Frequently asked questions

1. Are any medical benefits changing for 2024?

There are no medical benefit changes for 2024.

2. If I am not opting out or not making any changes, do I need to do anything for 2024? No. If you are already enrolled in the UnitedHealthcare[®] Group Medicare Advantage (PPO) and you do not wish to Opt Out, no action is required. You will be automatically re-enrolled in the same benefit plan effective January 1, 2024.

You will have the opportunity to opt out of this plan if you don't want to be enrolled. To opt out of coverage, log in to your my MCHCP account at **http://www.mchcp.org** or call **1-800-487-0771** to request a Medicare Advantage Opt Out Form.

Please note, in the event you opt-out of the Group Medicare Advantage (PPO) coverage, or cancel your plan, you are not able to return to the plan.

3. Does the annual out-of-pocket include pharmacy?

No. The annual out-of-pocket maximum excludes premiums, Part D prescription costs (Express Scripts), and non-Medicare covered benefits.

4. Is the RSV vaccine covered?

Yes. The RSV vaccine is covered under the Medicare Part D (Express Scripts) benefit at \$0 copay.

5. Who is responsible for Prior Authorizations?

Your provider is responsible for obtaining the prior authorization. If you are accessing care from an out-of-network provider, prior authorization is not required.

6. Are referrals needed to see a specialist?

No. Referrals are not needed to see a specialist.

7. Where can I get a copy of the education meeting presentation?

The presentation is available online at **retiree.uhc.com/MCHCP** under the Resources Tab, then Educational Meetings, 2024 Open Enrollment Presentation.

8. How are colorectal screening covered? What if I have polyps removed during the screening? Medicare-covered colorectal cancer screening exams are covered at no coinsurance, copayment or deductible. For full details please review your Evidence of Coverage or reach out to the dedicated UnitedHealthcare customer service team at **1-844-884-1848**, TTY **711**, 8 a.m.– 8 p.m. local time, Monday–Friday. This information is also on the back of your member ID card.

Please note, if you have a prior history of colon cancer, or have had polyps removed during a previous colonoscopy, ongoing colonoscopies are considered diagnostic and are subject to the outpatient surgery cost sharing of \$100 copay.





9. Is there a charge for virtual behavioral visits?

Yes. There is a \$30 copay using providers that have the ability and are qualified to offer virtual behavioral visits.

10. How much is a virtual doctor visit?

This plan covers Virtual Visits at \$0 copay using providers that have the ability and are qualified to offer virtual medical visits.

Additional programs and services

11. Can we access the Renew Active® website to see which gyms are included? Yes. Visit **uhcrenewactive.com** to look up participating gyms near you.

12. Does Renew Active offer live online classes?

Yes. Renew Active offers thousands of on-demand and live streaming fitness classes. Please check **uhcrenewactive.com** for more information.

13. How can I join a Renew Active gym?

Please call the number on the back of your member ID Card (**1-844-884-1848**) OR once registered, log in to the "Health & Wellness" then click the Renew Active tile to obtain your "Confirmation Code" access to the largest national network of gyms and fitness locations.

14. How do I obtain rewards after my physical/wellness exam?

To report your annual physical/wellness exam please contact **1-844-884-1848** to receive your VISA[®] Gift Card or visit your member website **retiree.uhc.com/MCHCP** (or sign into your myMCHCP account, choose the Medical box) and report your exam online. Renew Rewards are available.

15. Do I have to be inpatient for the Healthy at Home benefit?

Yes. The UnitedHealthcare[®] Healthy at Home benefit provides you with the support you may need to recover from a covered hospital and skilled nursing facility stay. You are eligible to receive:

- 28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist*
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist*
- 6 hours of non-medical personal care provided through a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more.
- *A referral is not required. Please contact **1-844-884-1848** to initiate these services within 30 days after discharge.

16. Is the personal emergency response system (PERS) only available after hospitalizations?

No. You are not required to be hospitalized to obtain a PERS. PERS is available at no cost to you.

17. How do I obtain a personal emergency response system?

Please call UnitedHealthcare Lifeline directly at **1-855-595-0389** to order your device. Please note estimated delivery time is 6–10 weeks.

*Only Homesafe model is compatible with pacemaker.

18. How do I enroll in one of the Rally Coaching programs?

Rally Coach is available to you at no additional cost. You can go online to get started today. **rallyhealth.com/retiree**. Or call:

Real Appeal 1-844-924-7325, TTY 711

Real Appeal[®] is an online weight management and healthy lifestyle program proven to help you achieve lifelong results, one step at a time.

Rally Wellness Coaching 1-800-478-1057, TTY 711

Rally Wellness Coaching helps you get healthier your way by giving you personalized coaching support and access to digital health and wellness courses.

Tobacco Cessation 1-866-784-8454, TTY **711**

A tobacco cessation program providing you with the support you need to help quit all types of tobacco use.

Hearing

19. Under the MCHCP Medicare Advantage plan, do you have to get hearing aids through the UnitedHealthcare Hearing Network?

Yes. All hearing aid devices must be obtained through the UnitedHealthcare Hearing Network. You can access a listing of providers and services at **uhchearing.com/MCHCP**.

