



Don't have Medicare Part B?

Enroll **now** during the Medicare General Enrollment Period
January 1 - March 31

General Medicare Enrollment Period

If you did not sign up for Part B during your **Initial Enrollment Period** when you were first eligible to enroll, or you do not qualify for **Special Enrollment**, you can sign up between January 1 and March 31 during the **General Enrollment Period**. Your Part B coverage will begin July 1, 2017.

Don't delay! If you are Medicare eligible and covered on a PEEHIP retired account type, you **must** have Medicare Parts A and Part B to be eligible for coverage under the new PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you are not enrolled in both Medicare Part A and B, you will not be eligible for the new Medicare Advantage plan. You will not have hospital medical or prescription drug coverage with PEEHIP, and if you are the subscriber of a PEEHIP family contract, neither will your dependents.

It is imperative that you contact your local Social Security Administration office now and get enrolled before this Medicare open enrollment period ends. If you did not enroll in both parts of Medicare resulting in a loss of eligibility for PEEHIP's hospital medical and prescription drug coverage, you have this opportunity to enroll in Medicare and become eligible for enrollment in PEEHIP coverage again during the next PEEHIP Open Enrollment period (July 1 - August 31) for an October 1, 2017, effective date of PEEHIP coverage.

There are three times you can sign up for Medicare - Initial, Special, and General Enrollment Periods. Medicare is for people aged 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Initial Medicare Enrollment Period

You can sign up during your Initial Enrollment Period when you first become eligible for Part A and Part B when you turn 65. This is a 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. Sign up early during the first 3 months of this enrollment period so that your Medicare is effective the first day of the month in which you turn 65. If your birthday falls on the first day of the month, your Medicare must be effective the first day of the prior month in which you turn 65. **Do NOT assume you will automatically be enrolled in Medicare.** If you are not drawing Social Security benefits, you will not automatically be enrolled. You must take action and sign up for Medicare.

If you enroll in Medicare the month you turn 65 or during the last 3 months of your Initial Enrollment Period, your Medicare effective date will be delayed as it will be effective one month after you sign up. You will have a gap in your Medicare coverage.

Because you must have **both** Parts A and B to be eligible for PEEHIP's new Medicare Advantage plan, you will not meet the eligibility requirements for this coverage if your Medicare effective date is delayed and you must wait until the next PEEHIP Open Enrollment period to enroll or re-enroll in PEEHIP coverage. Sign up early so you will be eligible for PEEHIP hospital medical and prescription drug coverage.

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed.			

Special Medicare Enrollment Period

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period. If you are covered under a group health plan based on current employment, you have a Special Enrollment Period to sign up for Part A and Part B any time as long as you or your spouse (or family member if you are disabled) are working, and you are covered by a group health plan through the employer.

You also have an 8-month Special Enrollment Period to sign up for Part A and Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first. If you enroll using a Special Enrollment Period, your Medicare coverage will begin the month after Social Security gets your completed request. **If you are retiring and you (and your spouse if applicable) are Medicare eligible, make sure your Medicare Part A and Part B are effective the date of your retirement by signing up at least two to three months prior to retiring.**

The information above and more about the PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan can also be found on the PEEHIP website at www.rsa-al.gov/index.php/members/peehip/retirees-medicare/.

Do You Know Which Applies to You?

Medicare Members - Annual Wellness Visit for Gift Card

Non-Medicare Members – Wellness Screening for Earning the Wellness Premium Waiver

As referenced in the January 2017 *PEEHIP Advisor* newsletter found at www.rsa-al.gov/uploads/files/PEEHIP_Advisor_Jan_17_web.pdf, Medicare-eligible members covered under the PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) plan now have the opportunity to earn a \$50 gift card by visiting their healthcare provider for either an annual physical or wellness visit before June 30, 2017.

This reward is part of a larger Renew Rewards program by UnitedHealthcare®. It provides members of the PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan with rewards for completing specific healthcare actions like getting an annual physical or wellness visit.

Now that PEEHIP has enhanced the wellness screening benefit for members covered under the new UnitedHealthcare plan, it is important to distinguish that the gift card for the annual physical or wellness visit referenced above is completely separate and unrelated to the PEEHIP Wellness Screening, which is a component of the *Team Up for Health* Wellness Program for active members and covered spouses as well as non-Medicare-eligible members and covered spouses on retiree contracts.

The gift card (which is part of the UnitedHealthcare Renew Rewards program) only applies to those

members who are covered under the new PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan. Furthermore, those members are not eligible to participate in the *Team Up for Health* Wellness Program, which has its own separate activities and incentive in the form of a monthly wellness premium waiver. For more information about the *Team Up for Health* Wellness Program, please visit www.rsa-al.gov/index.php/members/peehip/health-wellness/.

A wellness screening through the Alabama Department of Public Health (ADPH) does NOT qualify for the gift card. To eliminate a duplication of services and ensure our members will get their gift card through UnitedHealthcare's Renew Rewards program, PEEHIP members covered under the new UnitedHealthcare plan are no longer eligible to receive a screening from ADPH effective January 1, 2017. This decision was approved by the PEEHIP Board during the December 2016 Board Meeting to offer a comprehensive preventive wellness benefit – plus gift cards – for PEEHIP members covered under the new UnitedHealthcare plan. **Note:** ADPH continues to provide flu vaccines to all PEEHIP members.

