-network providers as long as the provider accepts Medicare and the plan
- ✓ Coverage for visiting doctors, clinics and hospitals in one plan
- ✓ Prescription drug coverage
- ✓ Vision, and hearing coverage

Your doctors (NPPO)



- Large network of doctors, specialists and hospitals.
- There's a chance your doctor is already part of our network. To find out, consult our online Provider Directory at www.UHCRetiree.com.
- If your doctor is not in our network, under this 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 need help finding a doctor, we're here to help. Just call us.

UnitedHealthcare Group Medicare Advantage (PPO) plan

| | You Pay |
|---|---------|
| | |
| Annual Deductible (Medical) | \$0 |
| Annual out-of-pocket maximum Combined In and Out of Network (Medical) | \$4,000 |

UnitedHealthcare Group Medicare Advantage (PPO) plan

| Benefit Coverage | Network | Non-Network |
|--|---------|-------------|
| Primary care provider (PCP) office visit | \$17 | \$17 |
| Specialist office visit | \$17 | \$17 |
| Inpatient hospitalization | \$0 | \$0 |
| Outpatient surgery | \$0 | \$0 |

UnitedHealthcare Group Medicare Advantage (PPO) plan

| Benefit Coverage | Network | Non-Network |
|--|---------|-------------|
| Emergency Room (Worldwide) | \$65 | \$65 |
| Urgently needed care (Worldwide) | \$17 | \$17 |
| Lab services | \$0 | \$0 |
| Outpatient X-Rays | \$17 | \$17 |
| Ambulance | \$35 | \$35 |

UnitedHealthcare Group Medicare Advantage (PPO) plan

Preventive Services

| Benefit Coverage | Network | Non-Network |
|---|---------|-------------|
| Annual physical | \$0 | \$0 |
| Cardiovascular Screening | \$0 | \$0 |
| Diabetes Screening and Self Management Training | \$0 | \$0 |
| Colorectal Screening | \$0 | \$0 |
| Pap and Pelvic Exam | \$0 | \$0 |
| Prostate Cancer Screening | \$0 | \$0 |
| Immunizations (Flu, Pneumonia, Hep B) | \$0 | \$0 |

UnitedHealthcare Group Medicare Advantage (PPO) plan

Additional benefits and programs not covered by Original Medicare

| Benefit Coverage | Network | Non-Network |
|---|--|-------------|
| Routine podiatry (6 visits per year) | \$17 | \$17 |
| Routine eye exam (every 12 months) | \$17 | \$17 |
| Vision – Eyewear (every 24 months) | Plan pays up to \$130 eyewear allowance or \$175 contact lens allowance | |
| Routine hearing (every 12 months) | \$0 | \$0 |
| Hearing Aid Allowance (every 36 months) | \$600 allowance | |

Retiree Reimbursement Account (RRA)

An RRA is a special type of health care reimbursement account

- Designed exclusively for use during retirement
- It can be used to help reimburse you for eligible medical health care expenses including:
 - Co-pays,
 - Co-insurance
- Account will be funded annually in the amount of \$4000 per member
- Members will receive payment card to be used to pay copay/co-insurance payments

RRA (continued)

- If you and your spouse are both Medicare-eligible, you will each have separate RRA accounts
- Unused RRA dollars will not roll over from year to year but members will have a 90 day period to submit expenses incurred in 2016 for reimbursement
- You pay no taxes on credits used to pay eligible out-of-pocket health care expenses

Diabetic Supplies for 2016

Beginning January 1, 2016, your plan will provide coverage for the following brands of blood glucose testing strips and meters:



OneTouch® Ultra® 2
OneTouch® Verio™
OneTouch® UltraMini™

ACCU_CHEK Aviva
ACCU_CHEK SmartView

Your cost share for these brands will be \$0.

If you are using a different brand than identified above, a temporary supply of your current brand can be requested.

Fitness program



Stay physically fit and active at no additional cost.

Join SilverSneakers and enjoy:

- Staying active with SilverSneakers® Fitness Program. Choose a fitness center from more than 13,000 participating locations. (Find the nearest location at www.silversneakers.com).
- Classes, cardio equipment, resistance machines, free weights and heated pools (at certain locations). Amenities may vary at each location.
- Many women-only locations, including Curves® nationwide.

HouseCallsSM



A health and wellness program that comes to you.

HouseCalls is designed to support and complement your regular doctor's care. For qualified members, you can meet with one of our licensed clinicians in the convenience of your own home at no additional cost to you.

The appointment includes:

- Important health screenings
- Extra time to talk about any health-related concerns you may have
- Review of your current medications
- Discussion of your diet
- Educational materials that may help you maintain your health

You may even be eligible for a reward when you complete a HouseCalls visit.

NurseLineSM



You're never alone.

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLineSM a nurse answers your call 24 hours a day.

