# PEBB Medicare Information & Listening Sessions

We want to hear from you!

## Purpose

The Stakeholders' Medicare Coalition and the Health Care Authority (HCA) want to hear from PEBB members about how the portfolio of PEBB Medicare plans can serve you better. The listening sessions offer an opportunity, for members and active public employees supporting retirees, to share what they like and what could be better with the Medicare plans.  We look forward to hearing about your experiences.

## Preparation

### Listening Session Agenda

- Welcome and opening comments (15 mins)
  - *Purpose of listening sessions*
  - *Why we are here*
  - *How will your feedback be used?*
  - *Zoom virtual participation (quick tutorial)*
- Facilitated Retiree Feedback Discussion (90 minutes)
  - *Discussion based on questions below*
- Closing

### Meeting agreements

- Be respectful
- Be prepared to share (see Questions below and description of plans on page 3)
- Health care is very personal - please keep personal sharing in confidence
- No cell phones (please turn off cell phones)
- One person talking at a time

### Discussion Questions

These are the initial starter questions for the listening sessions.

1. Please **introduce yourself** (first name), **what Medicare plan are you or your family member on** now, **how long** have you been on this plan, and what is the **one thing you most like about it**?
2. **What could be better** about your current plan?
3. Are there any **needs that aren't being meet** (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?
4. **What other feedback** would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans, general comments or questions)?
5. **What are the best ways for HCA to communicate with you?** *(e.g., email, letters, videos, or website)*

## Frequently Asked Questions

| # | Question | Answer |
|---|---|---|
| 1. | **Is the UMP Classic Medicare plan closing?** | *No. This plan will not be closing. There was some discussion of closing the plan at a PEB Board meeting during the summer of 2022, but that idea was not supported by the Board.* |
| 2. | **Will my prescription drugs be covered with PEBB Medicare plans, and at what cost?** | *Each medical plan's formulary (list of covered prescription drugs) varies, however there is a lot of similarity in coverage. Cost-sharing for each drug varies by plan. If you enroll in Plan G, then you will need to obtain drug coverage elsewhere. Contact the medical plans directly or visit their websites for more information.* |
| 3. | **Will I be able to see my provider with another medical plan?** | *Each medical plan's provider network varies, and some plans have no difference between in-network and out-of-network providers. While there are online directories available, contact the medical plans directly for the most complete information, as there are limitations as to what can be shown online.* |
| 4. | **If I enroll in a PEBB Medicare Advantage plan, can I enroll in another PEBB plan later?** | *Yes, this is a benefit of PEBB membership and unlike in the commercial market, you can change to any PEBB Medicare plan for which you are eligible during the annual open enrollment for coverage effective the following year. You can also change your medical plan if you have a qualifying life event (e.g., marriage or moving).* |
| 5. | **Why did UMP Classic Medicare premiums going up so much for 2023?** | *UMP Classic Medicare is a coordination of benefits (COB) plan that pays secondary after Medicare Part A and Part B and primary for pharmacy. COB plans cannot receive certain federal subsidies that all Part C (Medicare Advantage) and Part D (prescription drug) plans use to lower premiums.* |
| 6. | **Where can I find a comparison of PEBB Medicare Plans?** | *HCA publishes and updates information about PEBB Medicare plans on their website at www.hca.w.gov. A PEBB Medicare Plan Comparison can be found by clicking on the following link.* |
| 7. | **How do PEBB's MAPD plans compare to MAPD plans widely advertised during the fall and winter?** | *The PEBB Medicare Advantage Prescription Drug (MAPD) plans were specifically negotiated to have similar benefits to UMP Classic Medicare. These plans also offer additional benefits and no difference in copays between in-network and out-of-network services. The PEBB Medicare MAPD plans are not the same as other commercially advertised MAPD plans.* |
| 8. | **What is the difference between PEBB retiree plans from individual market retiree plans?** | *The key differences between commercial AARP UHC plans and PEBB's group sponsored UHC MA-PD plans include:*<br>• ***Plan network**: Individual market plans are mostly HMOs with closed networks; the PEBB MAPD plans are PPOs that work with any willing Medicare provider.*<br>• ***Copay:** PEBB MAPD plans have no difference in copays between in-network and out-of-network providers.*<br>• ***Maximum out-of-pocket pharmacy costs**: Some individual market plans have no drug coverage or no maximum limit an enrollee can pay. Under PEBB plans members only pay relevant Tier cost shares until the $2,000 limit has been reached.*<br>• ***Donut Hole Coverage Gap:** The PEBB MAPD plans provide full coverage in the Donut hole. A member pays only applicable cost shares until the $2,000 limit has been reached.* |
| 9. | **Which PEBB Medicare plans cover experimental and/or investigational therapies?** | *In general, experimental and investigational therapies are not covered by any plan (including UMP). There may be some exceptions. Please call the plans of interest regarding specific therapy or treatment coverage.* |

