



**Your HP
2016 benefit plan option
Medicare Advantage PPO**

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WELCOME

Why We're Here

Medicare Basics

Plan Benefits

How to Enroll

Questions & Answers

Why We're Here

- Effective January 1, 2016, HP will continue to offer the UHC NPPO existing medical plan for retirees who are eligible for Medicare and age 65 and older
- ALL eligible HP retirees are welcome to review this plan option to see if this would be a good fit for their health care needs
- Your existing Rx plan through OptumRx/UHC will not change. They will now be one integrated plan, with one ID card.
- Our role is to help you decide if the UnitedHealthcare[®] plan can meet your individual needs
- Our toll-free phone number is hosted by UnitedHealthcare Customer Service representatives who can answer all your questions

**Call 1-877-776-1484, TTY 711,
8 a.m. to 8 p.m. local time, 7 days a week**

Why UnitedHealthcare?

UnitedHealthcare is here for you.

At UnitedHealthcare, we can help you understand what you can do to make the most of your plan. We help connect you to the care you need, when you need it. And we are dedicated to giving you the programs, resources and tools to help you live a healthier life.

Medicare Basics

The ABCs of Medicare

Medicare choices.

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.

STEP
1

Enroll in Original Medicare when you become eligible.

Original Medicare
Provided by the government

PART A covers hospital stays

PART B covers doctor and outpatient visits

STEP
2

If you need to add more coverage, you have two options.

OPTION 1

Keep Original Medicare and add one or both of the following:

Medicare Supplement Insurance
Offered by private companies



Covers some or all of the costs not covered by Parts A and B

Medicare Part D
Offered by private companies



Part D covers prescription drugs

OR

OPTION 2

Keep Original Medicare and add additional coverage by choosing a Medicare Advantage plan:

Medicare Advantage (Part C)
Offered by private companies



Part C combines Parts A and B



Provides additional benefits



Most plans cover prescription drugs

Medicare Parts A & B (Original Medicare)

Original Medicare

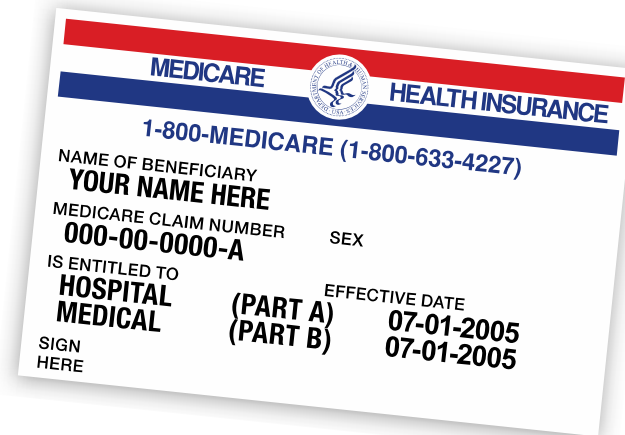
Provided by the government

PART
A 

Part A covers
hospital stays

PART
B 

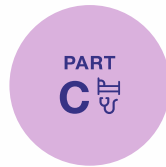
Part B covers doctor
and outpatient visits



Medicare Part C (Medicare Advantage Plans)]

Medicare Advantage (Part C)

Offered by private companies



Part C combines
Parts A and B



Provides additional
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Most plans cover
prescription drugs

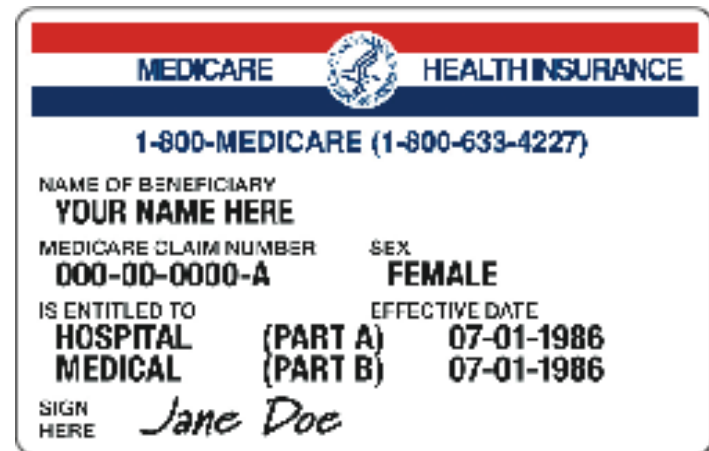
When are you eligible for Medicare?

You're eligible for Original Medicare (Parts A and B) if:

You're 65 years old, or you're under 65 and qualify on the basis of disability or other special situation.

and

You're a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years.



