



Statewide Health Insurance Benefits Advisors (SHIBA)



Introduction / thank you

- Introduction / thank you

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Overview of programs

Program 1:

- I've got UMP and I *might* change for 2024.

Program 2:

- I'm in Medicare with PEB as my 'other insurance besides Medicare' and I want to understand my options better.

Program 3:

- I'm enrolled in Medicare and I'd like to know more about how it works and how it works with other insurance, too.



Program 2

- How can I compare options for coverage?
 - compared to other HCA PEB options
 - compared to other private market options
- What tools and resources are there to help me?
- Who can help me with using these tools?
- Who can help me with forms / paperwork?



Ignorance is NOT bliss

There are real consequences

- not knowing your rights
- being late to take action
- not knowing who to trust for help

There is a real emotional toll to being

- confused or scared or feeling isolated or lonely



Change is hard – there is help

- You might feel scared or angry or confused or sad.
- You don't have to make a change at all. That's OK.
- There is no right answer or same answer for everyone.
- We're trying not to influence your choice.
- Our goal is **just** to provide some tools and resources.



Why this program and these presenters?

- Invited by RPEC
- Experts with Medicare and other insurance
- Changes in Medicare
- Rate increase for UMP
- We are in addition to *not* instead of other resources
 - HCA
 - Health plans
 - CMS



SHIBA program

- Office of Insurance Commissioner Mike Kreidler
- Statewide Health Insurance Benefits Advisors
- Free, confidential, unbiased help to navigate Medicare and other insurance
- Volunteer advisors throughout the State
- Senior Medicare Patrol (SMP) program: prevent, detect and report fraud



Uniform Medical Plan

- 40,000 people
- 44% of all Medicare retirees
 - Very satisfied, long-term enrolled
- 20% rate increase
 - Again, after a big rate increase for 2023
 - Trending higher
- What next?
 - Program 3

Reminder: no judgment

- You are NOT required to switch plans
 - UMP is **not** being discontinued or 'closed'
- If you do switch plans, you can switch again next year
- There is lots of expert, professional help available, from several sources



Expectations

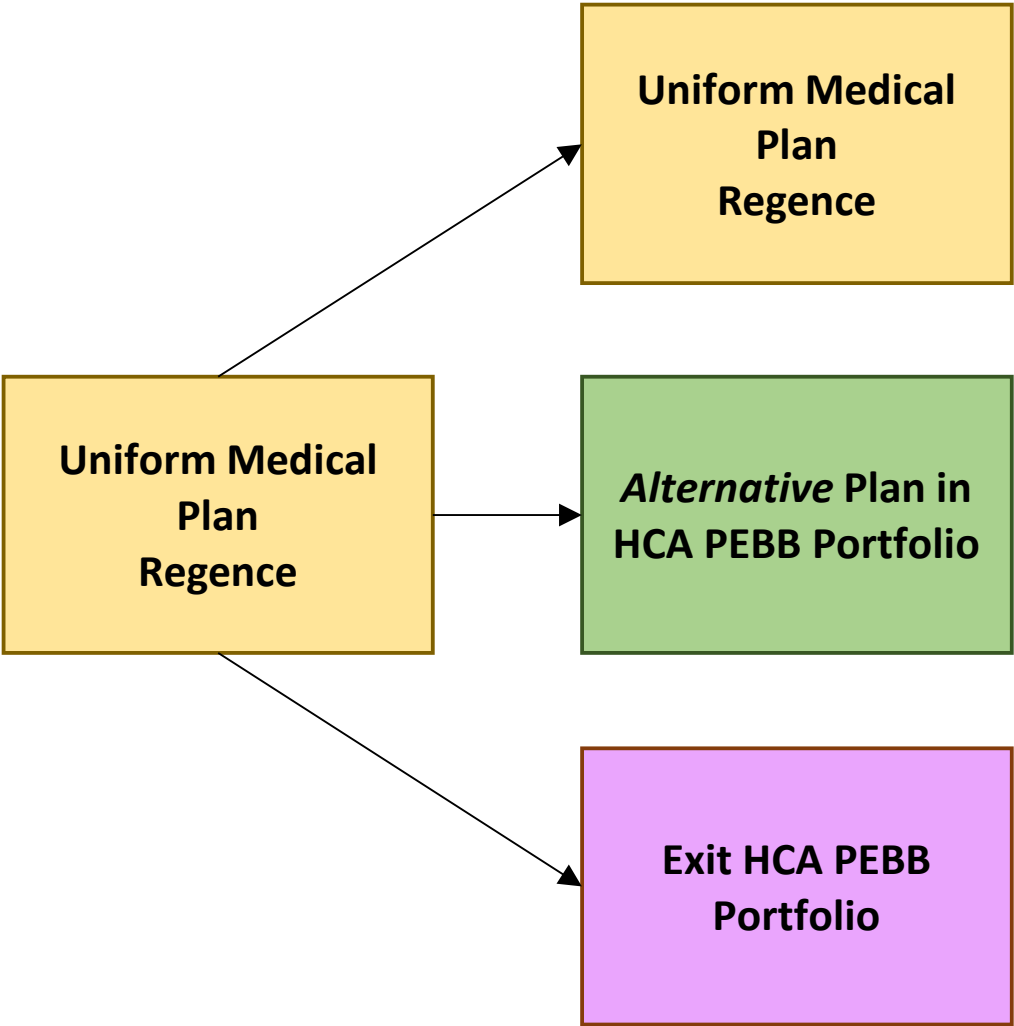
- I believe that you know what is best for you
- I believe that you have sound judgment
- I can't and I won't tell you what to do or what I think is best for you
- I am not 'selling' any products or services
- I am here to support our colleagues at the HCA and the health plans – not to replace them
- It's wise to consult with many people you trust



