Do You Have Medicare Part B?

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, 2019, and March 31, 2019, during the General Enrollment Period. Your Part B coverage will begin July 1, 2019. These three enrollment periods are discussed in more detail below.

Do not 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 PEEHIP's UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you are not enrolled in both Medicare Part A and B, you will not be eligible for PEEHIP's Medicare Advantage plan and you will not have Hospital Medical or prescription drug coverage with PEEHIP. If you are the subscriber of a PEEHIP family contract, neither will your dependents.

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

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, 2019, effective date of PEEHIP coverage.

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 and you must take action and sign up for Medicare.

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’re disabled) are working, and you’re 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 http://www.rsa-al.gov/index.php/members/peehip/retirees-medicare/
Did you know?
You have Teladoc

For members and dependents enrolled in the PEEHIP Hospital Medical plan group 14000 administered by BCBS of Alabama.

You have access to a doctor 24 hours, 7 days a week with Teladoc®. Set up your account by web, phone or mobile app.

Welcome to healthcare made simple
Teladoc gives you 24/7/365 access to U.S. board-certified doctors through video or phone visits.

SET UP YOUR ACCOUNT IN 3 EASY STEPS

WHEN CAN I USE TELADOC?

• When you need care now
• If you’re considering the ER or urgent care center for a non-emergency issue
• On vacation, on a business trip or in the middle of the night
• For short-term prescription refills

TREAT CONDITIONS SUCH AS

• Cold & flu symptoms
• Allergies
• Bronchitis
• Urinary tract infection
• Respiratory infection
• Sinus problems
• And more!

ACCESS TO QUALIFIED DOCTORS

• Practicing PCPs, pediatricians, and family medicine doctors
• Average 15 years experience
• U.S. board-certified and licensed in your state
• Meets National Committee for Quality Assurance (NCQA) standards

No Member Copay

IMAGINE waking up with flu symptoms, but you can’t get in to see your PCP.
What should you do? No worries… With Teladoc, connecting with a doctor is EASY AS 1-2-3...

STEP 1 REQUEST A CONSULT 24/7/365
Access to Teladoc’s nationwide network of board-certified doctors is available via video, phone or mobile app.

STEP 2 TALK WITH A DOCTOR
Within minutes, a state-licensed doctor will review your medical history and contact you via video or phone. Teladoc consults have no time limit so you can speak to the doctor as long as needed.

STEP 3 RESOLVE THE ISSUE
A doctor will diagnose and prescribe medication, if medically necessary, electronically to the pharmacy of your choice. After the consult, health records are updated, and you, the member, are satisfied.

Talk to a doctor. Anytime. Anywhere.

1-855-477-4549
Teladoc.com/mobile
Teladoc.com/Alabama
Facebook.com/Teladoc

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.
Health FSA Carryover Funds

If you enrolled in a Healthcare Flexible Spending Account (Health FSA) last plan year, the deadline to file for reimbursement was January 15, 2019. Any remaining funds not subject to the Carryover provision are forfeited. The Carryover provision allows you to carryover up to $500 of unused funds remaining in your Health FSA to use in the new plan year. Carryover funds become available for use on February 15, 2019.

If you did not reenroll in a PEEHIP Health FSA for the plan year beginning October 1, 2018, but have Carryover funds available, HealthEquity will automatically enroll you into a Rollover Only Account. Members enrolled in a Rollover Only Account will not have access to the FSA Visa debit card and must request a reimbursement manually through HealthEquity. All rollover funds must be used by the end of the current plan year, September 30, 2019. All unused FSA funds are forfeited if you go on leave without pay, terminate employment, or retire.

Notice Concerning 1095-B and 1095-C Forms

As part of the Affordable Care Act, PEEHIP is required to provide Form 1095-B to each of its subscribers who were enrolled in the PEEHIP Blue Cross Blue Shield Hospital Medical Group #14000 plan during the calendar year 2018. These forms were mailed in January 2019. For the PEEHIP Group #14000 subscribers, you should have already received this form from PEEHIP.

For PEEHIP members that were covered under the VIVA HMO plan during any point of 2018, VIVA carried the responsibility of providing the 1095-B form because they are a fully insured plan.

The 1095-B form reports “actual enrolled coverage” of active and non-Medicare-eligible retired members and COBRA beneficiaries and their covered spouses and children. Lastly, for Medicare-eligible members covered on a retiree contract, Medicare, not PEEHIP or UnitedHealthcare®, would have sent you a 1095-B if you met their criteria for receiving one. For more information, please contact Medicare at 1.800. MEDICARE.

As a reminder, this 1095-B form is not required to file your taxes but should be kept with your personal records. Your employer is also required to provide a different form, which is Form 1095-C. This form reports the “offer” of coverage to full-time employees and their eligible spouses and dependents, but it is not applicable to retirees. Neither of these forms require any action on the part of PEEHIP members, but please retain your copy for your records.

Food for the Heart

You want to eat well to protect your heart. You start by limiting certain foods you know can cause trouble, such as butter, red meat, cheese, and fried foods. But did you know that one of the keys to heart-healthy eating is to concentrate on what to add to your meal plan?

