

Questions from Retiree 2022 Benefits Webinar:

1. What happens when a person reaches the Out of Pocket Maximum? Do services no longer require copay or other charges?
Correct. Once reaching the \$2,500 out of pocket maximum, medical services are paid at 100% through the end of the calendar year. Pharmacy copays would still apply for prescription drugs.
2. When a % is listed, is it a percentage of what?
The % represents the portion of the covered charge that will be paid by the patient. For example, if a 10% copay is required, the patient will pay 10% of the United Healthcare negotiated rate.
3. How are inpatient doctor and surgeon's fees handled?
It depends on how the services are billed. The \$250 copay applies to the care rendered by the facility. For example, if a private physician provides an office visit while the patient is within a facility, an office visit copay may also be charged.
4. Are prescription drugs part of the \$2,500 maximum out of pocket?
They are not. Prescription drug coverage limits are separate from medical limits. That said, our Prescription Drug Plan includes a Catastrophic Limit of \$7,050. At the time that the Catastrophic Limit is reached, the copays reduce significantly.
5. What happens in the case of an out of network physician?
Our plan allows for the use of a United Healthcare participating provider or a provider that is willing to accept our plan and bill United Healthcare. Prior arrangements should be made with an out of network doctor by the patient.
6. Is there still a free annual physical? Is blood work as a part of the annual physical included?
Coverage for preventive care is unchanged for 2022. Bloodwork is still part of the annual physical.
7. Are all hospitals in network?
No. Hospitals can choose to be part of the network or not. Patients should verify facility participation prior to receiving care (when possible.)
8. Does Medicare cover dental services?
Medicare doesn't cover most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, etc.
9. When is deadline to enroll? Will information guide come in time to meet deadline?
Annual election runs from 11/3 – 11/18. The information guide should be arriving by the start of this election period.
10. How are chemo type drugs handled?
If provided by Optum Rx, they would fall into one of the three copay tiers (1, 2 or 3).

11. We currently pay OptumRx \$20 per prescription...is that because it is a 3 month supply?
Yes. Tier 1 drugs through Home Delivery are \$20.
12. Where can we see the formulary changes?
You may always utilize the OptumRx website to determine the copay for a prescription.
13. What happens if you medically require the Brand name Rx?
For some prescriptions, an exception process is available. OptumRx will let you know if that is the case. Otherwise, you will need to pay the higher copay or switch to the recommended drug.
14. Where do I find additional information from the Conference to assist in using the plan?
You may reach out to the Mission & Resource Center at anytime for questions relating to the plan. Direct Path is also available to assist you. Contact information for our plan providers, including Direct Path, can be found in the Important Information Guide mailed to your home.
15. How are composite fillings covered?
Fillings are considered a Basic Service.
16. Are preventive dental services included in annual maximum?
Yes, Preventive services apply to the annual benefit maximum under the Dental PPO Plans.
17. If I pay 4 quarters of dental premium @ \$156 = \$ 624, am I'm only getting a benefit maximum of \$1,000?
Each member you cover each receive \$1,000 in benefit per calendar year on the Low Plan. The High Plan offers more coverage.
18. So, in summary, if I have reached the Out of Pocket Max and I have a subsequent Doctor or Hospital visits, I pay nothing? Will the provider be aware of this feature?
Once reaching the \$2,500 out of pocket maximum, medical services are paid at 100% through the end of the calendar year. Pharmacy copays would still apply for prescription drugs. Your physician may not know you have met your medical out of pocket maximum. Please make them aware so that they do not continue to ask for copays at the time of service.
19. My spouse is 62. Does he need to complete paperwork?
Separate information was sent regarding the HealthFlex Annual Election. Please refer to the Conference website or the mailing sent home to participants.
20. So what is the advantage of staying with the Conference plan vs getting another plan?
That is a personal choice. The UHC plan does offer additional benefits outside of traditional Medicare, ie worldwide coverage, no medical or pharmacy deductibles, comprehensive prescription drug coverage. Remember, you can only enroll in one Medicare plan.

This document does not represent a guarantee of coverage. Only the carrier can confirm actual benefits per our plan document booklet.