Make the right choice for you - timely



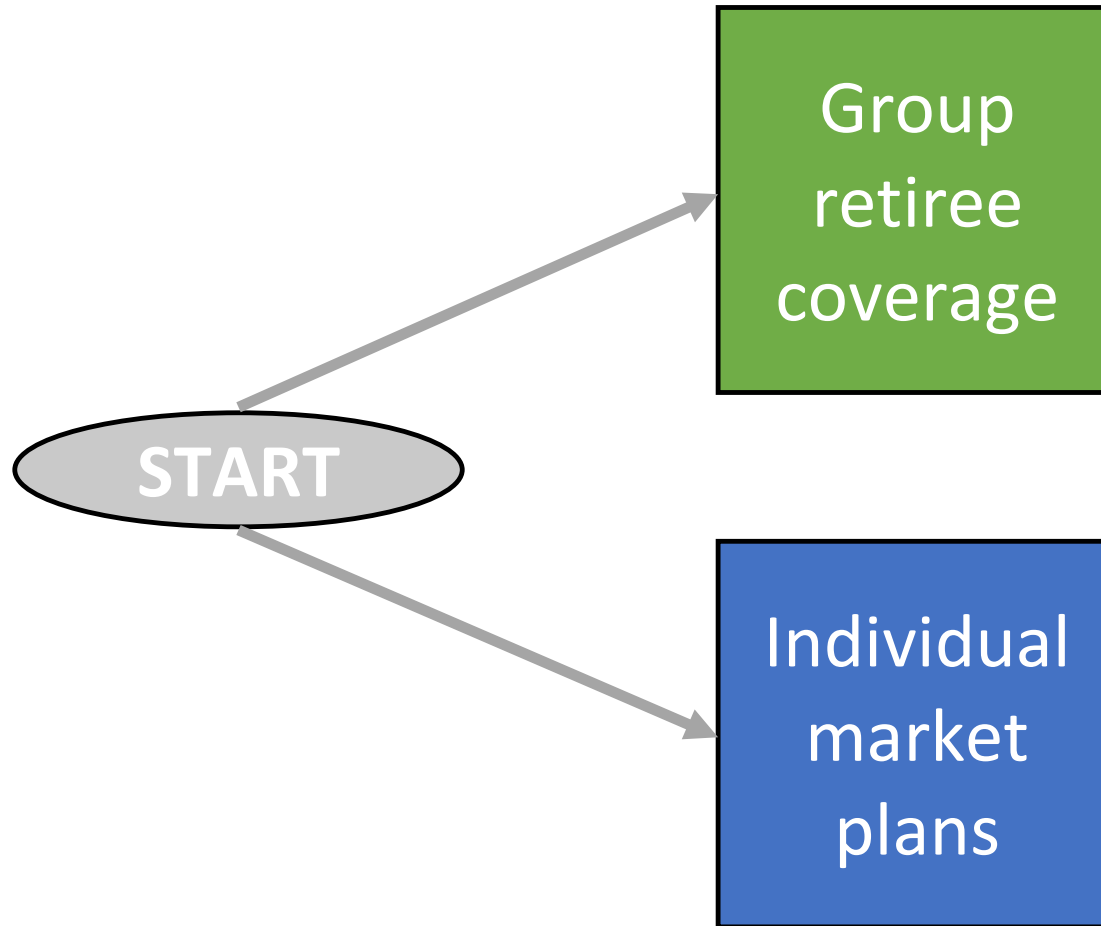
Options: highest level



Review of concepts

- Plans available in the HCA PEBB portfolio are different than plans sold in the individual market
- The two approaches to 'other insurance besides Medicare' are relevant for plans in the HCA PEBB portfolio *and/or* for plans sold in the individual market
- HCA has significant rules about access to these group retiree plans

Group retiree coverage?





Group plans are different

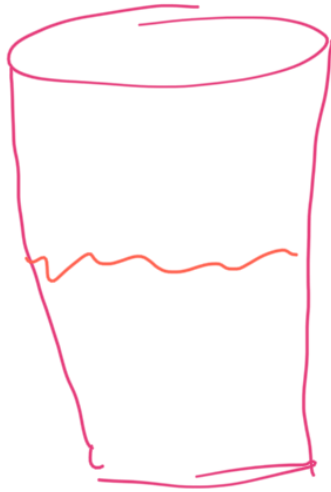
Group retiree insurance

- Premera Blue Cross Medicare Supplement Plan G
- United Health Care
- Kaiser Permanente

Individual market

- Premera Blue Cross Medicare Supplement Plan G
- United Health Care
- Kaiser Permanente

perspective (POV)



the glass is:

$\frac{1}{2}$ full

$\frac{1}{2}$ empty

completely full

$\frac{1}{2}$ water, $\frac{1}{2}$ air

it's not a glass,

it's a vase

other

What matters to you?

In general, we anticipate there are three (3) things that are most important, but your own list can be different.

- Prescription (Rx) drugs
- Primary care and specialist providers
- Other medically needed care – not covered by Medicare

HCA web site: differences to consider

Premiums

Deductibles

Plan benefits

Coinsurance or copays

Out-of-pocket limit

Prescription drug coverage

Referral procedures

Your provider

Network adequacy

Paperwork

Coordination with your other benefits

Medicare coverage

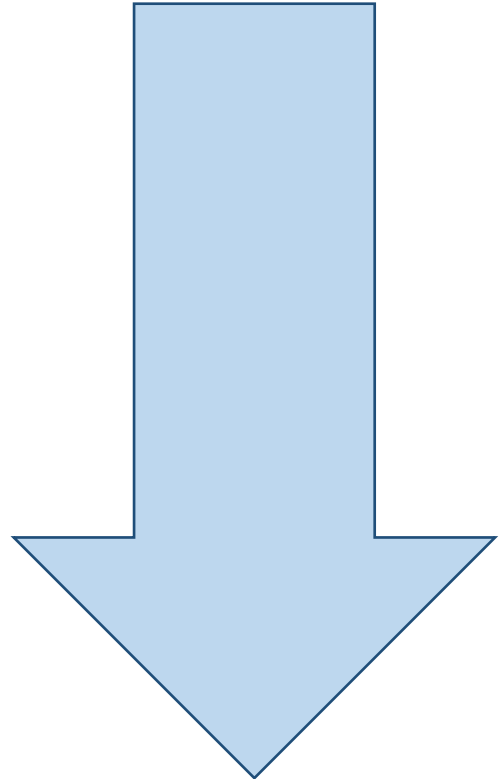
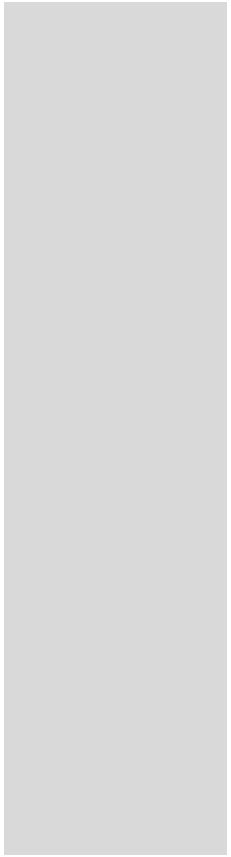
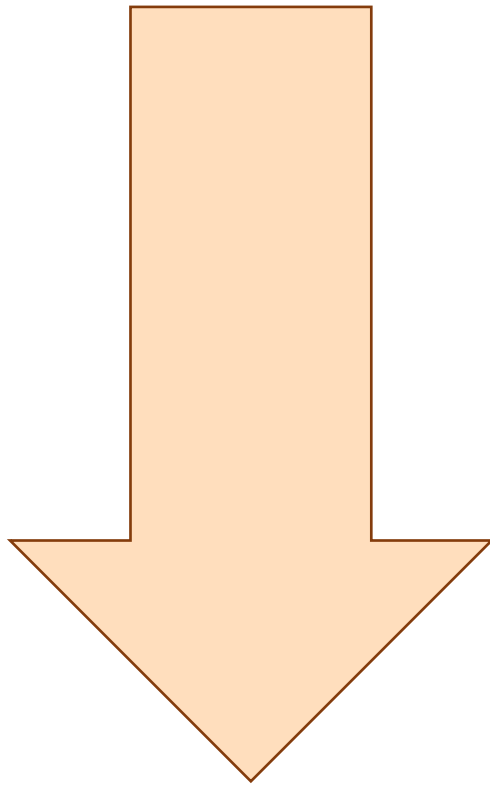
- Medicare is your primary insurance
 - Any other HCA PEB coverage is your *secondary* insurance
- HCA PEB retirees **must** enroll in
 - Medicare Part A and
 - Medicare Part B
- Medicare coverage is essential to your health care



Medicare and other insurance

Alternative approaches to 'other insurance besides Medicare'

Original Medicare	<i>OR</i>	Medicare Advantage
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Original Medicare

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% **coinsurance**), you can also shop for and buy supplemental coverage.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (**Medigap**). Go to Section 5 (starting on page 75) to learn more about Medigap. Or, you can use coverage from a current or former employer or union, or **Medicaid**.

