



UnitedHealthcare Medicare Supplement 2020 Renewal Notice and Benefit Confirmation Hopkins County

Medical Group # 4439 Rx Group # 24942

Anniversary Date: 1/1/2020 Return to TAC by: 10/11/2019

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective from 1/1/2020 - 12/31/2020.

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MEDICA	L PLAN
Current Plan: Medicare Supplement Plan F Current Monthly Rate: \$ 253.44	
Renew and keep current plan.	Rate effective 1/1/2020: <u>\$ 265.61</u>
Renew and change to Package	Rate effective 1/1/2020 (retiree choice):
Medicare Supplement <u>\$</u>	Medicare Advantage <u>\$</u>
Initial here to accept 2020 Retiree Medical pla	an and rate
PRESCRIPTION	DRUG PLAN
Current Plan: Rx Option 2A Current Monthly Rate: \$ 84.10	
Renew and keep current Rx option.	Rate effective 1/1/2020: <u>\$ 88.31</u>
Renew and change to Package	Rate effective 1/1/2020:
Medicare Supplement: <u>\$</u> Medicare Advantage: <u>N/A</u> (included in NIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
BILLING N	IETHOD
Direct Bill: Retiree pays 100% of premium an UnitedHealthcare each month.	d will be billed directly by

Initial here to accept Billing Method

County Choice Silver UHC Renewal - Plan Year 2020

CountyChoice Silver UnitedHealthcare Member Contact Designations

CCS Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints a Contracting Authority of department head rank or above and agrees that TAC HEBP shall not be required to contact or provide notices to any other person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each section below:

Name:	 	
Title:	 	
Address:	 	
Phone:	 	
Fax:	 	
Email:	 	

CCS Primary Contact - Main contact for daily matters regarding retiree health benefits:

Name:	 		
Title:	 		
Address:			
Phone:			
Fax:	 		
Email:		-	

e of County Judge or Contracting Authority

Date

Please PRINT Name and Title

County Choice Silver UHC Renewal - Plan Year 2020

United Healthcare Medicare Advantage and Medicare Supplement Plan value-added programs

Not all programs are included with all plans; see Package Comparison document for details.

HouseCalls

UnitedHealthcare HouseCalls is an annual wellness program offered to members with a Medicare Advantage plan for no extra cost. The program sends an advanced practice clinician to member's home. During the visit, they will review member medical history and current medications. Member can also ask any health questions member may have. HouseCalls will then send a summary of member's visit to member's primary care provider so he/she has this additional information regarding member health. HouseCalls may not be available in all areas.

Advantages of a HouseCalls visit:

- 45–60 minutes of one-on-one attention with the clinician
- No travel, and no waiting in the doctor's office
- Coordination of any additional care member may need

For more information, visit www.UHCHouseCalls.com or call toll-free 1-866-686-2504, TTY 711, 8 a.m. – 8:30 p.m. Eastern Time, Monday – Friday.



NurseLine

Want to talk to a nurse? Whether it's a question about a medication or a health concern in the middle of the night, registered nurses answer member calls 24 hours a day.¹

When members call, a registered nurse can help:

- Choose appropriate medical care
- Find a doctor, urgent care center and other health resources
- Understand treatment options, risks, benefits and possible outcomes
- Learn about healthy living

For more information, call toll-free 1-877-365-7949, TTY 711, 24 hours a day, 7 days a week.



Virtual Doctor Visits

UnitedHealthcare's Virtual Doctor Visits let members choose to see and speak to specific doctors using member's computer or a mobile device, like a tablet or smart phone. These doctors are providers that have the ability to offer virtual doctor visits. During a virtual visit, member can ask questions, get a diagnosis and the doctor can even prescribe medication² that, if appropriate, can be sent to member's pharmacy. A virtual doctor visit with Doctor on Demand or AmWell has a \$0 co-pay, and a typical visit lasts 10 minutes. Visits may be best for situations like a cold, flu, skin rash or an eye issue. Find a list of participating virtual medical doctors online atwww.UHCRetiree.com.



Renew by UnitedHealthcare

Renew by UnitedHealthcare is a perk that features exclusive content and resources, designed to help members learn and start living a healthier, happier life. Turn the page to healthy living with Renew magazine, brain games, recipe library, music streaming and much more. Empowers member with healthy learning through online courses, articles, videos and more.

Sign in or register at www.UHCRetiree.com. Click the Health & Wellness tab and start learning to live healthier today.

SilverSneakers® fitness program

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more at 13,000+ fitness locations.* SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.³

Find a fitness location at www.silversneakers.com or call toll-free 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. Eastern Time, Monday – Friday.



Solutions for Caregivers

Make caring for a family member, friend or neighbor a little easier with resources and support tailored to member's needs.⁴

- Get helpful advice and decision-making support from a professional care manager
- Have a registered nurse perform an on-site, in-person health overview of the person member is caring for
- Work together to create personalized care plans
- Get help to find and arrange local programs and services for member specific needs

For more information, call toll-free 1-866-896-1895, TTY 711, 24 hours a day, 7 days a week. Access educational resources, discounted products and services anytime online at www.UHCforCaregivers.com/welcome/uhcretiree. Use code uhcretiree when creating an account.

