

Medicare-Eligible PEEHIP Members - Start the Year Off Right!

Below is important information regarding your new UnitedHealthcare® Group Medicare Advantage (PPO) plan as referenced in the Plan Guide that was mailed to you in October 2016. To see an electronic version of the Plan Guide which includes prescription drug benefits, visit www.uhcretiree.com/content/dam/UCP/Group/2017/group-peehip/2017_PEEHIP_Pre-Enrollment_Plan%20Guide_MAPD_15500.pdf.

Get Your Medicare Annual Wellness Visit and Earn a \$50 Gift Card

For Medicare-eligible PEEHIP members, one of the best things you can do for your health is to get a Medicare Annual Wellness Visit or a Routine Annual Physical Exam. Getting your Annual Wellness Visit or Routine Physical early in the year is a great way to ensure that you and your doctor are talking about the preventive care that you may need.

It's also one of the best ways to catch potential health care problems early when they may be most treatable. That is why both the Medicare Annual Wellness Visit and an Annual Routine Physical Exam are covered at \$0 cost to you as a member.

And it's good for your wallet! By completing your Medicare Annual Wellness Visit or Annual Routine Physical Exam before June 30, 2017, you can earn a \$50 gift card to your choice of select merchants. Potential reward amounts for an Annual Wellness Visit or Annual Routine Physical Exam received after June 30, 2017, are still being determined.

The 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 health care actions like getting an Annual Wellness Visit or Routine Annual Physical. Additional activities and rewards for the 2017 program are still being finalized. Look for more information including how to redeem your reward to come from UnitedHealthcare in early February.

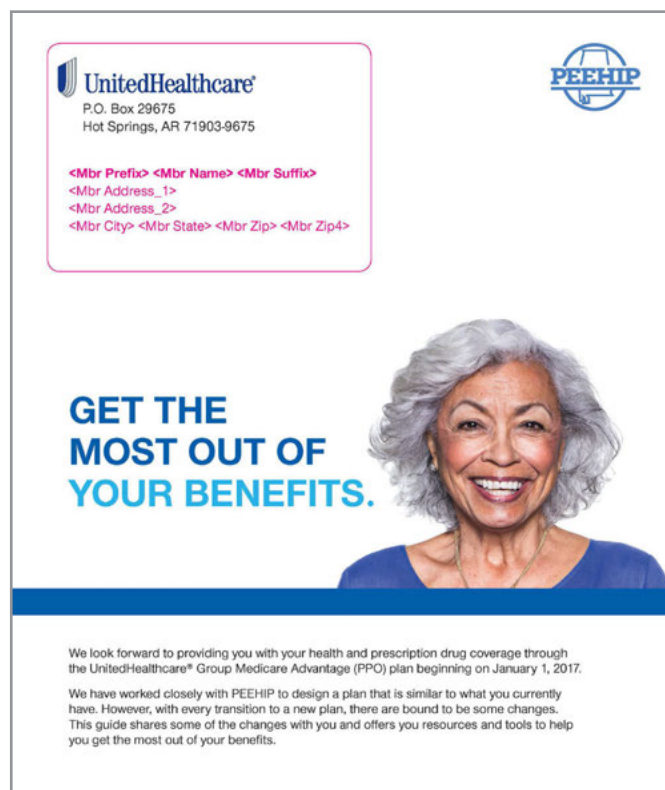
So go ahead and schedule that visit with your doctor now. As soon as you receive the information from UnitedHealthcare, you will be able to call, go online, or mail the information on your visit and make your selection for your gift card. It's that simple.

Good for your health and good for your wallet! What better way to start the new year?

Annual Wellness Visit vs. Annual Routine Physical Exam

What's the difference between an Annual Wellness Visit and an Annual Routine Physical Exam? The Annual Wellness Visit is a Medicare-covered service which is primarily focused on creating a wellness plan with your doctor. The Annual Routine Physical Exam is not a Medicare-covered service, but it is covered by your plan.

Did You Receive This?



With the transition to UnitedHealthcare's Medicare Part D prescription drug coverage (included on the UnitedHealthcare® Group Medicare Advantage (PPO) plan), there are some changes to the list of covered drugs as well as some changes to the rules for how members can receive certain drugs.

To help make the transition as easy as possible, UnitedHealthcare recently sent information – see above – to PEEHIP members who were going to be affected by some of these changes. The information includes the specific drugs that the member is taking and the specific changes that are occurring to that drug. Types of changes include: drugs that will no longer be covered on the formulary, drugs that now require prior authorization or use of another drug first before they will be covered, and drugs that now have a limit on the quantity that can be dispensed at one time.

If you received one of these communications, it is very important that you review the information carefully and then discuss the changes with your doctor to understand what options are available to you. In most cases, alternative drugs are available on the formulary that may work just as well. However, if none of the alternatives will work for you, your doctor can request a prior authorization or coverage exception for you in 2017.

If your doctor needs to request a prior authorization or coverage exception for you, they should call UnitedHealthcare's pharmacy partner, OptumRx®, toll free at **800.711.4555**, **TTY 711**, 7 a.m. to 2 p.m. CT, Monday through Friday; 8 a.m. to 5 p.m. CT, Saturday.

If you have any questions about your prescription drug coverage, please call UnitedHealthcare customer service toll-free at **877.298.2341** TTY 711 8 a.m. - 8 p.m., local time, Monday – Friday. ●

UnitedHealthcare® Group Medicare Advantage (PPO) plan members: Look for information on SilverSneakers and your SilverSneakers membership card to be coming soon. You should receive your SilverSneakers membership card and other details in the mail in late January or early February.

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The Annual Routine Physical Exam includes a check of your vital signs like blood pressure and heart rate and a physical exam like listening to your heart and checking your abdomen and reflexes. Both exams can be done together and do not need to be done separately. Both are covered once each calendar year. You do not need to wait 12 months between visits.

