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

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The ABCs of Medicare

If you need more coverage, you have choices.

Option 1 or Option 2

Option 1
- 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

Option 2
- 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

PART A
Covers hospital stays

PART B
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
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

You pay

- Hospital
- Primary Doctor
- Specialty Doctor
- Drugs

Plan pays

Plan pays the same amount for services provided inside or outside the network.

You pay the same amount for services provided inside or outside the network.
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 uhconline.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

<table>
<thead>
<tr>
<th>Retiree Sees</th>
<th>UnitedHealthcare Pays</th>
<th>Retiree Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of our over 500,000 Network Providers</td>
<td>Amount specified in provider contract, less applicable retiree cost share</td>
<td>Applicable in-network deductible, copayment and/or coinsurance</td>
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<tr>
<td>Non-network Provider who Accepts Medicare Assignment</td>
<td>100% of Medicare Allowable charges, less applicable retiree cost share</td>
<td>Applicable out-of-network deductible, copayment and/or coinsurance</td>
</tr>
<tr>
<td>Non-network Provider who Does Not Accept Medicare Assignment (&lt;5%)</td>
<td>100% of Medicare Allowable charges, less applicable retiree cost share PLUS allowable balance billing (generally 15%)</td>
<td>Applicable out-of-network deductible, copayment and/or coinsurance</td>
</tr>
<tr>
<td>Non-network Provider who has Opted Out of Medicare OR Overseas Provider (&lt;1%)</td>
<td>Only in case of emergency&lt;br&gt;*Traditional Medicare generally does not cover care outside of the U.S.</td>
<td>100% of all billed charges (except in case of emergency)</td>
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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!)