Teacher Retirement System of Texas

Frequently Asked Questions:
TRS-Care Medicare for the 2024 Plan Year

Revised January 4, 2024

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General Questions

What's the difference between TRS-Care Standard and TRS-Care Medicare?

TRS-Care Standard is a high-deductible health plan that TRS offers to retirees and their family members under 65 years of age and not yet eligible for Medicare. TRS-Care Standard includes medical and prescription drug benefits.

TRS-Care Medicare is for retirees and their eligible family members who are eligible for and enrolled in traditional Medicare Part A and Part B, or Part B only. TRS-Care Medicare Advantage (MA) is the medical plan and TRS-Care Medicare Rx is the prescription drug plan.

What are my TRS-Care premiums?

The TRS retiree's Medicare status determines their premium, regardless of their dependents' Medicare status. For example,

- If you're the TRS retiree and not eligible for Medicare and you cover your spouse who is eligible for Medicare, you pay $689 per month for both of you because you, as the retiree, are not eligible for Medicare.
- If you're the TRS retiree and eligible for Medicare and you cover your spouse who is not eligible for Medicare, you pay $529 per month for both of you because you, as the retiree, are eligible for Medicare.

Review the 2024 TRS-Care Plan Highlights to view monthly premiums.

Who should I contact if I have questions?

For enrollment and eligibility questions, call TRS Health at 1-888-237-6762, 7 a.m.– 6 p.m. CT, Mon–Fri. or visit TRS-Care Eligibility and Enrollment.

For medical benefits questions, call United Healthcare at 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri to speak with a dedicated TRS of Texas advocate, or visit TRS-Care Medicare Advantage by United Healthcare.

For prescription drug benefits questions, call Express Scripts at 1-844-863-5324, TTY 711, 24 hours a day, seven days a week or visit TRS-Care Medicare Rx by Express Scripts.

Eligibility and Enrollment Questions: TRS Health

Which plan am I eligible for?

The retiree's Medicare status determines TRS-Care plan eligibility:

- TRS-Care Standard is for retirees not eligible for Medicare (people younger than 65).
- TRS-Care Medicare is for retirees eligible for Medicare (people aged 65 or older).

Visit TRS-Care Eligibility and Enrollment for more information.

How do I apply for Medicare?

Call the Social Security Administration (SSA) at 1-800-772-1213. You can also apply at Social Security Administration (SSA.gov) or call your local SSA office. Once you enroll in Medicare, TRS needs your Medicare Beneficiary Identification (MBI) number to sign you up for TRS-Care Medicare.

What do I do after I enroll in Medicare?

TRS needs to have your MBI before the start of your Medicare coverage, which is the first day of your birth month.* So, if your birthday is May 15, your TRS-Care Medicare benefits will start on May 1 and TRS needs your MBI no later than April 30.

*There is an exception—if your birthday is on the first of the month, your coverage starts on the first day of the prior month. In this case, if your birthday is May 1, your TRS-Care Medicare benefit will start on April 1, and TRS needs your MBI no later than March 31.

IMPORTANT NOTE: If you're aging into TRS-Care Medicare Advantage and give TRS your MBI before the first day of your birth month, your annual deductible is waived for your first plan year.

IMPORTANT NOTE: If TRS does not have your MBI before the first day of your Medicare coverage, TRS will place you in an alternative plan and you will be at risk of losing coverage for yourself and any of your dependents.

Do I need to buy Medicare Part A?

If you're not eligible for premium-free Medicare Part A, you don't need to sign up for it. However, you must buy and maintain Medicare Part B to be eligible for TRS-Care Medicare.

You qualify for premium-free Medicare Part A if you or a spouse paid 40 quarters (or 10 years) into Social Security during your career. The Social Security Administration (SSA) can tell you if you qualify. Call SSA at 1-800-772-1213.

Do I need to buy Medicare Part B?

Yes. You must buy and maintain Medicare Part B directly from Centers for Medicare and Medicaid Services (CMS) via the Social Security Administration (SSA). You don't pay your Medicare Part B premium to TRS. You must buy and continue to pay for Medicare Part B to remain eligible for TRS-Care Medicare.

SSA deducts your Part B Medicare premium from your monthly social security check. If you don't get a social security check or Railroad Retirement Board (RRB) benefits, you'll get a quarterly bill for your Medicare premium. This bill comes from Medicare. The cost of your Medicare premium depends on your income.

If you have questions about how much you must pay for your Medicare benefits, call SSA at 1-800-772-1213. TTY users should call 1-800-325-0778.

