1. What are the UHC (UnitedHealthcare) enrollment plans for the Medicare retirees?

There will be a “passive enrollment,” which means members of OSEEGIB’s health supplement to Medicare will automatically be enrolled 1-1-10 in the new OKHEEI UnitedHealthcare senior medical supplement plan with UHC. In order to drop coverage, they will have to sign and return an Opt Out form. The same is true of retirees’ 65-or-older spouses currently enrolled as dependents on the OSEEGIB health supplement to Medicare.

This new OKHEEI plan is a customized “senior supplement plan” similar to a “Medigap Plan F.”

2. What will be the UHC process for responding to questions from Medicare retirees?

We will compile all the questions into one document and create a list of FAQs. UHC will provide the OKHEEI Group with answers to the FAQs to have on hand, to post on each school’s website, or to provide to their Medicare retirees.

3. Will there be a UHC website for viewing such things as the FAQs, premium rates, UHC benefit summary? If so, will it be a custom website for our OKHEEI Group?

At this time a UHC custom OKHEEI Group website is not available, but is slated as a future enhancement for 2011. For now, please check your individual school website for information such as this FAQ, rate charts, etc.

4. Some Medicare retirees have concerns that the rate comparison sheet does not identify what the 4 Rx (prescription) tiers mean? What pill amount for 90-day Rx? Can we order a 90-day supply from our local pharmacy rather than having to use mail order?

The four tiers are:
Tier 1 = Generic drugs
Tier 2 = Preferred Brand drugs
Tier 3 = Non Preferred Brand
Tier 4 = Specialty drugs

The 90-day supply is a 3-month supply of medication. Some of the retail pharmacies in the UHC Plan’s network have agreed to offer a 90-day supply of medications, which will result in a savings of 2 copayments at the time of dispensing. (Change approved 11-18-09.)

Not all pharmacies, however, offer the 90-day supply. If you prefer a 90-day supply, and your local pharmacy does not provide this service, then you will need to order by mail and will pay an extra copayment for a 90-day supply.

Retirees can contact UHC Customer Service for a listing of the participating locations. We can also provide a listing for the schools to have on hand and share as appropriate.

The UnitedHealthcare Medicare Rx phone number is: (888) 556-6648.

5. Can retirees get their Rx filled at their pharmacy (as well as by mail order)?

Yes. Retirees can fill their prescriptions at any participating pharmacy or through mail order. Mail order is just an additional option that is available and retirees are not required to use it.
6. Will the 3-month supply be 90 pills?

This depends on how the physician writes the prescription. The doctor may want you to take more than one pill a day. In that case, the 3-month supply will be more than 90 pills. Please realize some medications may have quantity limits.

7. Would United Healthcare have any representatives available to speak to the Medicare retirees in our area?

Michele R. Carter is the Sr. Client Manager for this account. She is available to the group to assist in any way possible to make this a smooth transition. In addition, during the enrollment phase, retirees will have access to enrollment specialists who can answer any questions they may have. Once enrolled, Medicare retirees will have access to our Customer Service team to assist with any questions or issues ongoing.

This toll-free number for the UnitedHealthcare Senior medical supplement (commonly referred to as “Sr. Supp”) is: (800) 698 – 0822.

8. How quickly will we have access to forms for Medicare retirees who want to change their option from the low Part D to the high option, etc.?

No enrollment forms are needed as we are doing a passive enrollment. An Opt Out form was included with the upcoming announcement letter that was mailed to you in early November. Only those Medicare retirees who want to change Rx Plans (from High to Low or from Low to High) or opt out of the insurance will be required to complete the form. Enrollment kits with complete plan information should have been mailed from UHC to your home on or around 11/5/2009.

9. When am I, or my spouse, eligible for Medicare?

It would be the first of the month in which a retiree or spouse turns 65 unless their birthday is on the first day of the month. If the birthday is actually on the first day of the month the retiree or spouse would become effective in Medicare the first day of the previous month.

For example, if your 65th birthday is February 20, 2010, your Medicare effective date would be February 1, 2010. (Note: if your birthday is on the 1st day of any month, Medicare Part A and Part B will be effective the 1st day of the prior month. For example, if your 65th birthday is February 1, 2010, your Medicare effective date would be January 1, 2010.)

