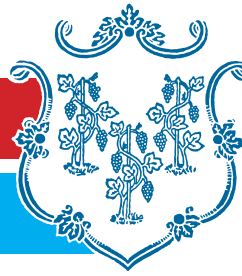


The State of Connecticut

**RETIREE**

**HEALTH PLAN**



Administered by  
**UnitedHealthcare®**

The State of Connecticut Health Care Cost Containment Committee has selected UnitedHealthcare® to administer the Connecticut State Retiree Health Plan for Medicare-eligible retirees. A Group Medicare Advantage (PPO) program is a good vehicle for administering our Health Plan for retirees and good for the State of Connecticut. **It retains the coverage provided for under the current plan,** expands preventive care, and adds new programs and services while saving the State more than \$100 million annually. The new plan becomes effective on January 1, 2018.

#### ADDITIONAL

#### BACKGROUND

- This is a custom Group Medicare Advantage platform that has been designed at the direction of the Health Care Cost Containment Committee exclusively for State of Connecticut retirees and eligible dependents to deliver the State Health Plan benefits. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that retirees might see or hear about in their area in which the benefit levels and determined by the carrier, rather than by the group.
- Current plan benefits that are not covered by Medicare, like Naturopaths and acupuncture, will continue to be covered as they are now.
- For Medicare covered services, retirees can continue to see their own doctors as long as they have not opted out of Medicare. (Nationally, over 99% of providers participate in Medicare; less than 1% of providers have opted out. The Medicare participation percentage for Connecticut providers is over 99.7%.) Retirees are not limited to a network of doctors and can see any provider that accepts Medicare. Referrals are not required to see a specialist.
- Retirees do NOT lose their Medicare. Instead of the federal government administering their Medicare Part A and Part B benefits, those benefits will now be administered by UnitedHealthcare®.
- The Group Medicare Advantage (PPO) plan administered by UnitedHealthcare® includes all of the current State of Connecticut covered services, Medicare Parts A and B, Medicare Part D prescription drugs, plus new programs and features, like SilverSneakers® --all in one plan with one ID card.
- The Group Medicare Advantage plan is designed exclusively for State of Connecticut Medicare-eligible retirees and their Medicare-eligible dependents to offer services covered by the State retiree plan.

**1** *Why is the state moving to a Group Medicare Advantage plan for retirees?*

The Group Medicare Advantage plan allows the State of Connecticut to retain the same services that are now covered under the current plan, expand preventive care and adds new programs and services while at the same time reducing overall state costs.

**2** *Do retirees need to enroll in Medicare?*

Yes! As is the case today, when retirees turn age 65 or first become eligible for Medicare, they must enroll in Medicare Parts A and B. Under this Medicare Advantage Plan retirees must pay or continue to pay their monthly Part B premium. A retiree who stops paying his or her Part B monthly premium risks losing his or her Connecticut State Retiree Health plan medical and prescription drug coverage.

**3** *Do retirees still have Medicare?*

Yes. Retirees will retain all the rights and privileges of traditional Medicare. Under a Group Medicare Advantage program, retirees' medical claims will be paid directly by UnitedHealthcare. Under the current system Medicare pays first, and the State plan pays the portion of the claim that Medicare does not cover.

**4** *What is a PPO plan?*

PPO stands for Preferred Provider Organization. The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a "passive" PPO, meaning retirees are not restricted to using network doctors, hospitals and other health care providers. There is no financial preference given to network health care providers. Retirees pay the same cost share whether they see providers in or out of network, anywhere in the country.

**5** *What happens if an individual retires but is not age 65 or otherwise eligible for Medicare?*

A retiring individual who is not eligible for Medicare will stay on his or her current plan. When the retiree turns 65 or otherwise becomes eligible for Medicare, he or she will move to the Medicare Advantage Plan.

**6** *What happens when a retiree turns 65 and becomes eligible for Medicare but dependent(s) remain under age 65?*

When a retiree turns 65 and becomes eligible for Medicare, he or she will be enrolled in the UnitedHealthcare Group Medicare Advantage plan automatically. The retiree's existing coverage will remain the same for any dependent under age 65 until he or she becomes eligible for Medicare.

