



TO: UALR Retirees

FROM: Debra Simpson-Webster, Benefits Manager *Debra Webster*

DATE: September 23, 2013

RE: Benefit Changes Information

Effective January 1, 2014, there will be some changes to the University of Arkansas health plan and changes to retiree billing

Billing Changes

Starting January, 2014, your insurance (medical, dental and/or life) premiums payments will be paid directly to our billing vendor instead of our office.

1. UMR (health plan provider) will bill all retirees for dental and life insurance premiums. They will also bill for the health plan for those retirees **under** age 65 who are not on Medicare.
2. UnitedHealthcare will bill retirees and their covered dependents (spouse/child) that are enrolled in the new Medicare Advantage plan. If both you and your spouse are enrolled in the Medicare Advantage plan, please note that each of you will receive separate material and separate billing information from UnitedHealthcare.
3. All billing payments will be billed on a monthly basis. You will also be able to make automatic bank draft. UMR and UnitedHealthcare will send information to you in December on how to pay your premiums.
4. Adjustments will be made for those retirees that have paid their annual life insurance payments through 2014.
5. Payments will be remitted by the University for those retirees that are under an Early Retirement Agreement. When those pre-paid funds have been exhausted, the retiree will be billed directly by either UMR or UnitedHealthcare.
6. Depending on the coverage you have, you may receive billing statements from two both UMR and UnitedHealthcare. For example, if you are on Medicare but your spouse is not; you would receive separate bills. You will pay your dental, life and spouse's medical premiums to UMR. However, you will send your Medicare Advantage premium to UnitedHealthcare.

General Information

1. There will be no rate increase in premiums effective January, 2014. Life and dental benefits will remain the same. The only change that affects these plans is where to send your payments, starting in January 2014.
2. Retirees on Medicare will change to the "University of Arkansas System UnitedHealthcare Group Medicare Advantage (PPO) plan." The premiums are less for this plan and we feel the benefits are comparable, if not better, for the majority of our retirees.

(over)

3. Those retirees under age 65 and **not** on Medicare will remain in the same UA health plan, therefore please keep your current UMR ID card. The only change that will affect you is where to send your premiums starting in January.
4. The Group Medicare Advantage Plan (UnitedHealthcare) selected by the University is a fully insured product. It is not part of the University's self-funded health plan. However, it is an employer-sponsored plan, meaning that it is offered as an open, group enrollment product and that it provides additional benefits not found in most standard individual Medicare products. Also, as with almost any insured products, the University will have the future opportunity to make plan changes (in this case within the closely regulated Medicare environment) or to even move to a different plan and the University will participate in plan enrollment processes and communications and will monitor plan operations. Also note that the Medicare Advantage plan is with UnitedHealthCare, UMR is the University's TPA (third party administrator) for the self-funded plan.

If I have a future change or questions, who do I contact?

Contact our office at 501-569-3180 or email us at hr-benefits@ualr.edu for the following:

- Update your address or phone number. We will communicate this to your insurance carrier.
- Make changes to your medical, dental and/or life insurance coverage prior to January 1, 2014. The only changes that can be made would be cancellation of coverage.

Contact UnitedHealthcare at 1-800-533-2743 to:

- Ask questions about your coverage and benefits under the new Medicare Advantage plan.
- Opt out of the new plan.
- Make arrangements to how you pay your premiums, starting 1-1-2014.

Contact UMR at 1-800-207-1824 to:

- Make changes to how you pay your premiums, starting 1-1-2014.

We know that you may have questions regarding all the upcoming changes and we are here to assist you. There will be a meeting on **October 9th** to discuss the upcoming changes regarding the new Medicare Advantage plan and billing questions. Meeting will be held as follows:

Jack Stephens Center on the UALR Campus
Legends Room
University & 28th Street
9:30 a.m.

There will also be meetings held at other University of Arkansas campus. Those dates and places are listed on our website at www.ualr.edu/humanresources.

