

Frequently asked questions

Plan Information

1. How does this plan compare to my existing plan?

The ARBenefits Group Medicare Advantage (PPO) plan, is a custom plan for retirees of Arkansas State and Public Schools and should not be confused with other Medicare Advantage plans that might be available in your area. The plan includes expanded benefits from the plan you have today, including access to a free gym membership, enhanced hearing and vision benefits, dental, pharmacy/prescription drug and nationwide coverage all in one plan. You also 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 participate in Medicare. Check out the plan benefit chart for a more detailed comparison.

2. How does a Group Medicare Advantage plan work?

Medicare has rules about what types of coverage you can add or combine with your ARBenefits Group Medicare Advantage plan. You may only be enrolled in one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Advantage plan that includes prescription drug coverage or one Medicare Part D plan but not both.

If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in the ARBenefits Group Medicare Advantage plan, you will be disenrolled from this plan and you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

3. This Group Medicare Advantage plan sounds too good to be true. How can this change help you save money?

The answer is how the Federal government reimburses for Medicare-covered services. Under the current structure, Original Medicare pays pre-set amounts for specific services, regardless of the particular patient involved. Under a Medicare Advantage plan, the Federal government recognizes that some individuals have health risk factors that make them likely to need additional services. Medicare reimburses more for those patients and enhances payments to the Medicare Advantage plan based on how well it meets standards for quality and member satisfaction. Medicare Advantage plans have an incentive to make sure all members get the care they need. By optimizing federal reimbursement through the Medicare Advantage plan, the State would be able to achieve savings while maintaining the same covered services for its retirees.

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

No, this is a custom Group Medicare Advantage PPO plan designed exclusively for retirees of Arkansas State and Public Schools. This plan includes programs and services that are only available with this plan. It should not be confused with other Medicare Advantage plans that might be available in your area.

5. What is the difference between a Medicare Advantage and Medicare Supplement plan?

Medicare Advantage plans are offered through private insurance companies. A Medicare Advantage plan is an “all in one” alternative to Original Medicare. A Group Medicare Advantage PPO plan combines your current medical coverage plus your Medicare Part A and Part B coverage into one comprehensive medical plan that offers additional benefits and features. Medicare Advantage plans offer preventive care and ancillary benefits not offered under Original Medicare. Plans must cover all of the medically necessary services that Original Medicare covers.

The Medicare Supplement plan follows Original Medicare guidelines. Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. Original Medicare will be primary, and the Medicare Supplement plan will be secondary.

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

Yes, you must be entitled to Medicare Part A and 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 ARBenefits Group Medicare Advantage plan.

7. Do I still have Medicare?

Yes. You will retain all the rights and privileges of Original Medicare. Under a Group Medicare Advantage program, retirees’ medical claims will be paid directly by the carrier. Under the current system Medicare pays first, and the state retirement system plan pays the portion of the claim that Medicare does not cover.

Network

8. What is a PPO plan?

PPO stands for Preferred Provider Organization. The ARBenefits Group Medicare Advantage (PPO) plan is a “passive” PPO, meaning retirees are not restricted to using network doctors, hospitals and other health care providers. Retirees pay the same cost share whether they see providers in or out of network, anywhere in the country with no balance billing to the member.

9. What providers can I use?

The ARBenefits Group Medicare Advantage plan is a unique Preferred Provider Organization (PPO) plan that allows you access to nationwide coverage. 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 participate in Medicare.

10. What is the difference between in-network and out-of-network providers?

In-network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With the ARBenefits Group Medicare Advantage (PPO) plan, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, if they accept the plan and have not opted out of or been excluded from Medicare.

11. What happens if my doctor participates in Medicare, accepts Medicare Advantage plans 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. The ARBenefits Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare. Under this 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. If you contact UnitedHealthcare, we will be happy to reach out to your provider to discuss how the plan works and how they will be paid. If the doctor refuses to accept this plan, you can continue to see the doctor, pay for the services upfront and then submit the bill to UnitedHealthcare for reimbursement. UnitedHealthcare customer service: Toll-free **1-844-488-3953**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week.

12. Is the plan available across the country?

Yes, this plan would offer nationwide coverage. That means that there would be participating providers who accept Medicare where you live or travel in the United States and the U.S. territories.

13. How can I find out if I’ll be able to continue seeing my current provider with this new plan?

Call UnitedHealthcare Customer Service at **1-844-488-3953**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week, we are happy to help answer your questions. More than 99.9% of members continue to have access to their chosen providers*.

*2020 UnitedHealthcare Group member and provider reporting data, member utilization and individual market plan premiums.

Costs and Coverage

14. Will this new plan include a fitness program?

Yes, the ARBenefits Group Medicare Advantage plan includes Renew Active®, which is a fitness program for the body and mind that's designed for you at no additional cost. With Renew Active, you'll receive a free standard gym membership with access to an extensive network of gyms and fitness locations, as well as an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. Renew Active can help you stay fit, focused and ready for what's next.