**7** *When retirees become eligible for Medicare, will this new plan change or reduce retirees' health care benefits?*

This new plan will not reduce benefits for state retirees. The Group Medicare Advantage plan includes all of the services covered under the current Connecticut State Retiree Health Plan and Medicare Parts A and B. It also includes Medicare Part D prescription drugs, expanded preventive care, and new features, like SilverSneakers®, and a health rewards program. The plan provides expanded support and services for retirees with more complicated health care needs, like diabetes and heart disease. *Except for these enhancements all services covered under our current plan will continue to be covered.*

**8** *This sounds too good to be true. How can this change possibly save money?*

The answer lies in how the federal government reimburses for Medicare-covered services. Under the current structure, traditional Medicare pays pre-set amounts for specific services, regardless of the particular patient involved. Under a Medicare Advantage plan, the federal government recognizes that some individuals have health risk factors that make them likely to need additional services. Medicare reimburses more for those patients and enhances payments to the Medicare Advantage plan based on how well it meets standards for quality and member satisfaction. Medicare Advantage plans have an incentive to make sure all members get the care they need. By optimizing federal reimbursement through the Medicare Advantage plan, the State is able to achieve savings while maintaining the same covered services for its retirees.

**9** *Does this plan include prescription drug coverage?*

Yes, as of January 1, 2018, prescription drugs will be covered by UnitedHealthcare, not SilverScript. Retirees will use the same UnitedHealthcare ID card for all their medical and prescription drug needs.

**10** *Do retirees still need to use their red, white and blue Medicare card?*

No, retirees will only use the UnitedHealthcare Group Medicare Advantage ID card for all covered medical and prescription drug services. Retirees should put their Medicare card somewhere for safe keeping. It is important that retirees use their UnitedHealthcare ID card each time they receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing their UnitedHealthcare ID card, retirees make sure their claims get processed correctly, timely and accurately.

**11** *Is this plan the same as the UnitedHealthcare Oxford plan currently offered?*

No. This plan is different. The Group Medicare Advantage program is just for Medicare-eligible retirees. It will be administered by UnitedHealthcare, which has committed to match all benefits. *The only change in your covered services will be the improvements explained below.*

**12** *Does the plan include any benefit enhancements?*

Yes, the UnitedHealthcare® Group Medicare Advantage (PPO) plan will provide retirees with access to expanded preventive care as well as new programs and services. Here are just a few examples:

- SilverSneakers® – A basic fitness membership at thousands of participating gym locations across the country.
- Renew Rewards – Retirees can receive gift cards for completing screenings and obtaining preventive care, like getting an annual wellness visit and flu shot.
- NurseLine – Registered nurses answer retirees' calls 24 hours a day/7 days a week.
- HouseCalls – Once a year, retirees can have a health care clinician visit them in the comfort and convenience of their home. The clinician will review the retiree's health history and medication(s), perform a physical exam, identify health risks and provide educational information. A gift card is available for completing a HouseCalls visit.
- Solutions for Caregivers – support and resources for retirees when caring for a loved one.

**13** *Is this the Medicare Advantage plan that's advertised on TV?*

Absolutely not! This is a custom Group Medicare Advantage PPO plan designed exclusively for State of Connecticut Medicare-eligible retirees. These plans are different and should not to be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

**14** *Will retirees be required to join the new Group Medicare Advantage plan?*

Yes. All Medicare-eligible members are currently required to enroll in Medicare Parts A and B to receive their retiree health benefits. The Group Medicare Advantage plan is the platform that will be used to administer your retiree health benefits.

**15** *Is the Group Medicare Advantage plan available nationwide?*

Yes, no matter where retirees live in the country, they will be covered under the new Group Medicare Advantage plan.

**16** *Is this a Medicare Advantage HMO plan with a limited network?*

No. This is a national plan that allows retirees to see doctors and hospitals around the nation, whether they are in-network or not. Retirees are not limited to seeing providers only in Connecticut. This plan will travel with retirees throughout the United States. The service area is all counties in all 50 U.S. states, the District of Columbia and all U.S. territories.

**17** *What happens if retirees travel outside the U.S. and need medical coverage?*

Retirees will have worldwide coverage for emergency and urgently needed care. Retirees may need to pay the entire claim when receiving care and then submit the claim to UnitedHealthcare for reimbursement after returning to the U.S.

**DEDICATED CALL CENTER: *888-803-9217***

**NURSELINE: *877-365-7949***

**BEHAVIORAL HEALTH: *800-453-8440***

**WEBSITE: *www.UHCRetiree.com/CT***