

Frequently asked questions

1. Why is there a difference in rates between the UnitedHealthcare® Group Medicare Advantage (PPO) plan and the UnitedHealthcare Senior Supplement plan?

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a managed care plan. We are focused on addressing the needs of our members across the healthcare spectrum. This includes tools and resources available to our members that help them stay healthy. We are also focused on helping our members who are living with chronic conditions manage these conditions with our disease-specific care management programs. These programs help manage the overall cost of healthcare which may result to lower premiums for our members.

Because Medicare does not provide managed care, members may lose out on programs that focus on keeping them healthy or helping them live with chronic conditions. This may result in higher overall plan costs.

2. Are any benefits changing for 2023?

There are no medical benefit changes for 2023.

3. Why does the UnitedHealthcare Group Medicare Advantage (PPO) plan have Healthy at Home and the UnitedHealthcare Senior Supplement plan does not?

The Healthy at Home benefit is one of the many ways we remove barriers and avoid readmission rates following an inpatient discharge. Because the Medicare Advantage plan is focused on quality of healthcare, we are able to add additional programs to the plan that the Senior Supplement plan does not include.

4. How is non-emergency care covered for “snowbirds”?

Your coverage/cost share will be the same in or out-of-network as long as the provider accepts the plan and has not opted out of or been excluded from Medicare. The UnitedHealthcare Group Medicare Advantage (PPO) plan is a national PPO. This means that you have coverage in the United States and the 5 U.S. Territories and the District of Columbia. Your coverage/cost share is the same whether you access care from an in-network or out-of-network provider. When accessing care from an out-of-network provider they must participate in Medicare.

5. Am I required to use Mail Order/Home Delivery, or can I use my local retail pharmacy?

You have the option of using either your local retail pharmacy or mail order home delivery through Optum Rx when you want to get your prescriptions filled.



6. Is there a dollar limit for the treatment of cancer services?

No, there is no dollar limit for the treatment of cancer services or any Medicare covered medical service you receive. The plan includes an annual out-of-pocket maximum of \$2,000. That is the most you will pay in copays in a calendar year for Medicare-covered services.

7. Does the UnitedHealthcare Group Medicare Advantage (PPO) plan require a minimum of a 3-day inpatient stay in order to be admitted into a Skilled Nursing Facility (SNF)?

No, the Medicare Advantage plan does not require a minimum of 3 days inpatient in order to be admitted into a SNF.

8. Who is responsible for Prior Authorizations?

Your provider is responsible for obtaining the prior authorization. If you are accessing care from an out-of-network provider, Prior Authorization is not required.

9. Are referrals needed to see a specialist?

No. Referrals are not needed to see a specialist.

10. Are naturopaths covered?

No. Naturopaths are not covered under Medicare; therefore they not covered under the MAPD or Senior Supplement plans.

11. Do the UnitedHealthcare Group Medicare Advantage (PPO) and UnitedHealthcare Senior Supplement plans cover ophthalmic injections to treat age-related macular degeneration?

Yes. Coverage criteria may apply.

12. Do UnitedHealthcare Group Medicare Advantage (PPO) and UnitedHealthcare Senior Supplement plans cover infusions such as Remicade?

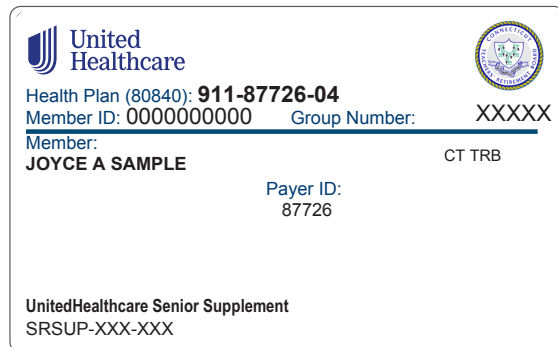
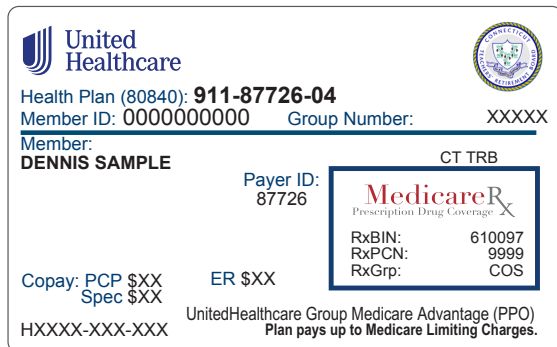
Yes. Coverage criteria may apply.