Enclosure



Member/Provider Guide to Care

The UnitedHealthcare® Group Medicare Advantage (PPO) plan was created in 2010 and offers a unique set of benefits to members. Because of this, your doctor may not be familiar with all of the details of the plan. Take this flyer to your doctor, specialist or hospital the next time you visit. The back side of this flyer contains important information that can help guide them in providing you with covered services.



Information for Members

You can seek care from any provider that accepts Medicare.

- This Preferred Provider Organization (PPO) plan gives you the freedom to go to any doctor or other licensed medical professional that accepts Medicare, anywhere in the United States.
- The provider does not have to be part of the UnitedHealthcare network.

You have the flexibility to see providers in or out-of-network.

- Providers who have a contract with UnitedHealthcare ("in-network") must accept this plan if you are a current patient.
- Providers who do not have a contract with UnitedHealthcare ("out-of-network") have the choice to accept the plan, unless it is an emergency.

You pay the same copay or coinsurance whether your provider is in or out-of-network.*

- Any copay for covered services can be paid to the provider at the time of service.
- Out-of-network providers must bill UnitedHealthcare, not Medicare.

Information for your provider on the back.



Questions? Give us a call.

For help finding a network provider, call Customer Service at the number listed on the back of your member ID card

Information for Providers

UnitedHealthcare® Group Medicare Advantage (PPO) is a new plan that offers a unique set of benefits to members. This flyer contains important information for in-network providers and can help out-of-network providers better understand the plan.

Key Highlights:

- Your patient's plan is a Preferred Provider Organization (PPO), not a Health Maintenance Organization (HMO). It works like a traditional PPO plan.
- In-network providers are paid according to their contract. Out-of-network providers are paid equivalent to Medicare's allowable fee schedule and you may balance bill the health plan. However, you may not bill the member.
- A member's cost-sharing level is the same whether in-network or out-of-network.¹ This is much different than other UnitedHealthcare Medicare PPO plans with higher member cost-sharing for out-of-network services.
- This plan is open access. No referrals are required for patients to see specialists (no gatekeeper).
- No prior member authorizations or prior notification are required for out-of-network providers.
- Out-of-network providers not accepting Medicare assignment are able to balance bill the health plan up to the Medicare limiting charge. The excess charges will be paid by UnitedHealthcare, not the member.

Care Coordination Information

In-network providers, please refer to the UnitedHealthcare Provider Administrative Guide for more information regarding prior notification and prior authorization requirements.

Claims and Payment

UnitedHealthcare administers claim payments for out-of-network providers in accordance with federal regulation 42 CFR Section 422.214. In-network providers are reimbursed according to their contract. Member cost sharing applies.

- Electronic claims submission –
UnitedHealthcare Payer ID: 87726
- Hard copy submission – **Refer to the back of your patient's member ID card**

For information or inquiries, including payment or payment rates, member eligibility, benefits or claims status, visit our secure website at www.UnitedHealthcareOnline.com. Or you can call us toll-free at: **1-877-UHC-3210 (1-877-842-3210)**.

UnitedHealthcare® Group Medicare Advantage (PPO)

plans were introduced in 2010 and are only offered to groups, such as employers, unions and government sub-entities. Benefit plans are often unique to each group. If a group qualifies via the Employer Group Waiver, its plan is available nationwide.

In-Network Providers

participate through a UnitedHealthcare contract that includes Medicare Programs and is governed by the UnitedHealthcare Provider Administrative Guide.

Out-of-Network Providers

are either contracted with a UnitedHealthcare Affiliate like PacifiCare or Oxford or are not contracted, but willing to accept members of UnitedHealthcare Group Medicare Advantage (PPO) plan.

Want to Join Our Network?

To learn more, call us at **1-877-842-3210**. Select "Other Professional Services" and then "Credentialing."

¹After any plan deductible has been met.

UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.