

Milwaukee County Transit System

UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Questions & Answers from the following UnitedHealthcare Education Meetings as of November 19th, 2020:

- 10/26 (Telephonic) – 32 attendees
- 10/29 (Virtual) – 29 attendees
- 11/3 (Telephonic) – 18 attendees
- 11/4 (Virtual) – 10 attendees
- 11/11 (Telephonic) – 1 attendee
- 11/18 (Telephonic) – 0 attendees
- 11/19 (Virtual) – 0 attendees

Financial

1. I don't understand the premiums in the Announcement Letter. Specifically, what does the \$581.19 represent?
The \$581.19 from the rate table represents what MCTS covers towards the premium.

	TOTAL	UnitedHealthcare Choice Deductible HMO	UnitedHealthcare® Group Medicare Advantage PPO
Single, under 65	\$ 908.10	\$ 127.13	N/A
Family, all under 65	\$ 2,361.20	\$ 330.57	N/A
Single, over 65	\$ 581.19	\$ 94.62	\$ 68.71
Couple, both over 65	\$ 1,162.38	\$ 189.23	\$ 137.42
Couple, 1 over, 1 under 65	\$ 1,362.15	\$ 221.75	\$ 195.85
Family, 1 over 65	\$ 1,598.31	\$ 292.71	\$ 266.81
Family, 2 over 65	\$ 1,798.09	\$ 260.20	\$ 208.39

This rate table more accurately depicts the total premium of each respective plan, of which pensioners pay 14% of the premium.

	UnitedHealthcare Choice Deductible Plan		UnitedHealthcare® Group Medicare Advantage PPO	
	TOTAL	Pensioner Share	TOTAL	Pensioner Share
Single, under 65	\$ 908.10	\$ 127.16		
Family, all under 65	\$ 2,361.20	\$ 330.56		
Single, over 65	\$ 675.80	\$ 94.62	\$ 490.80	\$ 68.71
Couple, both over 65	\$ 1,351.60	\$ 189.23	\$ 981.60	\$ 137.42
Couple, 1 over, 1 under 65	\$ 1,583.90	\$ 221.75	\$ 1,398.90	\$ 195.85
Family, 1 over 65	\$ 2,090.08	\$ 292.71	\$ 1,905.80	\$ 266.81
Family, 2 over 65	\$ 1,858.50	\$ 260.20	\$ 1,488.50	\$ 208.39

2. If I enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, do I need to continue to pay my Part B premium? **Yes**
3. Will the UnitedHealthcare® Group Medicare Advantage (PPO) plan premium continue to be deducted from pension plan? **Yes**

Medicare Information

4. I understand the UnitedHealthcare® Group Medicare Advantage (PPO) plan includes nationwide coverage. However, I heard there's a law that insurance companies cannot sell state to state, is this true? **Medicare Advantage plans are federal plans regulated by the Centers for Medicare and Medicaid Services (CMS). All Medicare Advantage plans must adhere to all plan regulations that have been set by CMS. Since Medicare Advantage plans are regulated by CMS on a national basis, they are not subject to individual state mandates or**

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laws. Medicare Advantage Plans have yearly contracts with Medicare and must follow Medicare's coverage rules.

5. **This seems too good to be true, why doesn't the Federal Government offer UnitedHealthcare® Group Medicare Advantage (PPO) plan nationwide?** See response to #4
6. **When did Medicare Advantage become available?** UnitedHealthcare has offered a Group Medicare Advantage plan with a nationwide service area since 2006
7. **I heard from people that Medicare Advantage is decreasing nationwide, is this true?** Medicare Advantage plans are experiencing tremendous growth over the past several years:
 - Medicare Advantage enrollment has grown rapidly over the past decade, and Medicare Advantage plans have taken on a larger role in the Medicare program.
 - Enrollment in Medicare Advantage has doubled over the past decade to over 24.1 million in 2020 year to date.
 - In 2020, more than one-third (36%) of all Medicare beneficiaries – 24.1 million people out of 67.7 million Medicare beneficiaries overall – are enrolled in Medicare Advantage plans; this rate has steadily increased over time since the early 2000s.
 - Nearly one in five Medicare Advantage enrollees (19%) are in group plans offered by employers and unions for their retirees

Network

8. **What is the difference between in-network and out-of-network providers?** Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, if they accept the plan and have not opted out of or been excluded from Medicare
9. **What happens if my doctor participates in Medicare and accepts Medicare Advantage plans 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 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. If you contact UnitedHealthcare, they will be happy to reach out to your provider to discuss how the plan works and how they will be paid. 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. UnitedHealthcare customer service: Toll-free 1-877-714-0178, TTY 711, 8:00 a.m. – 8:00 p.m. local time, 7 days a week
10. **If I find my provider on www.UHCRetiree.com, does that mean they are in-network?** Yes, but you can also see providers not found on the website (out-of-network providers) as long as they accept Medicare and the plan
11. **Does the Froedtert & the Medical College of Wisconsin regional health network accept the plan?** Yes, Froedtert is an in-network provider
12. **I understand we pay the same cost-share when seeing providers in- or out-of-network. What would be the benefit of staying in network then?** We contract with in-network providers and have built a relationship with them, so they are already familiar with the billing process. However, we help make it simple for out-of-network providers to bill UnitedHealthcare as well.