What is the Medicare Income-Related Medicare Adjustment Amount (IRMAA)?

The Medicare Income Related Monthly Adjustment Amount (IRMAA) is the amount a person must pay in addition to their Medicare Part B premium (which pays for outpatient medical care) and Part D premium (which pays for pharmacy benefits) premium if their income exceeds certain levels.

The Social Security Administration sets four income brackets that determine whether the member (or the member and their spouse) are subject to IRMAA and the amount of the adjustment. If IRMAA applies to you, it is payable directly to Medicare. To remain enrolled in Medicare Part B, you must pay your Part B premium, including IRMAA, if required.

IMPORTANT NOTE: You can remain enrolled in TRS-Care Medicare Advantage coverage even if you choose not to pay your Part D-IRMAA. However, if you don't pay Part D-IRMAA, you will lose Part D eligibility and your TRS-Care Medicare Rx coverage. Loss of Part D eligibility will jeopardize prescription coverage with ALL providers (including TRS-Care) and you risk not being able to get it back.

How do I send my premium payments?

You pay your Medicare Part B premium to the CMS through Social Security. You pay your TRS-Care premium to TRS. In most cases, it will be withheld from your monthly annuity payment. You must pay both premiums to enroll and remain enrolled in TRS-Care Medicare.

Why does the TRS-Care Medicare plan have a premium? Some other Medicare Advantage plans don't.

If the price of a plan seems too good to be true, it probably is. When evaluating your health plan options, look beyond monthly premiums. Consider all key out-of-pocket costs, including:

- doctor copays
- inpatient hospital stays
- copays
- out-of-pocket maximum amounts

- cost of prescriptions and coverage in the “pharmacy donut hole”

Be wary of plans with very low premiums and deductibles—the costs will come from somewhere, so it's important to compare all details.

Visit Comparing TRS-Care to Other Medicare Plans to learn more.

What is the difference between annual deductible and annual maximum out-of-pocket?

A deductible is the cost you pay out of pocket to your healthcare provider before the TRS-Care plan starts to cover certain expenses. The maximum out-of-pocket, or MOOP, is the amount you must spend on eligible health care expenses through copays, coinsurance and deductibles before the plan starts to cover all eligible expenses at 100%. TRS-Care Medicare Advantage participants have a $400 deductible and a $3,500 maximum out-of-pocket per person. Deductibles and maximum-out-of-pocket amounts reset every Jan. 1.

What does and doesn’t count toward my deductible?

Some services do not require that you meet your deductible before paying a copay or coinsurance, allowing you to access services at a low cost more quickly. An example is primary care visits when you are sick. For those visits, you will pay a $5 copay, whether or not you have met your deductible. This copay counts toward your out-of-pocket maximum but will not count toward your deductible.

For services that do apply to your deductible, you must pay the plan-allowed amount until you meet your $400 deductible. Once you meet your deductible, you’ll pay only the copay for that service. Some examples are below.

You don’t have to meet your deductible for these services before paying only the copay amounts shown here:

- $5 copay for primary care sick visit
- $35 copay for urgent care visit
- $65 copay for emergency room

Your prescriptions are also not subject to the deductible.

You must meet your deductible for these services before paying the copay amounts shown here:

- $10 copay for specialist visit
- $250 copay for outpatient procedure or service
- $500 copay for inpatient hospital stay

For a full breakdown of what does and does not apply to the deductible, visit TRS-Care Medicare Advantage by United Healthcare (click **Coverage and Benefits**) to download a copy of your Evidence of Coverage.

What is coinsurance?

Coinsurance is a percentage you pay for certain services such as an MRI. For example, on TRS-Care Medicare Advantage, MRIs are covered at 5% coinsurance after you meet your annual deductible. This means that once you meet your deductible, the plan pays 95% of the allowed amount and you pay the remaining 5% coinsurance.

If I leave TRS-Care, can I come back?

If a retiree or surviving dependent (including a surviving spouse) leaves TRS-Care, they have limited opportunities to reenter the program:

- **When they have a special enrollment event.** Special enrollment events may arise from an involuntary loss of coverage or when you gain a new dependent through marriage, birth, adoption, or placement for adoption. See the special enrollment events section at TRS-Care Eligibility and Enrollment for details.
- **When they turn 65.**

For questions on special enrollment events, call TRS Health at **1-888-237-6762**, Mon–Fri, 7 a.m.–6 p.m. CT.

How do I add a dependent to my existing TRS-Care coverage?

