UC Retiree Medical Plans

UC Davis Health Care Facilitator Program

Presented by Guerren Solbach
—Agenda—

◆ Your Options
◆ Making Changes
◆ Medicare and UC
◆ Plan Overviews
◆ Conclusion
—Your Options—
—Your options—

- UC offers a menu of medical plan options
  - HMO plans
  - PPO plans
- Availability determined by zip code/county
  - HMOs not available outside urban CA
  - See UC Medical Plan Availability Tool (Excel) on HCF site
UC medical plans

- **HMOs**
  - Kaiser Permanente
  - Kaiser Permanente Senior Advantage
  - UC Blue & Gold HMO

- **PPOs**
  - CORE
  - UC Care
  - UC High Option
  - UC Medicare Choice
  - UC Medicare PPO
  - UC Medicare PPO w/o Prescription Drugs
—Medical plan premiums—

◆ 100% of UC contribution: see rate chart
◆ Graduated Eligibility:
  ◊ During OE, Log on to UCRAYS (password)
  ◊ Or, use UC Retiree Premium Estimator (Excel) on HCF Program site (year round)
  ◊ Or, call Customer Service at 1-800-888-UCOP
◆ % of UC contribution is printed above address stamp

85
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1 SHIELDS AVE
DAVIS CA  95616-9999
—Medical plan premiums—

- UC premiums deducted from your UC pension
- Medicare premiums are paid by you
  - Out of Social Security income, or
  - Through Medicare Easy Pay, or
  - Through quarterly billing
- Medicare Part B reimbursement
  - A credit on your UC pension check
  - Only available to those in the least expensive plans
—About UC medical plans—

◆ Preventive care generally provided at no cost
◆ Medical benefits can be separate from Mental Health benefits and Pharmacy benefits
◆ Family member eligibility verification:

◆ For details, see Plan Booklets (Evidence of Coverage documents)
  ◇ http://ucal.us/oe
  ◇ HCF Program site → The Fine Print
—Making Changes—
—Making changes—

- Move outside plan service area
- Adding newly eligible family member
- Loss of other coverage
- No pre-existing conditions exclusions

Changes effective Jan. 1
—Open Enrollment for 2022—

- Changes made on UCRAVS: http://ucal.us/oe
  - Be sure to review your confirmation statement in your UCRAVS messages
- No online access? Locked out of the website? Call the Retirement Administration Service Center at 1-800-888-UCOP
- Additional paperwork may be required if Medicare-eligible, due 11/22/2021
If you like what you have, do nothing...

...except read your Open Enrollment booklet!

This includes UC Health Savings Plan members who will be 65 next year
—Medicare and UC—
Medicare and UC

Medicare is the federal health insurance program for those over 65 and some disabled.

- **Part A**: Hospital Insurance
  - Premium-free for most
- **Part B**: Medical Insurance
  - $148.50/month if newly enrolled in 2021
    - Less for those enrolled previously and getting SS income
    - More if MAGI >$88K/year ($176K for couples)
—UC’s Medicare requirements—

◆ Retirees and their family members must enroll in Medicare Part B:
  ◇ If they are enrolled in medical insurance
  ◇ If they are eligible for Part A free of charge
  ◇ Failure to comply may result in the loss of UC coverage
  ◇ Exceptions:
    ◆ Retirees who reside outside of the U.S.
    ◆ Those who retired prior to July 1, 1991
—**Medicare and UC plans**—

Two ways to coordinate:

1. **Original Medicare** with a plan that pays secondarily, or:

2. **Medicare Advantage**
—Medicare and Anthem Blue Cross—

1. Original Medicare primary
2. Anthem Blue Cross plans are secondary
   ◆ Medicare providers must be used
     ◇ 99% of U.S. doctors are part of Medicare
       ◆ “96% of U.S. physicians “participate” in Medicare and do not balance bill
       ◆ Providers that do not accept “assignment” can charge up to 15% more
     ◇ Providers who have opted out of Medicare are not covered
       ◆ Exception: behavioral health providers
   ◆ Prior authorization rarely required
—Medicare Advantage—

