

UnitedHealthcare® Group Medicare Advantage HMO and PPO Plans

Frequently Asked Questions & Answers

Do I need Original Medicare (Part A and Part B)?

Yes, in order to be eligible for these UnitedHealthcare® Group Medicare Advantage plans, you must be enrolled in Medicare Parts A & B. You must also continue to pay your Medicare Part B monthly premium to the government.

What doctors can I use? What do I need to know about the UnitedHealthcare® provider network?

For Group Medicare Advantage HMO

The UnitedHealthcare® Group Medicare Advantage (HMO) plan is a Health Maintenance Organization (HMO) plan. That means you must get care through the UnitedHealthcare® network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist; however, a referral is not required. You can find out if your doctor is in the network by calling UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m.–8 p.m., CST, Monday–Friday. You can also lookup doctors online at retiree.uhc.com/asrs.

For Group Medicare Advantage PPO

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any provider (network or out-of-network) at the same copayment, 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.

What major hospitals are in the network?

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals that are in-network, visit retiree.uhc.com/asrs or contact UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m.–8 p.m., CST, Monday–Friday. Remember, with the PPO plan, the hospital does not have to be in the 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?

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

For Group Medicare Advantage HMO

To receive your full coverage through your plan, you will need to choose a primary care provider (PCP) from our local network. Your doctor may already be in our network. Your primary care provider will help refer you to specialists when needed; however, a referral is not required. If you see a network provider, you'll pay a copay for the services you receive. If you see an out-of-network provider, you may pay the full cost of the services you receive.

For Group Medicare Advantage PPO

With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network as long as the provider accepts Medicare and the plan. Unlike most PPO plans, with this plan, you pay the same copayment in and out-of-network. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

When will I get my ID card?

Your annual ID card should arrive mid-December before your effective date of January 1, 2025. For all other enrollments throughout the year, ID cards are issued within 10 days of enrollment.

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.

For Group Medicare Advantage HMO

The UnitedHealthcare® Group Medicare Advantage (HMO) plan requires a doctor to have a contract with UnitedHealthcare. If your doctor doesn't have a contract with UnitedHealthcare, they may not accept the plan. If the doctor refuses to accept this plan, you can continue to see the doctor but you pay the full cost for services. If you need help finding a doctor in the network, call UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m.–8 p.m., CST, Monday–Friday.

For Group Medicare Advantage PPO

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, we 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. You will only be responsible for the same copayment as if you had stayed in the network.

What happens if my doctor does not accept Medicare?

If your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor, call UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m.–8 p.m., CST, Monday–Friday. If you want additional choices, go to **Medicare.gov/physiciancompare** for a listing of doctors who participate in Medicare.

What is the most I will have to spend out-of-pocket for prescription drugs?

Once you have spent \$2,000 out of your pocket in drug expenses, the plan pays the full cost of your covered drugs for the rest of the 2025 plan year, you pay nothing.

What pharmacies are in the plan's network?

The UnitedHealthcare® network includes thousands of national chain, regional, local and independent neighborhood pharmacies. Once you are a member, you will be able to look up pharmacies online or request a printed pharmacy directory by calling customer service at the number on the back of your member ID card. You can also call customer service to check if a pharmacy is in-network, or to get pharmacy contact information.

What is the Renew Active® program?

Renew Active® is the gold standard in Medicare fitness programs – and is available at no additional cost. You'll receive a free gym membership and access to our nationwide network of gyms and fitness locations. This includes access to many premium gyms, access to on-demand workout videos, livestreaming fitness classes, and fun social activities.

What is the UnitedHealthcare® HouseCalls program?

With UnitedHealthcare® HouseCalls, you get a yearly in-home health and wellness visit from one of our licensed health care practitioners at no additional cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care. Every visit includes tailored recommendations on health care screenings and a chance to:

- Review current medications
- Receive education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more.

At the end of the visit, our health care practitioner will leave a personalized checklist and send a summary to your regular doctor.

What is the UnitedHealthcare® Virtual Visits program?

See a medical provider or talk to a behavioral health specialist anytime using live video chat from your computer, tablet or smartphone. Find a list of participating Virtual Visit providers by logging in to your member website.

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. If you are a member of a Medicare plan that includes prescription drug coverage and your Modified Adjusted Gross Income on your IRS tax return is above \$103,000* for an individual or \$206,000* for a couple, you may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Social Security, 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 ASRS/PSPRS nor your health plan determines who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, 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

*These amounts are for 2025.

What if I have trouble paying for my prescription drugs?

If you have trouble paying for your prescription drugs and have a limited income you may qualify to get Extra Help from Medicare. If you qualify, Medicare can help pay for some of the cost of your prescriptions. There's no penalty for applying, and you can re-apply every year. Contact Medicare to see if you qualify.

- Call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week

Are these Medicare Advantage plans that are advertised on TV?

No. These are custom Group Medicare Advantage plans designed exclusively for ASRS and PSPRS. These plans are different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

Do I still need to use my red, white and blue Medicare card?

With the HMO and PPO plans, you will only use your UnitedHealthcare ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safekeeping. While you won't be using your Medicare card, remember you need to continue paying your Part B monthly premium. It is important that you use your UnitedHealthcare ID card each time you receive medical services or fill a prescription. By always showing your UnitedHealthcare ID card, you can help make sure that your claims get processed correctly, timely and accurately.