20. How do I contact UnitedHealthcare Hearing Network? You can connect with UnitedHealthcare Hearing directly at **1-855-523-9355**.

- **21.** Are hearing aids covered out-of-network? You must use the UnitedHealthcare Hearing network to get your hearing aids. If you purchase hearing aids from a non-network provider, you will not be reimbursed.
- 22. Are batteries for hearing aids covered? Yes.
- **23.** Is Costco in the hearing network? Not at this time. However, UnitedHealthcare is still in the process of working with Costco.
- 24. If I submit a bill for a hearing aid, will I get a direct reimbursement? No. You will not be reimbursed for hearing aids purchased outside of the UnitedHealthcare Hearing Network. You can find more information on providers and services at uhchearing.com/MCHCP.

25. Are over the counter hearing aids covered in 2024?

Yes. Starting in 2024, once you create an account at **uhchearing.com/MCHCP** you will be able to use your benefit allowance dollars towards over the counter (OTC) or prescription hearing aid devices. Please note, you will only be able to select one or the other you CANNOT use both at the same time. OTC devices are only available to members via the **uhchearing.com/MCHCP** website and must be purchased online.

Once your account has been verified and benefits confirmed (1–2 days), your coverage and benefit details will populate on the site and hearing aid prices will then populate for you.

You will simply add your preferred OTC device to the cart and checkout — the allowance (if applicable) will be credited upfront, and you will only owe your responsibility, if any.

26. What are over the counter (OTC) devices?

OTC devices are hearing aids that do not require a hearing test or provider visit. A consumer can purchase an OTC hearing device independently through UnitedHealthcare Hearing and adjust the OTC device through an app on a smartphone.

- 27. How is an over the counter (OTC) hearing device different than a prescription hearing aid? OTC devices are best for mild to moderate hearing loss, and for those individuals who are comfortable navigating hearing aid set-up and configuration through an app on your smartphone. OTC devices may not be for everyone. We recommend you use your plan benefit to get a professional test and see if a prescription device is right for you. Getting this test will make sure you find a hearing solution for your degree of hearing loss.
 - OTC hearing aids have fewer features, and their performance may not be equivalent to similar prescription devices.
 - OTC devices are self-serve, meaning you will set them up with a smartphone app and make all the adjustments on your own. Professional follow-up care or support depends on the individual manufacturer.
 - OTC hearing aids have a shorter warranty period than traditional prescription devices.

Providers/Network

28. Is there difference in benefits/cost share between in- and out-of-network?

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a non-differential or passive PPO plan. Your benefits and cost share are the same whether you go in-network or out-of-network and you can access care from the provider as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program and accept the plan.

29. How are out of country benefits covered?

Our plan covers worldwide emergency and urgently needed services outside the United States. Members need to pay for the services. Once you return to the United States you will need to submit an itemized bill along with your claim for reimbursement for covered services.

30. How is non-emergency care covered for "snowbirds"?

Your coverage/cost share will be the same in or out-of-network as long as the provider accepts the plan and has not opted out of or been excluded from Medicare. The UnitedHealthcare Group Medicare Advantage (PPO) plan is a national PPO. This means that you have coverage in the United States and the 5 U.S. Territories and the District of Columbia. Your coverage/ cost share is the same whether you access care from an in-network or out-of-network provider. When accessing care from an out-of-network provider they must participate in Medicare and accept the plan.

31. My provider does not accept Medicare. How do I get reimbursed for my office visits from Medicare? I have to pay my doctor cash for my office visits.

If your provider does not accept Medicare, you will not receive reimbursement from the plan. You will be responsible for 100% of the cost.

Dental and Vision

32. In 2024 who is the Dental carrier?

In 2024 the dental carrier will be Delta Dental. Delta Dental contact information is:

Website: https://microsite.deltadentalmo.com/mchcp

Phone: 1-866-429-1095, Monday-Friday 7:00 am to 5:00 pm

33. Will I receive an ID card for my Dental Plan? Yes. You will receive an ID card.

34. Is Delta Dental available in open enrollment?

If you are not already enrolled in Dental, you are not able to enroll in the Delta Dental plan during open enrollment.

35. Can I visit a dentist who does not participate in a Delta Dental network?

You have the freedom to visit any dentist, but the dentist you choose could affect your cost. Out-of-network dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit an out-of-network dentist. Out-of-network dentists may require you to pay their fees at the time of service, and they may or may not submit claims on your behalf. If needed, claim forms are available at **microsite.deltadentalmo.com/MCHCP**.

36. What is the contact information for National Vision Administrators, LLC (NVA)?

National Vision Administrators, LLC (NVA) contact information is:

Website: www.e-nva.com

Phone: 877-300-6641, 24 Hours a day

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. 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, including the cost-sharing that applies to out-of-network services.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. AARP Medicare Complete and AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Renew by UnitedHealthcare is not available in all plans. Resources may vary.

Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply. Some rewards purchase restrictions apply. Rewards must be earned and reported within time frames specified by the plan. Time frames are available at myuhcmedicare.com/retiree/rewards or by calling Customer Service at 1-888-219-4602, TTY 711.

The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

Benefits and availability may vary by plan and location.

24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Real Appeal[®] Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI \geq 25 (BMI \geq 23 for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program. Real Appeal is offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements.

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