



Harford County Government UnitedHealthcare® Group Medicare Advantage (PPO) Plan

FAQs

Frequently Asked Questions & Answers
Updated October 20th, 2020

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 Harford County Government UnitedHealthcare® Group Medicare Advantage Plan.

2. Is the plan nationwide?

Yes, this plan offers nationwide coverage.

3. 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 Harford County Government and not available to the general public. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

4. How do I enroll in the plan?

If you are retired, currently enrolled in a plan sponsored by the Harford County Government, and are enrolled in Medicare Part A and B on or before January 1, 2021 you will be automatically enrolled in this plan. You will be given the chance before November 13, 2020 to (1) opt into the Kaiser Permanente Medicare Advantage plan or (2) opt out of the County's retiree medical program altogether. You should not attempt to enroll directly into Medicare Advantage plans nor Part D plans during Medicare's annual enrollment period through UnitedHealthcare, if you want the County's retiree medical plan.

If you choose to opt out of the County's retiree medical program altogether 1) you will not be able to re-enroll in the future, and 2) if you are the retiree and your family member(s) is/are also enrolled in the County's retiree medical program, they will also be dis-enrolled from the County's retiree medical coverage permanently. If you do NOT wish to be automatically enrolled, it is important that you make

your choice known to the County Government by calling Beth Griffith at (410) 638-3202 and completing the opt-out form by November 13, 2020.

5. Do I still need to use my red, white and blue Medicare card?

No, you will only use your Harford County Government UnitedHealthcare® Group Medicare Advantage (PPO) Plan 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.

6. When will I get my UnitedHealthcare member ID card?

Your UnitedHealthcare member ID card will arrive in mid-December, before your effective date of January 1, 2021.

7. How does this change affect my spouse, who is also on the Medicare plan?

Your spouse will also be moved to the new Harford County Government UnitedHealthcare® Medicare Advantage (PPO) Plan effective January 1, 2021.

8. 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 through Harford County Government. When they become Medicare eligible, they can move to the Harford County Government UnitedHealthcare® Medicare Advantage (PPO) Plan.

9. Does this change my cost share from the County and what is my cost?

Your premium cost share with the County remains the same. Everyone will see an approximate 50% reduction in his or her monthly bill for this healthcare. The County will continue to pay the current subsidy for retirees at your current percentage rate.

10. Will retirees who opt out of coverage under the UHC MA plan still be able to carry the County dental program? The County vision plan?

The opt out from the retiree medical program for medical and prescription drug coverage is separate from dental and vision. Stand-alone dental and vision will be offered. An opt-out from the medical plan will be permanent and no re-enrollment will be possible. If you do not opt out of dental and/or vision coverage, then that coverage will continue.

11. Is there coverage out of the United States?

For emergencies while traveling outside the US and its territories, \$50 for emergency room and \$10 for urgent care.

12. What do I need to know about the UnitedHealthcare provider network? What is the name of the network?

The Harford County Government 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. As a member of a PPO plan, you have a lot of flexibility in choosing a provider. You can choose from a national network of contracted doctors and hospitals or you can use any doctor or hospital outside the network as long as they have not opted out of Medicare and agree to see you. Many out-of-network doctors will submit claims on your behalf.

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. The name of the network is: **UnitedHealthcare® Group Medicare Advantage (PPO) Plan.**

13. What major hospitals are in the network?

There are many hospitals in the UnitedHealthcare network. In Maryland, all but four hospitals are in network. Those four out-of-network hospitals are willing to file claims on behalf of Harford County retirees. For a full list of hospitals, contact UnitedHealthcare Customer Service toll-free at **1-877-576-1278**, 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 the network for you to receive services under this plan. Many out of network hospitals will submit claims on your behalf, including all four of the Maryland out-of-network hospitals. Please note that UnitedHealthcare Customer Service will be able to provide a list of hospitals within the UnitedHealthcare network, and for hospitals not in the UnitedHealthcare network Customer Service can tell you if they have a history of submitting claims on behalf of members.