Contact Medicare for more information as your date approaches... 1 – 800 – MEDICARE

10. What will I receive in the mail and when?

The following items are scheduled to be mailed to Medicare retirees’ home addresses:
- 11/6/2009 kit (plan information) from UHC.
- 12/16/2009 ID Card and post-enrollment kit from UHC.

11. Will I be able to cover my 3 granddaughters I have adopted?

In order for a legal dependent to be covered under this plan they would have to be over the age of 65 and on Medicare Parts A & B. Disabled dependents who are not yet 65, but have Medicare Parts A & B, would also be eligible for the plan.

If you have dependents that are not Medicare eligible, then BCBSOK will be the carrier for their health and/or dental insurance, if certain legal conditions are met. Contact your school HR office for more information about the necessary documents.
13. Will dental coverage be with UHC and have a $25.00 deductible?

Dental coverage will be with Blue Cross Blue Shield of Oklahoma (BCBSOK) for those retirees and/or dependents currently (2009) enrolled in a dental plan through OSEEGIB. Your deductible amounts will remain the same as what they have been in 2009 with OSEEGIB, which is $25 per person per year, and zero deductible for preventive care.

14. Will we still have the option to change from Rx low to Rx high on an annual basis? (I understand that there is only one health (Medicare) supplement plan.)

Yes, you can change from Rx low to Rx high during the annual open enrollment period.

15. Will this insurance be acceptable (payable) if we live in another state?

Yes, you can see any provider within the U.S. as long as the provider accepts Medicare.

16. I realize that if an employer's active employees leave OSEEGIB then their retirees must leave OSEEGIB too. Now the retirees are on different health insurance from the active employees (actives are with BCBSOK). I fear that UHC may decide we (Medicare retirees) are too risky in the future. Now OSEEGIB, UHC in January, etc.....don’t want us and we will have NO supplement. (AARP maybe)?

UHC is looking forward to a long partnership with OKHEEI Group Medicare retirees. We specialize in plans that are tailored and geared towards post-65 retirees.

17. How will pre-existing conditions be taken care of?

Pre-existing will be waived for those retirees and dependents transitioning from OSEEGIB to UHC.

18. I do not carry insurance on my wife in 2009 through OSEEGIB, but could I pick her up on my vision insurance after 12-31-09?

Yes, you can add your spouse to your VSP vision insurance, 1-1-10 with this new group plan.

19. Will there be a chance to get life insurance through the new company?

At this time, only medical (health) coverage and prescription drug coverage are being offered through UHC. Contact your previous employer for life insurance information.

20. Will the SilverSneakers program be offered through UHC?

SilverSneakers fitness benefit is included in the OKHEEI plan.

21. What would happen with the spouse that is below 65 if we choose a different carrier for Medicare retirees?

To continue coverage, your spouse will need to participate in the 1/1/2010 OKHEEI group insurance plans for Pre-65 retirees, and active faculty and staff. The carriers will be BCBSOK for health and dental, and VSP for vision.

22. What plan will the post-65 spouse have if the retiree is pre-65?

Medicare-eligible spouses and any other eligible dependents currently covered through the OSEEGIB program (age 65 and over, or at that have certain disabilities which qualify for Medicare) will be covered under the UHC plan while the Pre-65 retirees or spouses, below the age of 65 and not yet qualified for Medicare, will be covered under BCBSOK.
23. Will my prescription (Rx) coverage be the same as HealthChoice?

There has been a recent development in the UHC/OKHEEI Rx (Part D) pricing. In order to provide the HealthChoice level of copayments for a 3-month supply of drugs, the pricing has been corrected to $17.10 more a month for Part D, effective 1-1-10.

24. How much will my prescriptions cost?

Please refer to the formulary for drug tier information and applicable copays. The formulary was included in the packet of information that you received recently from UnitedHealthcare or you can call the UnitedHealthcare Rx (Part D) pre-enrollment toll free number at: (888) 556 - 6648.

25. Will the rates for my insurance with UHC increase annually?

UHC rates are reviewed annually and are subject to change. Many variables are taken into consideration, including, but not limited to, actual or anticipated costs in a specific geographic location adjusted for additional characteristics such as benefit design, employer contributions, etc.

26. What are my enrollment options?

For post-65 retirees, or disabled dependents on Medicare Parts A & B, the enrollment option is the UnitedHealthcare Sr. Supplement only, or combined with either a high prescription plan or a low prescription plan. For complete plan details or to review the difference in the prescription high vs. low option please refer to the packet of information from UnitedHealthcare in the upcoming mailing. The monthly cost of the Rx (Part D High) portion of the premium structure is $126. One should never drop a Part D Plan unless it is for another credible Part D Plan.