Medicare Advantage

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In many cases, you can only use doctors who are in the plan’s network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower or higher out-of-pocket costs than Original Medicare. You may also have an additional **premium**.
- Plans may offer some extra benefits that Original Medicare doesn’t cover—like certain vision, hearing, and dental services.

Part A



Part B



Most plans include:

Part D

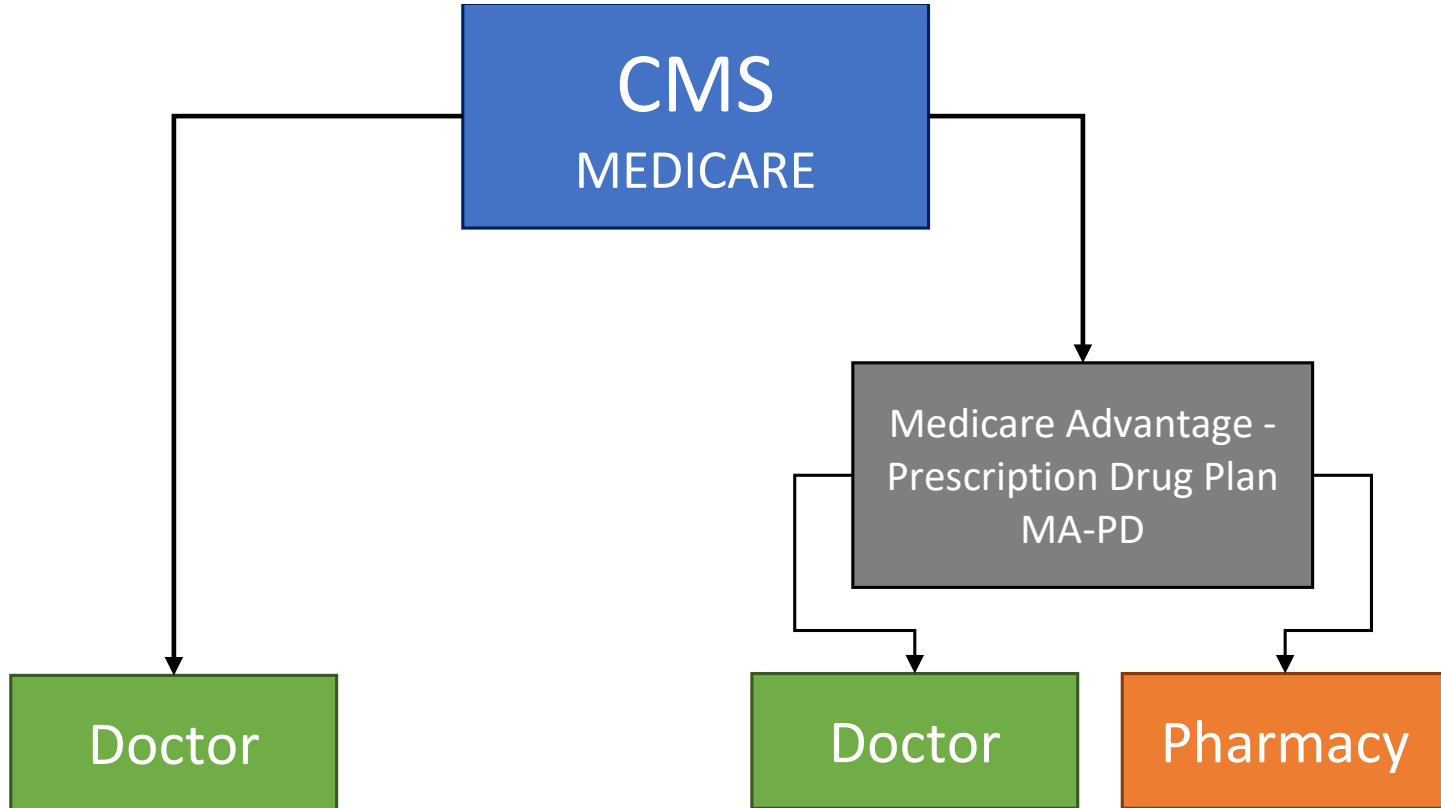


Some extra benefits

Some plans also include:

Lower out-of-pocket costs

Provider reimbursement

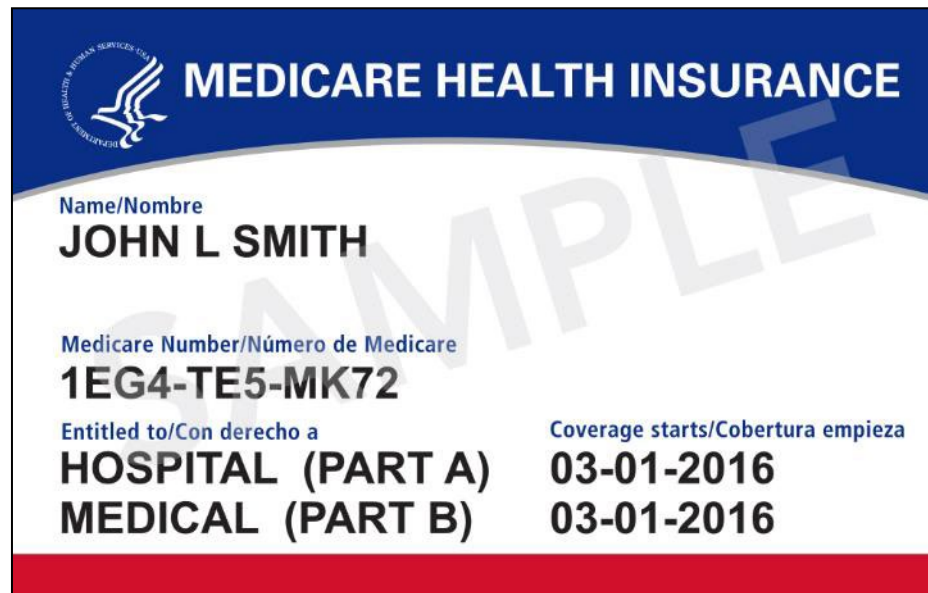


Golden rule

“Who has the gold, makes the rules.”

-- *unknown*



Medicare card



MA-PD card, sample for UHC

Section 3.1 Your UnitedHealthcare member ID card

While you are a member of our plan, you must use your UnitedHealthcare member ID card whenever you get services covered by this plan and for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample UnitedHealthcare member ID card to show you what yours will look like:

 Health Plan (99999): 999-99999-99 Member ID: 999999999-00 Group Number: 99999 Member: SAMPLE A MEMBER Payer ID: 99999  Copay: PCP \$XX ER \$XX H9999-999-999 Plan Name	Customer Service Hours: XXX - XXX, XXX - XXX, XXX XXX - XXX For Members Website: www.website.url Customer Service: 1-999-999-9999 TTY 711 Other Number: 1-999-999-9999 TTY 711 Other Number: 1-999-999-9999 TTY 711 For Providers www.website.url 1-999-999-9999 Medical Claim Address: P.O. Box 99999, XXXXXX, XX 99999-9999 UHC For Pharmacists 1-999-999-9999 Pharmacy Claims P.O. Box 99999, XXXXXX, XX 99999-9999
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Do NOT use your red, white, and blue Medicare card for covered medical services while you are a member of this plan. If you use your Medicare card instead of your UnitedHealthcare member ID card, you may have to pay the full cost of medical services yourself. Keep your Medicare card in a safe place. You may be asked to show it if you need hospital services, hospice services, or participate in Medicare approved clinical research studies also called clinical trials. Note: If you are not entitled to Medicare Part A coverage, hospice services are not covered by the plan or by Medicare.

