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FREQUENTLY ASKED QUESTIONS REGARDING CHANGE TO MEDICARE ADVANTAGE PLAN

**What company administers the Medicare Advantage plan?**

The Medicare Advantage plan (Medicare Part C Health coverage and Part D pharmacy coverage) for 2022 will be administered by UnitedHealth Care. If any change to the administrator will be made after 2022, members will be notified.

**Do we need to enroll in Medicare A and B?**

**According to the plan document for the Onondaga County Retiree benefit plan, ONCE YOU ARE MEDICARE ELIGIBLE (either by age or disability) YOU MUST ENROLL IN MEDICARE PARTS A AND B.** Medicare Part A is for Hospital coverage and pays 80% of your hospital claims. Medicare B is for Physician coverage, and pays 80% of your physician claims. Enrollment in Medicare parts A & B may or may not be automatic - it depends on your situation. Those collecting Social Security benefits are usually automatically enrolled in Medicare A and B. Those who **are not** collecting should contact Social Security to initiate the enrollment. In order to insure a smooth transition into the Medicare Advantage plan it is advised that you complete your enrollment 3 months prior to your 65th birthday or Medicare eligibility date as we are unable to set up your Medicare Advantage coverage until Medicare parts A and B are in place. Medicare enrollment can be done online, or by contacting your local Social Security office. Part B has a premium cost which is paid to Social Security. For information on premium cost for part B, you would contact the Social Security office.

**What is the county Medicare Advantage plan?**

It is a comprehensive healthcare plan which includes Medicare parts C and D. Part C is a supplemental medical insurance plan which covers most of what is left on a claim after Medicare parts A and B have paid. Part D is the prescription coverage. Both of these, C and D, are provided by Onondaga County through the Medicare Advantage plan. The cost for the C and D coverage is included in your insurance premiums paid to Onondaga County. When you go to the doctor, you should give them your UnitedHealthcare card, and UnitedHealthcare will take care of coordinating claims between the various parts of Medicare (A, B and C). When you go to the pharmacy, you will give the pharmacists your UnitedHealthcare Medicare Rx card to fill your prescriptions, or use their mail order pharmacy. More detailed information on this plan, as well as your new ID cards will be sent to you closer to your effective date on the plan.

**Is the plan nationwide?**

The UnitedHealthcare Medicare Advantage plan offers nationwide coverage.

**How will I know how much my medicine is on the new Medicare Advantage plan?**

Information on the formulary and contact information for the pharmacy administrators will be sent in your welcome packet. If you have any questions on the prescription coverage you may contact UnitedHealthcare at **1-877-607-6413**.

**Are there any forms that I have to complete and return?**

For new members to the Medicare Advantage plan, when you receive your Medicare Advantage application, YOU MUST complete and return to the Employee Benefits office or we will be unable to begin your coverage under this plan. When the change to the Medicare Advantage plan is scheduled, dependents that are not Medicare eligible will be sent an Onondaga County Employee Benefit Enrollment form. The non-Medicare eligible dependent would complete and sign this form “as if they are the retiree” with only their information and return to the Employee benefits office in order to continue enrollment with their own OnPoint policy. Both forms should be returned to Onondaga County.

**What happens if I don’t return the application (s)?**

If we do not receive your application (s), we will be unable to begin coverage under the plan.If we are unable to enroll the Medicare Eligible member due to the member not returning the Medicare Advantage application (or not enrolling in Medicare Parts A/B), coverage with Onondaga County will end (OnPoint coverage will end upon your Medicare eligibility date). This can affect coverage for your dependents. If we do not receive the OnPoint application for the dependents, we will be unable to begin coverage on their new OnPoint policy.

**How much are my new premiums?**

Most single policy premiums for the year 2022 will be $68.36 per month. For those that already have a single policy, the rate will be the same as it is for OnPoint coverage, no rate change. For those that have one dependent (spouse or child) on their benefits plan, they would be billed for two (2) single policies per month.