Reducing saturated and trans fats, cholesterol, and sodium in your diet is a good start, but there is a lot more to heart-healthy eating. The following guidelines will help you tackle the rest of your meal plan:

♦ Eat a variety of fruits, vegetables, beans (legumes), and whole-grain products. These foods are naturally free of cholesterol and saturated fat. Also, they are loaded with vitamins, minerals, and antioxidants. And they are the only category of foods that will provide heart-healthy fiber.

♦ Aim for a minimum of five servings of fruits and vegetables a day. Variety is the key, and the more colorful, the better. Use red peppers, yellow squash, orange carrots, and purple cabbage.

♦ Aim for six servings of grains a day. Focus on whole grains for extra fiber and nutrients. Try brown rice, barley, whole-grain breads, cereals, crackers, and pastas.

♦ Include plenty of beans, such as kidney, pinto, navy, and soy beans. They are loaded with fiber and are also good sources of protein and other nutrients.

♦ Experts suggest 25 to 35 grams of fiber a day. Look to include plenty of soluble fiber, found in fruits, oats, and beans. This type of fiber has been shown to be especially helpful for lowering cholesterol.

♦ Include healthy fats in your meal plan. Typically, the first thing to go on a low-cholesterol diet is the fat. Cutting out all fat is not required, though, and can even work against you. Some types of fat can be harmful, but others have proven to be beneficial.

♦ Saturated fats should be limited. They can raise the level of cholesterol in your blood. These fats are found in red meat, bacon, hot dogs, poultry skin, butter, high-fat dairy, and products made with butter or cream.

♦ Polyunsaturated fats such as corn, safflower, and sunflower oils can be eaten in moderation, but should be limited in favor of monounsaturated fats and omega-3 fats.

♦ Monounsaturated fats are thought to be heart-healthy. These include olive and canola oils, avocado, and most nuts and seeds.

♦ Omega-3 fats are good for the heart and usually lacking in the American diet. Good sources are fatty fish (salmon, mackerel, sardines), flax oil and flaxseeds, walnuts, and some green leafy vegetables. The American Heart Association says to eat two servings of fatty fish per week. Children and pregnant or nursing women should avoid certain fish that are high in mercury. These include shark, swordfish, mackerel, and tile fish.

♦ Choose fat-free and low-fat dairy products, fish, poultry, and lean meats. All animal foods contain cholesterol. However, lean and low-fat choices will contain very little saturated fat. Vegetables, grains, and beans should make up the bulk of your meal plan, rounded out by low-fat, lean animal foods.

♦ Choose skim or 1-percent milk and yogurt over whole or 2-percent.

♦ White meat chicken, turkey, and fish are all good choices. Keep portions to no more than 3 to 6 ounces per day.

♦ Lean meat can also be part of a heart-healthy diet. Limit portions to 3 to 4 ounces twice a week.

♦ Soy foods, such as tofu and edamame can be a great substitute for meats high in saturated fat or other unhealthy foods.

Remember that a healthy diet can include the foods you love. And watching what you eat may keep you around longer for the people you love.
Medicare-Eligible PEEHIP Members

The information below pertains to PEEHIP members covered under the UnitedHealthcare® Group Medicare Advantage (PPO) plan or prospective members who are considering enrolling in this PEEHIP plan. For more information, visit www.UHCRetiree.com/peehip.

Renew Rewards
As a member of renew rewards, when you complete certain healthcare activities, you are rewarded.

We all want to live a healthier, happier life and Renew by UnitedHealthcare® can be your guide. With Renew, our member-only Health and Wellness Experience, you’ll have access to inspiring lifestyle tips, learning activities, videos, recipes, interactive health tools, rewards, and more – all designed to help you live your best life at no additional costs to you.

Rediscover
♦ Grow your health knowledge with online learning courses
♦ Take charge of your health with a resource library full of articles, videos, and interactive tools

Reinvent
♦ Browse the recipe library to find simple, delicious recipes
♦ Read tips and tricks for keeping the mind and body active

Recharge
♦ Find your inner calm with printable coloring pages
♦ Exercise your mind with interactive brain games and quizzes

Redefine
♦ Find inspiring stories and videos that help you take your health even further
♦ Read Renew magazine for interviews, health articles, and wellness activities

Reconnect
♦ Stream music that fits your mood
♦ View and share hundreds of photos and positive messages

Reward
♦ Earn rewards for taking an active role in your health and wellness by completing certain health care activities

Earn Gift Cards for Taking Care of Your Health
As part of your PEEHIP Plan through UnitedHealthcare®, you have access to Health and Wellness experience like Renew Rewards. Beginning February 1, 2019, sign in to www.UHCRetiree.com/PEEHIP and go to Health and Wellness, then click on Rewards to learn more about the program and how you can participate. You can also call Renew Rewards customer service at 888.219.4602, TTY 711, Monday-Friday 8 a.m. – 5 p.m. CT, Saturday 8 a.m. – 5 p.m. CT.