



September 6, 2019

Dear Medicare-eligible member,

The State Employees' Insurance Board (SEIB) is pleased to announce you will have a new UnitedHealthcare® Group Medicare Advantage (PPO) plan for your health care and prescription drug coverage effective January 1, 2020. This plan is a custom plan, designed exclusively for SEIB retirees and should not be confused with Individual UnitedHealthcare (UHC) Medicare Advantage plans. Under this plan, you will have an enhanced benefit package, which includes fixed copays and lower out-of-pocket costs.

On December 31, 2019, your current coverage will end with Blue Cross and Blue Shield of Alabama and you will be automatically enrolled into the new UnitedHealthcare® Group Medicare Advantage (PPO) plan for coverage effective January 1, 2020.

Introducing the UnitedHealthcare® Group Medicare Advantage (PPO) plan.

The **UnitedHealthcare® Group Medicare Advantage (PPO) plan** is a Medicare Advantage Plan that delivers all the benefits of Original Medicare (Parts A and B), includes prescription drug coverage (Part D) and offers additional benefits and features.

As a UnitedHealthcare Medicare Advantage member, your plan will help give you value for your health care dollar, offering benefits and services beyond what you will find with Original Medicare (Parts A and B). You'll have a team committed to understanding your needs, connecting you to the care you need and helping you manage your health. UHC will link you to health and wellness resources and even schedule your wellness visits, including arranging an annual visit. You can find highlights of what the new plan provides below.

- UnitedHealthcare® HouseCalls – An in-home visit designed to complement your doctor's care. A licensed and knowledgeable health care practitioner will review your health history and current medications, perform a health screening, identify health risks and provide health education.
- NurseLine – Health questions can come any time. Registered nurses answer your call 24 hours a day, 7 days a week.
- Renew Rewards – Earn rewards for taking an active role in your health and wellness by completing certain health care activities.

- SilverSneakers® – Get access to exercise equipment, classes, and more at over 16,000+ fitness locations.
- Solutions for Caregivers – Support for you, your family and those you care for.
- You can see any provider (network or out-of-network) at the same cost share, as long as they have not opted out of or been excluded from Medicare.
- Choose from over 67,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies.
- Real Appeal® – a simple, step-by-step online weight management program.
- Nutritional Counseling – 12 visits a year.
- Virtual Visits – Live video chat* with a provider from your computer, tablet or smartphone - any time, day or night.
 - Virtual Doctor Visits – Good for minor health care concerns such as cough/cold, allergies, fever, flu or sore throat.
 - Virtual Behavioral Health Visits – Good for behavioral health concerns such as addiction, stress and anxiety, or depression and mood.

*The computer, tablet, or smartphone you use must be webcam-enabled.

UHC will send you more details in the mail shortly. Until then, UHC is ready for any questions you may have. For questions, contact UnitedHealthcare Customer Service toll-free at **1-866-890-0562 TTY 711**, 8:00 a.m. – 8:00 p.m. local time, and 7 days a week.

How This Change Affects You

You do not need to do anything to enroll. You and your Medicare-eligible dependents will be automatically enrolled in this plan on January 1, 2020 unless you opt-out or cancel your retiree coverage through the SEIB all together by November 30, 2019.

Important Information

You must be entitled to Medicare Part A and enrolled in Medicare Part B. You must continue paying your Medicare Part B premium to be eligible for coverage under the UnitedHealthcare® Group Medicare Advantage (PPO) plan. Medicare also requires certain information in order to process your enrollment:

- A permanent street address (this cannot be a P.O. Box)
- Your Medicare Beneficiary Identifier (MBI) number.

If you are not enrolled in Medicare Parts A and B, and/or you live outside of the Plan's service area which includes all 50 states and U.S. territories, you should contact Social Security at **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.

The SEIB must have your permanent street address and your Medicare Beneficiary Identifier number (found on your red, white and blue Medicare ID card) in our records. We will send UHC this information, which is required for your enrollment. If you receive a letter from the SEIB asking for this information, please respond immediately. Otherwise, UHC will not be able to process your enrollment and you may risk not having coverage on your planned effective date of January 1, 2020.

