



# Welcome

**Your PEBA 2012 benefit plan options  
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Patty Brown  
Strategic Account Executive



# Helping people live healthier lives



## UnitedHealthcare®:

- Providing Medicare plans for more than 25 years<sup>1</sup>.
- Helping more than 9 million members with Medicare<sup>1</sup>.
- One of the largest networks in the country<sup>1</sup>.
- Resourceful and reliable when it matters most<sup>2</sup>.
- Focused and diligent to help those we serve<sup>2</sup>.
- Caring partner with your interests in mind.



<sup>1</sup>2011 UnitedHealthcare Annual Report

<sup>2</sup>UnitedHealthcare Internal Company Data

# Summary of PEBA Plan Options



## Medicare Advantage with a Choice of Prescription Drug Coverage



### MAPD-HMO for Texas Service Areas:

- Austin
- Houston
- Corpus Christi
- Dallas/Fort Worth
- San Antonio

### RX:

- \* Full Gap Coverage
- \* Tier 1 Generic

\* Only group with 50 eligible retirees may offer **both** MAPD and Sr. Supplement with or w/out RX. RX plans must be the same for both options. Other guidelines may apply. Please see the PEBA Alliance Alert for more details.

## Choice of Senior Supplement with Choice of Prescription Coverage



### Senior Supplement Medical

- Plan F
- Plan K



### UnitedHealth RX for Groups

- Full Gap Coverage
- Tier 1 Generic Gap Coverage

# Your Medicare Advantage (HMO) Plan Overview



**Health Maintenance Organizations (HMOs) are a “one-stop shop” for all of your health care needs.**

- Hospital costs, doctor and outpatient care in one plan.
- Prescription drug coverage.
- This plan offers a large network of doctors, specialists and hospitals.
- Member must live in the service area.
- There’s a good chance your doctor is already part of our network. To find out, consult our online Provider Directory at [www.UHCRetiree.com](http://www.UHCRetiree.com).
- If you need help finding a doctor, we're here to help. Just call us.



# Medicare Advantage HMO with Part D (MAPD) Plan Options



Medicare Advantage - HMO - MAPD	
<b>Medical</b>	
Annual Deductible In-Network	None
Annual Out-of-Pocket Maximum In-Network	\$3,600
<b>PHYSICIAN SERVICES</b>	
Primary Care Physician Office Visit	\$15
Specialist Office Visit	\$25
<b>INPATIENT SERVICES</b>	
Inpatient Hospital Stay	\$200 per day, days 1-18 \$0 per day thereafter
Skilled Nursing Facility Care	100 per day, days 1-36 \$0 per day, days 37-100
<b>OUTPATIENT SERVICES</b>	
Outpatient Surgery	20%
Outpatient Hospital Services	20%
Ambulance Services	\$175
Emergency Room (includes Worldwide coverage)	\$50
Urgently Needed Care In-Network	\$35
<b>PART B DRUGS</b>	
Part B Drugs	20%
<b>DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES</b>	
Durable Medical Equipment	20%
<b>PROCEDURES</b>	
Clinical Laboratory Services	\$15
Outpatient X-ray Services	\$15
<b>PREVENTIVE SERVICES</b>	
Annual Physical Exam	\$0
Cardiovascular Screenings, Immunizations, Annual Pap Smears and Pelvic Exams, Annual Prostate Cancer Screening, Annual Colorectal Cancer Screening, Annual Bone Mass Measurement, Annual Mammography, Diabetes - Self-Management Training, Medical Nutrition Th	\$0
<b>ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)</b>	
Routine Podiatry (Non Medicare-covered)	\$25 (6 visits per year)
Routine Hearing Exam for Hearing Aids- every 12 months	\$0
Hearing Aid Allowance - includes Digital Hearing Aids	\$500 (every 3 years)
Routine Eye Exam Refraction every 12 months	\$25
<b>WELLNESS PROGRAMS</b>	
Fitness	Included
Caregiver	Included
NurseLine includes Treatment Decision Support and Access Support	Included
Disease Management - Chronic Heart Failure (CHF)	Included
Disease Management - Coronary Artery Disease (CAD)/Diabetes	Included
Disease Management - End Stage Renal Disease (ESRD)	Included
Personal Health Management Program	Included
Advanced Illness Care Management	Included

## Pharmacy Plan Highlights

### Option 1

Retail Copay (31 day supply): \$5 / \$25 / \$60 / 33%  
Mail Order (90 day supply): \$10 / \$50 / \$120 / 33%

**Full Gap Coverage:** Member pays same copays for all RX through the coverage gap.

\* Requires 35% employer subsidy

### Option 2

Retail Copay (31 day supply): \$5 / \$25 / \$60 / 33%  
Mail Order (90 day supply): \$10 / \$50 / \$120 / 33%

**Only Tier 1 Generic Gap Coverage:** Member pays same copays for Tier 1 Generic RX through the coverage gap. Member pays discounted cost for RX.

