



Overview of Medicare UnitedHealthcare Retiree Solutions

Texas Association of Counties
County Management & Risk Conference
April 11, 2019





1

Medicare Basics



2

Medicare Options



3

TAC HEBP County Choice Silver Post-65 Retiree Options



4

Q & A

The ABCs of Medicare

When are you eligible for Medicare?



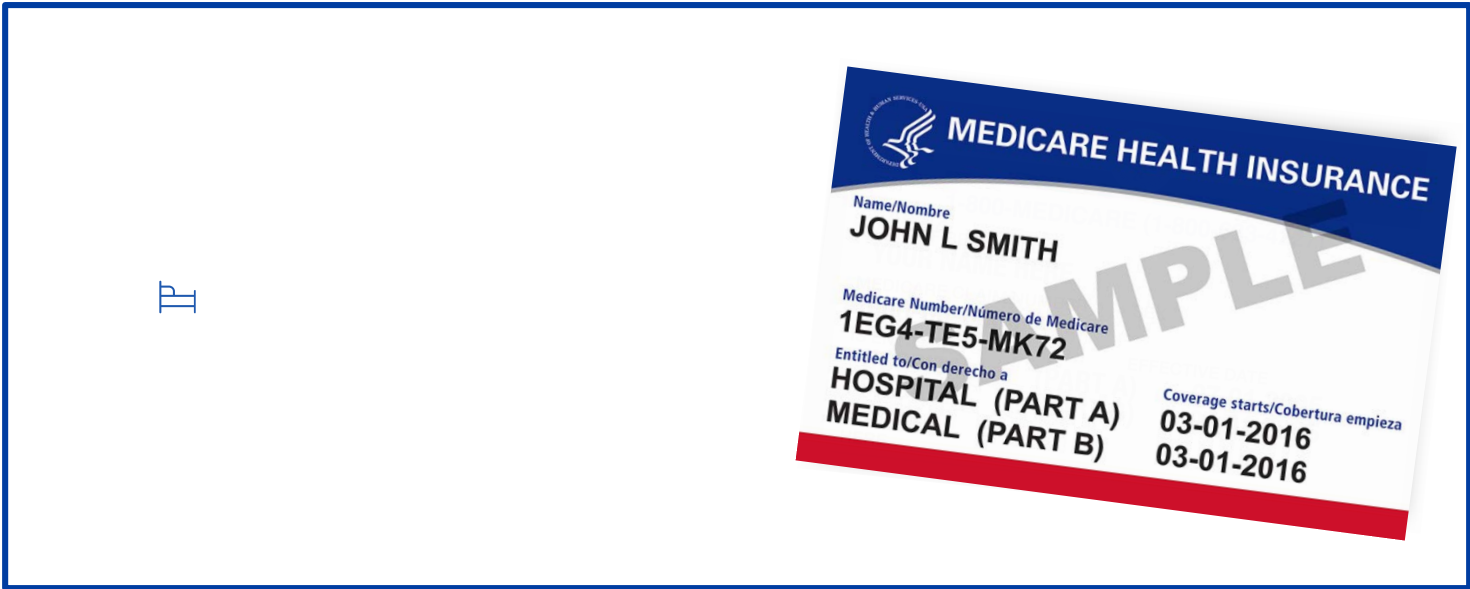
You're eligible for Original Medicare (Parts A and B) if you are:

- 65 years old, or
 - under 65 and qualify on the basis of disability
 - All ages with end-stage renal disease
- and you are -
- a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years

The image shows a sample Medicare Health Insurance card. At the top, there is a blue banner with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below this, the cardholder's name is listed as "JOHN L SMITH". The Medicare number is "1EG4-TE5-MK72". The card specifies coverage for "HOSPITAL (PART A)" and "MEDICAL (PART B)", both starting on "03-01-2016". A large, light gray "SAMPLE" watermark is overlaid diagonally across the card. The bottom of the card features a red horizontal bar.