Learn More About the Plan

During the month of October, you will have the opportunity to attend education meetings and teleconferences hosted by the SEIB and UHC.

Here's what you can expect in the coming months:

September	<ul style="list-style-type: none"> • Meeting Invitation – You will receive an invitation to the meetings and teleconferences we will hold across the State of Alabama to thoroughly explain the new plan and answer your questions. Be sure to RSVP.
October	<ul style="list-style-type: none"> • UHC Plan Guide – Explaining the details of your new MAPD plan. • Retiree Education Meetings
November	<ul style="list-style-type: none"> • Retiree Teleconference Meetings • SEIB Open Enrollment – You will be automatically enrolled in this plan unless you opt-out by November 30, 2019.
December	<ul style="list-style-type: none"> • UHC Confirmation of Enrollment Letter and ID Card – A new ID Card with both the SEIB and UHC logos for you to use on January 1, 2020. • UHC Medicare Advantage Quick Start Guide - A plan guide introducing you to your new benefits.

Questions?

We have also included a list of Frequently Asked Questions and Answers to help with some of the questions not addressed in this letter. If you still have questions, please do not hesitate to call.

UnitedHealthcare	<p>Learn about plan benefits</p> <p>Find a provider</p> <p>Look up prescription drugs</p>	<p>www.UHCRetiree.com/SEIB or call toll-free 1-866-890-0562 TTY 711, 8:00 a.m. – 8:00 p.m. local time, 7 days a week</p>
SEIB	<p>Ask about eligibility</p> <p>Make changes in coverage; or opt-out</p>	<p>www.alseib.org Local 334-263-8341 or toll-free 1-866-836-9737, TTY 711, 8:00 a.m. – 5:00 p.m. CT, Monday - Friday</p>

Sincerely,

William L. Ashmore
Chief Executive Officer
State Employees' Insurance Board

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

You must continue to pay your Medicare Part B premium.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare® Group Medicare Advantage (PPO) plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This information is not a complete description of benefits. Call **1-866-890-0562** (TTY 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change each plan/benefit year.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-890-0562** (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-866-890-0562** (TTY 711)

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.



UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Frequently Asked Questions & Answers

1. Q: Who is affected by the change to UnitedHealthcare Medicare Advantage?

A: All SEIB retirees will be affected by this change and will be automatically enrolled into the UnitedHealthcare® Group Medicare Advantage (PPO) plan effective January 1, 2020.

2. Q: How will my benefits change from Blue Advantage to UnitedHealthcare (UHC) Medicare Advantage?

A: You will have an enhanced benefit package, which includes moving from a percentage of services rendered co-insurance to predictable copays. In addition, you will have access to many extra benefits and features including: SilverSneakers®, Real Appeal® weight loss program, in-home health and wellness visits, Virtual Doctor Visits, Solutions for Caregivers, and many new opportunities for incentives and rewards.

3. Q: Is the plan nationwide?

A: Yes, this plan offers nationwide coverage which includes all 50 states; all US territories and Washington D.C. Worldwide emergency services are also included. If medical services are needed because of an illness, injury, or condition that you did not expect or anticipate while traveling abroad and you cannot wait until you are back in our plan's service area, you can seek emergency care and file a claim for the care at a later date.

4. Q: What if my doctor does not have a contract with UHC?

A: The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UHC. Under this plan, you may see any doctor (network or out-of-network) that accepts Medicare and doctors without a contract will be paid the same reimbursement as they receive from Medicare. Most doctors accept this type of plan once they understand they do not need a contract and they will be paid the same as Medicare. Beginning in September, you will be able to contact UHC with any questions regarding your new plan. UHC will outreach to providers in Alabama to explain how the plan works and, if necessary, UHC and the SEIB will encourage your doctor or health care facility to continue seeing you.

5. Q: What is the difference between Network and out-of-network providers?

A: Network providers have a contract with UHC. Out-of-network providers do not have a contract with UHC. With this plan, you have the flexibility to see any provider (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. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid. In Alabama, there are over 1,400 network providers and over 100 network hospitals across the state.