14. 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?

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 from Medicare. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid and many providers will submit claims on your behalf. Less than 3% of out-of-network providers have no history of filing claims directly with UnitedHealthcare; some of them may agree to submit claims to UnitedHealthcare on your behalf.

15. What happens if my doctor 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 doctor does not accept. The Harford County Government UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare. 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.

UnitedHealthcare has reached out to out-of-network providers who have seen our retirees over the last twelve months to discuss how the plan works and how they will be paid. If you contact UnitedHealthcare they will be happy to also discuss this with any new provider you see who is unfamiliar with the plan. 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 copayment or coinsurance as if you had stayed in-network. Less than 3% of out-of-network providers have not filed claims directly with UnitedHealthcare in the last year.

16. What happens if my doctor does not accept Medicare?

If your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an

Emergency situation. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor in the network, call UnitedHealthcare Customer Service toll-free at **1-877-576-1278**, TTY **711** 8:00 a.m. – 8:00 p.m. local time, 7 days a week. If you want additional choices, go to www.Medicare.gov/physiciancompare for a listing of doctors who participate in Medicare.

17. How are out-of-network claims processed?

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

18. Are there any situations when a doctor will balance bill me?

Doctors who participate in Medicare but do not accept the Medicare Fee Schedule as payment in full can charge more. But Medicare limits the additional amount a doctor 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 the maximum amount a Medicare doctor can “balance bill” under other plans. 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 as if you had stayed in-network. If your doctor tries to balance bill you, please contact UnitedHealthcare. Please note that UnitedHealthcare cannot pay more than what Medicare would have paid.

19. How can I look up doctors and prescriptions to see what costs would be under the new plan?

You can visit www.uhcretiree.com to search for providers. Please note, the providers located on www.uhcretiree.com are only those contracted and not those who are not contracted, but still willing to see you and submit claims on your behalf. Members may call UHC Customer Service at 1-877-576-1278 to discuss your doctors and other providers in additional detail. You have also received a Plan Guide in the mail, which lists common prescription drugs and their associated tier. The listed tier indicates the associated copay. If your drug is not listed in the Plan Guide, UHC Customer Service can help.

20. How can I look up what procedures and drugs require pre-authorization and/or step therapy, and what limits there are on frequency of visits or amounts of drugs (number of pills a month or dosage limitations)?

The Plan Guide you received indicates limits that apply to certain items, like one routine physical examination per year. The Plan Guide also indicates if there are any current restrictions on listed prescription drugs but does not specify what those limits are. Members may call UHC Customer Service at 1-877-576-1278 to discuss coverage of procedures and prescription drugs in more detail.

21. When will the full County plan be available at the website (www.uhcretiree.com) so I can have all the details in writing?

You should have received your Plan Guide from UHC in early October. If you did not receive a Plan Guide, please contact Beth Griffith at (410) 638-3202. Once you have your ID card in hand in December, you’ll be able to register on the UHC website and see the full plan documentation.

22. What are some of the key plan designs in the new Harford County Government UnitedHealthcare® Group Medicare Advantage (PPO) Plan?

You have received a plan guide with additional detail. A summary of key plan provisions is below.

Harford County Government UnitedHealthcare® Group Medicare Advantage PPO	
Description	Member Copays
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$2,000
Primary Care Physician Office Visit (includes Non-MD office visits)	\$5
Specialist Office Visit	\$10
Inpatient Hospital Stay	\$0 Per Admit
Outpatient Surgery	\$0
Hearing Aid Allowance	\$5,000 every 3 years
Prescription Copays	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$20
Tier 3: Non-Preferred Brand	\$40
Tier 4: Specialty Tier	\$40

23. Is there a hospital deductible?

No. The Harford County Government UnitedHealthcare® Group Medicare Advantage (PPO) Plan does not have a hospital deductible.

