

SCHOOLCARE 65+ Frequently Asked Questions

January 1, 2022

Eligibility:

1. What happens when the subscriber (former employee/retiree) is retired and turning 65 years old, however the spouse is under age 65?

The subscriber must be enrolled in Medicare Parts A & B to be eligible for a SCHOOLCARE 65+ plan. The spouse would remain on SCHOOLCARE'S standard plans (administered by Cigna) until age 65 or Medicare-eligible. Once the spouse turns 65, (s)he, too, would have Medicare Parts A & B and be eligible to enroll in a SCHOOLCARE 65+ plan.

2. What SCHOOLCARE plans would be available to us when the subscriber (former employee/retiree) is under age 65 and retired, yet the spouse is 65 years or older?

In this example, the subscriber would remain on SCHOOLCARE'S standard plans (administered by Cigna) until age 65 or Medicare-eligible. The spouse (age 65) would have Medicare Parts A & B and be eligible for a SCHOOLCARE 65+ supplemental plan.

You can reside anywhere in the United States or U.S. Territories. However, Consumer Driven Plan G cannot be issued in FL, MD, MN, VT and WA.

Medical Coverage:

1. What services does the SCHOOLCARE 65+ plan cover?

The SCHOOLCARE 65+ Traditional Plan covers the portion of the cost for Medicare-approved services not paid by Medicare. If a service is covered by Medicare, the SCHOOLCARE 65+ Traditional Plan (medical administered by United American) will cover all deductibles and coinsurance. The SCHOOLCARE 65+ Consumer Driven Plan provides the same coverage as the Traditional Plan except for a \$1,000 deductible applicable to Medicare Part B benefits.



2. How often does United American send out notices?

United American sends out Summary Notices monthly for pending claims.

3. Does United American offer online access?

Yes, United American offers eServices (essential services) to United American policyholders and providers through the convenience of the internet. Visit their website at eservicecenter.unitedamerican.com to establish a username and password to review policy details and check claims status.

Prescription Coverage (Rx):

1. Is the Part D Prescription Drug Coverage an option with SCHOOLCARE?

You **MAY** choose to waive SCHOOLCARE 65+ prescription benefits and instead enroll in a Medicare Part D Plan.



EXPRESS SCRIPTS®

2. How will I get my mail order medications filled once I enroll on SCHOOLCARE 65+ Rx benefit?

Before a SCHOOLCARE 65+ plan enrollment effective date, it is recommended to have a 30-day supply of medication(s) on hand. Once enrolled in Express Scripts express-scripts.com, there are three (3) options to fill future mail order prescriptions. #1 *Online*: Visit the Express Scripts website at starthomedelivery.com to register and activate home delivery. #2, *By phone*: Call the number on the back of the Express Scripts ID card to speak with a Patient Care Advocate who will assist with the process. #3, *Complete the Express Scripts Prescription Order Form*: This is included with Express Scripts Welcome Kit. Mail the form along with the physician's prescription(s) form. Initial orders can take up to two weeks; subsequent orders are generally filled in 3-5 business days.

The Express Scripts Mobile App Pharmacy That Goes Farther. SM

Download the "free" Mobile App today from your App Store! Available for iPhone, Android, and Blackberry.

3. Is the shingles vaccine covered by SCHOOLCARE 65+ plan?

The shingles vaccine (also known as Shingrix or zoster), is not covered by Medicare Parts A or B. However, SCHOOLCARE 65+ participants with prescription benefits have coverage for the shingles vaccine through Express Scripts. There are two (2) options for obtaining the shingles vaccine. The most common option is to arrange to have the shingles vaccine administered by a participating local retail pharmacy at the SCHOOLCARE 65+ Rx brand-name copay. The second option is to have a physician administer the vaccine in their office. Please note, the second option requires you to pay upfront for the office visit and submit a claim form and receipt for reimbursement for all charges above the SCHOOLCARE 65+ Rx brand name copay.

Wellness Benefits:

1. Can I still use **Good For You!** Well-Being incentives when I switch to the SCHOOLCARE 65+ plan?

Yes, the **Good For You!** Well-Being Program is available to all SCHOOLCARE medical participants. You can earn up to \$400 annually between July 1 and June 30.



