



East Baton Rouge Parish School System

Medicare Advantage Discussion

April 11, 2013



The market leader for retiree benefits

Understand your goals

30 years experience

3,000 clients

11 million retirees

Choose the right solution

Only
UnitedHealthcare
has solutions
that address all
strategies

Ensure a smooth transition

93% implementation
satisfaction

98% retention rate

95% get needs
answered in one call

**The breadth and depth of our experience enables us to
provide you with innovative solutions**

The ABCs of Medicare



If you need more coverage, you have choices.

Option 1

or

Option 2

Keep Original Medicare and add:

MEDICARE SUPPLEMENT INSURANCE



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

Offered by private companies and/or

MEDICARE PART D



Covers prescription drugs

Offered by private companies

MEDICARE ADVANTAGE (PART C)



Combines Parts A & B



Additional benefits



Most plans cover prescription drugs

Offered by private companies

Medicare Parts A & B (Original Medicare)

ORIGINAL MEDICARE



Covers
hospital
stays

+



Covers doctor
and outpatient
visits

Government-provided

Medicare Part C (Medicare Advantage Plans)

MEDICARE ADVANTAGE (PART C)



Combines
Parts A and B



Additional benefits



Most plans cover
prescription drugs

Offered by private companies

Medicare Part D (Prescription Drug Plans)

MEDICARE PART D



Covers prescription drugs

Offered by private companies

UnitedHealthcare

Group Medicare Advantage PPO



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 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

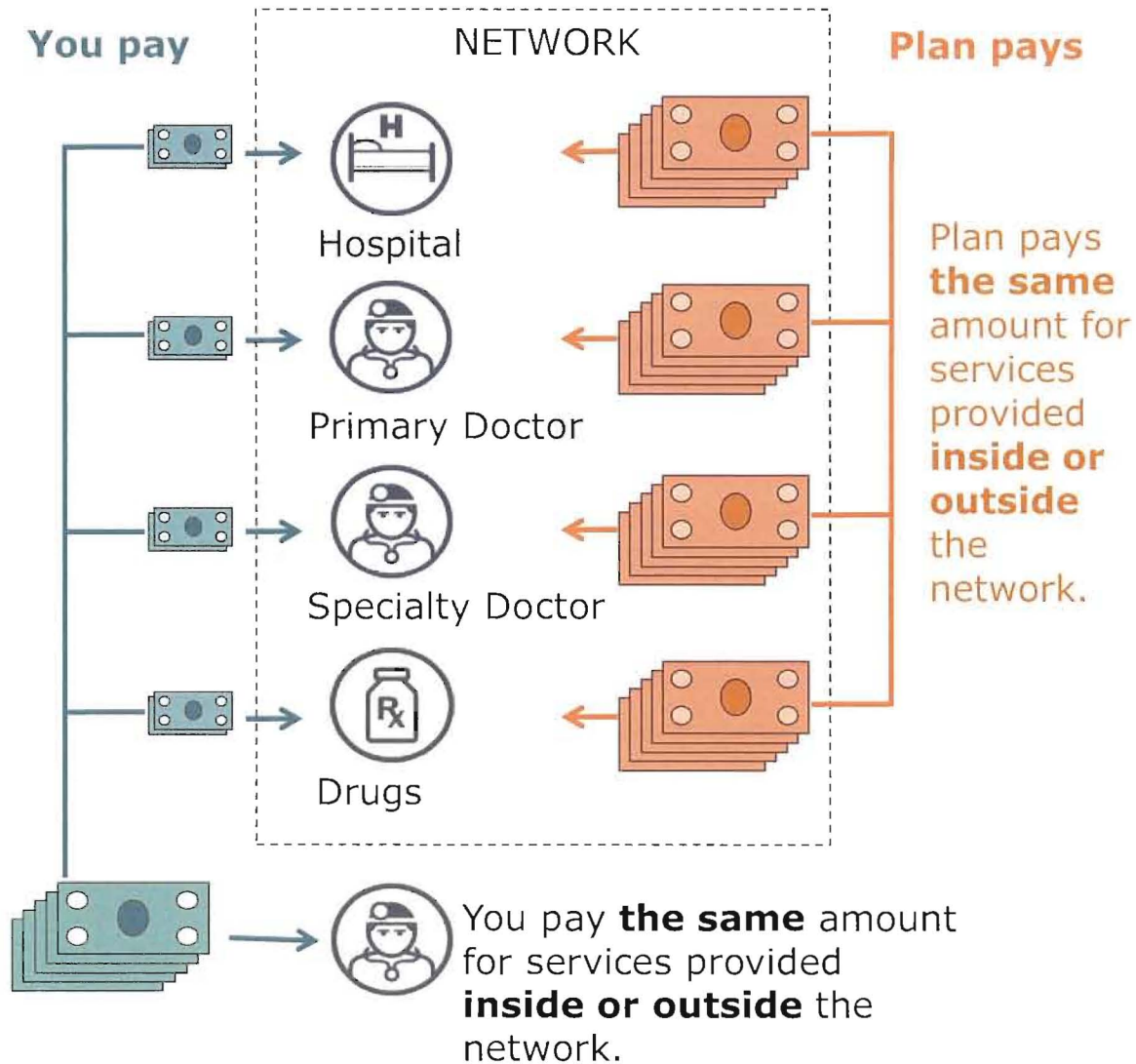
- Included in many Medicare Advantage plans