\*Please note that some retirees retired under contracts with different pricing structures. If your rate is different than what is above, you may call Employee Benefits at 315-435-3498 for your pricing. Future rates are subject to annual change. \*\*

**My spouse and I have OnPoint, but only one of us is Medicare eligible. How does this affect us?**

You will each have individual plans with each carrier. Medicare eligible members will be changed to the Medicare Advantage plan, while those not Medicare eligible will remain with OnPoint until they are Medicare eligible, at which time they will also be changed to Medicare Advantage plan. Your premiums will be reduced to two (2) individual plans.

**My spouse and I are both Medicare eligible. How does this affect us?**

You will each have individual Medicare Advantage plans. Your premiums will be reduced to two (2) individual plans.

**Will there be any changes to the way I pay for my insurance?**

**The retiree billing administrator for Onondaga County is currently Lifetime Benefit Solutions (LBS), and will continue to be LBS no matter what health insurance plan you are on.** If you are being billed by LBS, you will continue to pay your premiums to LBS. If there is a premium difference due to changing from a family to (2) single policies, the county will notify LBS of the billing change, and you will each be billed separately for your coverage. You also have the option of having monthly premiums deducted from your pension check at any time by submitting the proper form to the Employee Benefits office. These forms are located online at [www.ongov.net](http://www.ongov.net), by clicking “Departments” on top of the County home page, then “Employee Benefits” in the alpha directory. The forms will be available under the “Retiree Health Care” link. Or you could call the Employee Benefits office at 315-435-3498 to request either form be mailed to you.

**My premiums are currently deducted from my pension check or bank account. Will that continue?**

If you have your premiums deducted from your pension, you do not need to take any action. If there is a change to the premium amount, Onondaga County will notify the NY State Retirement System to revise the deduction. If you have your premiums deducted from your bank account and you have single coverage, you do not need to take any action and this will continue. If you have your premiums deducted from your bank account and have family coverage, the change to the MA plan will require you to contact LBS to set up another withdrawal as you will have 2 single policies and will need separate withdrawal for each account.

**Will we be getting new ID cards?**

In most cases, yes. Those on the Medicare Advantage plan will be getting new Medicare Advantage ID cards with their welcome packets. Those remaining members with OnPoint may or may not be receiving new ID cards, depending on the situation.

**Is every retiree being switched to this plan?**

The following scenarios will result in a change to the County Medicare Advantage Plan:

\*OnPoint Retirees that are Medicare eligible and have single health policies.

\*OnPoint Retirees with one dependent on their health insurance policy, and one or both of them are Medicare eligible. Medicare eligible members will be changed to the Medicare Advantage plan, and those not Medicare eligible will remain with OnPoint.

There are exceptions to this plan change: One exception would be for retirees with two or more dependents on their policy, with one or more of those dependents or retiree being Medicare eligible. Change to the MA plan for the eligible member would only take place only once the members on the plan are reduced to 2 or less members (ie. Last child ages off and only retiree and spouse are left on the plan – in this case the move to the MA plan for the Medicare eligible members to time up with the child aging off the plan) Another exception is for those members that are currently on the Indemnity plans A or B (not OnPoint members). Onondaga County has elected not to change plans at this time. These plans are “closed” to new participants. Members currently enrolled will be allowed to remain. And the third and final exception would be for those on the retiree plan who also have active employer coverage. Those members will not be moved to the MA plan and will remain with OnPoint until they no longer have active employer coverage. They should contact Onondaga County if they find they are losing their employer coverage.

**Will enrollment into the Medicare Advantage Plan affect any other Health Plan I may have?**

Enrollment into the Medicare Advantage will automatically dis-enroll retirees and/or dependents from other Medicare Advantage Part C or Part D coverage that you may have had prior to the switch over to Medicare Advantage. Rules of Medicare state that you can only be enrolled in one Medicare Advantage or part D plan at a time. If you currently have another non MA plan, plan, please contact their customer service to see how their coverage will work with the Medicare Advantage Plan. Conversely, if you enroll in another Medicare Advantage plan while on the county’s plan (including prescription only plans), you will be dis-enrolled from the county plan, therefore cancelling your retiree coverage with Onondaga County. Some other prescription only plans may look like discount coupons or discount drug plans – when in fact, they are other Medicare part D plans. Using the other plan will automatically dis-enroll you from our plan. It is recommended that you contact the company marketing the discount plan to find out using their product will affect your county Medicare Advantage plan.