◆ Kaiser Senior Advantage, UC Medicare Choice
◆ You must sign over your Medicare benefits to the plan (usually by form)
◆ Use plan ID card instead of Medicare card
◆ Medicare pays a flat monthly fee to the insurance company
◆ Medicare cannot be used separately from the Medicare Advantage plan
◆ Plans will require prior authorization
—Medicare Part D—

- Subsidizes medical plan premiums
- UC Part D plans: no “doughnut hole”
- **Form** required if choosing a new insurance company
More on Part D

- Duplicate Part D coverage not allowed
- Enrollment in a non-UC Part D plan may result in loss of coverage
  - Exception: UC Medicare PPO without Rx
—Medicare “Partner Plans”—

<table>
<thead>
<tr>
<th>Non-Medicare plan</th>
<th>Medicare Partner Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE</strong></td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>(Anthem Blue Cross)</td>
<td>(Anthem Blue Cross)</td>
</tr>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td>Kaiser Permanente Senior Advantage</td>
</tr>
<tr>
<td><strong>UC Blue &amp; Gold HMO</strong></td>
<td>UC Medicare Choice</td>
</tr>
<tr>
<td>(Health Net)</td>
<td>(UnitedHealthcare)</td>
</tr>
<tr>
<td><strong>UC Care</strong></td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>(Anthem Blue Cross)</td>
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</tr>
</tbody>
</table>
Medicare retirees outside CA—

- Insurance broker (formerly OneExchange)
  - Sells local Medigap/Medicare Advantage plans inside U.S.A.
- All covered family members must be 65+ and have Medicare
- Does not affect Dental/Vision/Legal coverage
UC provides premium support

- Health Reimbursement Account (HRA)
- $3,000 per covered person each January
  - Subject to graduated eligibility

Use HRA money to buy Medigap or Medicare Advantage plans, pay for Medicare Parts B/D

Catastrophic Coverage Special Payments for Rx

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—HMO Plan Overview—
—Health Maintenance Organizations—

◆ The insurance company prepays a monthly, per capita rate (capitation) to each Medical Group
  ◇ Primary Medical Group is responsible for your care that month
  ◇ Each family member can have a different PCP/group

◆ You choose a **Primary Care Physician (PCP)** who acts as your gatekeeper to care through the Medical Group
  ◇ Exception: emergencies covered anywhere; call 911 or go to the nearest hospital. Let PCP know ASAP.
  ◇ PCP must be within 30 miles of home
  ◇ To change PCPs, call plan

◆ No out-of-network coverage (except for ER/UCC, prior auth)
—HMO coverage: Copayments—

- Physician office visit: $20
- ER: $125 (Medicare: $65)
  - Emergencies covered worldwide
- Outpatient surgery: $100
- Inpatient hospitalization: $250
- Behavioral health outpatient: $20
- Behavioral health inpatient: $250
—HMO behavioral health—

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Behavioral Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>Go through PCP and/or Optum</td>
</tr>
<tr>
<td>Kaiser Permanente Senior Advantage</td>
<td>Go through PCP</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO (Health Net)</td>
<td>MHN (Managed Health Network)</td>
</tr>
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</table>
## Non-Medicare HMO Rx

<table>
<thead>
<tr>
<th>Rx 30-day supplies</th>
<th>UC Blue &amp; Gold HMO (Health Net)</th>
<th>Kaiser Permanente</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong> (generic, formulary)</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Tier 2</strong> (brand name, formulary)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Tier 3</strong> (non-formulary)</td>
<td>$40</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Some meds require prior authorization
—HMO Rx 90-day supplies for 2 copays—

◆ 2 times the applicable copayment saves you 1/3
◆ UC Blue & Gold HMO:
  ◦ UC pharmacies
  ◦ Local CVS pharmacies
  ◦ Mail order
◆ Kaiser:
  ◦ Mail order (100-day supplies for 2 copays)
—HMO copayment maximums—