The image shows a sample Medicare Health Insurance card. The card has a red header with the word "MEDICARE" on the left and "HEALTH INSURANCE" on the right, separated by the Medicare logo. Below the header is a dark blue bar with the phone number "1-800-MEDICARE (1-800-633-4227)". The card contains the following information:

NAME OF BENEFICIARY		
YOUR NAME HERE		
MEDICARE CLAIM NUMBER	SEX	
000-00-0000-A	FEMALE	
IS ENTITLED TO	EFFECTIVE DATE	
HOSPITAL (PART A)	07-01-1986	
MEDICAL (PART B)	07-01-1986	
SIGN HERE	<i>Jane Doe</i>	

Plan Benefits

HP

Medicare Advantage

**National Preferred Provider
Organization (PPO)**

Your Medicare Advantage plan



The advantages of a single plan.

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare. They include Part A and Part B coverage and often Part D — all in one plan. Medicare Advantage plans also generally offer additional benefits beyond doctor and hospital visits.



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

- Included



Additional benefits

- Bundled with the plan

Your plan overview (NPPO)

Getting the health care coverage you may need.

- ✓ Coverage for visiting doctors, clinics and hospitals in ONE plan
- ✓ Integrated Prescription drug coverage, with ONE ID card
- ✓ Vision, hearing and preventative care coverage
- ✓ No referral needed to see a specialist
- ✓ Can see doctors outside the network for the same cost share as in-network providers as long as the provider accepts Medicare and the plan
- ✓ No Service area
- ✓ National access – coverage travels with you anywhere in the U.S

UnitedHealthcare Group Medicare Advantage (PPO) plan

	YOU PAY
Annual Deductible	None
Annual out-of-pocket maximum	\$2000 in or out of network, combined, per person , medical only

UnitedHealthcare Group Medicare Advantage (PPO) plan

Benefit Coverage	Network	Non-Network
Primary care provider (PCP) office visit	\$25	\$25
Specialist office visit	\$35	\$35
Urgently needed care	\$35	\$35
Inpatient hospitalization	\$200 per day (1-8), \$0 thereafter	\$200 per day (1-8), \$0 thereafter
Outpatient surgery	20%	20%

UnitedHealthcare Group Medicare Advantage (PPO) plan

Preventive Services

Benefit Coverage	Network	Non-Network
Annual physical	\$0	\$0
Annual Wellness Visit	\$0	\$0
Immunizations	\$0	\$0

UnitedHealthcare Group Medicare Advantage (PPO) plan

Benefit Coverage	Network	Non-Network
Medicare-covered podiatry	\$35	\$35
Medicare-covered chiropractic care	\$20	\$20
Medicare-covered vision services	\$35 for eye exam/year	\$35 for eye exam/year
Medicare-covered hearing services	\$35 for exam/year \$500 hearing aid allowance/3 years	\$35 for exam/year \$500 hearing aid allowance/3 years
Emergency room	\$65	\$65

HouseCallsSM



A health and wellness program that comes to you.

HouseCalls is designed to support and complement your regular doctor's care. For qualified members, you can meet with one of our licensed clinicians in the convenience of your own home at no additional cost to you.

The appointment includes:

- Important health screenings
- Extra time to talk about any health-related concerns you may have
- Review of your current medications
- Discussion of your diet
- Educational materials that may help you maintain your health

You may even be eligible for a reward when you complete a HouseCalls visit.

Renew by UnitedHealthcare



Challenge yourself to become healthier and happier – and earn real rewards for your efforts.

Health is your greatest asset. Helping you take control of your health is UnitedHealthcare's top priority. That's why we've created Renew by UnitedHealthcare, an exciting new way for us to give you the tools and know-how to take control of your own health care.

Renew by UnitedHealthcare, will teach you how to be your own best health advocate, and encourage you to make healthy choices and reward you for doing so. Every step of the way you'll be one step closer to being the best you *YOU* can be. A Healthier. Happier. You.

Fitness program



Stay physically fit and active at no additional cost.

Join SilverSneakers and enjoy:

- Staying active with SilverSneakers® Fitness Program. Choose a fitness center from more than 13,000 participating locations. (Find the nearest location at www.silversneakers.com).
- Classes, cardio equipment, resistance machines, free weights and heated pools (at certain locations). Amenities may vary at each location.
- Many women-only locations, including Curves®, nationwide.

Don't live near a fitness center?

SilverSneakers Steps is a personalized fitness program for members who can't get to a SilverSneakers location. Once you enroll in Steps, you may select one of the four kits that best fits your lifestyle and fitness level-general fitness, strength, walking or yoga. The Steps wellness tools can help you be active at home or on the go.

