



UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Full coverage details of the Medicare Advantage PPO Plan will be included in the Evidence of Coverage document you will be able to access following enrollment in the plan. Until then, review the information received from SwRI and the UnitedHealthcare Plan Guide along with the questions and answers included below. UnitedHealthcare is ready for questions you may have. For questions, contact UnitedHealthcare Customer Service toll-free at **1-877-714-0178**, TTY **711**, 8:00 a.m. – 8:00 p.m. local time, 7 days a week.

Frequently Asked Questions & Answers

1. Do I need Original Medicare (Part A and Part B)?

Yes, you must be entitled to Medicare Part A and/or enrolled in Medicare Part B. You must continue paying your Medicare Part B premium to Social Security in order to be eligible for coverage under the plan.

2. Is the plan nationwide?

Yes, this plan offers nationwide coverage.

3. What doctors can I use? What do I need to know about the UnitedHealthcare provider network? What is the difference between in-network and out-of-network providers?

UnitedHealthcare® Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. Network providers have a contract with UnitedHealthcare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network.

4. What happens if my doctor does not accept Medicare Advantage plans or participates in Medicare but does not accept this plan?

The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare. Under this plan, the doctor will be paid the same as Medicare.

5. What happens if my doctor does not accept Medicare?

If your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. Less than 1% of doctors nationally have opted out of the Medicare program.

6. How are claims processed?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare Member ID card and in your Welcome Packet. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

7. Are there any situations when a doctor will balance bill me?

Under this plan, you are protected from any balance billing if your doctor has not opted-out or been excluded from the Medicare program. When you go out-of-network for care, this plan pays providers just as much as Medicare would have paid (up to the Medicare Limiting Charge), and you pay the same copayment or coinsurance as if you had stayed in-network. If your doctor tries to balance bill you, please contact UnitedHealthcare.

8. Will I need to organize and coordinate my Medicare explanation of benefits (EOB's) with those of this Plan?

No. You will be only receiving one explanation of benefits (EOB). One consolidated statement means that your medical record keeping becomes easier.

9. Do I need to get new OptumRx® Home Delivery mail order prescriptions?

Yes. You may need a new prescription. Beginning January 1, 2021 your Preferred Mail Order Providers will be OptumRx®, a UnitedHealth Group company. The Welcome Packet that you receive following your enrollment in the plan will include OptumRx contact information.

10. What pharmacies are in the plan's network?

The UnitedHealthcare® Medicare Advantage (PPO) plan includes over 67,000 national chain, regional, local and independent neighborhood pharmacies in the UnitedHealthcare network. Once you are a member, you will be able to look up pharmacies online or request a printed pharmacy directory by calling UnitedHealthcare Customer Service at the number on the back of your UnitedHealthcare Member ID card. You can also call UnitedHealthcare Customer Service to check if a pharmacy is in-network, or to get pharmacy contact information.

11. What is the Renew Active™ Program?

Renew Active™ is our new fitness program for body and mind that's designed for you and your goals — available with select UnitedHealthcare® Group Medicare Advantage plans at no additional cost. With standard membership access to participating fitness locations, an in-person fitness orientation to help get you started and online brain exercises, and rewards for completing certain health care activities.

12. Should I keep my Medicare Supplement plan?

No. If you have a Medicare Supplement plan and enroll in the UnitedHealthcare Medicare Advantage plan, you should drop your Medicare Supplement plan. Medicare Supplement plans and Medicare Advantage plans do not coordinate payment. With a Medicare Supplement plan, your medical bills are submitted to Medicare (the government) for payment first and then sent to the Medicare Supplement plan to pay its share. With a Medicare Advantage plan, your health care bills go to the Medicare Advantage plan directly NOT Medicare and the Medicare Advantage plan pays for your coverage. If applicable, you will pay a cost share, like a copayment, for the service.