**The Medicare Advantage plan materials reference co-payments. Will I have to pay them?**

The Medicare Advantage plan has zero co-pays for most medical services. For the few medical services (some podiatry and chiropractic services) that do have co-pays, it will be the member responsibility to pay.

**When will I get my ID cards and Medicare Advantage plan materials?**

Provided your Medicare A and B enrollment is completed (can be done up to 3 months in advance, and is recommended to do early to insure smooth transition), you will receive your materials 2-3 weeks from the date you return your Medicare Advantage application to the Employee Benefits department. IF YOU DO NOT RETURN YOUR COMPLETED APPLICATION TO EMPLOYEE BENEFITS, WE WILL BE UNABLE TO ENROLL YOU IN THE MEDICARE ADVANTAGE PLAN, AND YOU WILL NOT RECEIVE ID CARDS FOR THE NEW PLAN.

**What if I want to opt out of the Medicare Advantage plan?**

You may opt out of this plan by submitting your request in writing to Onondaga County Employee Benefits, 15th Floor, 421 Montgomery Street, Syracuse 13202. Written request must be received prior to the effective date, or it will become effective the first of the month after receipt. By opting out of this plan you are cancelling your retiree coverage through Onondaga County.

**What do I need to know about the UnitedHealthcare provider network?**

The UnitedHealthcare Medicare Advantage (PPO) is a Preferred Provider Organization (PPO) plan that allows you to see any provider (in network or out-of-network), at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network. You can find out if your doctor is in the network by calling UnitedHealthcare Customer Service toll-free at 1-877-607-6413 TTY 711, 8am – 8pm, local time, 7 days a week. You can also look up doctors online at www.UHCRetiree.com.

**What major hospitals in Onondaga County are in the network?**

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals, you can contact a UnitedHealthcare Customer Service representative 1-877-607-6413 TTY 711, 8am – 8pm, local time, 7 days a week. You can also look up doctors online at www.UHCRetiree.com. And remember, since this is a PPO plan, the hospital does not have to be in-network in order for you to receive services under this plan.

**What is the difference between in-network and out-of-network providers? How does this difference affect the total amount that I can expect to pay for services when using out-of-network providers?**

In-network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a

contract. With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network.

**What happens if my doctor does not accept Medicare Advantage plans? What happens if a doctor accepts Medicare but doesn’t 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. This plan works like traditional PPO plans which doctors have been familiar with for a long time. Under the 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 the provider will be paid the same as Medicare. 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. You will only be responsible for the same co-payment or co-insurance as if you had stayed in the network.

**What happens if my doctor does not accept Medicare?**

If your doctor has opted out the Medicare program in its entirety, you would only have coverage in an emergency situation. This is no different than your current medical plan. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor, UnitedHealthcare can help you find a doctor based on your needs.

**How are out-of-network claims processed?**

Whether your provider is in network or out of network, your provider can submit claims to UnitedHealthcare to be processed electronically. If needed, the UnitedHealthcare claim address information is provided on your Member ID card and in your Welcome Kit. UnitedHealthcare administers claim payments for out-of-network providers in compliance with all federal regulations.

**Are there any situations when a doctor will balance bill me?**

Under this plan, you are protected from any balance billing. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid, and you pay the same co-payment or co-insurance as if you had stayed in the network. If your doctor attempts to balance bill you, please contact UnitedHealthcare.

**Is there a hospital deductible?**

No. The UnitedHealthcare Medicare Advantage (PPO) plan does not have a hospital deductible.

**What is the maximum number of days covered for hospital admission?**

There is no maximum number of days covered for hospital admission. Days are unlimited.

**Do I need to get new mail order prescriptions?**

Yes, upon your effective date, your Preferred Mail Order Provider will change to Optum Rx. UnitedHealthcare Medicare Rx will send you information in their welcome packet regarding the new mail order pharmacy. You will need to have your providers send new scripts to Optum Rx, as your current pharmacy will be unable to transfer the prescriptions.