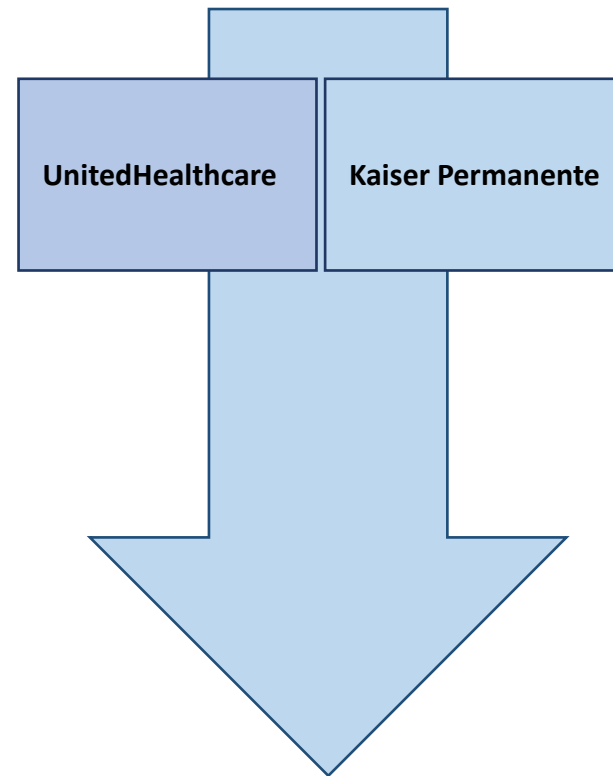
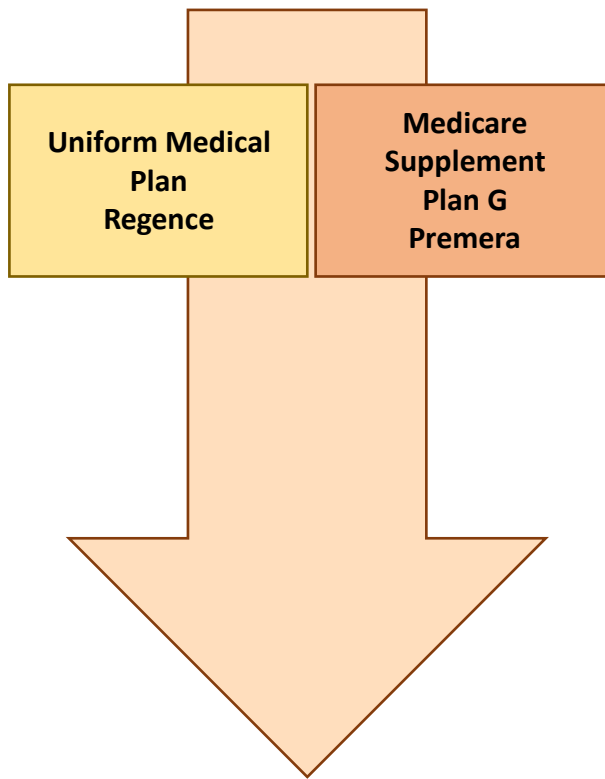
HCA PEB Portfolio in context

Alternative approaches to 'other insurance besides Medicare'

Original Medicare

OR

Medicare Advantage





This is 'other insurance besides Medicare'

- You are making an investment decision.
- You make choices *like* this with other insurance products all the time.
- Yes, this can feel different; in fact, it IS different. And it also very much the same analysis, too.



Premera Medicare Supplement Plan G

Quick note about Premera Medicare Supplement Plan F and Plan G

- I am not including that Plan F as an option for switching for UMP subscribers because it is 'closed' to new enrollment

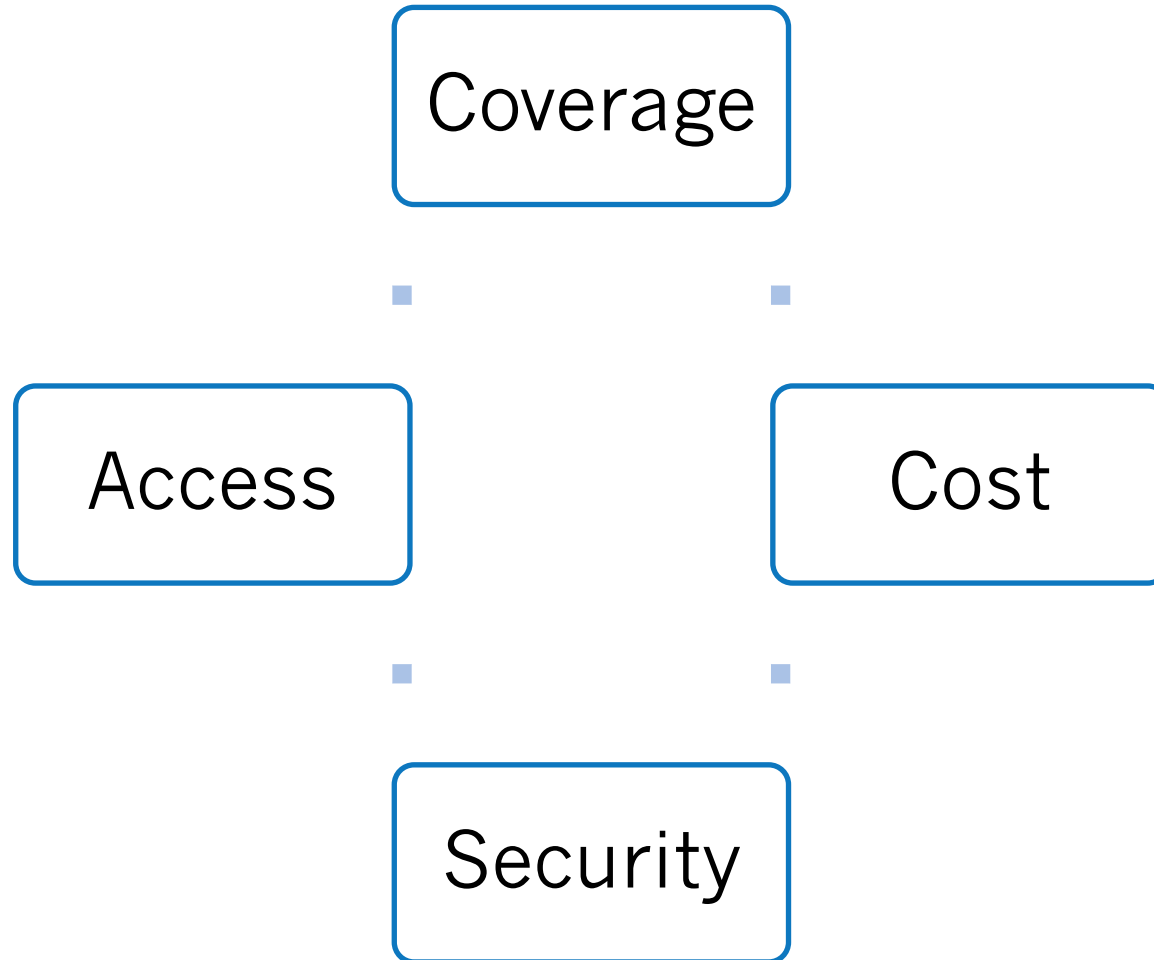
We'll cover specialized topics about these plans more in Program #3



