



The UnitedHealthcare® Group Medicare Advantage (PPO) Plan is Now Just THREE Months Away

On January 1, 2017, the UnitedHealthcare® Group Medicare Advantage (PPO) plan will become the new hospital, medical and prescription drug plan for Medicare-eligible PEEHIP retirees and their covered Medicare-eligible dependents. PEEHIP has been working closely with UnitedHealthcare® over the past several months to make sure this is a smooth transition. Here is an update on what you can expect over the next few months.

Retiree education meetings are continuing

PEEHIP encourages as many Medicare-eligible retirees and their Medicare-eligible dependents as possible to attend an in-person, education meeting. Nearly 100 meetings are being held across the state with at least one meeting in each county. Meetings began in August and will continue through mid-November. These meetings are a great opportunity to learn more about the plan and receive individual attention to address your questions or concerns.

To learn more about meetings in your area and to find a complete listing, go online to the PEEHIP Retiree web page www.rsa-al.gov/index.php/members/peehip/retirees-medicare/ or the UnitedHealthcare® web page www.uhcretiree.com/peehip/enroll_in_a_plan.html. You may also receive an invitation for an upcoming meeting in your area based on the remaining meeting schedule. You must RSVP to save your seat to attend an education meeting in person as some locations have limited space available.

If you are not able to attend a meeting in person, UnitedHealthcare® is also holding three (3) teleconferences. To attend a teleconference, you will simply call the telephone number provided below at the correct date and time and enter the conference code. You do not need to RSVP for the teleconferences. You will hear a short presentation provided by a UnitedHealthcare® representative. After that, you will have an opportunity to ask questions.

Teleconferences will be held on:

Date/Time	Toll Free Number/Conference Code
October 10 9:00 AM - 11:00 AM CT	800.683.4564 Conference Passcode - 393459
October 28 1:00 PM - 3:00 PM CT	866.216.6835 Conference Passcode - 135859
November 1 4:00 PM - 6:00 PM CT	800.683.4564 Conference Passcode - 192629

This information is also included on the full schedule listings available online at the addresses above.

Watch your mail for your 2017 Plan Guide from UnitedHealthcare®

If you have not already, you will soon be receiving important plan information from UnitedHealthcare®. Your 2017 Plan Guide will include an explanation of how the plan works and what to expect next, a Summary of Benefits which is a description of your medical and pharmacy benefits and the applicable copayments, an Abridged Formulary listing covered drugs, and an Opt-Out form. This information should arrive to your home in early October. If you do not receive a Plan Guide from UnitedHealthcare® by October 15, please give UnitedHealthcare® a call toll free at 877.298.2341 TTY 711, 8 a.m. - 8 p.m., local time, 7 days a week.

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Remember, November 4, 2016, is the deadline to decline coverage in the new UnitedHealthcare® Group Medicare Advantage (PPO) plan. You must complete the Opt-Out Form included in the UnitedHealthcare® Plan Guide and return it to PEEHIP prior to November 4, 2016, or you will be automatically enrolled in the UnitedHealthcare® Group Medicare Advantage (PPO) plan with an effective date of January 1, 2017. Medicare-eligible retirees and covered Medicare-eligible dependents who are considering declining coverage should contact PEEHIP to discuss the impact of this important decision. PEEHIP can be reached by calling 334.517.7000 or Toll Free 877.517.0020.

In early December you will receive your new UnitedHealthcare® ID card

Once Medicare confirms your enrollment, UnitedHealthcare® will send you a new ID card followed by a Welcome Guide in December. You will need to start using your new UnitedHealthcare® ID card beginning on January 1, 2017. You will no longer need to show your red, white and blue Medicare card for medical coverage so you can put that card away somewhere safe. It is important to use your UnitedHealthcare® ID card for all your medical and prescription drug needs so that your claims are processed quickly and accurately.