Say “Yes!” to a UnitedHealthcare HouseCalls Visit

Beginning in January and throughout the year, you may receive a call from UnitedHealthcare offering you the opportunity to receive a HouseCalls visit. We hope you will say “yes” if you have the opportunity.

HouseCalls is a health and wellness program offered by UnitedHealthcare to help you stay in good health. You can have an annual HouseCalls visit, in addition to your covered benefits, at no additional cost. It is designed to help all UnitedHealthcare members from those who are healthy to those who have complicated health care needs.

When you agree to a HouseCalls visit, an advanced practice clinician will visit you in your home. The appointment includes important health screenings and you will have a chance to:

- check your current medications
- go over your diet
- get educational materials that may help you take care of your health

It’s another way for you to ask questions and get answers about the things that matter most to you about your health in the relaxed comfort and convenience of your own home.

It is also designed to work with your regular doctor visits by providing you and your doctor with additional information that can help your doctor provide the care that you need. At the end of the visit, you will receive a health summary. The clinician will also send a copy to your primary care provider (PCP). Participation in this program is optional and does not affect your healthcare coverage.

Completing a HouseCalls visit is another activity that is eligible for a reward. When you complete a HouseCalls visit, you can receive a \$15 Target gift card. So don’t miss out. If you get a call to schedule a HouseCalls visit, say, “Yes!” Your gift card will be automatically mailed to you within 4-6 weeks after your HouseCalls visit. ●

Prior Communication from the Former PEEHIP Hospital Medical Plan for Medicare-Eligible Members on a Retiree Contract

As a reminder, the former PEEHIP Hospital Medical plan for Medicare-eligible members covered on a retiree contract ended on December 31, 2016. It was replaced by the UnitedHealthcare® Group Medicare Advantage (PPO) plan on January 1, 2017, and there was no break in your coverage.

As a result of the termination of the former PEEHIP Hospital Medical plan, Blue Cross and Blue Shield of Alabama is required to notify you that your coverage in the plan has ended. This information only applies to the former PEEHIP Hospital Medical plan that was administered by Blue Cross and Blue Shield of Alabama.

It does not affect your current coverage in the UnitedHealthcare® Group Medicare Advantage

(PPO) plan. You will remain enrolled and will continue to have hospital, medical and prescription drug coverage through the UnitedHealthcare plan unless you have opted out.

A similar notice was sent in December from the Medicare Generation Rx plan to PEEHIP members who were enrolled. The letter notified members that the Medicare Generation Rx plan was ending on December 31, 2016. Members’ new prescription drug coverage through the UnitedHealthcare Group Medicare Advantage (PPO) plan began on January 1, 2017, so members were never without coverage.

We want to reassure our retired Medicare-eligible PEEHIP members that their hospital, medical and prescription drug coverage remains in effect. ●

New Healthcare Provider Screening Form for 2017

PEEHIP has recently created an updated wellness screening form to be used at primary care physician offices. This updated form includes a new Prior Authorization signature block at the top of the form and a Notice Regarding Wellness Program included with the form, consistent with regulatory requirements. The Notice can also be found at www.rsa-al.gov/index.php/members/peehip/health-wellness/.

Beginning January 1, 2017, please begin using the new form to prevent processing delays of your wellness screening completion. To confirm that you are using the new form, please look for the “Prior Authorization” block at the top of the form and the “(12/16)” version date at the bottom left. The new PEEHIP Healthcare Provider Screening form can be found at www.rsa-al.gov/uploads/files/PEEHIP_HCP_screening_form.pdf. You can also call PEEHIP at 877-517-0020 and we will mail you a form upon request. ●

Using Your New PEEHIP ID Cards

In December 2016, all members enrolled in PEEHIP coverage were mailed a new ID card with a new contract number shown on the front of that card. As a reminder, these new contract numbers are a security enhancement for PEEHIP members. The new contract numbers do not get transmitted to PEEHIP nor are they stored in the PEEHIP system.

Please see below for some important reminders regarding using these new cards going forward:

- If you have PEEHIP coverage, you should have received a new ID card in December for any type of coverage you may be enrolled in, including Hospital Medical, Prescription, Supplemental Medical, or Optional coverage.
- Please destroy your old ID card and begin using your new card by showing it to your healthcare provider or pharmacist.

- **When submitting correspondence to PEEHIP, please put your social security number on the document or form instead of your new contract number in order for your documents to be identifiable and processed in a timely manner. PEEHIP does not store your new contract number, so putting your new contract number rather than your Social Security number on any correspondence or forms sent to PEEHIP will result in a delay of processing your documents.**
- If you have any questions about your new ID cards, please see the November and December 2016 *PEEHIP Advisor* newsletters by visiting www.rsa-al.gov/index.php/members/peehip/pubs-forms/peehip-newsletters, or call the number on the back of your card and a customer service representative will be happy to assist you. ●

Deadline to File Flex – January 15

As explained on the PEEHIP HealthEquity website at http://learn.healthequity.com/peehip/fsa/#fsa_use, get your reimbursement request in by January 15, 2017, to avoid losing any funds. If you were enrolled in a 2016 PEEHIP Flexible Spending Account plan in effect from October 1, 2015, through September 30, 2016, the filing deadline is quickly approaching. All reimbursement requests for expenses incurred by September 30, 2016, must be submitted to Blue Cross and Blue Shield along with proper documentation no later than January 15, 2017. Remember any unused funds in excess of \$500 remaining in your Health FSA after the deadline cannot be refunded and will be forfeited. All unused funds remaining in your Dependent Care FSA after the deadline will also be forfeited – “use it or lose it”. ●