



Serving Employees and Retirees of School Districts in Smithtown, South Country, Three Village

Winter Bulletin 2020

Post 65 Retirees - SSEHP medical plan copays apply until you meet the Medicare Part B Deductible

As a reminder, you may be subject to copayments under the SSEHP plan until you've satisfied the Medicare Part B deductible. Generally, you will be asked for the copay during your first physician office visit of the year or receive a bill once your provider has received reimbursement. This copay is your responsibility. You will usually meet the Medicare Part B deductible during your first or second claim of the year.

The annual deductible for all Medicare Part B beneficiaries is \$203 in 2021.

The annual deductible for all Medicare Part A beneficiaries is \$1,484 in 2021.

Optum Rx

Effective April 1, 2021 SSEHP will be enhancing your pharmacy benefits.

SSEHP will augment OptumRx prescription drug coverage of opioid medications to

better align with FDA and CDC safety guidelines. We anticipate these changes to have nominal impact across our entire population but some individuals may experience some changes. Opioid medications are highly addictive: we want to make sure we offer our members continuation on therapy with minimal impact.

We will be adding the OptumRx Specialty Smart Fill Program to allow some of our members to obtain a 14-day supply of certain oral oncology medications for half the normal copay. The Program will allow members diagnosed with MS, Chronic inflammatory disease or who have received a transplant to receive up to a 90-day supply of medication(s) used to manage these conditions. No action is required on your part: OptumRx will assist each member individually.

Additionally, we will expand our existing Prior Authorization and Step Therapy programs. These updates will help guide us to lower cost alternative medications while offering both prescribers and patients a pathway to the most clinically appropriate medication.

Covid 19 Coverage

COVID-19 vaccines are authorized by the FDA. FDA-authorized COVID-19 vaccines are covered at \$0 cost-share* during the national public health emergency period. The Centers for Disease Control and Prevention and state health departments are advising who can get the vaccines and when. Learn more about COVID-19 vaccines by signing in to myuhc.com.

Covid-19 testing and visits associated continue to be covered at 100% through out the national health emergency. Virtual visits are covered at no cost share.

Mental Health

UnitedHealthcare is here to provide resources for work, home and emotional support to help you cope. If you're feeling worried or stressed about COVID-19, call our toll-free help line at [\(866\) 342-6892](tel:866-342-6892).

COVID-19 Webinars are available on liveandworkwell.com with guest code UHC. Trained experts share tips on keeping your stress in check, working from home, facing financial challenges and taking on each day with resilience.

OON Utilization

Answers to questions about out-of-network providers.

What is an out-of-network provider?

An out-of-network provider is a doctor, health care professional or facility (like a hospital or ambulatory surgery center) that isn't under a contract with UnitedHealthcare.

What happens when I use an out-of-network hospital or provider?

The provider may balance bill you the difference between the billed charge and the eligible expense. Providers that participate in our network are not allowed to balance bill members. Any balance bill you may pay for services from an out-of-network provider does not apply to your out-of-pocket limit. Utilizing an Out of network provider will increase your costs substantially.

If I go to a network hospital, will all of the providers there be in the network?

Not always. For example, if you go to a network hospital to get an X-ray, the doctor reading the X-ray may not be in the network. That doctor may charge more for the X-ray than a network provider.

What if I have an emergency?

In a true emergency, you should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, the charge for services may be greater than from a network provider. You may be balance billed.

What can I do to help keep my costs down?

Use in-network doctors and facilities. If you don't have a network doctor, you can use

myuhc.com® to find one near you. The UnitedHealthcare national network has more than 907,587 doctors and health care professionals and more than 5,597 hospitals across the country. This means there's a good chance that a network doctor is near you.

Facilities in the UnitedHealthcare network may have out-of-network physicians or health professionals providing services. Visit Find Physicians & Facilities on myuhc.com to determine whether the location you're considering has network anesthesiologists, emergency room physicians, pathologists and radiologists.

Talk to your doctor.

Before you have a health care procedure, be sure to ask your doctor about the facility and other specialists who may be involved so that you can make sure they're all in network. If you are balance billed by an out-of-network doctor, you can contact that doctor directly to ask if they will lower the charges or if you can set up a payment plan.

Understand your benefits.

Review your health plan documents to fully understand your coverage and benefits. Most members can find coverage details online at myuhc.com. Click on the Benefits & Coverage menu, and then click on Coverage Documents. If you cannot find your coverage details online, you can get a free, printed copy by calling the phone number on your health plan ID card.

As of 4/1/21 SSEHP will be moving to the Extended non-network reimbursement program for out of network providers when members do not have a choice. When you have an emergency or are in an in-network facility receiving care (including anesthesia, radiology, pathology or labs), any out of network physicians will be paid at a median rate of participating providers or a percentage of Medicare. Providers can balance bill when they are not in the UHC network.

MSK Direct

Receiving a cancer care diagnosis can be overwhelming. Getting the best cancer care shouldn't be. SSEHP has partnered with Memorial Sloan Kettering Cancer Center (MSK), one of the top two cancer hospitals in the nation, to offer MSK Direct. Contact MSK Direct if you or a family member has been diagnosed with cancer, has been told by a doctor there is a suspicion of cancer, or would like to discuss treatment options.

The MSK Direct team will:

- Schedule an initial in-person or virtual appointment at your convenience, as quickly as within two business days
- Facilitate MSK Remote Guidance, for those who are unable to travel to MSK
- Gather all necessary medical records
- Remain a resource throughout your course of care at MSK

MSK is considered an in-network facility for the SSEHP and MSK Remote Guidance is a covered benefit for SSEHP members. To get started with MSK Direct, call the dedicated phone line for SSEHP at: 833-825-4563 or visit us on the web www.mskcc.org/ssehp.