Please do not drop Medicare Part A and Part B

You might think that because the UnitedHealthcare® Group Medicare Advantage (PPO) plan provides all your Medicare Part A and Part B benefits that you can disenroll from Medicare Part A and Part B. **This is not true.**

In fact, to be eligible for the UnitedHealthcare® Group Medicare Advantage (PPO) plan, Medicare requires you to continue your enrollment in Medicare Part A and Part B. If you are not enrolled in Medicare Part A and Part B or if you let your enrollment lapse, you will no longer be eligible for the plan and you will be disenrolled from the UnitedHealthcare® Group Medicare Advantage (PPO) plan. This will leave you without medical and prescription drug coverage through PEEHIP. If you are the subscriber of a family contract, it will also leave your family without medical and prescription drug coverage through PEEHIP. ●

PEEHIP Answers Your Questions

Over the past couple of months, we have been answering a lot of questions from retirees about the new plan. We thought it would be helpful to share some of the most common questions and their answers – just in case you have the same question, too.

Why is PEEHIP making this change?

This change allows PEEHIP to bring together hospital medical and prescription drug coverage under one convenient and comprehensive plan for its Medicare-eligible retired members and their covered Medicare-eligible dependents. This UnitedHealthcare® plan was designed to closely mirror the current PEEHIP retiree hospital medical and prescription drug coverage so that the effect of this change is minimal.

Along with an easy transition, this



plan also allows PEEHIP to offer to its Medicare-eligible retired members and their Medicare-eligible dependents some additional benefits that go beyond what Original Medicare typically covers. Additional benefits include, but are not limited to: SilverSneakers®, Pharmacy Saver™ Program and Customized Clinical Programs.

Not only will this new plan offer new and exciting benefits for our Medicare-eligible retired members, it will also generate significant cost savings for PEEHIP, meaning it is a win-win for our members and PEEHIP.

Do I need to continue to be enrolled in Medicare Part A and Part B?

YES! It is important to know that Medicare-eligible retired members and Medicare-eligible dependents must be enrolled in Part A AND Part B of Medicare to have coverage with the new UnitedHealthcare® Group Medicare Advantage (PPO) plan offered by PEEHIP. If you do not have both Part A and Part B, you will not be eligible for the new Medicare Advantage plan and you will not be enrolled in the plan. This means that you will not have hospital medical or prescription drug coverage with PEEHIP.

You also must continue to pay your monthly Part B premium to Social Security.

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Can I continue to see my same doctor(s)?

The UnitedHealthcare® Group Medicare Advantage plan is a Preferred Provider Organization (PPO) plan and does not have restrictions on in and out-of-network coverage. You have access to our national network of doctors and hospitals and you can see any health care provider as long as the provider participates in the Medicare program and accepts the plan. There is no additional cost share when using an out-of-network provider. The provider does not have to be in the UnitedHealthcare® network.

When you use doctors and hospitals outside of UnitedHealthcare's network, the PPO plan pays providers just as much as Medicare would have paid and you pay the same out-of-pocket copayment or coinsurance as if you had stayed in the network. If you have questions about specific providers, do not hesitate to contact UnitedHealthcare® Customer Service at 877.298.2341 TTY 711, 8 a.m. – 8 p.m., local time, 7 days a week.

What is the difference between in-network and out-of-network providers?

In-network providers have a contract with UnitedHealthcare®. Out-of-network providers do not

have a contract. However, under the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any healthcare provider as long as the provider participates in the Medicare program and accepts the plan.

What happens if my doctor says that he or she does not accept Medicare Advantage plans?

There are many different types of Medicare Advantage plans so it depends on what your doctor does not accept. Most often, the doctor is thinking of an Individual Medicare Advantage plan, which generally requires a contract.

The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare®. This plan works like traditional PPO plans which doctors have been familiar with for a long time. Under the plan, the doctor will be paid the same amount as Medicare would pay. Most doctors accept this type of plan once they understand they do not need a contract and they will be paid the same amount that Medicare pays.

If your doctor has questions about the plan, please contact UnitedHealthcare®, who will be happy to reach out to your provider to discuss how the plan works and how the provider will be paid.

How can I find out if my drugs are covered and how much I will pay?

Information about the cost of prescription drugs and a partial drug list will be included in the Plan Guide information you receive from UnitedHealthcare®. However, if you do not see your drug listed or if you need more information, you can:

1. Call UnitedHealthcare® Customer Service at 877.298.2341 TTY 711, 8 a.m. – 8 p.m., local time, 7 days a week. UnitedHealthcare® representatives will be happy to look up your specific drugs and what you will pay.
2. Go online to <https://www.uhcretiree.com/peehip/drug-coverage-options.html> where you can also look up drugs and drug cost information.