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13. Are only big-name pharmacies on your pharmacy network or are there independent pharmacies included as well? UnitedHealthcare has over 67,000 national chain, regional and independent local retail pharmacies in our network.
14. Where can I look up to see if my pharmacy is on your list? Visit www.UHCRetiree.com and select 'Pharmacy information' in the 'Prescription Drug Coverage' section. You can also call UnitedHealthcare customer service toll-free at 1-877-714-0178, TTY 711, 8 am – 8 pm local time, 7 days a week
15. Does my provider need to get prior authorization for services? Certain services do require a prior authorization however most do not. It is recommended that the member call UnitedHealthcare customer service before the procedure to verify or have the provider call the provider services line for verification.
- UnitedHealthcare customer service: 1-877-714-0178, 7 days a week, 8 a.m. – 8 p.m. local time, TTY 711
 - UnitedHealthcare provider service: 1-877-842-3210

Eligibility/Enrollment

16. The MCTS announcement letter I received says I have until 11/13 to opt-out of the plan, but the presentation shows a 11/20 opt-out date, why the difference? Open enrollment dates were changed. The correct end date for the 2021 MCTS open enrollment period is November 20, 2020.
17. If I enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan for 2021 can I go back to the Choice Deductible HMO plan for 2022? Furthermore, can I go back to the UnitedHealthcare® Group Medicare Advantage (PPO) plan for 2023, etc.? Yes, the option to change plans will be available to you annually during open enrollment.
18. If I move to the HMO plan for 2021, can I move back to the PPO plan in 2022? Yes. See #17.
19. If I move from the UnitedHealthcare® Group Medicare Advantage (PPO) plan to the Choice Deductible HMO plan, am I subject to pre-existing condition limitation? No pre-existing condition limitations would apply.
20. Do I still need a Choice Deductible HMO or other Medicare Supplement plan if I have the UnitedHealthcare® Group Medicare Advantage PPO plan? No
21. My wife reaches age 65 in April. What do we do to change her coverage? As members age in during the year, they will automatically be enrolled in the Medicare Advantage plan, unless an opt out form was received for a spouse already eligible for Medicare.

Medical Benefits

22. What is the limit on how much I spend on medical per year on the UnitedHealthcare® Group Medicare Advantage PPO plan? The deductible is \$0 and the annual out of pocket maximum is \$0
23. Is there a deductible with the Choice Deductible HMO plan? Yes, \$1,000/single and \$3,000/family
24. Would any services covered under the Choice Deductible plan not be covered under the PPO plan? See the 'Medicare Advantage Plan Comparison Chart' at www.ridemcts.com/retirees.
25. If a member needs multiple vision visits in a year due to surgery, etc. will they be covered by the UnitedHealthcare® Group Medicare Advantage (PPO) plan? Yes, as long as it's medically necessary
26. If a member needs more than one hearing exam a year due to medical condition, is it covered by the UnitedHealthcare® Group Medicare Advantage (PPO) plan? Yes, as long as it's medically necessary
27. Does the UnitedHealthcare® Group Medicare Advantage (PPO) plan place yearly limits on number of medically authorized PT/OT visits per year? No