*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.

Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/ co-insurance may change on January 1 of each year.

¹ 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 memberr doctor's care. Memberr health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

² Doctors can't prescribe medications in all states.

³ Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to memberr Evidence of Coverage for more details. TivityHealthandSilverSneakersareregisteredtrademarksor trademarksofTivityHealth, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

⁴ Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about memberr care arrangements must be made by member. In addition, the quality of a particular provider must be solely determined and monitored by member. Information provided to member about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

Plans are insured through United Healthcare 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.





Rates Effective 1/1/2020 - 12/31/2020

Retiree	e Senior Sup	plement M	edical Plans	5
Plan	Monthly Rate Plan Year 2020	Additional Deductible per Individual	Out-of-Pocket Maximum per Individual	Cost Sharing Information
Plan F	\$265.61	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A and B deductibles.
Plan D (F-1)	\$246.69	None	N/A	Plan pays 100% of Medicare-eligible expenses including Part A deductible and 50% of Part B deductible.
Plan K	\$156.06	N/A	\$4,620	Plan pays 50% of Medicare-eligible expenses including Part A and B deductibles until member reaches maximum OOP, then plan pays 100%.

Senior Supplement Prescription Drug Plans (Medicare Part D)

Plan	Monthly Rate Plan Year 2020	Retail Copays	Mail Order Copays	Coverage in Gap
Rx Option 1	\$265.56	\$5/25/60/33%	\$10/50/120/33%	All Tiers
Rx Option 1-A	\$250.41	\$10/30/65/33%	\$20/60/130/33%	All Tiers
Rx Option 2	\$100.40	\$5/25/60/33%	\$10/50/120/33%	Tier 1 Generics Only

Rx Copay Tiers:
Tier 1: Preferred Generic
Tier 2: Preferred Brand Name*
Tier 3: Non-preferred Brand Name*
Tier 4: Specialty Drugs
* plus some non-preferred Generics

Package Plans: County offers 1 Package, Retiree selects either Senior Supplement or Medicare Advantage plan Package 1 Package 2 Package 3

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Medicare Advantage Plan 1	\$450.35	Medicare Advantage Plan 2	\$226.88	Medicare Advantage Plan 2	\$226.88
or		or		or	
Senior Supplement Plan F	\$265.61	Senior Supplement Plan K	\$156.06	Senior Supplement Plan F-1	\$246.69
Rx Drug Plan Option1	\$265.56	Rx Drug Plan Option 2	\$100.40	Rx Drug Plan Option1-A	\$250.41
	\$531.17		\$256.46		\$497.10



TEXAS ASSOCIATION of COUNTIES * HEALTH AND EMPLOYEE BENEFITS POOL

P.O. Box 2131 · Austin, Texas 78768-2131 · (512) 478-8753 · (800) 456-5974 · (512) 481-8481 Fax · www.county.org

Group Health Coverage • Retiree Medical • Dental Benefits • Pharmacy Benefits • Life Insurance • Disability Coverage

Rev. 9/2019





Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan F	UnitedHealthcare® Group Medicare Advantage Plan 1
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays Part A & B Deductibles	N/A
Annual Medical Out of Pocket Maximum	N/A	N/A

Amounts/percentages listed below represent member's costs

Primary Care Provider	0%	\$0 copay
Specialist	0%	\$0 copay
Routine Annual Physical	0%	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	0%	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	0%	\$0 copay

Lab Services	0%	\$0 copay
Outpatient X-ray Services	0%	\$0 copay
Diagnostic (MRIs, CT scans)	0%	\$0 copay

Inpatient hospital care (including mental health)	0%	\$0 copay
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Emergency care	0%	\$0 copay (Includes Worldwide Coverage)
Urgently needed services	0%	\$0 copay (Includes Worldwide Coverage)
Ambulance services	0%	\$0 copay

Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	100%	\$0 copay; limit 6 visits per year

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan F	UnitedHealthcare® Group Medicare Advantage Plan 1
Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction)		
Limited to one routine eye exam	100%	\$0
every 12 months		

Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included
Prescription Drug Plan (no Rx deductible)	Rx Option 1 Formulary H	Custom Plan Formulary H
Coverage in the Gap	Full Gap Coverage	Full Gap Coverage
Tier 1 Preferred Generic	\$5/30 day \$10/90 day	\$5/30 day \$10/90 day
Tier 2 Preferred Brand	\$25/30 day \$50/90 day	\$25/30 day \$50/90 day
Tier 3 Non-Preferred Brand	\$60/30 day \$120/90 day	\$60/30 day \$120/90 day
Tier 4 Specialty Drug	33%	33%