Highlight the trade-off's

- Coverage
- Cost
- Access
- Security

At the intersection



Medicare retirees *and dependents*

Medical plan options

In general, PEBB retirees may choose from the plans listed below. Your options are limited to the plans available in your county and whether you are enrolled in Medicare Part A and Part B. Remember, if you cover eligible dependents, everyone must enroll in the same medical plan (with some exceptions, based on eligibility for Medicare Part A and Part B). PEBB Continuation Coverage (Unpaid Leave) subscribers are not eligible for Medicare plans.

Medicare options

For members enrolled in Medicare Part A and B. Value-based plans noted in **bold**.

- **Kaiser Permanente NW Senior Advantage**
- **Kaiser Permanente WA Medicare Plan** (Medicare Advantage or Original Medicare coordination plan)
- Medicare Supplement Plan G, administered by Premera Blue Cross
- UMP Classic (Medicare), administered by Regence BlueShield
- UnitedHealthcare PEBB Balance
- UnitedHealthcare PEBB Complete

Medicare & Rx drugs

The two kinds of options for prescription drug coverage relate to the two approaches

1. For 'original Medicare':

- stand-alone Medicare Part D plan
- the same as others in the individual market

2. For Medicare Advantage (MA) plans:

- integrated Medicare Part D plan
- Not the same as others in the individual market

Reminder: for UMP, integrated, but not a Medicare Part D plan

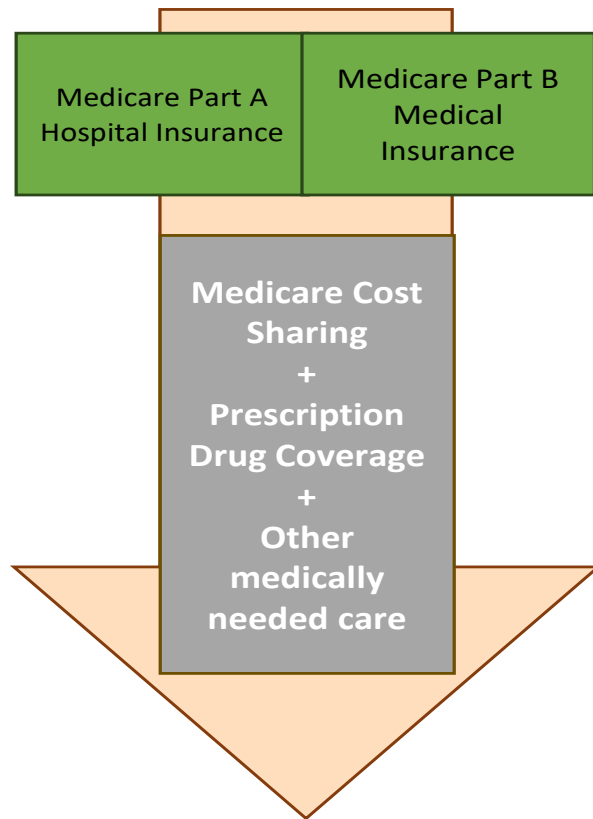
Premiera Medicare Supplement Plan G

If you choose Premiera Medicare Supplement Plan G, you will * choose a stand-alone Medicare Part D prescription drug, using the on-line Medicare Plan Finder tool.

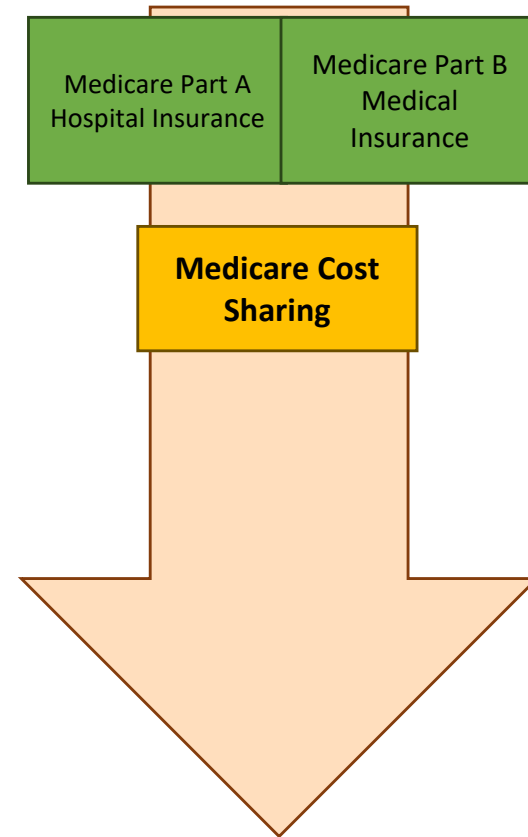
** There are, of course, exceptions, where a person might not enroll into prescription drug coverage through Medicare. This is 'tricky'; be sure to consult with an expert.*

Compare UMP and Premera Plan G

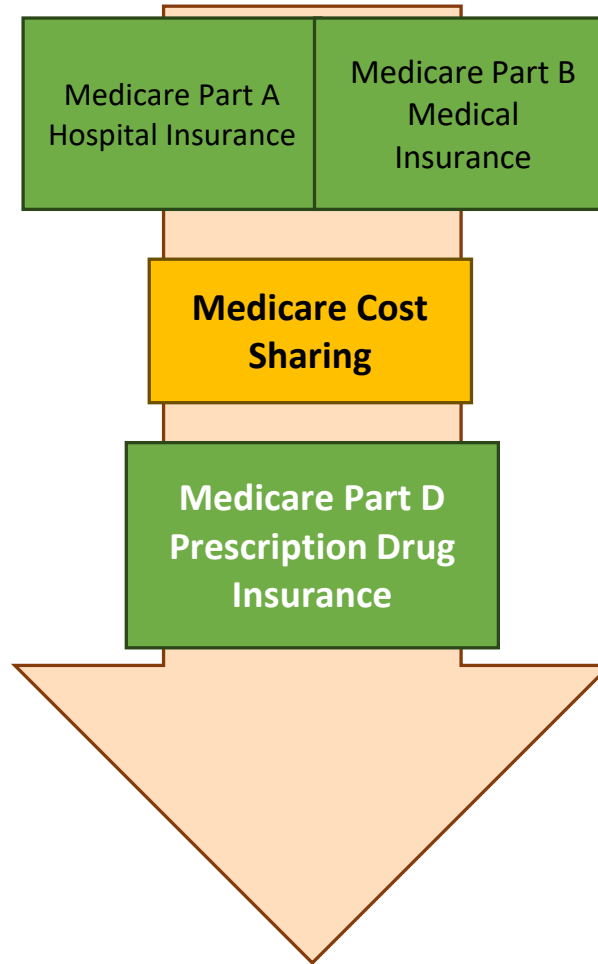
UMP



Premera Plan G



Premera Plan G + Medicare Part D



Compare: UMP to Premera Plan G

- Both are “Original Medicare” alternatives to MA plans – provider access is key
- Premera Plan G offers – almost no out-of-pocket costs for Medicare covered services
- Premera Plan G does not include coverage for
 - Prescription drugs
 - Other medically needed services
- Most people would elect Medicare Part D prescription drug coverage

Caution: Part D plans and retiree coverage

For HCA PEBB Medicare retirees, stand-alone Medicare Part D prescription drug plans are only compatible with “Original Medicare” and Premera Medicare Supplement Plan G.