6. Q: What happens if my doctor does not accept Medicare?

A: 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.

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

A: No. Under this plan, you are protected from any balance billing. If your doctor tries to balance bill you, please contact UnitedHealthcare Customer Service and we will address the issue with the provider directly.

8. Q: How are out-of-network claims processed?

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

9. Q: Is there a hospital deductible?

A: No. The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not have a hospital deductible.

10. Q: What is the maximum number of days covered for hospital admission?

A: There is no maximum number of days covered for hospital admission. Days are unlimited.

11. Q: What is the most I will have to spend out-of-pocket for prescription drugs?

A: Although there is no actual limit on your out-of-pocket prescription drug expenses, once you have spent \$6,350 during the plan year, you will only have to pay small copay for the rest of the plan year.

12. Q: What pharmacies are in the plan's network?

A: The UnitedHealthcare® Medicare Advantage (PPO) plan includes over 67,000 national chain, regional, local and independent neighborhood pharmacies in the UHC network. Once you are a member with UHC, 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. Beginning in September, you can also call UnitedHealthcare Customer Service to check if a pharmacy is in the network, or to get pharmacy contact information.

13. Q: What is Medicare Part D IRMAA and does it apply to me?

A: IRMAA stands for Income Related Monthly Adjustment Amount. Similar to Medicare Part B, high income earners will pay more for their Medicare Part D coverage. If you are a member of a Medicare plan that includes prescription drug coverage and your Modified Adjusted Gross Income on your IRS tax return from two years ago is above \$85,000* for an individual or \$170,000* for a couple, you may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Social Security, not to your plan. If you are subject to IRMAA, Social Security will send you a letter. The letter will explain how they determined the amount you must pay and the actual IRMAA amount. Neither the SEIB nor your health plan determine who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, contact the Social Security Administration. To contact, you can:

- Go online to www.ssa.gov
- Call Social Security toll-free at **1-800-772-1213**, TTY **1-800-325-0778** between 7 a.m. – 7 p.m., local time, Monday – Friday.
- Visit your local Social Security office

*These amounts apply for 2020.

14. Q: What if I have trouble paying for my prescription drugs?

A: If you have a limited income, you may qualify for the federal Extra Help program to help pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year. Call Social Security toll-free at **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m., local time, Monday – Friday.

15. Q: What is the SilverSneakers® program?

A: SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at over 16,000+ fitness locations*. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

16. Q: What is the UnitedHealthcare® HouseCalls program?

A: UnitedHealthcare® HouseCalls is an annual wellness program designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health. HouseCalls may not be available in all areas.

17. Q: Will I still have access to Teladoc?

A: You will now have access to Virtual Doctor Visits which allows you to live video chat with a provider from your computer, tablet or smartphone – anytime, day or night at \$0 copay. UHC's preferred providers are Doctor on Demand and AmWell.

18. Q: Is this the Medicare Advantage plan that is advertised on TV?

A: No. This is a custom Group Medicare Advantage PPO plan designed exclusively for retirees of the State of Alabama. Your new card will have both the SEIB logo and the UnitedHealthcare logo displayed on the front so that your provider can easily identify the difference. Before January 1, 2020 we will work with UHC to communicate with providers in Alabama to make sure they know our plan is different.

19. Q: When will I get my UnitedHealthcare Member ID card?

A: Your UnitedHealthcare Member ID card should arrive in December and you can start using it on your plan effective date of January 1, 2020. Once you receive your ID card in the mail, you can register online at www.UHCRetiree.com/SEIB to look up providers, find a pharmacy and view plan materials. You will also have full access to the UHC call center. Be sure to provide this new ID card to your medical and pharmacy providers beginning January 1, 2020.

20. Q: Do I need to use my red, white and blue Medicare card?

A: No, you will only use your UnitedHealthcare® Group Medicare Advantage (PPO) Member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare Member ID card each time you receive medical services or fill a prescription. Because UHC pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare Member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

21. Q: Will this change my dental coverage?

A: No, you will still be able to buy separate dental coverage offered by BCBS or Southland Benefit Solutions.

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