

When Shopping Around for Cheaper Drugs, Florida Looks to Canada

It is no secret that spending on prescription drugs in America is at an all-time high. According to the Congressional Budget Office, nationwide spending on drugs rose from \$30 billion in 1980 to \$355 billion in 2018.¹ And when comparing America’s drug spending to other countries, the United States spends more per person than any other peer nation. In fact, drug spending in the United States is about double that of many peer nations (as shown in the chart below).²

Biden administrations seeking to ease regulatory barriers to imported drugs.

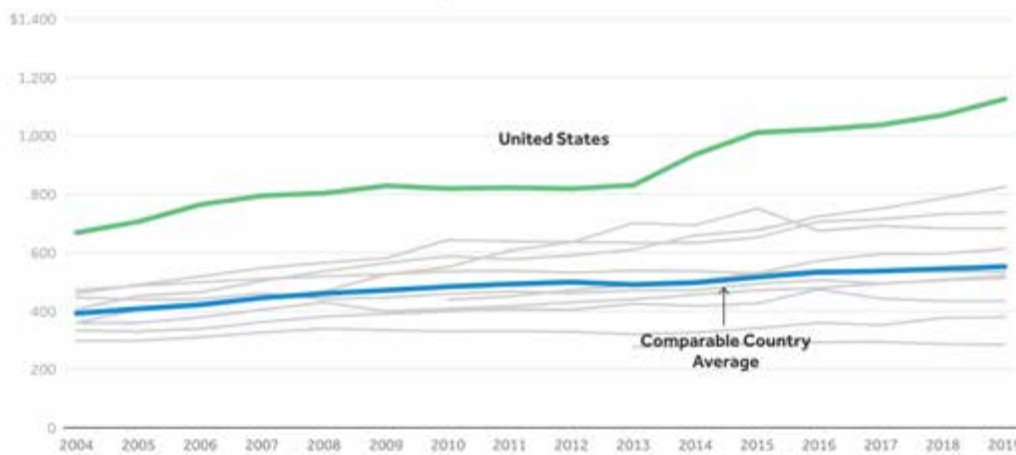
In what may prove to be a significant advancement in the success of importing lower-cost prescription drugs, the Food and Drug Administration (FDA) has decided to allow the first state, Florida, to import drugs from Canada, effectively creating a new and potentially lower-cost supply chain to deliver drugs to patients. The FDA has stated that importation must deliver savings without increasing any

risk of exposure to unsafe or ineffective drugs. Florida is estimating the expansion of drug importation in the state to save up to \$150 million in the first year, although the state will likely face many logistical and legal obstacles from drug manufacturers and potentially from Canadian officials.

Much will need to be evaluated to determine the net effect of drug importation including the impact on state pharmacies, the loss of other price concessions such as manufacturer rebates, and the health safety of patients; however, this approval by the FDA creates new opportunities toward unlocking better drug prices in America

when comparing to other countries.³

Per capita prescribed medicine spending, U.S. dollars, 2004-2019



Notes: Data not available for Switzerland from 2004-2009; for the United Kingdom from 2004-2012; Australia and Japan for 2019 (data from 2018 for these two countries are extrapolated for the 2019 comparable country average). Canada’s 2019 value is provisional.

Source: OECD

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Knowing that other peer nations have lower-cost access to prescription drugs, many health plans and other health insurance stakeholders have historically sought ways to leverage drug importation to reduce spending here in the United States. However, drug importation has been narrowly allowed under federal law despite both the Trump and

¹ <https://www.cbo.gov/publication/57772>

² <https://www.healthsystemtracker.org/chart-collection/how-do-prescription-drug-costs-in-the-united-states-compare-to-other-countries/>

³ <https://www.wsj.com/health/pharma/fda-florida-prescription-drugs-lower-cost-428510fe>

Medicare-Eligible PEEHIP Members

The information below pertains to Medicare-eligible PEEHIP retirees or Medicare-eligible dependents of PEEHIP retirees. For more information, visit rsa-al.gov/peehip/retirees/.

Do You Have Medicare Part B?

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 disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

General Medicare Enrollment Period – Happening Now!

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, 2024. These three enrollment periods are discussed in more detail below.

Don't delay! If you are Medicare-eligible and covered on a PEEHIP retired account type, you must have Medicare Part A and Part B to be eligible for coverage under PEEHIP's UnitedHealthcare® Group Medicare Advantage (PPO) Plan. This means if you are not enrolled in both Medicare Part A and Part B, you will not be eligible for PEEHIP's Medicare Advantage Plan. Neither you nor your dependents (if you are the subscriber of a PEEHIP family contract) will have Hospital Medical or prescription drug coverage with PEEHIP.

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, this will result in a loss of eligibility for PEEHIP's Hospital Medical and prescription drug coverages. 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, 2024, effective date of PEEHIP coverage.