Name/Nombre	
JOHN L SMITH	
Medicare Number/Número de Medicare	
1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Medicare Parts A & B (Original Medicare)



Prescription drug plans

Help with the cost of prescription drugs

- Offered through private insurance companies
- Prescription drug coverage varies by plan
- Each plan has list of drugs covered (formulary drug list)

Types of Retiree Drug Plans

- Retiree Drug Subsidy
- EGWP PDP (Group Part D)
- Individual PDP



Medicare Part D Drug Coverage Stages



Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage



Total drug costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2019. This does not include premiums.

Out-of-Pocket costs: The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2019. This does not include premiums, or the amount the group health plan, former employer, or plan sponsor pays for prescription drugs.

The recent Federal Spending agreement included a provision that closes the donut-hole effective 1/1/19 (one year early) and increases the manufacturers brand name discounts in the coverage gap from 50% to 70% for brand name medications.

CMS has proposed a rule that would require Part D plans to reimburse a portion of the rebate at the Point of Sale (POS) to beneficiaries directly.



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.

Original Medicare
Provided by the federal government

PART A **Part A** covers hospital stays

PART B **Part B** covers doctor and outpatient visits



STEP
2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance
Offered by private companies



Covers some of the costs not paid by Original Medicare **Parts A and B**

Medicare Part D Plan
Offered by private companies



Part D covers prescription drugs

Medicare Advantage (Part C)
Offered by private companies



Part C combines Part A (hospital) and Part B (doctor)



Most plans cover prescription drugs



Provides additional benefits, services and programs

Option 1:

Keep Original Medicare and add:

Medicare Part D (Prescription Drug Plans)

Medicare Part D
Offered by private companies

 **Part D** covers
prescription drugs

Medicare Supplement insurance plans



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

Option 2:

Medicare Part C (Medicare Advantage Plans)



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

TAC HEBP County Choice Silver Post-65 Retiree Options

Medicare Advantage PPO Plans



- Customized medical benefits all in one plan that are easy to understand
- One ID card for medical and Rx - all the rights and privileges of Traditional Medicare (**no need to show red, white and blue Medicare card**)



- All eligible retirees can join the plan regardless of where they live in U.S.
- Freedom of choice to access both UnitedHealthcare network providers and out-of-network Medicare providers that accept the plan on a national basis



- Clinical programs to support those with chronic conditions such as diabetes or heart failure



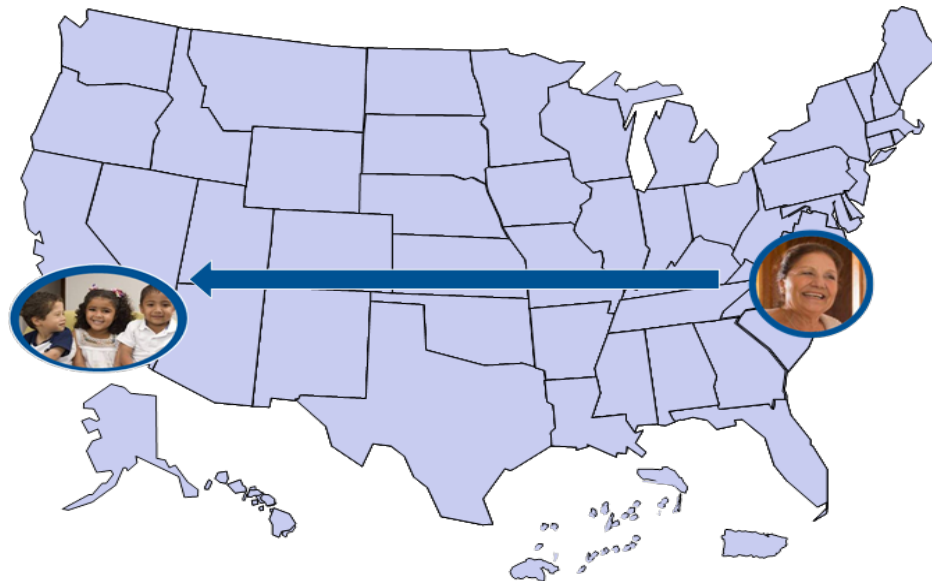
- Fitness benefit, HouseCalls and Member Rewards



