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## Medicare Advantage Proposal / UnitedHealthcare FAQs

### BACKGROUND

CalPERS understands that health care – both quality and costs - is a top concern for our retiree members. In the discussion about the Medicare Advantage Proposal with UnitedHealthcare, it's important to know the facts. Below we have collected the most frequently asked questions (FAQs) and answers on this important proposal.

### FREQUENTLY ASKED QUESTIONS (FAQS)

#### Q: WHERE CAN I FIND A PROVIDER/DOCTOR DIRECTORY?

A: A current list of Medicare providers in the UnitedHealthcare network can be found online at: [www.uhcretiree.com/calpers](http://www.uhcretiree.com/calpers). Click on "Find a Provider" and follow the prompts.

PLEASE NOTE: UnitedHealthcare is close to completing a big expansion of their network of providers in California. This will increase the scope of the provider network available to California-based retirees who join the program. Effective June 2015, we will have 23,000 MA PPO-contracted health care providers in California.

#### Q: WHAT IS THE STAR RATING ON UNITEDHEALTHCARE?

UnitedHealthcare Medicare Advantage PPO plan is rated 4 stars, nationally.

#### Q: WOULD A HIGH PERFORMANCE GENERIC STEP THERAPY (HPGST) BE REQUIRED IN THE PROPOSED PLAN, AND IF SO, WOULD THE SAME GRANDFATHERED/EXCLUDED DRUG CLASSES APPLY?

A: HPGST does not apply to Medicare products currently, and it will not apply to the UnitedHealthcare Medicare products either.

#### Q: WHAT HAPPENS IF MY DOCTOR DOES NOT ACCEPT MEDICARE?

A: If your doctor has opted out the Medicare program in its entirety, you would only have coverage in an emergency situation. This is no different than your current medical plan. Less than 1% of physicians and outpatient health care providers have opted out of Medicare. Nearly half of these are psychiatric care providers.

#### Q: I UNDERSTAND THE STATE OF GEORGIA TERMINATED THEIR BUSINESS PARTNERSHIP WITH UNITEDHEALTHCARE AND THEN CAME BACK. CAN YOU EXPLAIN WHY?

A: UnitedHealthcare was awarded a contract with the State of Georgia account effective January 1, 2009, with an ending date of December 31, 2013. In 2014, the State released Request for Proposal (RFP) with a January 1, 2015 effective date which included a multi-carrier option. UnitedHealthcare and another carrier were both awarded the contracts.

**Q: HAVE THERE BEEN ANY COMPLAINTS/CONCERNS FROM GEORGIA REGARDING THE CHANGE FROM THE PREVIOUS ADMINISTRATIVE SERVICES ONLY (ASO) PLAN TO THE MEDICARE ADVANTAGE NATIONAL PREFERRED PROVIDERS ORGANIZATION (NPPO) PLAN?**

A: Members initially came from a traditional Administrative Services Only plan similar to a Medicare supplement plan. Questions and inquiries were generally about the use of the plan and/or benefits.

In 2011, UnitedHealthcare distributed a Member Satisfaction Survey to the participants. 98.7% of respondents were satisfied with the way UnitedHealthcare Medicare Direct administered their medical health insurance plan, rating them a 3, 4 or 5 on a 5-point scale, with 1 being Lowest Overall Satisfaction and 5 being Highest Overall Satisfaction. When asked to rate their likelihood of recommending UnitedHealthcare to a friend or relative, 95.3% of respondents indicated they were likely to do so. Medicare Advantage respondents were also asked to rate their likelihood of switching to a different health plan when they had the next opportunity – 93.5% indicated they would not switch.

Retirees are always encouraged to call and inquire about the network and their physicians. UnitedHealthcare has dedicated PPO staff trained on the specific benefits of the old plan to the new plan. In Georgia, members simply called and inquired about the status of their provider during the open enrollment period and beyond. Members may call UnitedHealthcare to request they reach out to their provider to ensure acceptance as well.

**SCENARIO: A RETIREE IS IN MEDICARE THROUGH BLUE SHIELD, WITH A SPOUSE IN A BLUE SHIELD BASIC (NON-MEDICARE) PLAN. IF THE RETIREE MEMBER IS MOVED TO UNITEDHEALTHCARE, WOULD THE SPOUSE HAVE TO MOVE PLANS AS WELL?**

Yes. The vast majority of people who are being required to switch plans in this scenario would not need to switch actual doctors. Very often, the only thing that will change is the paperwork behind the scenes, because the same doctor who takes Blue Shield (or Anthem, HealthNet, etc.) will also take UnitedHealthcare. It's potentially inconvenient, and some people, no doubt, will have to change doctors. In the big picture, we hope that it is acceptable.

**IS THE OPTIONAL VISION AND DENTAL PLAN GOING TO BE ALSO AVAILABLE FOR BASIC PLAN MEMBERS UNDER UNITEDHEALTHCARE?**

No. The dental and vision rider will only be available to individuals in the UnitedHealthcare Medicare plan.