### Out-of-Pocket Maximum

Includes medical, mental health, Rx

<table>
<thead>
<tr>
<th>UC Blue &amp; Gold HMO (Health Net)</th>
<th>Kaiser Permanente*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td>$3,000/family</td>
<td>$3,000/family</td>
</tr>
</tbody>
</table>

* Kaiser maximum does not include Optum copayments
—HMO \( R_x \): Medicare Part D—

<table>
<thead>
<tr>
<th>( R_x ) 30-day supplies</th>
<th>Kaiser Senior Advantage</th>
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</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td></td>
</tr>
<tr>
<td>(generic, formulary)</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td></td>
</tr>
<tr>
<td>(brand name, formulary)</td>
<td>$25</td>
</tr>
<tr>
<td><strong>( R_x ) Out-of-Pocket Max</strong></td>
<td><strong>New: $7,050</strong></td>
</tr>
</tbody>
</table>
—HMO \( R_x \): Part D 90-day supplies—

- Kaiser Senior Advantage:
  - Local Kaiser pharmacies: 3 copayments
  - Mail order: 2 copayments
  - 100-day supplies
---Kaiser Senior Advantage copay limits---

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes medical &amp; mental health</td>
<td></td>
</tr>
<tr>
<td>$1,500/person</td>
<td></td>
</tr>
<tr>
<td>$3,000/family</td>
<td></td>
</tr>
</tbody>
</table>

*Maximums do not include Rx copayments
—UC Blue & Gold HMO—

- Large provider network
- Available in most of urban California
- Health coach (nurse, respiratory therapist, dietitian)
- 24-hour nurse line, case managers
- Healthy discounts
- myStrength mood-improving resources
UC Blue & Gold HMO

- Disease Management programs
- **Omada Health** weight loss and management program (for those with diabetes and heart risks)
- **Quit for Life** program: Smoking cessation phone based behavioral coaching
- Telehealth no copay consults 24/7 through 💚babylon
  - Offers scheduled appointments and more diagnostic follow-up
—UC Blue & Gold HMO—

- Hearing aids: 2 aids every 36 months; $2,000 benefit max
- Allergy shots: $20
- Pharmacy Benefit Manager: CVS/Caremark
- Carefully check your ID card—be sure the correct PCP is listed
—New for UC Blue & Gold HMO—

◆ Flu Shots—Adults & Children
  ◊ Can be obtained at office visit or Health Net-contracted pharmacy at $0 copay

◆ Other Adult Immunizations
  ◊ Can be obtained at office visit or Health Net-contracted pharmacy at $0 copay
  ◊ Does not apply to children’s vaccines

◆ Brand drugs with generic equivalents will require prior authorization
Kaiser Permanente/Senior Advantage

- Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
- Members must use Permanente doctors, Kaiser pharmacies, Kaiser hospitals
  - Medicare members must sign over Medicare to Kaiser
- Available in most of urban California
- Clinics tend to offer pharmacies, imaging, laboratories, urgent care all at one location
Advanced electronic medical records, online tools, My Health Manager mobile app

Calm and myStrength behavioral health tools

Classes, pamphlets, videos on a wide variety of health topics

Disease Management programs

Rx: 30-/60-/100-day supplies at 1x/2x/3x copays
  ◊ Must use Kaiser pharmacies
  ◊ Mail order: 100-day supply for 2x copays
<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente</th>
<th>Senior Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx</td>
<td>$1,500 out-of-pocket maximum includes Rx</td>
<td>RX out-of-pocket max: $7,050</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>$1,000 allowance per aid per ear, every 36 months</td>
<td>Hearing aids: $2,500 allowance per aid per ear, every 36 months</td>
</tr>
<tr>
<td>Eye exam</td>
<td>$0</td>
<td>Eye exam $20</td>
</tr>
<tr>
<td>Allergy shots</td>
<td>$5</td>
<td>$150 allowance for eye glass frames and lenses every 24 months</td>
</tr>
<tr>
<td>+ Optum</td>
<td>behavioral health</td>
<td>No American Specialty acupuncture</td>
</tr>
<tr>
<td>Acupuncture/</td>
<td>chiropractic 24 visit limit (American Specialty network)</td>
<td>Allergy shots: $3</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
—New for Kaiser Permanente/Senior Advantage—