You cannot enroll in a private market Medicare Part D and keep UMP nor any of the MA plans offered to HBA PEBB Medicare retirees.

How do I do that – exactly?

Step 1: create an account for yourself

Step 2: enter in the prescriptions you are currently using

[NOTE: it's OK to also enter drugs that you're *not* taking but are concerned about]

Step 3: complete your work in the Plan Finder tool related to things like preferred pharmacies

Step 4: save/print the results to compare to UMP and/or other plan options

Support for Medicare Plan Finder tool

- Our trained SHIBA advisors and SHIBA staff are available to provide support and assistance with the Plan Finder tool.
- We're happy to arrange small-group training programs.
- We can point you to other resources as well, including workshops created by the Medicare agency.

Summary of Plan Finder tool

- The results from the Plan Finder tool will be pretty clear-cut with regard to coverage, cost, and access.
- The results with regard to security will be less clear.
 - During the plan year (calendar year 2024), the specifics about coverage, cost, and access can change.
 - For example, a drug may be added or removed from the formulary.
 - Each year – so next Fall – you ought to complete this same exercise over again

Medicare & You 2024

Medicare & You Handbook



Get the handbook

You can download the latest copy of the handbook at any time.

Download the PDF



Choose the e-handbook

If you choose to get the handbook electronically, we'll email you a link to the PDF version each fall.

Log in/Create Account

Setting up mymedicare.gov account

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾

Chat → Log in →

Log in

USERNAME

Save my username for next time
Don't check if you're using a public device.
[What's this?](#) ⓘ

PASSWORD

 [Show](#)

Log in

[Forgot your username or password?](#)

Create an account

Your secure Medicare account lets you access your information anytime.

- ✓ Get a summary of your current coverage
- ✓ Add your drugs & pharmacies
- ✓ Use your saved drugs & pharmacies to compare plan costs

Create Account

YouTube (seriously)

<https://www.youtube.com/watch?v=WWouFwlsf64>

- This is the 2022 version, but you will get the idea
- Updated version coming soon!

Medicare Plan Finder: Rx

Tell us about this drug


Lisinopril

DOSAGE

QUANTITY

FREQUENCY

[Add to My Drug List](#)

[Cancel](#)

Pharmacy preference


Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

NAME OF PHARMACY (OPTIONAL)

Filter by:

Distance: 10 miles 

Network for Rx

How do pharmacy networks affect what I pay?



Medicare drug plans have contracts with pharmacies, called "networks." Pharmacies in a plan's "network" have agreed to offer the plan's members lower costs for drugs. A pharmacy's "network status" tells you if your plan has negotiated lower costs with that pharmacy. Here are the 4 "network statuses" a pharmacy can have, and how they affect your costs:

1. **Preferred in-network:** Usually offers the lowest costs for drugs.
2. **In-network:** Usually offers drugs for a lower cost than out-of-network pharmacies, but a higher cost than preferred in-network pharmacies.
3. **Out-of-network:** Usually offers drugs at a higher cost, and you may have to pay the full cost.
4. **Mail-order:** Costs vary based on the specific mail-order pharmacy. Contact the plan for more information.

Feedback

Summaries

Showing 10 of 46 Medicare Advantage Plans SORT PLANS BY Lowest drug + premium cost ▼

HumanaChoice H5216-247 (PPO)
Humana | Plan ID: H5216-247-0
Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage
Doesn't include: \$164.90 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$0.00 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$175.00 Drug deductible

\$11,000 In and Out-of-network

\$6,500 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▼

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**
Specialist: **\$15 copay per visit**

DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

Enroll Plan Details Add to compare

Limits apply

Limits apply ^

Advanced Plan Approval Required - A process through which the physician or other health care provider is required to obtain advance approval from the plan that payment will be made for a service or item furnished to an enrollee. Unless specified otherwise with respect to a particular item or service, the enrollee is not responsible for obtaining (prior) authorization.

Compare plans

	HumanaChoice H5216-247 (PPO) x \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	AARP Medicare Advantage Plan 2 (HMO-POS) x \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	Aetna Medicare Value Plan (HMO-POS) x \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details
Primary doctor visit	In-network: \$0 copay Out-of-network: 35% coinsurance per visit	In-network: \$0 copay	In-network: \$0 copay
Specialist visit	In-network: \$15 copay per visit Out-of-network: 35% coinsurance per visit	In-network: \$45 copay per visit	In-network: \$40 copay per visit
Diagnostic tests & procedures	In-network: \$0-50 copay Out-of-network: 35% coinsurance	In-network: \$30 copay	In-network: \$0-15 copay
Lab services	In-network: \$0-40 copay Out-of-network: 35% coinsurance	In-network: \$0 copay	In-network: \$0 copay
Diagnostic radiology services (like MRI)	In-network: \$0-495 copay Out-of-network: 35% coinsurance	In-network: \$0-150 copay	In-network: \$0-350 copay
Outpatient x-rays	In-network: \$0-15 copay Out-of-network: 35% coinsurance	In-network: \$15 copay	In-network: \$15 copay

Star ratings

Star Ratings		+ Expand All Ratings
Overall star rating Overall rating is based on the categories below.	★★★★☆	
+ Health plan star rating		
Summary rating of health plan quality	★★★★☆	
+ Drug plan star rating		
Summary rating of drug plan quality	★★★★☆	

Group retiree plan?

If you elect an integrated MA-PD plan inside the HCA PEB portfolio, that is **different** than an integrated MA-PD plan sold in the individual market

How about other plans?

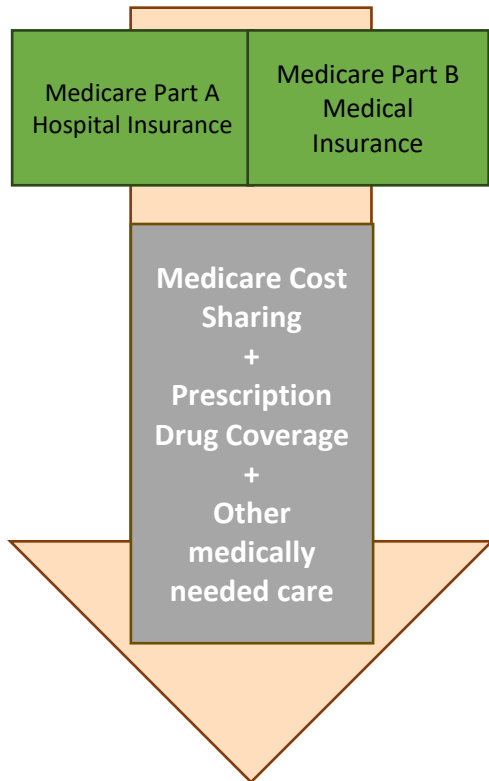
You can make the same kind of analysis for prescription drugs to compare your current retiree plan coverage with the MA-PD plan in the HCA portfolio compared to a plan offered by the same company in the private individual market.