**Q: WILL MY NEW PLAN BE ACCEPTED BY MY CURRENT HEALTHCARE PROVIDER? ARE THERE ENOUGH NETWORK PHYSICIANS IN REASONABLE PROXIMITY TO ME?**

A: As part of an extensive implementation, UnitedHealthcare will outreach to contracted providers to notify them of the expansion with CalPERS, as well as out-of-network physicians, to ensure that they recognize the decision, the plan type and to answer any questions that offices may have. In the event that this situation does occur, assistance will be provided to ensure that the member's issue is resolved. In the unlikely event that the physician chooses not to see a member, the member will receive assistance from UnitedHealthcare in locating a new physician.

**Q: DO THE FOLLOWING MEDICAL FACILITIES IN CALIFORNIA ACCEPT MEDICARE ADVANTAGE AND WOULD THEY ACCEPT UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE? (ANSWERS IN BOLD):**

**A:**

- UC Davis Medical Center – **Out-of-Network, but accepts the United Healthcare plan**
- UC San Francisco Medical Center – **In-Network**
- Stanford University Medical Center – **Out-of-Network, but accepts the United Healthcare plan**
- UCLA Medical Center – **In-Network**
- USC Medical Center – **In-Network**
- City of Hope – **In-Network**
- Cedars Sinai Medical Center – **In-Network**
- Loma Linda University Medical Center – **In-Network**
- UC San Diego Medical Center – **In-Network**

**Q: OTHER THAN MD ANDERSON MEDICAL CENTER, AND THE MAYO CLINIC SCOTTSDALE, ARE THERE OTHER MAJOR REFERRAL MEDICAL CENTERS THAT WILL NOT ACCEPT MEDICARE ADVANTAGE INSURANCE?**

**A:**

- MD Anderson Medical Center – **In- Network**
- Mayo Clinic Scottsdale – **Does not accept Medicare Advantage Plans, UnitedHealthcare can perform an outreach to Mayo Clinic, Scottsdale AZ on a case-by-case basis.**

**Q: EXPLAIN HOW THE OUT-OF-POCKET MAXIMUM WORKS.**

An out-of-pocket maximum places a limit on how much money you pay out of your pocket for your covered medical expenses in a calendar year. With this plan, the maximum amount that you would pay out of your pocket for covered medical expenses in a single year is \$1,500. Once you have paid \$1,500 in covered medical expenses, your UnitedHealthcare Medicare Advantage plan pays 100% of the cost of your covered medical care expenses for the rest of the year.

**Q: IS THE MEDICARE ADVANTAGE PPO PLAN NATIONWIDE?**

Yes. This plan is available in all 58 California counties, all 50 states and 5 US territories.

**Q: WHAT DO I NEED TO KNOW ABOUT THE UNITEDHEALTHCARE PROVIDER NETWORK?**

**A:**

- Medicare Advantage HMO  
The UnitedHealthcare Group Medicare Advantage (HMO) is a Health Maintenance Organization (HMO) plan. That means you must get care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist.
- Medicare Advantage PPO  
The UnitedHealthcare Group Medicare Advantage (PPO) is a Preferred Provider Organization (PPO) plan that covers medical care both within and outside of a network of doctors and hospitals. You have access to our national network and can see any provider as long as the provider participates in the Medicare program and accepts the plan; the provider does not have to be in the UnitedHealthcare network. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid, and you pay the same out-of-pocket co-payment as if you had received care from within the network.

**Q: WHAT IS THE DIFFERENCE BETWEEN IN-NETWORK AND OUT-OF-NETWORK PROVIDERS? HOW DOES THIS DIFFERENCE AFFECT THE TOTAL AMOUNT THAT RETIREES CAN EXPECT TO PAY FOR SERVICES WHEN USING OUT-OF-NETWORK PROVIDERS?**

A: In-network providers have a Medicare Advantage contract with UnitedHealthcare. Out-of-network providers do not have a Medicare Advantage contract with UnitedHealthcare.

- Medicare Advantage HMO  
To receive your full coverage through your plan, you will need to choose a primary care provider from our large local network. Your primary care provider will help refer you to specialists when needed.
- Medicare Advantage PPO  
With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network. Unlike most PPO plans, *with this plan, you pay the same cost share in and out-of-network*. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

**Q: WHAT NATIONAL RETAIL PHARMACIES ARE IN THE PLAN?**

The UnitedHealthcare Medicare Advantage (PPO) plan includes over 65,000 regional and local pharmacies in its network including major national retail pharmacies. Some examples include: Walgreens, CVS, Target, Costco, Rite Aid and many others.

**CONCLUSION**

CalPERS strives to keep our members informed. As questions continue to come forward in various formats, staff will capture the responses to share in future communications. Your feedback matters. Did we miss an important question? If you have a question that was not answered on this document, you may contact us via email at [CalPERS\\_Stakeholder\\_Relations@calpers.ca.gov](mailto:CalPERS_Stakeholder_Relations@calpers.ca.gov).