KAISER PERMANENTE®

◆ During Open Enrollment, schedule a 15 minute appointment with a Kaiser representative
  ◇ http://my.kp.org/universityofcalifornia
  ◇ Look for “UC 2022 Open Enrollment Information”
—PPO Plan Overview—
—UC Preferred Provider Organizations—

◆ CORE, UC Care
◆ UC High Option, UC Medicare PPO +/- Rx
◆ UC Medicare Choice
◆ Large Preferred Provider network:
   ◇ In California: 62,000+ Blue Cross network Anthem Preferred physicians (87%) including 400+ network hospitals (90%)
   ◇ More than 97% of hospitals and 92% of physicians across the country are Blue Cross/Blue Shield (BlueCard) providers
   ◇ Preferred providers in 190 foreign countries
◆ [http://ucppoplans.com/nh/find-care](http://ucppoplans.com/nh/find-care)
◆ Medicare members: [http://medicare.gov](http://medicare.gov)
- UC-dedicated customer service
- 24/7 nurse line & behavioral health resource center
- Variety of online tools
  - Mobile app: **Sydney Health**
  - **LiveHealth Online** medical and psychology care
  - **Learn to Live** replaces myStrength behavioral health site
Pharmacy Benefit Manager: IngenioRx being replaced by Navitus
CORE Medical

- Simple, low premium, high deductible PPO
- No cost preventive care
- For everything else: “Catastrophic” coverage
—CORE coverage—

◆ **Anthem Preferred Providers**
  1. $3,000 deductible
     ◆ Per person per year
  2. 20% coinsurance
  3. $6,350 out-of-pocket max
     ◆ Per person, per year
     ◆ $12,700 per family

◆ **Out-of-network providers**
  1. $3,000 deductible
     ◆ Per person, per year
  2. 20% coinsurance
  3. $6,350 out-of-pocket max
     ◆ Per person, per year
     ◆ $12,700 per family
  ◇ **Balance billing**
### CORE coverage

<table>
<thead>
<tr>
<th>Self Only Coverage</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
<td>20% + balance</td>
</tr>
<tr>
<td>3: Out-of-Pocket Maximum</td>
<td>$6,350</td>
<td>$6,350 + balance</td>
</tr>
</tbody>
</table>
● No flat copays; covered like medical
● Drug expenses apply toward your deductible/out-of-pocket maximum
—CORE mental health—

- Behavioral health covered the same way medical and pharmacy are covered
  - Coverage not “carved out”
- Use Anthem Preferred providers
—Advantages of CORE 😊—

- No monthly premium for most
- One deductible, out-of-pocket limit whether in-or out-of-network
- No PCP, self-refer to specialists
- Large, national preferred provider network
- Out-of-network/world-wide coverage
- LiveHealth Online 24/7 telemedicine
  - $49/visit until deductible is met
—Limits of CORE 😞—

◆ High deductible per person & per family
◆ High out-of-pocket maximum per person & per family
◆ No coverage for hearing aids
◆ Out-of-network coverage severely limited
  ◇ Outpatient surgery @ surgery center: 80% of $350
  ◇ Hospital: 80% of $600/day
◆ Chiropractic/acupuncture 24 visit limit
◆ Preauthorization required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
—CORE: Family members w/ Medicare—

Medicare partner plan:  
UC Medicare PPO
—UC Care—
High premium, low deductible PPO

Like a standard PPO, but with two levels of in-network providers

1. Choose a special UC Select provider network for low copayments
2. Or, use regular Anthem Preferred providers and pay 30%
—UC Care coverage—

Tier 2: Anthem Preferred
1. **$500** deductible
   ◦ Per person per year
   ◦ **$1,000** for 3 or more
2. **30%** coinsurance
3. **$7,600** Out-of-pocket max (includesRx)
   ◦ Per person, per year
   ◦ **$14,200** per family