**Explain the stages of prescription drug payments. Is there a donut hole?**

This plan has different stages of drug coverage – the Initial Coverage stage, the Coverage Gap (or Donut Hole) and the Catastrophic Coverage stage.

* In the initial coverage stage, you pay a co-pay or co-insurance, then the plan pays the rest. Your co-pay will depend on what tier the drug belongs to.
* Your plan sponsor is providing additional drug coverage which means that if you reach the Coverage Gap stage, you will continue to pay the same co-pay or co-insurance. There is no coverage gap or donut hole with this plan.
* After your total out-of-pocket costs reach $4,850, you enter the Catastrophic Coverage stage. In this stage, you pay a small co-pay for generics or for brand name drugs.

**What national retail pharmacies are in the plan?**

The UnitedHealthcare Medicare Advantage (PPO) plan includes over 65,000 regional and local pharmacies in its network including major national retail pharmacies. Some examples include; Wegmans, Walgreens, Walmart, CVS, Sams Club, Rite Aid, Target and many others.

**What is Medicare Part D IRMAA and does it apply to me?**

IRMAA stands for Income Related Monthly Adjustment Amount. Similar to Medicare Part B, high

income earners will pay more for their Medicare Part D coverage. Any Medicare Part D plan member

whose Modified Adjusted Gross Income as reported on your IRS tax return, is above $85,000 for an

individual or $170,000 for a couple, may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Medicare, not to your plan. If you are subject to IRMAA, Social Security will send you a letter. The letter will explain how they determined the amount you must pay and the actual IRMAA amount. Neither your employer group nor your health plan determines who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, you must contact the Social Security Administration.

You can:

• Go online to www.ssa.gov

• Call Social Security at 1-800-772-1213, TTY 1-800-325-0778

• Visit your local Social Security office

**What if I have trouble paying for my prescription drugs?**

If you have trouble paying for your prescription drugs, you may qualify for Medicare’s Extra Help program. Another name for this is Medicare’s Low Income Subsidy. If you qualify, Medicare will help pay up to 75% or more of your drug costs. Many people qualify and don’t even know it. If you are interested and want to find out if you qualify, you can

• Go online to www.ssa.gov

• Call Social Security at 1-800-772-1213, TTY 1-800-325-0778

• Visit your local Social Security office

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 ten 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. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

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

Other Pharmacies, Physicians, Providers are available in our network.

**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 Onondaga County. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

**What is the UnitedHealthcare HouseCalls program?**

UnitedHealthcare HouseCalls is an annual wellness program designed to complement your doctor’s care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It’s also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health. HouseCalls may not be available in all areas.

**What is the Renew Active program?**

Renew Active® is the gold standard in Medicare fitness programs for body and mind. It’s available with your UnitedHealthcare Medicare Advantage Plan at no additional cost. This program provides a free gym membership, access to UHC’s nationwide network of gyms and fitness locations, an annual personalized fitness plan, access to thousands of on-demand workout videos and live streaming fitness classes and you can bring a family member or friend to the gym with you to assist in your workout at no additional cost. This program also gives you access to Staying Sharp, an online brain health program from AARP.

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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. The largest gym network of all Medicare fitness programs is based upon comparison of competitors’ website data as of March 2021. 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. Renew Active premium gym and fitness location network only available with certain plans. Renew by UnitedHealthcare is not available in all plans. Resources may vary. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare. © 2021 United HealthCare Services, Inc. All Rights Reserved. Y0066\_SPRJ63236\_072221\_C SPRJ6323

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For specific questions on the Medicare Advantage parts C Medical and D Pharmacy coverage, contact UnitedHealthcare/OptumRx at 1-877-607-6413.

For specific questions regarding your OnPoint Coverage, contact EXCELLUS at 1-800-796-6747

For questions regarding Onondaga County insurance in general, you may contact the Onondaga County Employee Benefits Department at 315-435-3498.

Detailed information about the plans is also available on the Employee Benefits web page at [www.ongov.net](http://www.ongov.net).