# PEBB Medicare Portfolio

| | Original Medicare | Medicare Advantage | | Medicare Supplement |
|---|---|---|---|---|
| Plans | Uniform Medical Plan (UMP) Classic Medicare | Kaiser WA and Kaiser NW Medicare | UnitedHealthcare PEBB Balance and PEBB Complete | Premera Medicare Supplement Plans F & G |
| Benefits | • Self-insured coordination of benefits (COB) plan<br>• Original Medicare FFS pays primary on medical claims, UMP pays secondary<br>• Creditable drug coverage, UMP pays primary on pharmacy claims | • Kaiser NW – Senior Advantage (MA)<br>• Kaiser WA – Medicare Advantage (MA) plans<br>• Creditable drug coverage | • Employer group Medicare Advantage plus Prescription Drug (Part D) coverage (MA-PD)<br>• National PPO network of providers, no difference in cost share for in-/out-of-network care<br>• Lower premiums and out-of-pocket costs<br>• No enrollment restrictions or additional costs for retirees with pre-existing conditions | • Supplemental (Medigap) plans for Medicare eligible enrollees (retired or disabled)<br>• Helps enrollees fill the "gaps" in Original Medicare<br>• Do not include drug coverage |
| Costs | 2023 PEBB Plan Single Subscriber Premiums - Monthly | | | |
| | Classic $438.34 | Kaiser NW/ Senior Adv. $176.13<br>Kaiser WA/ Med. Adv. $174.59 | Complete $145.63<br>Balance $122.94 | Plan F Retired $115.16<br>Plan F Disabled $196.69<br>Plan G Retired $98.53<br>Plan G Disabled $!64.05 |
| | 2023 PEBB Plan Single Subscriber Premiums - Annual | | | |
| | Classic $5,260.08 | Kaiser NW/ Senior Adv. $2,113.56<br>Kaiser WA/ Med. Adv. $2,095.08 | Complete $1,747.56<br>Balance $1,475.56 | Plan F Retired $1,381.92<br>Plan F Disabled $2,360.28<br>Plan G Retired $1,182.36<br>Plan G Disabled $1,968.60 |
| **Plan Options** | | | | |
| Nationwide Coverage | ✓ | × | ✓ | ✓ |
| Medical Deductible | ✓ | × | × | ✓ |
| Rx Deductible | ✓ | × | ✓ | N/A |
| Hearing Aids, Glasses/Contacts | ✓ | ✓ | ✓ | × |
| Chiropractic, Acupuncture, Massage Therapy | ✓ | ✓ | ✓ | Medicare approved only |
| Drug Coverage | ✓ | ✓ | ✓ | × |
| Gym Membership | × | ✓ | ✓ | × |

# Plan Phone Numbers

| | |
|---|---|
| Kaiser NW Senior Advantage | 1-800-813-2000 |
| Kaiser WA Medicare Advantage | 1-888-901-4600 |
| Premera Plan G | 1-800-817-3049 |
| UnitedHealthcare PEBB Balance and PEBB Complete | 1-855-873-3268 |
| Uniform Medical Plan Classic Medicare | 1-888-849-3681 |

# Resources

- For PEBB Medicare Inquiries, please send an email to **HCAPEBBMedicare@hca.wa.gov**
- HCA Website for PEBB retiree medical plans and benefits: **https://www.hca.wa.gov/employee-retiree-benefits/retirees/medical-plans-and-benefits**

# Glossary

A general Medicare glossary is available online from Medicare.gov at **www.medicare.gov/glossary.**

Some key terms related to Washington PEBB Medicare plans are provided below.

| Term | Definition |
|---|---|
| Appeal | An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan. You can appeal if Medicare or your plan denies one of these:<br>• Your request for a health care service, supply, item, or prescription drug that you think you should be able to get<br>• Your request for payment for a health care service, supply, item, or prescription drug you already got<br>• Your request to change the amount you must pay for a health care service, supply, item, or prescription drug.<br>You can also appeal if Medicare or your plan stops providing or paying for all or part of a service, supply, item, or prescription drug you think you still need |
| Claim | A request for payment that you submit to Medicare or other health insurance when you get items and services that you think are covered. |
| Coinsurance | An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%). |
| Coordination of Benefits | Coordination of benefits (COB) allows plans that provide health and/or prescription coverage for a person with Medicare to determine their respective payment responsibilities (i.e., determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when an individual is covered by more than one plan).<br>*See ww.cms.gov for more details on Coordination of Benefits.* |
| Copayment | An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor's visit or prescription drug. |
| Deductible | An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. |
| Formulary | A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list. |
| Health Insurance Marketplace | A service that helps people shop for and enroll in affordable health insurance. The federal government operates the Marketplace, available at HealthCare.gov, for most states. Some states run their own Marketplaces. |
| Out-of-pocket Limit | The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges, or health care your plan doesn't cover. Some plans don't count all your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit. |
| Network Provider | A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider." |
| Non-participating providers | Providers who accept Medicare but do not agree to Medicare's approved amounts for services. These providers may charge up to 15% more than Medicare's approved amount. This means you are responsible additional charges. |
| Out-of-network provider | A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. |