### 2012 Coverage Gap Information

Initial Coverage Limit: \$2,930  
TrOOP Threshold: \$4,700  
Copay for generics: \$2.60  
Copay for all other drugs: \$6.50 or 5%

## Know the facts

- You must keep Medicare Parts A and B and continue to pay your Medicare Part B premium.
- You can only be in one Medicare Advantage plan at a time. Enrolling will automatically disenroll you from any other Medicare Advantage or prescription drug plan.
- You must inform us of any current prescription drug coverage or future enrollment.
- If you enroll in a Medicare Advantage plan and don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty.
- You must inform us if you move out of the plan service area.
- You must read the Evidence of Coverage (EOC), including appeals and grievance rights.
  - The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.
- **Please review the full text of the Statement of Understanding in your 2012 enrollment kit.**

# United Healthcare Senior Supplement Plan Options



Covered Benefits	Medicare 2011	Medicare Supplement Plan F	Medicare Supplement Plan K
Premium		\$191.36 (2012)	\$109.34 (2012)
Deductible	Part A Hospital: \$1,100 Part B: Medical Services: \$155	Part A: Plan pays 100% Part B: Plan pays 100% ----- Part A: Retiree pays \$0	Part A: Plan pays 50% Part B: Plan pays 0% ----- Part A: Retiree pays \$550 (2011) Part B: Retiree pays \$155 (2011)
Annual Out-of-Pocket Limit	None	None	\$4,620
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital	Medicare Part A Inpatient Hospital: 1st 60 days: All but \$1,100 61st thru 90th day: All but \$275 a day 91st day and after: All but \$550 a day up to 60 lifetime max days Beyond Max: Zero	Inpatient Hospital: Plan pays: Days 1 thru 150: Plan pays 100% of Medicare approved amounts. ----- Retiree Pays: Generally \$0 of Medicare approved amounts.	Inpatient Hospital: Plan pays: 1st 60 days: \$550 61st thru 90th day: \$275 a day 91st day and after: \$550 a day Beyond Max: 100% of Medicare eligible expenses for additional 365 days ----- Retiree Pays: \$550 (2011 Part B Deductible)
Skilled Nursing Facility	Medicare Part A Skilled Nursing Facility: 1st 20 days: All approved amounts 21st thru 100th day: All but \$137.50 a day	Skilled Nursing Facility: 1st 20 days: Paid in full by Medicare 21st thru 100th day: Plan pays 100% of Medicare approved amounts. ----- Retiree Pays: Generally \$0 of Medicare approved amounts.	Skilled Nursing Facility: 1st 20 days: Paid in full by Medicare 21st thru 100th day: Plan pays 50% of co-insurance (up to \$68.75 a day) ----- Retiree pays up to \$68.75 per day (Days 21-100) (2011)
Physician Services (PCP/SCP)  Emergency Room  Outpatient Surgery  X-ray & Lab	Medicare Part B Pays 80% after \$155 deductible for Medicare-approved services	All Medicare Covered Part B Services: Plan pays Part B deductible and 100% of remaining Medicare-approved amounts. ----- Retiree Pays: Generally \$0 of Medicare approved amounts.	All Medicare Covered Part B Services: After Part B deductible, Plan pays 50% of remaining Medicare-approved amounts. ----- Retiree Pays: Part B Deductible and Generally 10% of Medicare approved amounts.

# United Healthcare MedicareRx for Groups Plan Options



<b>BENEFITS AND COVERAGE</b>		
	<b>Option 1</b>	<b>Option 2</b>
Group Retiree Premium	<b>\$179.99</b>	<b>\$68.06</b>
<b>Part D Gap Coverage</b>	<b>Full Gap Coverage</b>	<b>Tier 1 Gap Coverage</b>
<b>Formulary</b>	Formulary H (All Generics in Tier 1)	Formulary G
<b>Bonus Drug List</b>	None	None
Rx Deductible	\$0	\$0
Rx Out-of-Pocket Maximum	None	None
<b>Part D Retail (Member Cost Share Before Pharma Brand Discounts)</b>		
Tier 1	\$5	\$5
Tier 2	\$25	\$25
Tier 3	\$60	\$60
Tier 4	33%	33%
<b>Part D Mail Order (Member Cost Share Before Pharma Brand Discounts)</b>		
Tier 1	\$10	\$10
Tier 2	\$50	\$50
Tier 3	\$120	\$120
Tier 4	33%	33%
Initial Coverage Limit	\$2,930	\$2,930
TrOOP Threshold	\$4,700	\$4,700
<b>Catastrophic Coverage over TrOOP (greater amount of)</b>		
Copay for generics	\$2.60	\$2.60
Copay for all other drugs	\$6.50	\$6.50
<b>OR Coinsurance</b>	5%	5%