For example,

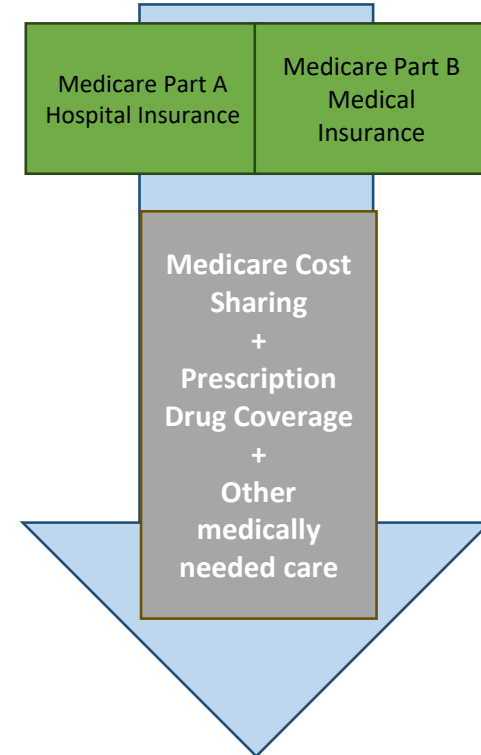
- Kaiser for HCA PEBB Medicare retirees
compared to
- Kaiser in the county in which you live

Compare UMP and UnitedHealthcare

UMP



UnitedHealthcare



Compare: UMP to UnitedHealthcare

- Both include prescription drug coverage and coverage for other medically needed services
- Both require out-of-pocket cost sharing
 - for Medicare covered services
 - for prescription drugs
 - for other medically needed services
- Both have a network of preferred providers
- Both have a formulary for prescription drugs

Trade-off's with UnitedHealthcare

- Provider access is based on the UHC network
 - ask about keeping the current doctors you use now
- Different formulary for prescription drugs
 - compare the coverage and costs for drugs you are using (or are concerned about)
- The coverage for other medically needed care is comprehensive and different than UMP
 - compare which services, which providers and what cost sharing

HCA Plan Compare Tool, 1 of 4

Medical Benefit Comparison

Which year would you like information on?

- 2023
- 2024

What type of enrollee are you?

- Employee
- Retiree (Medicare)
- Retiree (non-Medicare)
- PEBB Continuation Coverage (COBRA Medicare)
- PEBB Continuation Coverage (COBRA non-Medicare)
- PEBB Continuation Coverage (Unpaid Leave)

What state do you live in?

- Washington
- Oregon
- Idaho
- Other State

What county do you live in?

Select a county ▼

Find

HCA Plan Compare Tool, 2 of 4

Year: 2024
Enrollee Type: Retiree (Medicare)
Location: Thurston County, Washington

[<< Modify Search](#)

Use this tool to see plan highlights side-by-side. Benefits shown are in-network only, unless stated otherwise. You may have to pay a deductible before the plan covers services. Contact the plans or read the benefits booklet for out-of-network benefits and specific coverage details.

Before selecting a plan, use the Plan provider search to make sure your provider is in network.

Choose up to three plans to compare

Retiree (Medicare) plans in Thurston County, Washington for 2024

- Kaiser Permanente WA Medicare Advantage
- Premera Blue Cross Plan G
- Uniform Medical Plan (UMP) Classic (Medicare)
- UnitedHealthcare PEBB Balance
- UnitedHealthcare PEBB Complete

Note: Premera Blue Cross also offers [Medicare Supplement Plan F](#) in this county. Plan F is closed to new enrollees.

UnitedHealthcare PEBB Balance, UnitedHealthcare PEBB Complete: available in all Washington, Oregon, and Idaho counties and nationwide (including American Samoa, Guam, the Northern Marianas, Puerto Rico and the US Virgin Islands).

If you're enrolled in Medicare Parts A and B, but your dependent(s) on your PEBB account are not Medicare eligible, they may have to enroll in a [different plan](#).

HCA Plan Compare Tool, 3 of 4

Compare the plans you chose

Only show benefits that are different.

Annual Cost	Kaiser Permanente WA Medicare Advantage	Uniform Medical Plan (UMP) Classic (Medicare)	UnitedHealthcare PEBB Complete
	Member pays	Member pays	Member pays
Medical deductible What is a medical deductible?	\$0	\$250	\$0
Medical out-of-pocket limit What is a medical out-of-pocket limit?	\$2,500	\$2,500	\$500
Prescription drug deductible	None	\$100 Applies to Tier 2 drugs only, except covered insulins	\$100 (Tiers 2, 3, and 4)
Prescription drug out-of-pocket limit	None	\$2,000	\$2,000

HCA Plan Compare Tool, 4 of 4

Benefit	Kaiser Permanente WA Medicare Advantage	Uniform Medical Plan (UMP) Classic (Medicare)	UnitedHealthcare PEBB Complete
Prescription drugs - Retail pharmacy (up to a 30-day supply)	Value tier: N / A Tier 1: \$20 Tier 2: \$40 Tier 3: 50% up to \$250	Value tier: 5% up to \$10 Tier 1: 10% up to \$25 Tier 2: 30% up to \$75	Tier 1 (preferred generic): \$5 Tier 2 (preferred brand): \$45 Tier 3 (non-preferred): \$100 Tier 4 (specialty): \$100
Prescription drugs - Mail order (up to a 90-day supply)	Value tier: N / A Tier 1 : \$40 Tier 2: \$80 Tier 3: 50% up to \$750	Value tier: 5% up to \$30 Tier 1: 10% up to \$75 Tier 2 : 30% up to \$225	Tier 1 (preferred generic): \$10 Tier 2 (preferred brand): \$90 Tier 3 (non-preferred): \$200 Tier 4 (specialty - limited to 30-day supply): \$100

"Print-friendly" download

Home > Employee and retiree benefits

Forms & publications

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Topic

Customer type

Year

Plan

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Medicare Benefits At-a-Glance 2024

This chart briefly compares the per-visit costs of some in-network benefits for PEBB Medicare medical plans. Some copays and coinsurance do not apply until after you have paid your annual deductible. Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions.



51-0604
Publication

Printed Medicare Benefits "At-a-Glance"

Prescription drug benefits

Amounts in the following tables show what you pay for prescription drugs. Under the prescription drug benefit, most copays and coinsurance do not apply until after you have paid your annual deductible, unless noted that the deductible is waived. All plans cover legally-required preventive prescription drugs at 100 percent of allowed amount with no deductible. See the plan's benefits booklet for details. **For all plans, you pay no more than \$35 per 30-day supply for covered insulins.** Prices shown for UnitedHealthcare 90-day supply are only for the preferred mail-order pharmacy, Optum Rx.

Note: Premera Blue Cross Medicare Supplement Plan G does not cover prescription drugs.