Good For You!

Well-Being Program by SCHOOLCARE

If you've never participated in **Good For You!** before, there's no time like the present to begin! Go to schoolcare.org and click on the Health & Wellness tile to get started.

For more information about the SCHOOLCARE 65+ plans, visit www.schoolcare.org/medical-sc65 or call us.

2022 Medicare Supplement Plans

Benefits	Traditional Plan You Pay	Consumer Driven Plan ¹ You Pay
Medicare Part A Deductible	\$0	\$0
Medicare Part A Hospitalization (up to 515 consecutive days) Skilled Nursing Facility (up to 100 days)	\$0	\$0
Medicare Part B Deductible	\$233	\$233
Medicare Part B Medical Expenses, Lab Services	\$233	\$233 <u>plus</u> 20% generally until \$1,000 deductible is met ²
Part A & B Services Home Health Care	\$0	\$0
Durable Medical Equipment	\$233	\$233 <u>plus</u> 20% generally until \$1,000 deductible is met ²
Foreign Travel Emergency \$50,000 lifetime max benefit	\$250 <u>plus</u> 20%	\$250 <u>plus</u> 20%

¹Consumer Driven Plan is available in all states except FL, MD, MN, VT and WA

²After \$1,000 deductible is met, medical expenses, lab services & durable medical equipment are covered at 100%

Plan Costs	Traditional Plan	Consumer Driven Plan
Medicare Supplement	\$194.00/month	\$139.00/month
Medicare Supplement with Prescription	\$424.57/month	\$296.64/month

2022 Prescription Plans

Benefits	Traditional Plan	Consumer Driven Plan
Initial Coverage Stage (\$0 - \$4,430 in total yearly drug costs)	\$4,430	\$4,430
Deductible:	\$0	\$480
Generic:		
30 Day Supply	\$10	25%
90 Day Supply	\$30	
Mail Order 90 Day	\$15	
Brand Preferred:		
30 Day Supply	\$30	25%
90 Day Supply	\$90	
Mail Order 90 Day	\$45	
Brand Non-Preferred:		
30 Day Supply	\$40	25%
90 Day Supply	\$120	
Mail Order 90 Day	\$60	
Specialty:		
30 Day Supply	12%	25%
90 Day Supply	12%	
Mail Order 90 Day	12%	
Coverage Gap Stage (until your yearly out-of- pocket reaches \$7,050)	Same cost-sharing amount as in the Initial Coverage stage	Same cost-sharing amount as in the Initial Coverage stage, plus a portion of the dispensing fee
Non Part D Drugs	Covered	Not Covered
TrOOP Threshold	\$7,050	\$7,050
Catastrophic Coverage Stage (>\$7,050)	Greater of 5% <u>OR</u> \$3.95 per Generic and \$9.85 co-pay all other drugs	Greater of 5% <u>OR</u> \$3.95 per Generic and \$9.85 co-pay all other drugs

NH School Health Care Coalition SCHOOLCARE 65⁺

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Summary of Benefits – Traditional Plan

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

Note: Benefits will be paid for only those expenses which are determined to be Medicare Eligible by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details, please see the Master Policy.

Services	Medicare Pays	SCHOOLCARE 65 ⁺ Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 (Part A Ded.) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0† All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Balance

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

† When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provide in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

(over)

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

‡ Once you have been billed \$233 of Medicare-Approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	SCHOOLCARE 65+ Pays	You Pay
MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment , such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$233 of Medicare Approved Amounts‡ Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 until you reach \$233 Part B Ded., then 100%	\$233 Part B Ded., then \$0
BLOOD First 3 pints Next \$233 of Medicare Approved Amounts‡ Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 until you reach \$233 Part B Ded., then 100%	\$0 \$233 Part B Ded., then \$0
CLINICAL LABORATORY SERVICES Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE Medicare Approved Services Medically necessary skilled care services and medical supplies Durable medical equipment: First \$233 of Medicare Approved Amounts‡ Remainder of charges	100% \$0 80%	\$0 \$0 until you reach \$233 Part B Ded., then 100%	\$0 \$233 Part B Ded., then \$0
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OTHER BENEFITS

FOREIGN TRAVEL Not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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