- Additional benefits not typically covered by Medicare or supplement plans
- The Group Medicare Advantage PPO plan travels with the retiree and allows the retiree to access services throughout the U.S. and all U.S. territories with no referrals

Group Medicare Advantage PPO

- Nationwide PPO solution covers all Medicare retirees regardless of where they live in United States including U.S. territories
- Custom “passive” PPO plan design with same benefits and retiree cost share in and out-of-network
- No PCP selection required, no referrals required to see a specialist
- Value added benefits for retirees - Silver Sneakers fitness benefit, hiHealth Innovations hearing aids, Solution for Caregivers



Benefit enhancements



Silver Sneakers

SilverSneakers is a free fitness membership that includes group exercise classes, workouts, basic membership to participating gyms



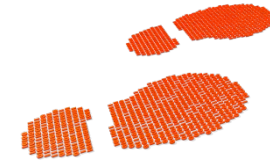
hi Health innovations

With hi HealthInnovations, members will have a \$500 hearing aid allowance and exclusive discounts on quality hearing aids



Member Rewards Programs

We encourage members to participate in important health screenings and tests. Members receive a merchant gift card for completing their annual wellness visit



Routine Podiatry

Older adults may be susceptible to a number of foot conditions. As part of the plan we would cover up to six routine podiatry visits per year

Our plan also includes a Solutions for Caregivers benefit

TAC HEBP Medicare Advantage Plans



Description	MAPD Plan 1 Available w/ Package 1		MAPD Plan 2 Available w/ Packages 2 or 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Medical Deductible	None		None	
Annual Medical Out-of-Pocket Maximum	\$0		\$2,400	
PHYSICIAN SERVICES				
Primary Care Physician Office Visit (includes Non-MD office)	\$0	\$0	\$10	\$10
Specialist Office Visit	\$0	\$0	\$20	\$20
INPATIENT SERVICES				
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit	\$500 Per Admit	\$500 Per Admit
Skilled Nursing Facility Care	\$0 Per Day, Days 1-100	\$0 Per Day, Days 1-100	\$0 Per Day, Days 1-20 \$75 Per Day, Days 21-100	\$0 Per Day, Days 1-20 \$75 Per Day, Days 21-100
OUTPATIENT SERVICES				
Outpatient Hospital Services	\$0	\$0	\$250	\$250
AMBULANCE/EMERGENCY ROOM/URGENT CARE				
Ambulance Services	\$0	\$0	\$100	\$100
Emergency Room (Includes Worldwide Coverage)	\$0	\$0	\$90	\$90
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	\$0	\$0	\$35	\$35
Outpatient Prescription Drug Coverage				
Prescription Drug Plan	Custom Plan		Custom Plan	
Part D Gap Coverage	Full Gap		Tier 1 Only Gap	
Formulary	Standard Formulary H		Standard Formulary H	
Rx Deductible	None		None	
Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount				
Tier 1: Generic	\$5		\$5	
Tier 2: Preferred Brand	\$25		\$25	
Tier 3: Non-Preferred Brand	\$60		\$60	
Tier 4: Specialty Tier	33%		33%	
Part D Preferred Mail Order Copay (up to a 90 day supply)				
Tier 1: Generic	\$10		\$10	
Tier 2: Preferred Brand	\$50		\$50	
Tier 3: Non-Preferred Brand	\$120		\$120	
Tier 4: Specialty Tier	33%		33%	
Initial Coverage Limit	\$3,820		\$3,820	
TrOOP Threshold	\$5,100		\$5,100	
Catastrophic Coverage over TrOOP (greater amount of)	2019 Standard CMS Values		2019 Standard CMS Values	
Copay for generics	\$3.40		\$3.40	
Copay for all other drugs	\$8.50		\$8.50	
OR Coinsurance	5%		5%	