Additional benefits

- May be bundled with the plan

UnitedHealthcare Group Medicare Advantage PPO paying for services



The UnitedHealthcare Group Medicare Advantage PPO

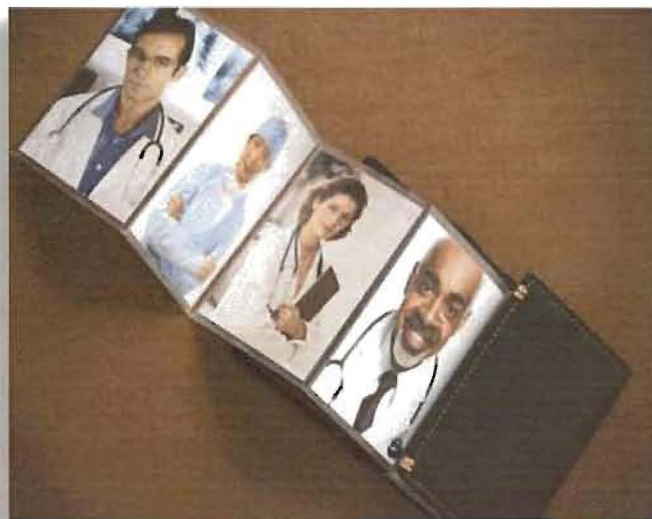


- Single, national solution that can cover all East Baton Rouge Parish School System retirees regardless of where they live in United States
- Group Medicare Advantage National PPO offers a non-differential “passive” PPO plan design
- Plan works like “any willing provider” which eliminates provider issues
- Provides retirees with the same benefits and cost-sharing when accessing care in or out-of-network
- Non-contracted providers are paid 100% of the Medicare fee schedule (we pay the same as Medicare pays)
- Value added benefits for retirees- Silver Sneakers, hiHealth Innovations hearing aids, Solution for Caregivers
- Single plan, single ID card, single claim process

UnitedHealthcare has the most experience with Group Medicare Advantage plans, with a track record of successful implementations and satisfied retirees

Proactive outreach to providers

We proactively contact non-contracted providers to help them understand the Group Medicare Advantage PPO



Analysis comparing current provider usage (through claims data) with our contracted provider network allows us to:

- Appropriately segment provider usage for outreach (contracted vs. non-contracted)
- Identify non-contracted providers for outreach
- Conduct proactive outbound campaigns to educate non-contracted providers



- A variety of education tools will be available to both contracted and non-contracted providers through uhonline.com (provider website)
- A Quick Reference Guide can also be faxed to the provider for immediate follow up after outreach call

Protecting retirees in all claim scenarios



Retiree Sees	UnitedHealthcare Pays	Retiree Pays
One of our over 500,000 Network Providers	Amount specified in provider contract, less applicable retiree cost share	Applicable in-network deductible, copayment and/or coinsurance
Non-network Provider who Accepts Medicare Assignment	100% of Medicare Allowable charges, less applicable retiree cost share	Applicable out-of-network deductible, copayment and/or coinsurance
Non-network Provider who Does Not Accept Medicare Assignment (<5%)	100% of Medicare Allowable charges, less applicable retiree cost share PLUS allowable balance billing (generally 15%)	Applicable out-of network deductible, copayment and/or coinsurance No portion of the “balance-billed” amount is paid by the retiree
Non-network Provider who has Opted Out of Medicare OR Overseas Provider (<1%)	Only in case of emergency *Traditional Medicare generally does not cover care outside of the U.S.	100% of all billed charges (except in case of emergency)

The vast majority of non-network providers will file the member’s PPO claim. If not, the member pays the provider directly and then submits for plan reimbursement. If the provider does not accept Medicare Assignment, the member will be reimbursed (including balance billing amount- no balance billing amount is paid by retiree!)