Medicare-eligible PEEHIP Members

Watch for More Information About Renew Rewards

If you are a Medicare-eligible PEEHIP member covered under the new PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) plan, you have an exciting new rewards program available to you for completing certain healthcare activities!

Over the course of the plan year, watch for more information about how to take advantage of this program and earn your rewards. For starters, be sure to visit your healthcare provider for an annual physical or wellness visit before June 30, 2017, to be eligible for a \$50 gift card reward at select merchants.

To learn more, including how to participate and claim your rewards, please call UnitedHealthcare customer service at 877.298.2341, TTY 711 8:00 a.m. – 8:00 p.m., local time, Monday through Friday. You can also go online at www.myuhcmedicare.com/rewards or call Renew Rewards customer service at 888.219.4602, TTY 711 from 7:00 a.m. – 9:00 p.m., Central Time, Monday through Friday, and 9:00 a.m. – 2:00 p.m., Central Time on Saturday. ●

What to do if You Have Questions About Your Doctor Accepting the Plan

The information below is also referenced in your “2017 PEEHIP Plan Details” booklet that was previously mailed to you and in the “2017 Plan Guide” booklet which can also be found by visiting www.uhcretiree.com/content/dam/UCP/Group/2017/group-peehip/2017_PEEHIP_Pre-Enrollment_Plan%20Guide_MAPD_15500.pdf.

If your doctor is part of the UnitedHealthcare network, you do not need to take any action before seeking treatment or an office visit. Since early summer 2017, PEEHIP and UnitedHealthcare have had teams working all over the state to ensure that doctors and providers are properly educated about the new plan in order to be able to accept our members and bill UnitedHealthcare appropriately.

If your doctor or provider is not part of UnitedHealthcare’s network, it is best to first check before your appointment to make sure he or she will accept the plan. If your doctor indicates that he or she may not accept the plan, please call UnitedHealthcare customer service at 877.298.2341 TTY 711 8:00 a.m. – 8:00 p.m., local time, Monday through Friday. UnitedHealthcare will call your doctor (and their office staff) for you and help explain the plan and reimbursement to work toward it being accepted. As a reminder, you can see in or out-of-network providers nationwide and pay the same copay or coinsurance for covered services as long as your provider participates in Medicare and accepts your plan.

What if my doctor does not accept Medicare Advantage plans?

There are many different types of Medicare Advantage plans, but unlike some plans, your plan does not require your doctor to have a contract with UnitedHealthcare. This plan works like a traditional PPO plan which doctors are very familiar with. Under this plan, your doctor will be paid the same amount as Medicare would pay. Most doctors accept this type of plan once they (and their office staff) understand they do not need a contract and they will be paid the same as Medicare.

What if my doctor does not participate in Medicare?

This would have the same effect as your previous Medicare plan with PEEHIP. In this case, you would only have emergency coverage with that doctor. For reference, less than 1% of doctors nationally have opted out of the Medicare program.

How are out-of-network claims processed?

Whether in 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. Under this plan, you are protected from any balance billing. If your doctor attempts to balance bill you, please contact UnitedHealthcare customer service. ●

Medicare-eligible PEEHIP Members (cont'd)

Ways to Save Money

PEEHIP and our partners, including UnitedHealthcare, are aware and respectful of the high cost of healthcare and how it can impact our members. We are constantly implementing new programs and best practices to ensure that the healthcare spending of the PEEHIP plan is managed as best as possible.

We also want to educate our members of additional ways that may save them money beyond any methods in place to manage and control spending by the plan. Please see below for some of these available ways to save money as referenced in the “2017 PEEHIP Plan Details” booklet that was previously mailed to you and in the “2017 Plan Guide” booklet which can also be found by visiting www.uhcretiree.com/content/dam/UCP/Group/2017/group-peehip/2017_PEEHIP_Pre-Enrollment_Plan%20Guide_MAPD_15500.pdf.

1. **Extra Help** – If you have limited income, you may be able to get Extra Help from Medicare. Medicare pays up to 75% or more of drug

costs for those that qualify. Additionally, many people qualify without knowing it. Furthermore, there is no penalty or risk to apply, and you can re-apply every year. For more information, call toll-free 800.633.4227, TTY 877.486.2048, 24 hours a day, 7 days a week.

2. **Pharmacy Saver** – Pharmacy Saver is a cost-saving prescription drug program available to you as a plan member. UnitedHealthcare has worked with many network pharmacies to offer even lower prices on many common generic prescription drugs. No additional enrollment is necessary. Simply take your qualifying prescription to a participating pharmacy, show your UnitedHealthcare ID card, and they can help you switch. To see a listing of drugs available through Pharmacy Saver or to find a participating pharmacy, visit www.unitedpharmacysaver.com. ●

Member Online Services (MOS)

Keep your contact information updated by visiting PEEHIP’s Member Online Services (MOS) at <https://mso.rsa-al.gov>. This ensures you can be contacted with important information and deadlines for both PEEHIP and the TRS.



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