Tier 3: Out-of-Network
1. **$750** deductible
   ◦ Per person, per year
   ◦ **$1,750** for 3 or more
2. **50%** coinsurance
3. **$9,600** Out-of-pocket max (includesRx)
   ◦ Per person, per year
   ◦ **$20,200** per family

Balance billing
—UC Care Tier 1: UC Select providers—

- All UC medical centers and select other providers located near UC campuses
- Certain services for flat copayments:
  - Physician office visit: $20
  - Urgent Care Center (not just UC Select) $20
  - ER (not just UC Select): $300
  - Ambulance: $200
  - Outpatient surgery: $100
  - Inpatient hospitalization: $250
  - LiveHealth Online 24/7 telemedicine: $20

Multiple copays can apply per service
---UC Care coverage---

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>UC Select</th>
<th>Anthem Preferred</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>None</td>
<td>$500</td>
<td>$750</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>Flat copayments</td>
<td>30%</td>
<td>50% + balance</td>
</tr>
<tr>
<td>3: Out-of-Pocket Max</td>
<td>$6,100</td>
<td>$7,600</td>
<td>$9,600 + balance</td>
</tr>
</tbody>
</table>
1. **Generic**: $5/30-day supply
2. **Brand name**: $25/30-day supply
3. **Non-formulary**: $40/30-day supply
   - 90-day supplies available for 2 copays:
     - UC pharmacies
     - Costco, CVS, Safeway/Vons, Walgreens, Walmart
4. **Specialty Rx**: 30% up to $150/script (UC pharmacies or Luminera)
—UC Care mental health coverage—

- Use **Anthem Preferred** providers
- Outpatient visits 1-3, no copay; additional visits $20
Advantages of UC Care

- Low copays for care from UC Select providers, network urgent care providers, and LiveHealth Online
- Low deductible for Anthem Preferred providers
- Low copayments for Rx compared to CORE
- Low copayments for mental health compared to CORE
- No PCP, self-refer to medical providers
- Large, national preferred provider network
- Out-of-network/world-wide coverage
---Limits of UC Care---

- Highest premiums & out-of-pocket limits per person & per family
- Many services not available at UC Select level of coverage
- UC Select tier: multiple copayments can apply per service
- Acupuncture/chiropractic limited to 24 visits combined
- Out-of-network coverage severely limited
  - Outpatient surgery @ surgery center: 50% of $350
  - Hospital: 50% of $600/day
- Preauthorization required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
- Specialty drugs have especially high copays
—UC Care: *Family w/ Medicare*—

Medicare partner plan:  
**UC Medicare Medicare PPO**
**PPO best case scenario: no claims 😊**

<table>
<thead>
<tr>
<th>Single Coverage</th>
<th>Annual Premium (100% UC contribution)</th>
<th>Out-of-Pocket Maximum</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>UC Care</td>
<td>$3,758.40</td>
<td>$0</td>
<td>$3,758.40</td>
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</tbody>
</table>
**PPO worst case scenario: high claims 😞**

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<td>CORE</td>
<td>$0</td>
<td>$6,350</td>
<td>$6,350</td>
</tr>
<tr>
<td>UC Care</td>
<td>$3,758.40</td>
<td>$7,600</td>
<td>$11,358.40</td>
</tr>
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</table>
**PPO best case scenario: no claims 😊😊😊**

<table>
<thead>
<tr>
<th>Family Coverage</th>
<th>Annual Premium (100% UC contribution)</th>
<th>Out-of-Pocket Maximum</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>UC Care</td>
<td>$11,488.80</td>
<td>$0</td>
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**PPO worst case scenario: high claims 😞😞😞**

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<th>Out-of-Pocket Maximum</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>$0</td>
<td>$12,700</td>
<td>$12,700</td>
</tr>
<tr>
<td>UC Care</td>
<td>$11,488.80</td>
<td>$15,200</td>
<td>$25,688.80</td>
</tr>
</tbody>
</table>
About UC Medicare PPO