13. Where can I get a copy of the education meeting presentation?

The presentation is available online at retiree.uhc.com/TRB under the Resources Tab, then Enrollment Meetings section.

14. How do I tell what plan I am on?

You can review your UnitedHealthcare member ID card to determine which plan you are on.



15. Are EKG's covered during a physical?

Yes. EKG's are covered if part of the annual physical exam.

16. How do I obtain rewards after my physical/wellness exam?

To report your annual physical/wellness exam please contact **1-(866)-794-3033** to receive your VISA Gift Card or visit your member website and report your exam online. Renew Rewards are available to Medicare Advantage members only.

Diabetic supplies and durable medical equipment

17. What is considered Durable Medical Equipment (DME)?

Examples of DME include, but are not limited to:

- Canes
- CPAP machines
- Commode chairs
- Crutches
- Wheelchairs
- Hospital beds

18. What is the cost share for DME?

UnitedHealthcare Group Medicare Advantage (PPO) plan covers DME at a \$10 copay, UnitedHealthcare Senior Supplement plan covers DME at a \$0 copay after deductible

19. What is the Preferred Brand for diabetes testing and monitoring supplies for the UnitedHealthcare Group Medicare Advantage (PPO) plan?

The Preferred Brands are OneTouch and Accu-Chek. To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.

20. What is UnitedHealthcare's policy regarding glucose monitoring equipment?

We follow Medicare guidelines and cover the Dexcom G5 / G6 and FreeStyle Libre.

21. Will CPAP machines be covered under UnitedHealthcare?

Yes. They will be covered under durable medical equipment for either plans. With the UnitedHealthcare Group Medicare Advantage (PPO) plan you will pay a \$10 copay and with the UnitedHealthcare Senior Supplement plan you pay a \$0 copay after you have met your Part B deductible.

Additional programs and services

22. Can we access the Renew Active® website to see which gyms are included?

Yes. Visit uhcrenewactive.com to look up gyms near you.

23. Does Renew Active offer live online classes similar to SilverSneakers®?

Yes. Renew Active offers over 14,000 on-demand and live streaming fitness classes. Please check uhcrenewactive.com for more information.

24. How can I join a Renew Active gym?

Please call the number on the back of your ID Card **1-(866)-794-3033** OR once registered, log in to the “Health & Wellness” then click the Renew Active tile to obtain your “Confirmation Code” to utilize the gym facility.

25. Does the Healthy at Home benefit have any limits per year or minimum number of days in the hospital?

Healthy at Home is a post-discharge in-home personal care benefit only available to Medicare Advantage members. There are no limits on the number of days in the hospital. It is available after each inpatient discharge, however, you must access these benefit within 30 days of you inpatient discharge.

26. Is the personal emergency response system (PERS) only available after hospitalizations?

No. You are not required to be hospitalized to obtain a PERS. Under the Medicare Advantage plan PERS is available at no cost to you.

27. How do I obtain a personal emergency response system?

Please call UHC Lifeline directly at **1-(855)-595-0389** to order your device. Please note: estimated delivery time is 6-10 weeks. PERS are available to Medicare Advantage members only. *Only Homesafe model is compatible with pacemaker.

28. How much is a virtual visit?

UnitedHealthcare Group Medicare Advantage (PPO) plan covers Virtual Visits at \$0 copay using Amwell®, Doctor on Demand™ and Teladoc® and \$10 copay using other providers that have the ability and are qualified to offer virtual medical visits. UnitedHealthcare Senior Supplement plan covers at \$0 copay after the Medicare deductible has been met.

Hearing and Vision

29. Under the UnitedHealthcare Group Medicare Advantage (PPO) plan, do you have to get hearing aids through the UnitedHealthcare Hearing Network?

Yes. All hearing aid devices must be obtained through the UnitedHealthcare Hearing Network. You can access a listing of providers and services at **uhchearing.com/TRB**.

30. Are hearing aids covered out-of-network?

You must use the UnitedHealthcare Hearing network to get your hearing aids. If you purchase hearing aids from a non-network provider, you will not be reimbursed.

31. Are batteries for hearing aids covered?

Yes.

32. Is Costco in the hearing network?

Not at this time. However, UnitedHealthcare is still in the process of working with Costco.