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28. Can someone getting care in a Veteran Affairs facility access the UnitedHealthcare® Group Medicare Advantage (PPO) plan post-discharge meals and transportation benefits? **UnitedHealthcare would need to have a claim on file to determine whether they are qualified for these programs**
29. I have a major health concern; would I be better off staying with the Choice Deductible HMO plan or new the new UnitedHealthcare® Group Medicare Advantage (PPO) plan? **This is a personal health decision. However, the UnitedHealthcare® Group Medicare Advantage PPO plan includes several voluntary care management programs and resources for those with specific diseases and chronic conditions**
30. The plan materials state that hospice is covered outside the UnitedHealthcare® Group Medicare Advantage (PPO) plan, do I need to use my Medicare Card (red, white, blue card) for hospice care? **No**
31. If I enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, do I need coordinate my claims with Medicare? **No, the providers submit 100% of claims directly to the UnitedHealthcare® Group Medicare Advantage PPO plan**
32. Are pre-authorizations required for things like an MRI or medically necessary surgeries? **You or your provider may need to obtain prior authorization for certain services. Prior to your appointment contact UnitedHealthcare customer service to verify.**
33. Is durable medical equipment still covered under Medicare? **Yes**
34. Is there a deductible for certain tests like x-rays, EKG, heart monitor, etc? Under the HMO plan we currently have a yearly deductible of \$1,000? **The deductible for the UnitedHealthcare® Group Medicare Advantage (PPO) plan is \$0**
35. I use a C-pap, will the durable equipment still be covered? **Yes, a C-Pap and supplies are covered under the UnitedHealthcare® Group Medicare Advantage (PPO) plan.**
36. Will it remain only one eye exam with diabetes limit? **Diabetic eye exams are limited to one per year, unless medically necessary**
37. If I go to an Emergency Room (ER) or Urgent Care, do I need to verify the doctors & sites accept Medicare & accept the PPO plan? **No. When you are having a medical emergency you do not need to verify if the ER or Urgent Care accepts Medicare**
38. What benefits are covered with the Podiatrist? **Medicare covered podiatry includes foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases, like hammer toe, bunion deformities, and heel spurs. The UnitedHealthcare® Group Medicare Advantage (PPO) plan also includes a Routine Podiatry benefit that provides treatment of the foot which is generally considered preventive, i.e., cutting or removal of corns, warts, calluses or nails (\$0 copay, 6 visits per year)**
39. What dental services are covered under UnitedHealthcare® Group Medicare Advantage (PPO) plan? **The plan only covers the Medicare Covered dental services. This does NOT include any routine or preventative service like x-rays, cleanings, fillings, crowns.**
40. On page 22 in the 2021 UnitedHealthcare® Group Medicare Advantage (PPO) Plan Guide, under 'Outpatient Hospital' it says, "Cost sharing for additional plan covered services will apply." What does this mean? **This means if you have an outpatient procedure or an outpatient hospital stay and receive X-Rays or Part B drugs, you are subject to applicable cost share in addition to the outpatient hospital stay copay. However, your copays for these other services are also \$0. In addition, any Part D drugs received during the Outpatient hospital stay would then be paid out of pocket and submitted to the Prescription portion of the plan for reimbursement. These are considered Self-Administered Drugs**

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- 41. What is the copay for chemotherapy drugs on the UnitedHealthcare® Group Medicare Advantage (PPO) plan?** Depending on which chemotherapy drug and how it is administered would determine if the medicine is covered under Part B or Part D. Certain Medications also require a Part B vs Part D determination. This question would best be answered by customer service since every situation is unique. However, if covered under Part B, then the copay is \$0.
- 42. What is the difference between Part B and Part D drugs?** Part D drugs consist of medications you would mostly take on a recurring basis (such as daily). You get Part D drugs from a retail or mail order pharmacy. See your formulary for a specific list of covered Part D drugs. Part B drugs are covered if you meet specific criteria typically administered by a health professional. Some examples of medications Part B covers include:
- vaccines, such as flu, pneumonia, hepatitis B
 - certain injectable and infusion medications
 - some transplant medications
 - medications given by nebulizers
 - medications to treat end stage renal disease (ESRD)

Pharmacy Benefits

- 43. If I'm currently enrolled in the UnitedHealthcare® MedicareRx for Groups (PDP) plan, will my benefits change if in the UnitedHealthcare® Group Medicare Advantage (PPO) plan?** No, your coverage will not change. In fact, it will be simplified since you will receive one member ID card for both your medical and prescription drug coverage.
- 44. What is the Catastrophic Rx co-pay or coinsurance?** With the MCTS UnitedHealthcare® Group Medicare Advantage PPO plan, if you reach the Catastrophic stage of Medicare's Part D coverage phases, your copay would be \$3.70 for generic or \$9.20 for all other drugs
- 45. After your total drug cost reach \$4,130 for a plan year, what are my costs and what are the Plan costs?** This is the called the Coverage Gap (aka Donut hole) in Medicare's Part D coverage phases. With MCTS's UnitedHealthcare® Group Medicare Advantage (PPO) plan, in this stage, you continue to pay your same copays until your "out-of-pocket" costs reach \$6,550; this includes what you pay including coverage gap discount program payments.
- 46. I'm currently in the UnitedHealthcare® MedicareRx for Groups plan, do I need to transfer my mail order prescriptions?** Your prescription drug benefits are not changing so you do not need to take any action