- Medicare pays first for covered services
- Anthem Blue Cross pays second
- You pay the balance: ~4% if covered by Medicare
  - 20% of the 20% Medicare didn’t pay
  - If not covered by Medicare: 20% after $100 deductible
- LiveHealth Online telemedicine/psychology: $20
—UC Medicare PPO coverage—

◆ Medicare-covered services
1. Deductible N/A
2. 4% (20% of the 20% balance left after Medicare pays first)
3. $1,500 out-of-pocket maximum
   ◆ Per person, per year

◆ Services not covered by Medicare
1. $100 deductible
   ◆ Per person, per year
2. 20% coinsurance
3. $1,500 out-of-pocket maximum
   ◆ Per person, per year

OOPM does not include prescription drug copayments.
—UC Medicare PPO coverage—

- Original Medicare primary, Medicare PPO secondary
- Caution: must use Medicare providers (exception: mental health providers) unless not covered by Medicare
- Deductible only applies if not covered by Medicare (but covered by plan)

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>Not covered by Medicare*</th>
</tr>
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<tbody>
<tr>
<td>1: Deductible</td>
<td>$100</td>
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Benefits Beyond Medicare:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
—UC Medicare PPO Rx—

1. **Generic**: $10/30-day supply
2. **Brand name**: $30/30-day supply
3. **Non-formulary**: $45/30-day supply
   - 90-day supplies available for 2 copays:
     - UC pharmacies
     - Costco, CVS, Safeway/Vons, Walgreens, Walmart
     - Mail order: Costco
   - Some meds require prior authorization
   - **Out-of-pocket max**: New: $7,050
   - **Select Generics**: $0
—UC Medicare PPO mental health—

◆ Behavioral health coverage not “carved out”
◆ Use Medicare providers for better coverage
  ◇ Or, use non-Medicare providers (pay 20%)
—Advantages of UC Medicare PPO 😊—

- Medicare primary: prior authorization rarely required
- Use any Medicare provider for Medicare-covered services
- Use any licensed provider for behavioral health
- Low, 4% coinsurance
- Comprehensive, world-wide coverage
- Acupuncture coverage
- Hearing aid coverage at 80%
Limits of UC Medicare PPO 😞

- Acupuncture visits limited to 24 visits per year
- Must use Medicare providers for non-behavioral health services
- $7,050 Rx out-of-pocket max only helpful for expensive specialty medication
- Local Sutter primary care physicians (not specialists) not accepting new Medicare patients
- 100-day limit per benefit period in Skilled Nursing Facility, 3-day prior hospitalization required
—UC High Option—
—About UC High Option—

- For most services, plan pays 100% of balance after Medicare; you pay nothing
- $50 annual deductible, 20% coinsurance applies only to services not covered by Medicare
  - Example: Acupuncture
- LiveHealth Online telemedicine/psychology: $20
—UC High Option coverage—

- Original Medicare primary, High Option secondary
- Caution: must use Medicare providers unless not covered by Medicare (exception: mental health providers)
- Deductible only applies if not covered by Medicare (but covered by plan)

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>Not covered by Medicare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$50</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>3: Out-of-Pocket Maximum</td>
<td>$1,050</td>
</tr>
</tbody>
</table>

Benefits Beyond Medicare:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
—UC High Option behavioral health—

- Behavioral health coverage not “carved out”
- No coinsurance for services covered by Medicare
  - Use Medicare providers for better coverage
  - Or, use non-Medicare providers (pay 20%)
—UC High Option Rx—

1. **Generic**: $10/30-day supply
2. **Brand name**: $30/30-day supply
3. **Non-formulary**: $45/30-day supply

- 90-day supplies available for 2 copays:
  - UC pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart
  - Mail order: **Costco**
- Some meds require prior authorization
- **Out-of-pocket maximum**: $1,000

- **Select Generics**: $0
—Advantages of UC High Option 😊—

- Medicare primary: prior authorization rarely required
- Pay nothing for most services
- Use any Medicare provider
- Use any licensed provider for behavioral health
- Comprehensive, world-wide coverage
- Hearing aid coverage at 80%
- Acupuncture coverage
- Lowest $R_x$ out-of-pocket maximum ($1,000)$
—Limits of UC High Option 😞—