NurseLineSM



You're never alone.

Whether you have questions about a medication or have a health concern in the middle of the night, with NurseLineSM a nurse answers your call 24 hours a day.

Services include:

- Help choosing a doctor
- Tips on how to help control diabetes, blood pressure or high cholesterol
- Reviewing your medications and exploring how to save money on prescriptions
- Connecting you with community resources for exercise
- Easy ways you can add fruits and vegetables to your diet
- Tips to help you quit smoking

Your Prescription Drug Plan (PDP)

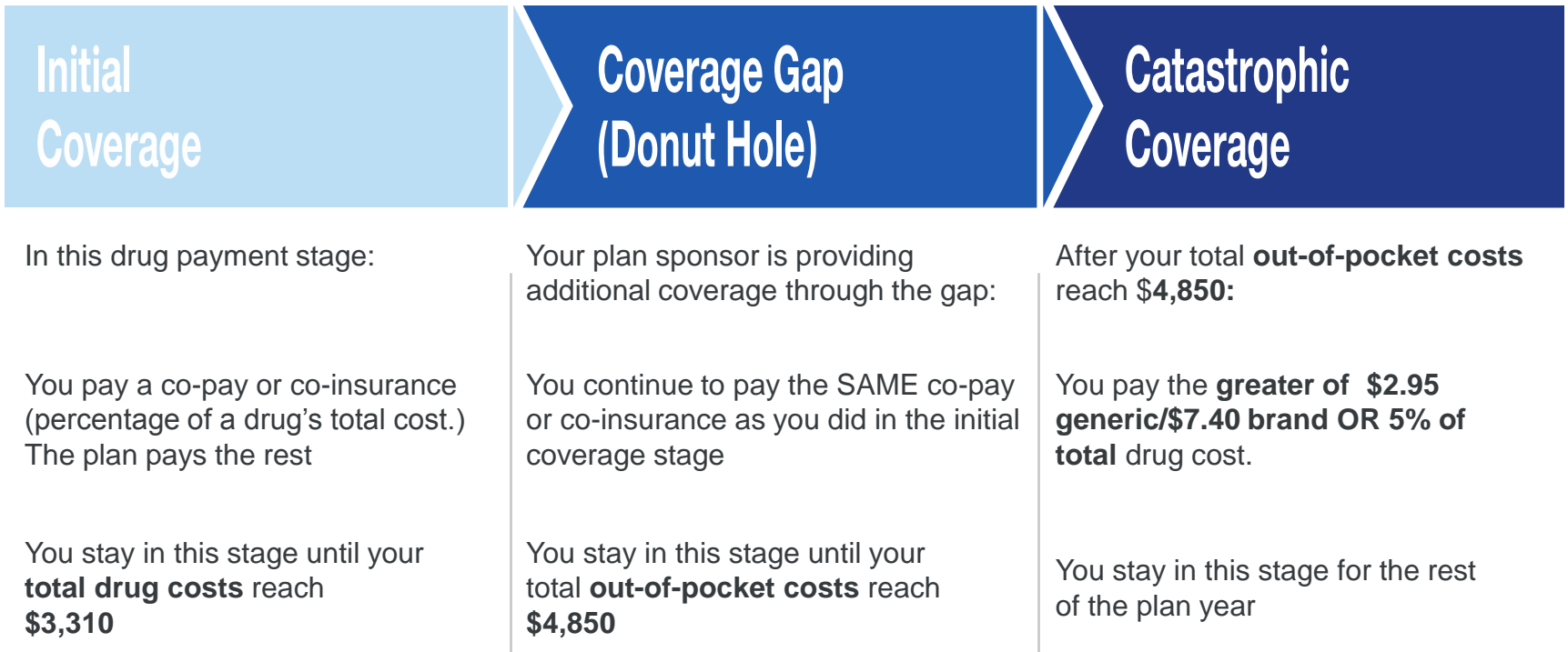


- More than 65,000 network pharmacies nationwide — many national drugstore chains and independent pharmacies are included.
- Thousands of covered brand name and generic drugs.
- Generic drugs as low as \$1.50 through our Pharmacy Saver program¹
- Bonus drug coverage in addition to Medicare Part D drug coverage.
- Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

Drug Payment Stages

Your plan does not include an annual deductible. Your coverage begins in the initial coverage stage.