27. Will the spouse premiums be the same as the retiree premiums?

If the spouse of the Medicare retiree is age 65 or above (or eligible for Medicare due to a disability), the spouse will have the same health premium rate as the retiree. If the spouse is below age 65, the spouse will be covered by BCBSOK for health at a premium rate subject to that health plan.

28. Will the retiree be eligible for vision through VSP?

Yes. Remember that your doctor must be a network provider for the new network the OKHEEI group will use, in order to maximize your benefit. Use the “VSP Signature Choice Network.” If your favorite eye doctor is not a member of the network, ask him or her to contact VSP about joining.

29. Will the premiums for dental and vision be the same as the current 2009 employee/pre-65 rate?

No, the premiums for 2010 will be different. Also, vision coverage and rates will be the VSP Choice Plan for our OKHEEI Group. Dental coverage and rates will be with the BCBSOK “Blue Care Network” for our OKHEEI Group. This network was formerly referred to as the “Traditional” network.

30. Can retirees add dental or vision if they do not currently have it?

Retirees who are already retired will be able to add or drop VSP vision each January 1, which is currently (2009) allowed through OSEEGIB. Retirees will not be able to add the new BCBSOK dental if they do not already have this coverage in place as a retiree.
31. I’m assuming that retirees who did not elect the medical supplement coverage upon retiring through OSEEGIB, or who have dropped it since that time, cannot add it now – is that correct?

Yes, you are correct. If you are already retired, and do not currently (2009) have the HealthChoice medical supplement plan, or you had it and dropped it, you cannot enroll for 2010 in this OKHEEI group senior supplement plan sponsored by UnitedHealthcare.

32. Can I stay with OSEEGIB?

OSEEGIB informed our group, and confirmed for us on November 12th, that Medicare and pre-65 retirees will not stay with OSEEGIB but will transition with the OKHEEI Group insurance plans. OSEEIGB has provided the following statute to this effect: ((FN1) Title 74.§ 1308)) “Except as otherwise provided by law, an educational entity may cease to participate in the State and Education Employees Group Insurance Act but provide health insurance coverage through another insurance carrier. The subsequent carrier shall provide coverage to the employees of the educational entity who terminated employment with a retirement benefit, with a vested benefit, or who have ten (10) or more years of service with a participating educational entity but did not have a vested benefit through the retirement system of the educational entity, if the election to retain health insurance coverage was made within thirty (30) days of termination of employment. Coverage shall also be provided to the eligible dependents of the employees if an election to retain coverage is made within thirty (30) days of termination of employment.”

33. Who is UnitedHealthcare?

UnitedHealthcare has a very large footprint in the insurance health care industry. UnitedHealthcare is a nation-wide independent insurer to over 70 million individuals. Additionally, UnitedHealthcare is the leading carrier of Medicare plans in the nation, serving 1 in 5 seniors.

34. If I use the prescription mail order program, who pays for the postage or the shipping cost associated with my prescription?

There is no postage/shipping charges associated with shipping your prescriptions to you via the UnitedHealthcare prescription mail order program. You will only be responsible for your mail order prescription copay.

35. If I do not participate in UHC Plan D Low or High but keep the UHC Senior Supplement health plan, will I be allowed to come back into the OKHEEI Group prescription drug plan with UHC next year (1/1/2011)?

Yes, as long as you remain enrolled in the UHC Senior Supplement Medical plan you can opt in and out of the UHC group prescription plan annually. Changes can only be made during the annual open enrollment period.

Please keep in mind that if you are eligible for Part D but are not enrolled in any Part D plan, CMS will assess a 1% per month penalty. The penalty will be assessed for each month that you are not enrolled in any Part D plan. The penalty will be applied after you pick up another Part D plan. The penalty is applied forever and can not be waived or removed from the premium you pay for your Part D plan.

36. Does the UHC Senior Supplement plan cover the CSA (ovarian cancer) screening test?

This test is only covered when it meets Medicare coverage criteria. In order to be covered one would have to have a family history of the disease.

37. If my prescription actually costs less than my copay, will I still have to pay the full copay?
No, if the actual retail cost is less then your prescription copay then you will pay the cost of the prescription. You always will pay the lesser of the two.