2020 PLAN COST		
Medical and Rx	\$531.17	\$450.35
Medical Only	\$265.61	n/a - Rx included





Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan K	UnitedHealthcare® Group Medicare Advantage Plan 2
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays 50% of Medicare Part A and Part B deductibles	N/A
Annual Medical Out of Pocket Maximum	\$4,620	\$2,400

Amounts/percentages listed below represent **member's** costs until Annual Medical Out of Pocket Maximum is reached

Primary Care Provider	50%	\$10 copay
Specialist	50%	\$20 copay
Routine Annual Physical	\$0	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	50%	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	50%	\$25 copay

Lab Services	50%	\$10 copay
Outpatient X-ray Services	50%	\$10 copay
Diagnostic (MRIs, CT scans)	50%	\$25 copay

Inpatient hospital care (including mental health)	0%	\$500 per admit
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Emergency care (waived if admitted)	50%	\$90 copay (Includes Woldwide Coverage)
Urgently needed services (waived if admitted to hospital)	50%	\$35 copay (Includes Worldwide Coverage)
Ambulance services	50%	\$100 copay

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan K	UnitedHealthcare® Group Medicare Advantage Plan 2
Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	100%	\$20 copay; limit 6 visits per year

Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction) Limited to one routine eye exam every 12 months	100%	\$0
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Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included

Prescription Drug Plan (no Rx deductible)	Rx Option 2 Formulary G	Custom Plan Formulary H
Coverage in the Gap	Tier 1 only Gap Coverage	Tier 1 only Gap Coverage
Tier 1 Preferred Generic	\$5/30 day \$10/90 day	\$5/30 day \$10/90 day
Tier 2 Preferred Brand	\$25/30 day \$50/90 day	\$25/30 day \$50/90 day
Tier 3 Non-Preferred Brand	\$60/30 day \$120/90 day	\$60/30 day \$120/90 day
Tier 4 Specialty Drug	33%	33%

2020 PLAN COST		
Medical and Rx	\$256.46	\$226.88
Medical Only	\$156.06	n/a - Rx included





County Choice Silve	r Retiree Health Plan	is for 2020 - PACKAGE 3
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Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan D	UnitedHealthcare® Group Medicare Advantage Plan 2
How the Plan Works	Coordinates with Medicare Part A and Part B coverage	Includes Medicare Part A and Part B and Part D coverage
Nationwide Network	Any willing Medicare provider	Any willing Medicare provider
Annual Deductible	Plan pays 100% of Medicare Part A and 50% of Part B deductible	N/A
Annual Medical Out of Pocket Maximum	N/A	\$2,400

Amounts/percentages listed below represent member's costs until Annual Medical Out of Pocket Maximum is reached

Primary Care Provider	0%	\$10 copay
Specialist	0%	\$20 copay
Routine Annual Physical	0%	\$0 copay
Virtual Doctor Visits	\$0	\$0 copay

Outpatient Hospital & Surgical Services	0%	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/ language therapy)	0%	\$25 copay

Lab Services	0%	\$10 copay
Outpatient X-ray Services	0%	\$10 copay
Diagnostic (MRIs, CT scans)	0%	\$25 copay

Inpatient hospital care (including mental health)	0%	\$500 per admit
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Emergency care (waived if admitted)	0%	\$90 copay (Includes Worldwide Coverage)
Urgently needed services (waived if admitted to hospital)	0%	\$35 copay (Includes Worldwide Coverage)
Ambulance services	0%	\$100 copay

Medical Benefits (all services must be Medicare-eligible)	UnitedHealthcare® Group Senior Supplement Plan D	UnitedHealthcare® Group Medicare Advantage Plan 2
Foreign Travel Benefit	Emergency Care Only - separate deductible and limits apply	Emergency and Urgent Care Only
Routine Podiatry	Some services not covered by Medicare	\$20 copay; limit 6 visits per year

Routine hearing exams Limited to one routine hearing exam every 12 months	100%	\$0
Hearing Aids	Plan provides discounts	\$500 allowance every three years

Routine eye exam (refraction)		
Limited to one routine eye exam	100%	\$0
every 12 months		

Fitness Program	SilverSneakers®	SilverSneakers®
NurseLine	Included	Included
Solutions for Caregivers	Included	Included
HouseCalls Program	Not Included	Included
Renew' Member Rewards	Not Included	Included

Prescription Drug Plann no Rx deductible)	Rx Option 1-A Formulary H	Custom Plan Formulary H
Coverage in the Gap	Full Gap Coverage	Tier 1 only Gap Coverage
Tier 1 Preferred Generic	\$10/30 day \$20/90 day	\$5/30 day \$10/90 day
Tier 2 Preferred Brand	\$30/30 day \$60/90 day	\$25/30 day \$50/90 day
Tier 3 Non-Preferred Brand	\$65/30 day \$130/90 day	\$60/30 day \$120/90 day
Tier 4 Specialty Drug	33%	33%

2020 PLAN COST		
Medical and Rx	\$497.10	\$226.88
Medical Only	\$246.69	n/a - Rx included

PACKAGE 3 page 2