General

- 47. Is the UnitedHealthcare® Group Medicare Advantage (PPO) plan through Humana or UnitedHealthcare?** The MCTS UnitedHealthcare® Group Medicare Advantage PPO plan is offered through UnitedHealthcare
- 48. Is this a Medicare Part C plan?** Yes, the MCTS UnitedHealthcare® Group Medicare Advantage (PPO) plan is a Part C plan
- 49. What does it mean for the UnitedHealthcare® Group Medicare Advantage (PPO) plan to be designed exclusively for MCTS?** This means only Medicare-eligible beneficiaries of MCTS have access to this plan and the plan design is specific to Medicare-eligible beneficiaries of MCTS.
- 50. Can you please speak further to the reason why the cost for the UnitedHealthcare® Group Medicare Advantage (PPO) plan is less than the HMO plan when the benefits appear richer for the PPO plan?** UnitedHealthcare is able to bring you these programs and benefits at lower premium by maintaining a 4.5 Star rating with the Centers for Medicare & Medicaid Services (CMS) for the 2021 contract year. Through this we receive a quality bonus that we then put back into your plan to build out programs that are not cost to you to

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help you live a healthier life while maintaining steady premiums. Please note that Medicare evaluates plans on a 5-star rating system every year

51. **Is this the same Medicare Advantage plan that's advertised on TV?** No. This is a custom Group Medicare Advantage (PPO) plan designed exclusively for retirees of MCTS. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.
52. **What happens if the plans cease to exist or plan changes during the year?** We do not anticipate the Federal Government will eliminate funding for the Medicare Advantage (MA) program. MA is more popular than ever with over 36% of all Medicare beneficiaries enrolled in MA which represents 24.1 million Medicare beneficiaries enrolled in a Medicare Advantage plan in 2020. If Medicare removed funding for Medicare Advantage, MCTS has the flexibility to offer another plan option.
53. **Where can I find a comparison of the UnitedHealthcare® Group Medicare Advantage (PPO) plan and Choice Deductible HMO plan?** See the '**Medicare Advantage Plan Comparison Chart**' at www.ridemcts.com/retirees
54. **Where can I find more information online?** www.ridemcts.com/retirees and www.uhcvirtualretiree.com/ss
55. **Are you able to email this slideshow when presentation is over?** The presentation is posted at: www.ridemcts.com/retirees
56. **With the SilverSneakers® benefit, can you go to several different gyms for different classes or are you only allowed to go to one gym?** You are allowed to belong to different gyms as long as they're in the SilverSneakers network. To find gyms in the SilverSneakers network, search: www.silversneakers.com
57. **My gym is not in the SilverSneakers® network, what should I do?** You can nominate a gym for the SilverSneakers network by taking the following action:
- Call SilverSneakers at: 866-584-7389, Monday – Friday, 8 a.m. – 8 p.m. EST. TTY: 711
 - Call UnitedHealthcare customer service at: 1-877-714-0178, 7 days a week, 8 a.m. – 8 p.m. local time, TTY 711
 - Your fitness center can contact SilverSneakers directly at: 866-584-7389, Monday – Friday, 8 a.m. – 8 p.m. EST
58. **Did the Union approve the UnitedHealthcare® Group Medicare Advantage (PPO) plan?** MCTS did not negotiate this plan with the union; however, no negotiated benefits are being taken away and the UnitedHealthcare® Group Medicare Advantage (PPO) plan is a richer plan design at a lower cost.
59. **What is the clinical background of the UnitedHealthcare® Group Medicare Advantage (PPO) plan "clinical advocates"?** UnitedHealthcare Clinical Advocates are Registered Nurses
60. **Are the "clinical advocates" located in the USA?** Yes
61. **When will I receive my UnitedHealthcare® Group Medicare Advantage (PPO) plan member ID card and Quick Start Guide?** Around mid-December 2020 for coverage effective January 1, 2021
62. **We currently have a UnitedHealthcare login (username/ password) for the UnitedHealthcare HMO plan. Do I need to create a new login if I change to the UnitedHealthcare® Group Medicare Advantage (PPO) plan?** No
63. **Should I create an account online at www.UHCRetiree.com after I get my member ID card?** Yes, this will get you access to several tools and resources, including:
- Look up your latest claim information
 - Review benefit information and plan materials
 - Print a temporary UnitedHealthcare® member ID card and request a new one
 - Look up drugs and how much they cost under your plan
 - Search for network doctors

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- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Get your Explanation of Benefits online

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You must continue to pay your Medicare Part B premium.

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

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-714-0178 (TTY 711)**. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-714-0178 (TTY 711)**.

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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