24. 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.

25. Do I need a referral?

No.

26. Does the plan require retirees to have a primary care doctor?

No.

27. The letter I received dated June 23, 2020 refers to “Coordinated care.” What does that mean?

This means that there will be voluntary care management programs, and coordination with a member’s doctors, based on health conditions a member may be experiencing. These programs will exist for conditions such as: heart failure, diabetes, respiratory illness, kidney disease, and other high-risk illnesses.

28. Are annual physicals, house calls, etc. mandatory?

No.

29. Please describe eligibility for the Medicare Advantage plan for retirees with End Stage Renal Disease?

Retirees with End Stage Renal Disease (ESRD) who are covered by Medicare now will continue to be covered by this plan will be covered without interruption. Retirees who develop ESRD while covered by this plan will also be covered without interruption. Original Medicare has rules in place for individuals

who are not otherwise entitled to Medicare but become entitled due to an ESRD diagnosis and those rules will apply.

30. What retail pharmacies are in the plan’s network?

The Harford County Government UnitedHealthcare® 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 to check if a pharmacy is in-network, or to get pharmacy contact information.

31. Is my prescription covered by the plan?

The plan guide you received has a partial list of the drugs covered by the plan, known as the formulary. The formulary list also indicates the tier of each drug which will determine the co-pay. Note that the formulary list includes a list of preventative drugs, which will be available with no co-pay, although a prescription is required. The formulary list also indicates if there are restrictions associated with a particular drug, such as authorizations or quantity limits. You can call UnitedHealthcare Customer Service if your drug is not listed or if you would like more information about restrictions.

32. Do I need to get new mail order prescriptions?

You may need a new mail order prescription. The Welcome Packet that you receive, following your enrollment in the plan, will include further information. UnitedHealthcare is working with CareFirst to transfer open refills for mail order medications that by law can be transferred from one health plan administrator to another. If your prescription will be transferred automatically, you will receive a letter informing you.

33. What is the coverage of immunizations by the plan?

For covered vaccines/immunizations, the plan covers them under either the Medicare Advantage (Part B) or Prescription Drug (Part D) parts of the plan as follows:

- Part B, under the Medicare Advantage part of the plan, covers flu, COVID (when it comes out), pneumonia, Hepatitis B-high risk, tetanus/rabies if member was exposed, all at \$0 copay.
- Part D, under the Prescription Drug part of the plan, covers Hepatitis B low risk, tetanus preventive, rabies preventive and DPT (Diphtheria, Pertussis, Tetanus) at the Tier 2 drug copay. The Shingles vaccine is covered at \$0 cost to the member.

34. Is this a Medicare Part D plan? Is there a “donut hole”?

The Harford County Government UnitedHealthcare® Medicare Advantage (PPO) Plan includes a pharmacy benefit, and it is a Part D plan. The pharmacy benefit is a part of the custom-designed benefit program and it does not have a “donut hole”. Your co-pay will not change based on how much you have spent on prescriptions.

35. If my 20% Rx copayment now is less than \$5/\$10, etc. what will I pay?

You will not pay more than the underlying charge, if the charge is less than the copay for the tier on which your drug falls. You could pay more or less for particular drugs.

36. Will this plan be considered creditable coverage for Part D?

Yes.

37. 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 Harford County Government nor your health plan determines 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 **1-877-576-1278**, TTY **711** 8:00 a.m. – 8:00 p.m. local time, 7 days a week.
- Visit your local Social Security office

*These amounts are accurate for 2020.

38. 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**, between 7 a.m. – 7 p.m., local time, Monday – Friday.

39. What is the SilverSneakers® program?

SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at over 17,000+ fitness locations*. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

40. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare® HouseCalls is an annual, voluntary wellness program designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner 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.

***** [Disclaimer]

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

This information is not a complete description of benefits. Call **1-877-576-1278** (TTY 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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