33. If I submit a bill for a hearing aid, will I get a direct reimbursement?

No. You will not be reimbursed for hearing aids purchased outside of the UnitedHealthcare Hearing Network. You can find more information on providers and services at uhchearing.com/TRB.

34. I have an eye condition requiring more than one visit per year, will that be covered?

Yes. All Medicare covered services are covered under the UnitedHealthcare Group Medicare Advantage (PPO) and UnitedHealthcare Senior Supplement plan. You are eligible for one routine eye exam every 12 months.

35. Are surgeries and treatments for cataracts or glaucoma covered?

Yes. All Medicare covered services are covered under the UnitedHealthcare Group Medicare Advantage (PPO) plan and UnitedHealthcare Senior Supplement plan.

36. Does routine vision include refraction?

Yes. Refractions are covered under the vision plan.

37. How can I be reimbursed for eyewear if I paid out of pocket?

You can submit a direct member reimbursement form along with your receipt online at retiree.uhc.com/trb or call the number on the back of your ID card at **866-794-3033**. Please allow 30 days for reimbursement.

38. Will over the counter hearing aids be covered in 2023?

No.

39. How do I contact UHC Hearing Network?

You can connect with UHC Hearing directly at **1-(855)-523-9355**.

Providers/Network

40. Is using an out-of-network doctor more expensive?

No. The UnitedHealthcare Group Medicare Advantage (PPO) plan is a non-differential or passive PPO plan. Your benefits are the same whether you go in-network or out-of-network as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program.

41. How are out of country benefits covered?

Our plan covers worldwide emergency and urgently needed services outside the United States. Members need to pay for the services. Once you return to the United States you will need to submit an itemized bill along with your claim for reimbursement for covered services.

42. Will I be covered for services received at UMass?

Members enrolled in the UnitedHealthcare Senior Supplement plan are eligible to receive services from UMass. UMass will only accept Medicare Advantage members for facility and specialist services. Primary Care doctors will not accept UnitedHealthcare MAPD.

43. Is Memorial Sloan Kettering Hospital in New York City part of your network? If not, are they still covered as they accept Medicare?

They are not in the UnitedHealthcare network, however, they do accept Medicare and the plan and will see TRB members.

44. My provider does not accept Medicare. How do I get reimbursed for my office visits from Medicare? I have to pay my doctor cash for my office visits.

If your provider does not accept Medicare, you will not receive reimbursement from the plan. You will be responsible for 100% of the cost.

45. Are chiropractic services covered?

Yes. Medicare covered chiropractic services are covered. Your provider may need to obtain prior authorization.

Eligibility and Enrollment

46. Are spouses of retirees eligible for the Advantage plan?

Yes. As long as they meet TRB requirements.

47. If my spouse who is the retiree passes away, will I still be allowed to be enrolled in this plan?

Yes, you can stay on the plan unless you remarry.

48. Are we required to continue to pay our Part B premium?

Yes.

49. Will premiums still be deducted from the TRB? Will TRB still contribute to Insurance?

Yes to both. The TRB contribution is determined from the Medicare Advantage plan which is considered the base plan.

50. Can I switch mid-year from Medicare Advantage to Senior Supplemental or vice versa? Any penalties or requirements to switch like a physical exam?

Changes can only be made during Annual Open Enrollment which takes place in the fall each year.

51. What is a Qualifying Life Event?

A Qualified Life Event is defined by Medicare. Visit [Medicare.gov](https://www.medicare.gov) for more information.

Optum Rx[®] is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx home delivery for a 90-day supply of your maintenance medication. If you have not used Optum Rx home delivery, you must approve the first prescription order sent directly from your doctor to Optum Rx before it can be filled. New prescriptions from Optum Rx should arrive within seven business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.

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

Participation in the Renew Active[®] program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP[®] Staying Sharp[®] is the registered trademark of AARP. Access to Medicare's largest national gym network is based upon comparison of competitors' website data as of May 2022. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market.

You can see any doctor who accepts Medicare but costs may be lower with an in-network doctor. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Out-of-pocket maximum excludes premiums, prescription drug costs, and non-Medicare covered benefits.

This information is not a complete description of benefits. Call 1-866-794-3033 TTY 711 8 a.m.–8 p.m. local time, Monday–Friday for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider.

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Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. You must have a working landline and/or cellular phone coverage to use PERS.

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.