UMP Rx Benefit

Drug tiers	Uniform Medical Plan	
	Retail (up to 30-day supply)	Mail-order (up to 90-day supply)
Value tier	5% up to \$10	5% up to \$30
Tier 1	10% up to \$25	10% up to \$75
Tier 2	30% up to \$75	30% up to \$225

Kaiser Rx Benefit

Drug tiers	Kaiser Foundation Health Plan of Washington			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Original Medicare	Medicare Advantage	Original Medicare	Medicare Advantage
Value tier	\$5	N/A	\$10	N/A
Tier 1	\$20		\$40	
Tier 2	\$40		\$80	
Tier 3	50% up to \$250		50% up to \$750	

UnitedHealthcare Rx Benefit

Drug tiers	UnitedHealthcare			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	PEBB Balance	PEBB Complete	PEBB Balance	PEBB Complete
Tier 1: Preferred generic	\$5		\$10	
Tier 2: Preferred brand	\$45		\$90	
Tier 3: Non-preferred	\$100		\$200	
Tier 4: Specialty	\$100		\$100 (limited to 30-day supply)	

Rx review, note 1 of 2

Prescription name of drug	Dose (form)	Quantity	Frequency	Monthly Cost	Annual Cost	Notes

Rx review, note 2 of 2

	Drug 1	Drug 2	Drug 3
Covered?			
Prior Authorization?			
Cost sharing			
Deductible applies?			
Co-pay?			
Co-insurance?			
Applies to out-of-pocket limit?			
Quantity limit			
Pharmacy			
Network			
Mail order			



Primary care and specialist providers

- Start with the published provider directory, but don't stop there
- Talk with the person in charge – typically, not the provider
- Be clear: Medicare beneficiary
 - with HCA PEBB coverage as secondary insurance
 - Uniform Medical Plan (*or other PEBB plan, of course*)
- Changes do happen -- be persistent and be patient, too



Other medically needed care

- This is complex: make yourself a **chart**
- The rules vary per plan, including limits and prior authorization or other required referrals
- Ask lots of questions and request answers in writing for the most important – to you – concerns
 - “Can you please show me in the certificate of coverage?”
 - “Can you please send me a note that I can rely upon later, in case of a dispute?”

Evidence of Coverage

UnitedHealthcare documents

Evidence of Coverage

2024

- [UnitedHealthcare PEBB Balance \(2024\)](#)
- [UnitedHealthcare PEBB Complete \(2024\)](#)

2023

- [UnitedHealthcare PEBB Balance \(2023\)](#)
- [UnitedHealthcare PEBB Complete \(2023\)](#)

Sample language [hearing aids]

- We provide a \$1,400 allowance per ear that you can use to help pay for one hearing aid per ear every 60 months.
 - If you do not use all of the allowance at the initial point of sale, you can use it later in that 60-month period.
 - The hearing aids must be prescribed by a network provider (clinical audiologist).
 - We select the provider or vendor that will furnish the covered hearing aid.
 - Coverage is limited to the types and models of hearing aids furnished by the provider or vendor.
- This hearing aid benefit doesn't cover the following:
 - Internally implanted hearing aids.
 - Service packages that include adjustment, cleaning, and inspection of hearing aids after manufacturer's warranty.

Sample chart

	How much (\$)	How many (visits)	Prior authorization and/or Restrictions	Provider network	Other concerns
Hearing					
Annual exam					
Hearing aids					
Therapy					
Acupuncture					
Chiropractic					
Massage					
Vision care					
Annual exam					
Eyeglasses, contact lenses					
Other					



Exit the HCA PEBB portfolio

- This is a legitimate, reasonable option
- Be careful: in general, if you exit, you will not be able to return later
 - this choice may affect any dependents on your coverage
- The most likely cases are:
 - you have access to other retiree health insurance coverage
 - you choose a private market Medicare Advantage plan

Private market MA plans

- These plans are offered by the same companies in the HCA PEB portfolio – UHC, Kaiser – as well as *many* others
- The products are different:
 - the provider network may not be the same
 - in general, there is less coverage – you pay more out of pocket at the time of service
- The choice of plans varies depending upon which county you live in

Forms and paperwork

- This is effortful – be ready
- Be sure you know – verify with HCA
- Get help – HCA and/or health plan
- Start early – beware of deadline and wait times

Reminder: special attention for dependents



Where are you now?

1. Decided to stay with UMP
2. Considering making a change
3. Decided to make a change

Decided to stay with UMP

- Talk with your preferred providers about your choice
- Consider whether there are benefits that 'expire' at the end of the calendar year that you might need to use
- Make a brief list of the 'pro's' and 'con's' you considered – this might be helpful to a friend who is conflicted or wants to be reassured about their own plan of action

Considering making a change

- Take stock of your current needs and priorities – make a 'pro's and 'con's' listing
- Create an account at [medicare.gov](https://www.medicare.gov) and learn to use the Medicare Plan Finder tool – or reach out for help with those
- Talk with your UMP preferred providers about access if you switch
- Talk with representatives from the plan(s) you are considering

Decided to make a change

- Make sure that you've considered the impact on dependents on your coverage
- Make a list of the forms you need to complete and submit
- Get those ASAP
- Seek help to be sure that you've got the right forms and understand how to complete them and to whom to send them – beware of deadlines
- Talk with your preferred providers about your choice

Program 2 - review

- How can I compare options for coverage?
 - compared to other HCA PEB options
 - compared to other private market options
- What tools and resources are there to help me?
- Who can help me with using these tools?
- Who can help me with forms / paperwork?

Preview of Program 3

- Special topics from Program 1, Program 2
- Organization of Medicare and financing
- Changes in coverage and costs for 2024 and beyond
- Pricing for Medicare supplement plans and MA plans
- Complaints, appeals, other challenges
- Dental and other post-employment benefits

Who can help me? **HCA**

HCA is your resource for questions about the PEBB portfolio of plans.

Ask about rules:

- Eligibility, including leave and return
- Enrollment, including add/remove coverage or one member in Medicare and one not
- Switching, including forms
- Dependents, including children with disabilities
- Other coverage – like dental

Who can help me? **CMS**

CMS – the Centers for Medicare and Medicaid Services – is the federal government agency that regulates Medicare Advantage plans (and Medicaid, too)

- [CMS.gov](https://www.cms.gov)

For questions about Medicare, including coverage and preventive care services

- 1-800-MEDICARE is available 24 hours, 7 days a week for callers
- [Medicare.gov](https://www.medicare.gov) is a great internet resource

Who can help me? **Health Plans**

The health plans that are contracted with the HCA PEBB portfolio are a great resource.

Please contact them for specific questions about things like:

- Provider network
- Prior authorizations
- Covered benefits
- Formulary for prescription drugs
- Out-of-pocket costs

How to contact us

Phone:

Toll free: 1-800-562-6900

TDD: 360-586-0241

TDD Relay: 1-800-833-6384

The web:

www.insurance.wa.gov/shiba

Need help with other insurance questions?

The Office of the Insurance Commissioner can also help you with questions, information and complaints about all types of insurance, such as:

- Homeowner
- Auto
- Life
- Annuities
- Health
- And more!

Call our Insurance Consumer Hotline:

1-800-562-6900

On the web at: www.insurance.wa.gov