

Frequently asked questions

- **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.

- **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.

- **Who chooses the implants for a hip or knee replacement, the doctor or UnitedHealthcare?**

You and your provider will work together.

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

Your coverage will be the same 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 anywhere in the United States and the 5 U.S. Territories and the District of Columbia. Your coverage 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.

- **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 OptumRx when you want to get your prescriptions filled.

- **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.

- **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.

- **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.

- **Are referrals needed to see a specialist?**

No. Referrals are not needed to see a specialist.

- **Are naturopaths covered?**

No. Naturopaths are not covered under Medicare.

- **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.

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

Yes. Coverage criteria may apply.

Diabetic supplies and durable medical equipment

- **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.

- **What is UnitedHealthcare's policy regarding glucose monitoring equipment?**

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

- **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

- **Can we access Renew Active® to see which gyms are included?**

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

- **Does Renew Active offer live online classes like SilverSneakers®?**

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

- **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. 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 your inpatient discharge.

- **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.

Vision and hearing

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

Yes. Beginning January 1 2022, all hearing aid devices must be obtained through the UnitedHealthcare Hearing Network. You can access a listing of providers and services at www.uhc hearing.com/TRB.

- **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.

- **Are batteries for hearing aids covered?**

Yes.

- **If I purchased hearing aids while covered under Anthem, will I be eligible to receive new hearing aids under UnitedHealthcare?**

Yes.

- **Is Costco on your hearing network?**

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

- **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 www.uhchearing.com/TRB.

- **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.

- **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.

- **Does routine vision include refraction?**

Yes. Refractions are covered under the vision plan.

Providers/network

- **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.

- **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.

- **Will I be covered for services received at UMass?**

You may get covered emergency medical care whenever you need it, including UMass. Members enrolled in the UnitedHealthcare Senior Supplement plan are eligible to receive services from UMass. Members enrolled in the UnitedHealthcare Medicare Advantage (PPO) plan are eligible to receive services from UMass as an out-of-network provider as long as they are an approved Medicare provider and agree to treat you. Your share of the costs will be the same as if they were part of the UnitedHealthcare network.

- **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.

- **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.

Are chiropractic services covered?

Eligibility and enrollment

- **Are spouses of retirees eligible for the Advantage plan?**

Yes. As long as they meet TRB requirements.

- **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.

- **Are we required to continue to pay our Part B premium?**

Yes.

- **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.

- **Can we switch from plan to plan during this enrollment period?**

Yes. Please contact UnitedHealthcare for further assistance at **1-866-794-3033**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. If you wish to change, please reach out by November 22, 2021.

- **Can I switch mid-year from Medicare Advantage to Senior Supplement plan 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.

- **What is a Qualifying Life Event?**

A Qualified Life Event is defined by Medicare.

OptumRx® is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx 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 OptumRx 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. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

This information is not a complete description of benefits. Call 1-866-819-3448, (TTY 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance 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.