Sr. Supplement Plans

- Private health insurance designed to supplement Medicare Parts A and B
- Covers many costs Original Medicare doesn't cover. Examples: deductibles and coinsurances
- See any provider who accepts Medicare
- No referrals or prior authorization needed for covered services
- Portability
- 24-hour nurse line, fitness benefit and hearing aid discounts included



Medicare:
Pays primary

Supplement:
Pays secondary

Sr. Supplement Plan Options



Plan Design	Plan F Member Pays	Plan D Member Pays	Plan K Member Pays	Plan 2 Member Pays
Plan Deductible	N/A	N/A	N/A	\$2000
Max Out of Pocket	N/A	N/A	\$4940	N/A
Part A coinsurance & hospital benefits				
Days 1-60	0%	\$0	0%	0%
Days 61-90	0%	\$0	0%	0%
Part A deductible	0%	\$0	50%	0%
Part B deductible	0%	50%	50%	0%
Physician Office Visit	\$0	\$0	50%	\$0
Specialist Office Visit	\$0	\$0	50%	\$0
Preventive Care (Medicare- Covered Benefits)	\$0	\$0	\$0	\$0
Foreign travel emergency	After \$250 deductible member pays 20%, up to lifetime maximum of \$50,000	After \$250 deductible member pays 20%, up to lifetime maximum of \$50,000	100%	100%
Emergency Room	\$0	\$0	50%	\$0
Ambulance Services	\$0	\$0	50%	\$0
Skilled nursing facility care				
Days 1-20	0%	\$0	0%	0%
Days 21-100	0%	\$0	50%	0%

Prescription Drug Plans

- Choice of stand-alone Group Part D Prescription Drug plans that can be paired with Sr. Supplement plans
- Broad formulary coverage, designed for the Medicare population
 - Full Gap Coverage
 - Tier 1 Gap Coverage
- Nationwide coverage
- Over 68,000 retail pharmacies nationally
- Convenient home delivery options



Prescription Drug Plan Options



Rx Plan Design	Plan 1 Full Gap Coverage	Plan 2 Tier 1 only Gap Coverage	Plan 3 Full Gap Coverage	Plan 4 Tier 1 only Gap Coverage
Annual Deductible	N/A	N/A	N/A	N/A
Tier 1 Drugs (Retail 30-day supply)	\$5	\$5	\$10	\$10
Tier 2 Drugs (Retail 30-day supply)	\$25	\$25	\$30	\$30
Tier 3 Drugs (Retail 30-day supply)	\$60	\$60	\$65	\$65
Tier 4 Drugs (Retail 30-day supply)	33%	33%	33%	33%
Mail (90 days)	\$10/\$50/\$120/33%	\$10/\$50/\$120/33%	\$20/\$60/\$130/33%	\$20/\$60/\$130/33%
Catastrophic Coverage (greater amount of) OR coinsurance	\$3.40 generics \$8.50 all other drugs 5%	\$3.40 generics \$8.50 all other drugs 5%	\$3.40 generics \$8.50 all other drugs 5%	\$3.40 generics \$8.50 all other drugs 5%

Employer Plan Guidelines



- TAC HEBP CountyChoice Sliver members are part of a Group Exchange Model that include the following:
 - Medicare Advantage plan with Prescription Drug Coverage
 - Sr. Supplement plans
 - Prescription Drug Plans
- For ease of selection, UnitedHealthcare and CountyChoice Silver have worked closely to design simplified packages for Employers to choose.
 - Three packages
 - Each package includes (1) Medicare Advantage Plan with Prescription Drug coverage, (1) Sr. Supplement Plan and (1) Prescription Drug plan
- Retirees have the option to choose from the package selected by their (former) employer
 - (1) Medicare Advantage PPO plan or (1) Sr. Supplement plan
 - If a retiree chooses Sr. Supplement they can also elect to have the Prescription Drug plan or no Prescription Drug plan



Thank you!