



## **United Healthcare Group Medicare Advantage PPO Plan Frequently Asked Questions (FAQs)**

### **Do I still need to keep Medicare Part A and Part B?**

Yes, in order to be eligible for the United Healthcare Group Medicare Advantage (PPO) plan, you must be enrolled in both Part A and Part B. You must also continue to pay your Medicare Part B monthly premium to the Federal Government.

### **How does the out-of-pocket maximum work?**

An out-of-pocket maximum places a limit on how much money you pay out of your pocket for your medical expenses in a calendar year. With this plan, the maximum amount that you would pay out of your pocket for medical expenses in a single year is \$1,500.00. Once you have paid \$1,500.00 in medical expenses, your United Healthcare Medicare Advantage plan pays 100% of the cost of your covered medical care expenses for the rest of the year.

### **Is the plan nationwide?**

Yes, this plan offers nationwide coverage.

### **What happens if my doctor 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. Your doctor may not accept Medicare Advantage plans, like HMO plans, that require your doctor to have a contract with the Medicare Advantage plan. The United Healthcare Group Medicare Advantage (PPO) plan does not require a doctor to contract with United Healthcare. This plan works like traditional PPO plans which doctors have been familiar with for a long time. Under the United Healthcare Group Medicare Advantage (PPO) plan, the doctor will be paid the same as 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.

### **What happens if a doctor accepts Medicare but doesn't accept this plan?**

If you contact United Healthcare at (800) 457-8506, a representative will be happy to reach out to your provider to discuss how the plan works and how the provider will be paid the same as Medicare. If the doctor refuses to accept this plan you can continue to see the doctor, pay for the services up front and then submit the bill to United Healthcare for reimbursement. You will only be responsible for the same co-payment as if you had stayed in the network.

### **Are there any situations when a doctor will "balance bill" me?**

As a member of United Healthcare® Group Medicare Advantage (PPO), an important protection for you is that you only have to pay your copay when you get services covered by our plan. We do not allow providers to add additional separate charges, called "balance billing." This protection (that you never pay more than your copay amount) applies even if we pay the provider less than the provider charges for a service and even if there is a dispute and we don't pay certain provider charges. If your doctor attempts to balance bill you, please contact United Healthcare at (800) 457-8506.

**Do I need to get new prescriptions?**

Your mail order provider will be OptumRx, a UnitedHealth Group company. Any current open refills that you have on file with your current retail or mail order provider will not carry over and therefore, new prescriptions will be needed. The welcome kit that you receive following your enrollment in the plan, will include an OptumRx Mail Order Brochure containing OptumRx contact information.

**Do I still have EyeMed Vision Care?**

Yes, this is included in your health insurance benefits.

**How does my managed mental health coverage work?**

Mental health services are covered by the United Healthcare Group Medicare Advantage (PPO) plan. Visits to Medicare-qualified mental health care professionals are subject to a copay. The Behavioral Health department can be reached at (800) 453-8440.

**Did my dental plan change?**

The dental plans are separate from the health plan coverage. If you previously enrolled in the Cigna Reimbursement or MetLife Dental Plans, your coverage will remain the same.