**UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan**

**Frequently asked questions and answers**

1. **What is Medicare Advantage and how does it work with Original Medicare?**
   Medicare Advantage plans are Part C plans that are offered by private insurers like UnitedHealthcare. They offer all the benefits of Original Medicare Part A and Medicare Part B. Many Medicare Advantage plans include prescription drug coverage (Part D) and typically include additional benefits, features, and programs. You must remain enrolled in Medicare Part A and Part B to be eligible for a Medicare Advantage plan.

2. **Why is APWU Health Plan offering a Medicare Advantage plan?**
   APWU Health Plan has been serving retirees for 60 years. Retirees make up a big portion of our plan population, and they are very important to us. We thank you for your service to our country and now it's our turn to take care of you. APWU Health Plan designed this Medicare Advantage plan in collaboration with UnitedHealthcare to provide an enhanced level of benefits, which focuses more closely on senior health and well-being.

3. **What does the Medicare Advantage for APWU Health Plan cover?**
   The UnitedHealthcare Medicare Advantage for APWU Health Plan offers all the benefits of Original Medicare Part A and Medicare Part B, plus prescription drug coverage (Part D) and additional benefits, such as a $50 monthly Medicare Part B subsidy, a SilverSneakers® fitness benefit, UnitedHealthcare® HouseCalls and much more.

4. **Is this the Medicare Advantage plan that's advertised on TV?**
   This is a custom Group Medicare Advantage (PPO) plan designed exclusively for APWU Health Plan's High Option members. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

5. **Will I lose my coverage through the Federal Employee Health Benefit Program (FEHBP) if I enroll in a Medicare Advantage plan?**
   Typically, enrollment into a Medicare Advantage plan would cause a suspension or termination to FEHBP coverage. However, the Medicare Advantage for APWU Health Plan was designed for FEHBP retirees to allow you to retain your status in FEHBP.

6. **Should I suspend my APWU Health Plan coverage through FEHBP?**
   No, you must remain enrolled in the APWU Health Plan to be eligible for the Medicare Advantage plan. If you suspend your APWU Health Plan coverage, you will also be terminated from the Medicare Advantage plan.

7. **How much does it cost to enroll in this plan?**
   There is no additional cost to enroll in the Medicare Advantage plan. You will continue to pay your APWU Health Plan High Option premium as well as your Medicare Part B premium. You will receive a Medicare Part B subsidy of $50 per month when enrolled in the Medicare Advantage plan.

8. **How do I enroll in the Medicare Advantage plan?**
   - If you are already enrolled in the APWU Health Plan, please call UnitedHealthcare to enroll in the UnitedHealthcare Medicare Advantage (PPO) plan for APWU Health Plan toll-free at **1-855-383-8793, TTY 711,** 8 a.m. to 8 p.m. local time, 7 days a week
   - If you are not yet a member of the APWU Health Plan, you'll need to enroll during Open Season with the Office of Personnel Management (OPM). Once your enrollment into the APWU Health Plan has been processed and confirmed by OPM, you can call UnitedHealthcare to enroll in the UnitedHealthcare Medicare Advantage (PPO) plan for APWU Health Plan toll-free at **1-855-383-8793, TTY 711,** 8 a.m. to 8 p.m. local time, 7 days a week.
   - Enrollment in Medicare Advantage is voluntary, retirees may opt in or out of the enhanced level of benefits at any time throughout the year

9. **What happens to my spouse's coverage if he/she is under 65 and/or not eligible for Medicare?**
   Dependents who are not Medicare eligible or Medicare primary will remain on the APWU High Option plan.

10. **Is the plan nationwide?**
    Yes, this plan offers nationwide coverage.

11. **How do I find out if my provider is in the network?**
    To learn if your provider is in the network, go to **www.UHCRetiree.com/APWUHP.**

12. **What is the difference between network and out-of-network providers? How does this difference affect the total amount that I can expect to pay for services when using out-of-network providers?**
    Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With the APWU Health Plan, you have the flexibility to see any provider (in or out of the network) at the same cost share, as long as the provider has not opted out of Medicare and accepts the plan. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

13. **Are there any situations when a provider will balance bill me?**
    You will pay the same cost share in or out of the network, so there is no balance billing. However, if your provider bills you, please call UnitedHealthcare Customer Service at **1-855-383-8793, TTY 711,** 8 a.m.- 8 p.m. local time, 7 days a week.

14. **Is there coverage outside of the United States?**
    Yes, coverage is available outside of the United States.

15. **Does this plan have dental coverage?**
    Yes, this plan offers dental coverage.

**16. When will I get my UnitedHealthcare member ID card?**

Your UnitedHealthcare member ID card will arrive approximately 2 weeks after your enrollment has been submitted and confirmed. You will use your UnitedHealthcare Group Medicare Advantage member ID card for all covered medical and prescription drug services.

**17. Do I need to get new OptumRx® Home Delivery mail-order prescriptions?**

You may need a new prescription. Beginning Jan. 1, 2022, your Home Delivery pharmacy will be OptumRx, a UnitedHealth Group company. The Quick Start Guide that you receive following your enrollment in the plan will include OptumRx contact information.

**18. Will I be penalized for not having drug coverage through APWU previously?**

If you had a Medicare Part D plan or coverage through FEHBP that included prescription drug coverage, you had what is known as "creditable coverage." Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had creditable prescription drug coverage through another source, such as a spouse's employer plan, you should have received a certificate of creditable coverage. This certificate is generally provided prior to tax season. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for more than 63 days, Medicare will determine if you need to pay a late enrollment penalty (LEP) for the length of time you were eligible but did not have Part D coverage. You may submit an appeal to have this LEP removed if you had creditable coverage. You will receive a letter from UnitedHealthcare if Medicare has reported a gap of more than 63 days with instructions on how to appeal this and provide proof of creditable coverage.

**19. What is Medicare Part D IRMAA and does it apply to me?**

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 2 years ago is above $87,000* for an individual or $174,000* 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. Neither APWU 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. You can:

- Go online to **www.ssa.gov**
- Call Social Security toll-free at **1-800-772-1213, TTY 1-800-325-0778,** 8 a.m. 7 p.m., MondayFriday
- Visit your local Social Security office

*These amounts are accurate for 2021.

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 APWU Health Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

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. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2020 Tivity Health, Inc. All rights reserved.

HouseCalls may not be available in all areas.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx Home Delivery to supply your maintenance medication. If you have not used OptumRx Home Delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-888-279-1828, 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.

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