



UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Frequently Asked Questions & Answers

1. Do I need Original Medicare (Part A and Part B)?

Yes, you must be entitled to Medicare Part A and/or enrolled in Medicare Part B. You must continue paying your Medicare Part B premium to Social Security in order to be eligible for coverage under the UnitedHealthcare® Group Medicare Advantage (PPO) plan.

2. Is the plan nationwide?

Yes, this plan offers nationwide coverage.

3. What doctors can I use? What do I need to know about the UnitedHealthcare provider network? How do I find out if my doctor is in the network? What is the name of the network?

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a Preferred Provider Organization (PPO) plan. This type of plan generally provides more flexibility to let you choose your doctors and hospitals. The plan typically does not require you to have a referral to see a specialist, and you can see doctors outside the UnitedHealthcare network without having to pay the entire cost yourself, as long as they are a Medicare-approved provider and agree to treat you. You can find out if your doctor is in the network by calling UnitedHealthcare Customer Service toll-free at **1-877-714-0178**, TTY **711**, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. You can also look up doctors online at www.UHCRetiree.com/.

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network.

4. What major hospitals are in the network?

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals, contact UnitedHealthcare Customer Service toll-free at **1-877-714-0178**, TTY **711** 8:00 a.m. – 8:00 p.m. local time, 7 days a week.

And remember, since this is a PPO plan, the hospital does not have to be in the network in order for you to receive services under this plan.][Please note that UnitedHealthcare Customer Service will only be able to provide a list of hospitals within the UnitedHealthcare network.]

5. When will I get my UnitedHealthcare Member ID card?

Your UnitedHealthcare Member ID card should arrive before your effective date of January 1, 2020.

6. What is the difference between in-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 this plan, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

7. What happens if my doctor does not accept Medicare Advantage plans or participates in Medicare but does not accept this plan?

There are many different types of Medicare Advantage plans so it depends on what your doctor does not accept.

8. What happens if my doctor does not accept Medicare?

If your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor in our network, call UnitedHealthcare Customer Service toll-free at **1-877-714-0178**, TTY **711** 8:00 a.m. – 8:00 p.m. local time, 7 days a week. If you want additional choices, go to www.Medicare.gov/physiciancompare for a listing of doctors who participate in Medicare.]

9. How are out-of-network claims processed?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare Member ID card and in your Welcome Packet. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

10. Are there any situations when a doctor will balance bill me?

Doctors who participate in Medicare but do not accept the Medicare Fee Schedule as payment in full are allowed to charge more. [You may want to ask your doctor if he/she accepts Medicare's Fee Schedule.] But Medicare limits the additional amount a doctor can charge. This is called the "Medicare Limiting Charge". The difference between the Medicare Fee Schedule and the Medicare Limiting Charge is called "Excess Charges" and this is what a doctor can "balance bill". Under this plan, you are protected from any balance billing. When you go out-of-network for care, this plan pays providers just as much as Medicare would have paid (up to the Medicare Limiting Charge), and you pay the same copayment or coinsurance as if you had stayed in-network. If your doctor tries to balance bill you, please contact UnitedHealthcare. Please note that UnitedHealthcare cannot pay more than what Medicare would have paid.]

11. Is there a hospital deductible?

No. The UnitedHealthcare® Group Medicare Advantage (PPO) plan do[es] not have a hospital deductible.]

12. What is the SilverSneakers® program?

SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at over 16,000+ fitness locations*. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.]

13. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare HouseCalls is an annual wellness program designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health. HouseCalls may not be available in all areas.]

14. What happens to my spouse's coverage if he/she is under 65 and/or not eligible for Medicare?

Dependents that are not Medicare eligible will remain on the MTS, Inc. Choice Deductible HMO Plan.

15. Is this the Medicare Advantage plan that's advertised on TV?

No. This is a custom Group Medicare Advantage PPO plan designed exclusively for retirees of Milwaukee Transport Services, Inc. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

16. Do I still need to use my red, white and blue Medicare card?

No, you will only use your UnitedHealthcare® Group Medicare Advantage Member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare Member ID card each time you receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare Member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This information is not a complete description of benefits. Call 1-877-714-0178 (TTY 711) for more information.

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.