# Your Prescription Drug Plan (PDP) Overview



- More than 65,000 network pharmacies nationwide accept this plan. Most national drugstore chains and independent pharmacies, too.
- Thousands of brand name and generic prescription drugs covered.
- Generic drugs as low as \$2 through our Pharmacy Saver program.
- Check your plan's Formulary (drug list) or call Customer Service included in your kit to see if your prescription drugs are covered.



## More ways to save

- **Review your medications.**
  - Review your drugs with your doctor at least once a year. Ask, “Do I still need them all? Can I stop taking the ones I don’t need?”
- **Use your member ID card.**
  - Show your card at the pharmacy to get the plan’s discounted rates.
- **Use participating network pharmacies.**
  - You’ll get the greatest benefit.
- **Pharmacy Saver Program**
  - copayments as low as \$2 for a 30-day supply of some drugs.
- **Use a mail service pharmacy.**
  - You’ll save time and trips to the pharmacy.

## Fitness program

**Stay physically fit and active at no additional cost.**

- **Join SilverSneakers and enjoy:**

- A basic fitness center membership at more than 11,000 locations nationwide.  
Find the nearest location at [www.SilverSneakers.com](http://www.SilverSneakers.com)).
- Classes, cardio equipment, resistance machines, free weights and heated pools (at certain locations). Amenities may vary at each location.
- Many women-only locations, including Curves® , nationwide.

- **No SilverSneakers near you? (15+ miles away) Register for the SilverSneakers® Steps program.**

- Get resistance bands, exercise DVDs and how-to material to help you measure your fitness.
- Track and increase your daily activity while you work out at home.

## Solutions for Caregivers

- Providing care for a loved one can be demanding and overwhelming. Solutions for Caregivers supports you, your family and your loved ones.
- Services include:
  - On-site assessment and development of a personalized care plan for you or your loved one.
  - Unlimited phone support for individual, medical, safety, emotional and social needs.
  - Connections with professionals, including home health aides, nurses, lawyers and financial advisors.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.



## Ready to enroll?

### Here's your enrollment checklist:

- 1** **Review** the benefit information included in your Enrollment Kit
- 2** Use a **Provider Directory** to find a primary care physician (PCP) for the HMO plan
- 3** Check the plan's **Drug List** to see if your medications are included
- 4** Have your **Original Medicare ID** card ready

## What to expect after enrollment

### Step 1

- We receive your enrollment.

### Step 2

- We notify you by mail that we got your application.

### Step 3

- We mail you a notice saying you are enrolled.

### Step 4

- We may send you a form you can submit for help paying premiums.

### Step 5

- **We send you your member ID card**

### Step 6

- We send you a Welcome Kit.

### Step 7

- We may call you to ask about your health risks.

**Thank you**

## Disclaimers

- **UNITEDHEALTHCARE® MA-PD PLANS (Combined MA and MA-PD UnitedHealthcare® Medicare Advantage plans** are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. Members may enroll in the plan only during specific times of the year. Contact UnitedHealthcare for more information. You must have both Medicare Parts A and B to enroll in the plan. [Employer Group plans must insert the following statement: Retiree plan prospects must meet the eligibility requirements to enroll for group coverage.] [The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your Medicaid Office. You must use contracted network pharmacies to access your Part D prescription drug benefit except under non-routine circumstances, in which case quantity limitations and restrictions may apply. HMO members must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor UnitedHealthcare® Medicare Advantage plans will be responsible for the costs. For PPO and HMO-POS members, with the exception of emergency or out-of-area renal dialysis, it may cost more to get care from out-of-network providers.

## Disclaimers

### **UNITEDHEALTHCARE® SENIOR SUPPLEMENT PLANS**

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 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. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

### **UNITEDHEALTHCARE® PDP 800 SERIES PLANS**

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor. Members may enroll in the plan only during specific times of the year. Contact UnitedHealthcare for more information. You must have both Medicare Parts A and B to enroll in the plan. You must use contracted network pharmacies to access your prescription drug benefit except under non-routine circumstances, in which case quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week, or the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778, or your state Medicaid office. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage.

## Disclaimers

### **Solutions for Caregivers**

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

### **SilverSneakers**

SilverSneakers® is a registered mark of Healthways, Inc. The SilverSneakers® program is made available as part of this plan's benefits to those insured through this plan. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Consult a health care professional before beginning any exercise program.