- You may add a new dependent **only** during your Initial Enrollment Period **or** a Special Enrollment Event.
- Call TRS Health at **1-888-237-6762** to get an enrollment application and complete information about adding new dependents (for example, marriage, adoption, guardianship, divorce).
- The coverage starts the first of the month after TRS gets your application.
- If a dependent *who previously waived TRS-Care coverage* loses other health coverage through no fault of their own, the dependent may qualify for a special enrollment event. They may enroll in TRS-Care within 31 days from the date of they lose their other health coverage. Call TRS Health at **1-888-237-6762** to get a Special Enrollment Event application.
- A surviving spouse cannot add a new spouse.

How do I remove a dependent from my TRS-Care coverage?

You can remove dependents from your coverage at any time. Call TRS Health at **1-888-237-6762** to ask for the form to remove dependents. You must complete, sign and return the form to TRS to remove your dependents.

You must specify which dependent(s) you want to remove from coverage. If you don't sign the request, TRS cannot process it. The termination starts on the first of the month after TRS gets your request.

Once you remove a dependent from your coverage, you may not get a chance to add them back later.

How do I completely terminate my TRS-Care coverage?

Call TRS Health at **1-888-237-6762** for a termination form (TRS 700B). You must sign and notarize the form. Once TRS cancels your TRS-Care coverage, you will have a 31-day grace period from the effective date of termination to contact TRS for a reinstatement form or to get instructions to submit a written reinstatement request. Reinstatement of coverage will start the first day of the following month assuming TRS gets your documentation in the 31-day grace period. Once TRS terminates your TRS-Care coverage, you cannot reenroll in TRS-Care unless you have a special enrollment event or reach age 65.

Cancellations take effect the first day of the month after TRS gets your notarized 700B.

If you're the surviving spouse of a TRS retiree and enrolled in TRS-Care, you can send a notarized TRS 700B form or you can send TRS a written request to terminate your TRS-Care coverage. The request must have your signature. TRS accepts scanned copies.

If I terminate TRS-Care coverage, when will my annuity change?

You'll see the change at the end of the month you terminate coverage. For example, if you terminate coverage starting Jan. 1, your last day of coverage would be Dec. 31 and will be paid from your Dec. 31 annuity check. Your Jan. 31 annuity check will reflect the change that became effective Jan. 1.

Do I need to do anything to stay enrolled in TRS-Care Medicare?

If you're enrolled in TRS-Care Medicare, you must continue paying your Medicare Part B premium to Social Security and your TRS-Care Medicare premium to TRS. If you don't, you risk losing your TRS-Care coverage for you and your covered dependents.

Medical Questions: UnitedHealthcare (UHC)

What kind of health care plan is TRS-Care Medicare Advantage?

The TRS-Care Medicare Advantage plan is a National Preferred Provider Organization (PPO) plan. That means you may see providers in- and out-of-network for the same cost if the provider accepts Medicare and will bill UnitedHealthcare. To find out if your provider is in the UnitedHealthcare network, visit TRS-Care Medicare Advantage by UnitedHealthcare (click **Find a Provider**).

Will I benefit from using an in-network provider instead of an out-of-network provider?

A network doctor or health care provider is one who contracts with the TRS-Care Medicare medical insurer, UnitedHealthcare, to provide services to TRS-Care Medicare Advantage participants. You pay your copay or coinsurance according to your TRS-Care Medicare benefits. Your provider will bill UnitedHealthcare for the rest.

An out-of-network provider does not have a contract with UnitedHealthcare. With TRS-Care Medicare Advantage (PPO), you can see any out-of-network provider that accepts Medicare and will bill UnitedHealthcare.

You pay the TRS-Care Medicare Advantage copay or coinsurance. UnitedHealthcare will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider says they won't accept your medical plan, call UnitedHealthcare. They will contact the provider on your behalf to explain how the plan works.

How do I know if my doctor will take UnitedHealthcare?

TRS-Care Medicare Advantage is a National Preferred Provider Organization (PPO) plan. This means you may see providers both in- and out-of-network for the same cost if the provider accepts Medicare and will bill UnitedHealthcare.

Ask your provider if they accept the plan or reach out to UnitedHealthcare Customer Service at 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri. They can reach out to your provider to educate them on how TRS-Care Medicare Advantage works.

Does TRS-Care Medicare Advantage cover ambulance services?

Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if the services are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan.