◆ Highest monthly premium
◆ Must use Medicare providers for non-behavioral health services
◆ 24-visit annual limit on acupuncture
◆ Local Sutter primary care physicians (not specialists) not accepting new Medicare patients
◆ 100 day limit per benefit period in Skilled Nursing Facility, 3-day prior hospitalization required
—UC Medicare Choice—
—UC Medicare Choice—

- Ultra-low premium
- Must sign over Medicare to UHC
- “Partner Plan” to UC Blue & Gold HMO (Health Net)
- http://uhcretiree.com/uc
—About UC Medicare Choice—

◆ Use any Medicare provider who will bill UnitedHealthcare
  ◊ 90% of U.S. physicians contract with UnitedHealthcare

◆ Benefits beyond Medicare
  ◊ Renew Active replaces SilverSneakers
  ◊ Post-hospital-discharge meals and transportation
  ◊ Solutions for Caregivers
—UC Medicare Choice coverage—

- Physician office visit: $20
- Virtual visits (*Amwell, Doctor on Demand, Teladoc*): $0
  - $20 for behavioral health
- ER: $65
- Outpatient surgery: $100
- Inpatient hospitalization: $250
- Medical out-of-pocket maximum: $1,500
—UC Medicare Choice behavioral health—

◆ Behavioral health coverage not “carved out”
◆ Use Medicare and non-Medicare providers
◆ Behavioral health outpatient: $20
◆ Behavioral health inpatient: $250
—UC Medicare Choice Rx—

1. **Generic:** $5/30-day supply
2. **Brand name:** $25/30-day supply
3. **Non-formulary:** $40/30-day supply
   - 90-day supplies available for 2 copays:
     - UC pharmacies, Costco, CVS, Rite Aid, Safeway/Vons, Walmart, Walgreens
   - Mail order: [OptumRx](#)
4. Some meds require prior authorization
5. **Select Generics:** $0
6. **Out-of-pocket maximum:** $2,000
—Advantages of UC Medicare Choice 😊—

◆ Low premium
◆ Use any Medicare provider who will bill UHC
◆ Use any licensed provider for behavioral health
◆ Comprehensive, world-wide coverage
◆ Unique benefits beyond Medicare
◆ Some local Sutter primary care physicians accepting new patients
◆ No 3-day hospitalization required prior to use of skilled nursing facilities, with unlimited days covered
◆ Foot orthotics, no diagnosis of diabetes necessary
—Limits of UC Medicare Choice 😞—

- Prior authorization required for many services
- Must use Medicare providers for non-behavioral health services
- Hearing aid benefit limited to $2,000
- 24-visit annual limit on acupuncture, chiropractic
- Some doctors will not bill Medicare Advantage plans
—All Medicare PPOs: vaccines—

◆ **Shingles vaccinations**: Use your network pharmacy

◆ **Flu shots**: Use either your physician’s office or your network pharmacy

◆ **Other vaccinations**: Check with your plan
—Conclusion—
Choosing a plan

- Every plan has a different drug formulary
- Match your priorities with the services available
- Do a cost/benefit analysis based on plan premiums and your expected medical, behavioral and pharmacy needs
- Review the Plan Booklets (Evidence of Coverage)
  - ucal.us/oe
  - HCF Program site→The Fine Print
—Making a change—

- Open Enrollment is online until 5 p.m. on 11/19/2021.
  - You can request a form or make changes over the phone by calling 1-800-888-UCOP (8267)

- Remember to get a **confirmation number** in your UCRAYS messages

- Medicare members may have additional paperwork due 11/22

- Remember, you can always change again during the next Open Enrollment...
Help is available

Health Care Facilitator Program

◆ Guerren Solbach:
  ◇ (530) 752-4264

◆ Erika Castillo:
  ◇ (530) 752-7840

http://hr.ucdavis.edu/hcf
UC Retiree Medical Plans

Presented by
Guerren Solbach