As with any transition, there will be some changes to the formulary. To help members affected by these changes, UnitedHealthcare® will be sending personalized letters in late December addressing specific changes to the drugs they are taking and what therapeutic drug alternative options are available. ●

PEEHIP Premium Assistance Program

PEEHIP provides premium assistance on the PEEHIP Hospital Medical or VIVA Health premium to qualifying members (active and retired) based on the Federal Poverty Level (FPL) amount set by the Federal Government.

If you would like to apply for this premium assistance, complete the Federal Poverty Level Assistance Application from PEEHIP's website at www.rsa-al.gov/uploads/files/peehip_fpl_app.pdf, and submit to PEEHIP along with a copy of your signed 2015 Federal Income Tax Return forms and copies of all supporting W-2s and 1099s for the year 2015. You can also request the form through Member Services.

Applications for this discount do not automatically renew each year so they must be done each Open Enrollment for an October 1 effective date. If you apply after Open Enrollment and qualify, you may have a discounted premium applied prospectively effective the second month after your application is received and approved.



FluMist Nose Spray Vaccine Doesn't Work This Year, Experts Say

BY MAGGIE FOX | NBC NEWS

The popular, needle-free FluMist influenza vaccine has not protected kids or adults against flu for years and should not be used this coming flu season, experts said Wednesday.

The surprise decision, sure to dismay children and needle-phobes, could also leave pediatricians short of vaccine, the Centers for Disease Control and Prevention said.

"Nasal spray flu vaccine accounts for about one-third of all flu vaccines given to children," CDC said in a statement.

Flu vaccines are different from most other vaccines. Their effectiveness varies from year to year and they must be made fresh each flu season to match circulating strains of influenza, which also change.

FluMist, made by MedImmune, uses live but weakened strains of flu virus to stimulate the immune system. It's sprayed up the nose and in some seasons it had been reported to be more effective than some injected vaccines.

But the Advisory Committee on Immunization Practices reviewed the data from the past few flu seasons and found it didn't work in recent years. In fact, FluMist was only 3 percent effective last flu season, CDC said.

"This 3 percent estimate means no protective benefit could be measured," the CDC said. It says it's not clear why it hasn't worked well.

"In comparison, inactivated influenza vaccine (flu shots) had a

vaccine effectiveness estimate of 63 percent against any flu virus among children 2 years through 17 years."

AstraZeneca, which owns MedImmune, said other research contradicts ACIP's and the CDC's findings.

"These findings demonstrate FluMist Quadrivalent was 46-58 percent effective overall against the circulating influenza strains during the 2015-2016 season," the company said in a statement.

The CDC recommends that just about everyone should be vaccinated against influenza every year. Even when the vaccines on the market do not work perfectly, vaccinated people are less likely to get severely ill and die from flu.

"How well the flu vaccine works (or its ability to prevent flu illness) can range widely from season to season and can be affected by a number of factors, including characteristics of the person being vaccinated, the similarity between vaccine viruses and circulating viruses, and even which vaccine is used," the CDC said.

"CDC will be working with manufacturers throughout the summer to ensure there is enough vaccine supply to meet the demand," it added.

"Vaccine manufacturers had projected that as many as 171 million to 176 million doses of flu vaccine, in all forms, would be available for the United States during the 2016-2017 season. The makers of (FluMist) had projected a supply of as many as 14 million

doses of nasal spray flu vaccine, or about 8 percent of the total projected supply."

AstraZeneca said it would continue making and distributing FluMist in other countries. "AstraZeneca is working with the CDC to better understand its data to help ensure eligible patients continue to receive the vaccine in future seasons in the U.S.," it said.

Flu usually hits the very young and the very old the hardest. Depending on the season, it kills anywhere between 4,000 and 50,000 people a year in the United States.

The flu vaccines on the market deliver a cocktail to protect against three or four strains of flu. It takes months to make flu vaccines and they have to be formulated freshly every year.

Six companies make flu vaccines for the U.S. market. They include shots with either three or four flu strains. ●