Services include:

- Help choosing a doctor
- Tips on how to help control diabetes, blood pressure or high cholesterol
- Reviewing your medications and exploring how to save money on prescriptions
- Connecting you with community resources for exercise
- Easy ways you can add fruits and vegetables to your diet
- Tips to help you quit smoking

Your Prescription Drug Plan (PDP)



- More than 65,000 network pharmacies nationwide — many national drugstore chains and independent pharmacies are included.
- Thousands of covered brand name and generic drugs.
- Generic drugs as low as \$1.50 through our Pharmacy Saver program¹
- Bonus drug coverage in addition to Medicare Part D drug coverage.
- Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

Drug Payment Stages

Annual deductible

Your plan does not have an Rx deductible.

| Initial Coverage | Coverage Gap (Donut Hole) | Catastrophic Coverage |
|---|---|---|
| In this drug payment stage: | After your total drug costs reach \$3,310: | After your total out-of-pocket costs reach \$4,850: |
| You pay a co-pay. The plan pays the rest. | You continue to pay the plan same copay you paid in the initial coverage stage. The plan pays the rest. (<i>This is due to the plan being a group plan</i>) | You pay the greater of a small co-pay of \$2.95 for Generics/ \$7.40 for Brand Name drugs or 5% co-insurance amount |
| You stay in this stage until your total drug costs reach \$3,310 | You stay in this stage until your total out-of-pocket costs reach \$4,850 | You stay in this stage for the rest of the plan year |

Total drug costs: The amount you pay (or others pay on your behalf) for prescription drugs starting January 2016. This does not include premiums.

Out-of-Pocket costs: The amount you pay (or others pay on your behalf) for prescription drugs starting January 2016. This does not include premiums, or the amount the group health plan, former employer, or plan sponsor pays for prescription drugs.

Your Part D plan benefits

| Tier | Prescription Drug Type | Your Costs | |
|---------------|------------------------|---------------------------|---|
| | | Retail (30-day supply) | Preferred Mail Order (up to 90-day supply) |
| Tier 1 | Generic | \$7 co-pay | \$7 co-pay |
| Tier 2 | Preferred Brands | \$20 co-pay | \$20 co-pay |
| Tier 3 | Non-Preferred Brands | \$40 co-pay | \$40 co-pay |
| Tier 4 | Specialty Drugs | \$40 co-pay | \$40 co-pay |

Pharmacy Saver™ Program

You could save on the cost of generic prescription drugs.

- With the Pharmacy Saver program, you can fill your prescriptions for as low as \$1.50 at participating pharmacies located in grocery, discount and drug stores where you may already shop.¹
- Many, but not all, of the pharmacies in UnitedHealthcare's national pharmacy network participate in the Pharmacy Saver program. [Here are just some of the retailers with pharmacies that participate in the Pharmacy Saver Program: Visit UnitedPharmacySaver.com for more information.



Note: Other pharmacies are available in our network. Members may use any pharmacy in the network but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

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More ways you could save

Review your medications.

- Review your prescription drugs with your doctor at least once a year.
Ask, “Do I still need them all? Can I stop taking the ones I don’t need?”

Use your member ID card.

- Show your member ID card at the pharmacy to get the plan’s discounted rates.

Use participating network pharmacies.

- You’ll get the greatest benefit if you use in-network pharmacies.

Take advantage of our Pharmacy Saver Program

- Prescriptions as low as \$1.50¹.

Consider using OptumRx™ Mail Service Pharmacy.

- You could save time and trips to the pharmacy.

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How to Enroll

Enrolling for Onondaga County retirees

You will be automatically enrolled

- Retirees and their Medicare-eligible dependents will be automatically enrolled in the plan *and no action is needed!*
- If you do not wish to be enrolled into this plan please contact the Onondaga County Benefits Office at 315-435-3498.

If you wish to continue to receive Medical and Prescription drug coverage through Onondaga County, you do not need to take any action.

2016 Billing

- Onondaga County will continue to bill you for any portion of the premium you are responsible to pay.
- Any premium payment arrangements currently in place, pension deduction, direct debit, will continue in 2016.

What to expect after enrollment

1

UnitedHealthcare® will process your enrollment.

2

You will receive your new member ID card in mid to late December and you can start using as soon as your plan is effective.

3

You will receive a welcome guide that gives you more information on how your benefits work and how to get the most out of your plan.

4

Soon after you're a member, we will contact you to help us understand your unique health needs.

5

After your effective date, register online at www.UHCRetiree.com

UHCRetiree.com

After your coverage begins, register online at UHCRetiree.com to access plan information, materials and programs.



- Medical and Drug Claim Search
- Health Needs Assessment
- Plan Materials
- Temporary or replacement member ID Cards
- Provider Search
- Medical and Drug detail/history
 - Annual Deductible
 - How much spent toward deductible
 - Annual out-of-pocket cost maximum
 - How much spent toward out-of-pocket costs
 - Which drug stage you are in (Initial coverage, Coverage gap, Catastrophic coverage)

Understand Medicare's Rules

- You must be entitled to Medicare Part A and enrolled in Medicare Part B and continue to pay your Medicare Part B premium.
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.
- You must inform us of any current prescription drug coverage or future enrollment that include prescription drug coverage.
- If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty.
- You must read the plan's Evidence of Coverage (EOC), including appeals and grievance rights in the plan Annual Notice of Change.
 - The EOC also covers specific plan benefits, co-pays, exclusions, limitations and other terms.

Please review the full text of the Statement of Understanding in your 2016 enrollment kit.

THANK YOU

**We look forward to welcoming
you to our Medicare family.**

Questions & Answers

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

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 on January 1 of each year.

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

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.

United Pharmacy Saver

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher. Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

Mail Order Pharmacy

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.

SilverSneakers

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

NurseLine

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.