Initial Medicare Enrollment Period

You can sign up for Medicare 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 to 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 become 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 Medicare Advantage Plan, you will not meet the eligibility requirements for this coverage if your Medicare effective date is delayed. As a result, you must wait until the next PEEHIP Open Enrollment period to enroll or reenroll in PEEHIP coverage. Sign up early so you will be eligible for PEEHIP Hospital Medical and prescription drug coverage.

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.** ●



3 months before your 65th birthday

The month of your birthday

3 months after your 65th birthday

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 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.

PEEHIP UnitedHealthcare® Plan Reminders

UnitedHealthcare® will continue to provide your PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO) Plan in 2024.

As a reminder, your \$226 annual deductible and \$8,300 maximum out-of-pocket reset as of January 1, 2024. You will not receive new ID cards this year, so you should continue using the ID cards you used in 2023.

UnitedHealthcare® held PEEHIP informational sessions last summer to highlight important news about your plan benefits. If you were not able to attend, you can watch a PEEHIP Medicare Advantage information session recording online at retiree.uhc.com/peehip.

In addition, don't forget you have 24/7 access to every-

thing your plan has to offer by signing up and logging in to your secure online member site at retiree.uhc.com/peehip. After you sign up for your online account and log in, you can look up your latest claim information, review benefits and plan details, print a temporary UnitedHealthcare® member ID card, request a new card, search for drugs and see how much they cost under your plan, explore health and wellness resources, and so much more.

If you have questions about providers, medical or pharmacy benefits, or need information about your plan, call the UnitedHealthcare® customer service line at 877.298.2341, TTY 711, 8 a.m. – 8 p.m., Monday – Friday. ●

UnitedHealthcare® HouseCalls*

HouseCalls is a yearly preventive care check-in that helps you stay on track with your health between your regular provider visits. The visit is done in the comfort of your home and allows plenty of time for you to ask questions about your health.

UnitedHealthcare® will send a summary of your HouseCalls visit to both you and your doctor so your doctor stays informed. The visit, which includes recommended screening tests, is available at no cost to you.

Plus, you may also be eligible to earn a \$15 reward for completing your UnitedHealthcare® HouseCalls visit. Register or sign into your plan website at retiree.uhc.com/peehip to learn more about the rewards you can earn.

What does a HouseCalls visit include?

- ◆ Up to an hour-long at-home visit from a healthcare practitioner
- ◆ A head-to-toe exam, health screenings, and plenty of time to talk about your health questions
- ◆ A custom care plan made just for you
- ◆ Connect you with additional care you may need

How long will the visit last? What will happen?

The visit takes up to an hour. You will get a health evaluation, including a physical exam, important screenings, and a review of any medications you may be taking. The

remainder of the time is spent discussing health topics that are important to you.

Where should the visit take place?

It can be done while sitting at your kitchen table or in the living room. Wherever is comfortable and convenient for you.

Do I need to prepare for my visit?

Before your visit, UnitedHealthcare® will send you a reminder with tips on how to get ready for your visit. These include:

- ◆ Make a list of questions or concerns you would like to discuss with the practitioner.
- ◆ Wear shoes that can easily be removed to have your feet checked.
- ◆ Have your medications in their original packaging ready to review.
- ◆ If you have any of the following, have them ready to share:
 - Appointment cards for upcoming visits with your provider
 - Blood pressure readings
- ◆ If you have diabetes, please have your blood glucose meter handy and drink plenty of water to be prepared to give a urine sample.

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Also, the day before your visit, the healthcare practitioner may call you to introduce themselves and answer any questions about the visit.

I already see my doctor regularly. Is this for me?

Yes. Think of a HouseCalls visit as an extra layer of care.

It gives you valuable one-on-one time you do not always get in the doctor's office. UnitedHealthcare® will share information from your visit with your regular doctor to help keep them informed of any changes to your health. Get started today. To schedule a visit, call 866.447.7868, TTY 711. ●

*HouseCalls may not be available in all areas.

UnitedHealthcare® May Reach Out to You with Valuable Support



It never hurts to have a little help, especially when it comes to your health. That is why UnitedHealthcare® may call to let you know about ways to help you live healthier by making the most of the benefits available to you at no additional cost. These are not sales calls and are not about costs or bills. UnitedHealthcare® simply wants to connect you with resources that may be right for you. Reasons for calling may include:

- ◆ **Wellness Coaching** – From goal setting and setting up an action plan to healthy eating and exercise plans, wellness coaches are with you every step of the way.
- ◆ **Care Coordination** – By helping to ensure you have everything you need, including after-care instructions, medication, and medical equipment, Care Coordination nurses can help ease your transition

home from a hospital stay.

- ◆ **Disease Management** – Managing medical conditions like diabetes and coronary artery disease may be easier with disease-management tools and resources identified by skilled nurses.
- ◆ **Preventive Care Scheduling** – Get screenings and tests to stay on top of your health. Covered preventive care includes UnitedHealthcare® HouseCalls and annual physical and wellness visits.

Take control of your health

You do not have to wait for UnitedHealthcare® to call. If you have questions, call 877.298.2341, TTY 711, 8 a.m. – 8 p.m., Monday – Friday to connect with UnitedHealthcare®. ●