

Welcome

Oklahoma Higher Education Employee Insurance Group Educational Meeting

Welcome!



The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information contact the plan.

- Benefit Information & Highlights
- Enrollment
- Questions and Answers

Age 65* and Over Medicare Plan

UnitedHealthcare[®] Senior Supplement
UnitedHealthcare[®] MedicareRx for Groups (PDP)

*Pre-65 disabled Medicare dependents also eligible

- Freedom to use any provider who accepts Medicare.
 - No provider networks, virtually no claim forms to file.
- Medicare is the primary payer and Senior Supplement is secondary.
- Similar to traditional Medicare Supplement (Medigap) plans, Senior Supplement plans help cover the costs not covered by Medicare Parts A & B.
- Provide an additional 365 days of hospital care during your lifetime, beyond your Medicare lifetime reserve.
- There are no geographic limits as long as the care is received in the U.S.

- This plan helps pay for coinsurance not covered by Medicare.
- No provider networks, virtually no claim forms to file.
- Provides Coverage for your Medicare Covered Medical Services
 - Physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment are covered under this plan.

How Does This Senior Supplement Plan Work?

Your Plan

- Pays after Medicare's payments for Parts A and B, whereas a Medicare Advantage Plan completely takes the place of Medicare's payments.
 - You are not able to have both types of plans.
- You must continue to pay your Medicare Part B monthly premium.
 - If you voluntarily disenroll (including failing to pay your Part B premium) or lose eligibility for Medicare Part A or Part B, you are no longer eligible for coverage under this Senior Supplement plan and will be disenrolled.
 - To be eligible for coverage under this Senior Supplement plan, you must be age 65 or over and remain enrolled in both Medicare Parts A and B.
 - Or a pre-65 disabled Medicare dependent.

How Does This Senior Supplement Plan Work?

Your Plan

- With this Senior Supplement plan, no prior authorization is required for any services covered by Medicare.
- This plan is specifically designed to cover many of the costs that Original Medicare doesn't cover so it can help limit your out-of-pocket expenses.
- In most cases neither you nor your provider will be required to submit any additional claims paperwork directly to UnitedHealthcare for Medicare-covered services. Your claim will be processed electronically, following the claims crossover payment process, and UnitedHealthcare will send you an Explanation of Benefits (EOB).
- Preventive Services - Once per year health evaluation including physician, lab, radiology and related services to determine a Covered Person's health status (not covered by Medicare).

Your Senior Supplement Benefit Highlights

Benefits

Plan Feature	Medicare Pays	Senior Supplement Pays	You Pay
Lifetime Policy Maximum		N/A	
Hospitalization			
Part A hospital- first 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
Part A hospital - days 61-90	All but \$275 per day	\$275 per day	\$0
Part A hospital- day 91 and after			
While using 60 lifetime reserve days	All but \$550 per day	\$550 per day	\$0
Beyond 365 lifetime additional days	\$0	\$0	All costs
Skilled Nursing Facility Care			
Days 1-20	All approved amounts	\$0	\$0
Days 21-100	All but \$137.50 per day	\$137.50 per day	\$0
Days 101 and after	\$0	\$0	All costs

Your Senior Supplement Benefit Highlights-Custom Plan

Benefits

Plan Feature	Medicare Pays	Senior Supplement Pays	You Pay
Medical Services			
First \$155 of Medicare Approved Amounts (Part B Deductible)	\$0	\$0	\$155
Remainder of Medicare Approved Amounts	Generally 80%	20% of Medicare Balance	\$0
Outpatient Mental Illness			
For most outpatient mental illness services	55%	45%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100% of Medicare Allowable Part B Excess Charges	\$0

Screening

- Cardiovascular Screening
- Diabetes Screening, Supplies, and Self Management Training
- Breast Cancer Screening (Mammograms)
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)
- Colon Cancer Screening (Colorectal)
- Prostate Cancer Screening (PSA)
- Bone Mass Measurements

Tests

- Cancer Tests
- Glaucoma Tests

Shots

- Flu
- Pneumococcal
- Hepatitis B

Additional Resources

- Smoking Cessation (Counseling to quit smoking)
- One-time "Welcome to Medicare" Physical Exam
- Medical Nutrition Therapy
- Abdominal Aortic Aneurysm (AAA)

High Option

Retail Pharmacy:

Tier 1 (Preferred Generic) \$25

Tier 2 (Preferred Brand) Min: 25% Max: \$50

Tier 3 (Non-Preferred) Min: 50% Max: \$100

Tier 4 (Specialty) Min: 50% Max: \$100

Mail Order:

Tier 1 (Preferred Generic) \$50

Tier 2 (Preferred Brand) Min: 25% Max: \$100

Tier 3 (Non-Preferred) Min: 50% Max: \$200

Tier 4 (Specialty) Min: 50% Max: \$200

- No Deductible
- Full Coverage in the Gap
- Once the member reaches \$4,550 in True Out of Pocket Expenses they will have Catastrophic Coverage at 100%

Low Option

Retail Pharmacy:

Tier 1 (Preferred Generic)	25%
Tier 2 (Preferred Brand)	25%
Tier 3 (Non-Preferred)	25%
Tier 4 (Specialty)	25%

Mail Order:

Tier 1 (Preferred Generic)	25%
Tier 2 (Preferred Brand)	25%
Tier 3 (Non-Preferred)	25%
Tier 4 (Specialty)	25%

- \$310 Deductible
- No Coverage in the Gap
- Coverage Gap starts when member has reached \$2,830 in total drug costs. While in Coverage Gap member pays 100% of the retail cost for drugs. Once the member reaches \$4,550 in True Out of Pocket Expense they will have Catastrophic Coverage of 100%.

The process of enrolling involves a few simple steps.

1. Enroll

- Passive enrollment (automatic enrollment)
- Each retiree will be mapped to the plan that most resembles their current coverage.
- If you wish to change from the low to high Rx options or from the high to low Rx option, you can do so by completing and returning the change/opt out form you received in the mail.
- Forms should be returned to your previous employer.

2. Prepare

- After UnitedHealthcare receives and processes the enrollment file, you will receive your member ID Card. The process generally takes 4-6 weeks.

3. Enrollment Effective January 1, 2010

- You may begin to enjoy your health plan benefits.

What Happens After You Enroll

- Your enrollment information is received by UnitedHealthcare from your former employer. Your eligibility for enrollment is verified, and your enrollment information is sent to CMS to confirm your eligibility for Medicare Parts A & B coverage.
- Once confirmation is received, your Plan member ID cards are prepared and mailed.
- You will need to show **both** your Medicare card and your UnitedHealthcare Plan member ID card when visiting your doctor.
- When you fill a prescription at the pharmacy you will only have to show your UnitedHealthcare MedicareRx ID card.

UnitedHealthcare looks forward to welcoming you as a member.

Thank you!



Questions?

Disclaimers



This is not a Medicare Supplement plan. This is an employer group retiree plan and may provide coverage that is different from a Medicare Supplement plan.

UnitedHealthcare Senior Supplement and Senior Security group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. Senior Supplement and Senior Security plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

This Medicare Prescription Drug Plan(s) (PDP(s)) is insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). UnitedHealthcare contracts with the Federal government as a PDP sponsor.

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