15. Will this new plan include prescription drug coverage?

Yes, this is a special plan designed for retirees of Arkansas State and Public Schools and does include prescription drug coverage, and if you are a Public School retiree this a new benefit for your coverage. With this plan you will not have Part D prescription drug deductible.

16. What pharmacies are in the plan's network?

The ARBenefits Group Medicare Advantage plan includes thousands of national chains, regional, local and independent neighborhood pharmacies in the UnitedHealthcare network.

You can call UnitedHealthcare Customer Service toll-free at **1-844-488-3953**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week, to check if a pharmacy is in-network or to get pharmacy contact information.

17. Will I have dental coverage?

Yes, the ARBenefits Group Medicare Advantage plan does include dental coverage for dental services when you see a dentist such as:

- 100% coverage for preventive care each year — including 2 routine exams, 2 standard cleanings (3 cleanings with documented history of gum disease), nutritional counseling
- X-rays and periodontal maintenance
- 100% coverage for basic dental services — including fillings (metal and toothcolored), nitrous oxide (laughing gas) and pulp protection
- \$0 deductible, \$500 plan year maximum

18. Will I have vision coverage?

Yes, the ARBenefits Group Medicare Advantage plan provides routine vision services, and coverage for lenses, frames or contacts. In addition, you have a \$150 allowance to use toward the purchase of eyeglasses or contact lenses (in lieu of eyeglasses), every 12 months.

19. Will I have hearing coverage?

Yes, the ARBenefits Group Medicare Advantage provides access to thousands of name-brands and private-labeled hearing aids — available in-person at any of our 7,000+ UnitedHealthcare Hearing providers nationwide or by direct delivery through Right2You. This plan allows up to a \$2,800 allowance for hearing aids for both ears combined, every 3 years.

Benefits and Services

20. Will I have a gym membership with this plan?

Yes, you will have a free gym membership with the ARBenefits Group Medicare Advantage plan. It is called Renew Active® and is a fitness program designed for you and your goals at no additional cost. With Renew Active®, you'll receive a free standard gym membership with access to an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active® members, including access to thousands of workout videos. Renew Active® can help you stay fit, focused and ready for what's next.

21. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare® HouseCalls is an annual wellness program designed to complement your provider's care and offered to you at no extra cost. The program sends a licensed health care professional 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.

22. What is 24/7 Nurse Support?

24/7 Nurse Support was designed specifically to help make your health decisions simple and convenient by providing immediate answers to your health questions anytime, anywhere — 24 hours a day, 7 days a week — at no additional cost.

When you call, a registered nurse can help you:

- Choose where to go for care
- Find a provider or hospital that meets your needs and preferences
- Understand your diagnosis and explore treatment options

23. What is the UnitedHealthcare® Healthy at Home program?

UnitedHealthcare® Healthy at Home provides you with the support you need to recover from hospital and skilled nursing facility stays. With this program you are eligible to receive:

- Post-Discharge Meal Delivery which provides up to 28 meals following all inpatient or skilled nursing facility discharges*
- Post-Discharge Transportation up to 12 one-way rides to and from medically related appointments and to the pharmacy following all inpatient or skilled nursing facility discharges*
- In-home Personal Care provides up to 6 hours of in-home personal care following all inpatient and skilled nursing facility discharges through our exclusive provider CareLinx. Members receive assistance with Activities of Daily Living such as meal preparation, medication reminders, bathing, respite care, and more.

* when referred by a UnitedHealthcare advocate.

24. What is the Over-the-Counter Program/ First Line Essentials program?

This program provides members with a \$40 quarterly allowance to purchase over-the-counter health related products. It's all included with the UnitedHealthcare health plan, at no cost to you. This supplemental benefit provides members the opportunity to purchase personal health products from a catalog in the convenience of their home. The catalog offers over 250 products including over-the-counter medications, vitamins and supplements, incontinence products, home medical items, and more. This program is administered by FirstLine Medical.

25. Will I have access to virtual visits?

You'll have access to a doctor or a behavioral health specialist using your computer, tablet or smartphone.

With Virtual Visits, you're able to live video chat — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc® (medical visits only) apps.

- Virtual Doctor Visits – Good for minor health care concerns such as cough/cold, allergies, fever, flu or sore throat.
- Virtual Behavioral Health Visits – Good for behavioral health concerns such as stress and anxiety, or depression.

26. What is the Caregiver Medical Alert System/PERS program?

With the Personal Emergency Response System (PERS), provided by Lifeline, help is a button push away. The PERS device can quickly connect you to the help you need, 24 hours a day in any situation. It's a lightweight, discreet button that can be worn on your wrist or as a pendant. It's also safe to wear in the shower or bath. Depending on the model you choose, it may even automatically detect falls.

Member ID card

27. When will I get my member ID card?

Your member ID card will arrive attached to your Quick Start Guide before your January 1, 2023, effective date. You will use this card for both your health care and prescription drug expenses, and this single card will replace your red, white and blue Medicare card and your Medicare Part D prescription drug card (if you have one).