Total drug costs: *The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2016. This does not include premiums.*

Out-of-Pocket costs: *The amount you pay (or others pay on your behalf) for prescription drugs starting January 2016. This does not include premiums, or the amount the group health plan, or former employer pays for prescription drugs.*

Your Part D plan benefits

Tier	Prescription Drug Type	<i>This plan mirrors exactly the 'Plan B' Rx plan if you are on UHC medical plan.</i>	
		Your Costs	
		Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Generics	\$10	\$20
Tier 2	Preferred Brands and some Specialty drugs	30% up to max of \$45	30% up to \$112.40
Tier 3	Non-Preferred Brands and some Specialty drugs	40% up to max of \$65	40% up to \$165

Diabetic Supplies Changes for 2016

Beginning January 1, 2016, your plan will only provide coverage for the following brands of blood glucose testing strips and meters:



OneTouch® Ultra® 2

OneTouch® Verio®

OneTouch® UltraMini®

ACCU_CHEK Aviva

ACCU_CHEK SmartView

Good news! This change allows us to reduce your member cost-share for diabetic testing supplies to **\$0 from 20%**. These supplies include the above brands of test strips and meters, and any brand of lancets, lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

You may be required to see your doctor to get a new prescription for these preferred testing and monitoring supplies. If you are using a different brand than identified above, a temporary supply of your current brand can be requested.

Preferred Mail Service Pharmacy



Your order enters OptumRx™ fulfillment system.



A pharmacist reviews your information for drug interactions, allergies and dosage.



For your security, another pharmacist reviews your medication for accuracy after it is dispensed.



OptumRx seals your medication in a tamper-evident package.



They mail your medication to you and notify you when it has been shipped.

More ways you could save

Review your medications.

- Review your prescription drugs with your doctor at least once a year. Ask, “Do I still need them all? Can I stop taking the ones I don’t need?”

Use your member ID card.

- Show your member ID card at the pharmacy to get the plan’s discounted rates.

Use participating network pharmacies.

- You’ll get the greatest benefit if you use in-network pharmacies.

Take advantage of our Pharmacy Saver Program

- Prescriptions as low as \$1.50¹.

Consider using OptumRx™ Mail Service Pharmacy.

- You could save time and trips to the pharmacy.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

Pharmacy Saver™ Program

You could save on the cost of generic prescription drugs.

- With the Pharmacy Saver program, you can fill your prescriptions for as low as \$1.50 at participating pharmacies located in grocery, discount and drug stores where you may already shop.¹
- Many, but not all, of the pharmacies in UnitedHealthcare's national pharmacy network participate in the Pharmacy Saver program. Here are just some of the retailers with pharmacies that participate in in the Pharmacy Saver Program:



Note: Other pharmacies are available in our network. Members may use any pharmacy in the network but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

Understand Medicare's Rules

- You must be entitled to Medicare Part A and enrolled in Medicare Part B and continue to pay your Medicare Part B premium.
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.
- You must inform us of any current prescription drug coverage or future enrollment that include prescription drug coverage.
- If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty.
- If you are a member, you must read the plan's Evidence of Coverage (EOC), including appeals and grievance rights in the plan Annual Notice of Change.
 - The EOC also covers specific plan benefits, co-pays, exclusions, limitations and other terms.

Please review the full text of the Statement of Understanding in your 2016 enrollment kit.

How to Enroll

Enrolling for HP Medicare eligible retirees

HP Medicare –eligible Retirees may opt into the UnitedHealthcare Medicare Advantage NPPO for January 1, 2016

If are currently enrolled, and wish to continue to receive Medical and Prescription drug coverage through UnitedHealthcare, you do not need to take any action.

What to expect after enrollment

1

UnitedHealthcare® will process your enrollment.

2

You will receive your new member **ID card** and you can start using as soon as your plan is effective.

3

You will receive a **welcome guide** that gives you more information on how your benefits work and how to get the most out of your plan.

4

Soon after you're a member, **we will contact you** to help us understand your unique health needs.

5

After your effective date, register online at www.UHCRetiree.com

UHCRetiree.com

After your coverage begins, register online at **UHCRetiree.com** to access plan information, materials and programs.



- Medical and Drug Claim Search
- Health Needs Assessment
- Plan Materials
- Temporary or replacement member ID Cards
- Provider Search
- Medical and Drug detail/history
 - Annual out-of-pocket cost maximum
 - How much spent toward out-of-pocket costs
 - Which drug stage you are in (Initial coverage, Coverage gap, Catastrophic coverage)

THANK YOU

We look forward to welcoming you to our Medicare family.

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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

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.

United Pharmacy Saver

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher. Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

Mail Order Pharmacy

You are not required to use OptumRx home delivery for a 90- day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

SilverSneakers

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Healthways, SilverSneakers and SilverSneakers Steps are registered trademarks of Healthways, Inc. and/or its subsidiaries. © <2015> Healthways, Inc. All rights reserved.

NurseLine

This service 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 doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.