Non-emergency transportation by ambulance is appropriate if it is documented that the member's

condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required**.**

Where is the closest 24-hour urgent care, emergency room or hospital covered by UnitedHealthcare?

Find the closest in-network facilities at TRS-Care Medicare Advantage by UnitedHealthcare (click **Find a Provider**) or call UnitedHealthcare Customer Service at **1-866-347-9507**, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri.

Do I need a referral to see a specialist? What is the copay?

TRS-Care Medicare Advantage does not require a referral to see a specialist. You pay a $10 copay after you meet your $400 annual deductible.

Is prior authorization required if I go out of network?

No. Prior authorization is not required if the out-of-network provider accepts Medicare and will bill UnitedHealthcare.

To learn more about plan deductibles, coinsurance and maximum out-of-pocket limits, visit TRS-Care Medicare Advantage by UnitedHealthcare (click **Coverage and Benefits**) to download copies of the plan guide and Evidence of Coverage.

Is there a limit to what UnitedHealthcare will pay for my benefits?

There is no dollar amount limit in your TRS-Care Medicare Advantage plan. However, certain benefits may have visit limits such as your routine eye exam, which is limited to one exam every 12 months.

Can a provider balance bill me?

As a TRS-Care Medicare Advantage participant, an important protection for you is that, after you meet any deductibles, you pay only your cost-sharing amount when you get services covered by our plan.

Providers may not add additional separate charges, called "balance billing." This protection applies even if we pay the provider less than the provider charges for a service and even if there is a dispute and we don't pay certain provider charges.

Here's how this protection works:

- If your cost-sharing is a copayment (a set amount of dollars, for example, $15) then you pay only that amount for covered services from a network provider.
- If your cost-sharing is coinsurance (a percentage of the total charges), then you never pay more than that percentage. However, your cost depends on which type of provider you see:

- If you get the covered services from a network provider, you pay the coinsurance percentage multiplied by the plan's reimbursement rate (as determined in the contract between the provider and the plan).
- If you get the covered services from an out-of-network provider who participates with Medicare, you pay the coinsurance percentage multiplied by the Medicare payment rate for participating providers.
- If you get the covered services from an out-of-network provider who does not participate with Medicare, you pay the coinsurance percentage multiplied by the Medicare payment rate for non-participating providers.

Is TRS-Care Medicare Advantage a supplement to existing insurance?

TRS-Care Medicare Advantage is not a supplemental plan. It gives you original Medicare coverage, plus added benefits Medicare does not cover. If you're enrolled in TRS-Care Medicare Advantage, you don't need to buy a separate medical supplemental plan.

If I travel outside of the U.S., can I use my insurance in that country?

The TRS-Care Medicare Advantage service area includes the 50 United States, the District of Columbia and all U.S. territories. The plan also provides worldwide emergency and urgent care services outside the United States under the following circumstances: emergency services, including emergency or urgently needed care and emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility.

The plan does not cover transportation back to the United States from another country or pre-scheduled, pre-planned treatments (including dialysis for an ongoing condition) and/or elective procedures.

Will UnitedHealthcare coordinate benefits with TRICARE?

TRS-Care Medicare Advantage will pay its share first. The claim then goes to TRICARE, and TRICARE will reimburse TRS beneficiaries' copayments for services covered by TRICARE. TRICARE will not pay for Medicare Advantage plan premiums, routine dental care, eyeglasses, hearing aids or any other services not covered by TRICARE.

How much does a primary care or specialist visit cost?

A PCP office visit is a $5 copay.

A specialist office visit is a $10 copay after you meet your $400 deductible.

How much does a virtual care visit cost?

A virtual doctor visit for providers in and out of network is a $5 copay. If you use Doctor On Demand™, Amwell® or Teladoc®, your copay is $0. You can find a list of participating virtual doctors at United Healthcare Virtual Doctor Visits.

Virtual Doctor Visits

UnitedHealthcare's virtual doctor visits let you choose to see and speak to doctors on your computer or a mobile device, like a tablet or smart phone. These doctors are providers who can offer virtual doctor visits.

During a virtual visit, you can ask questions, get a diagnosis and the doctor may be able to prescribe medication that, if appropriate, they can send to your pharmacy. Virtual doctors can't prescribe medications in all states.

Your copay is $0 using AmWell, Doctor on Demand and Teladoc—or $5 if you use other providers that have the ability and are qualified to offer virtual medical visits.

Virtual Behavioral Health Visits

UnitedHealthcare's virtual behavioral health visits let you choose to see and speak to a **mental health** professional on your computer or a mobile device, like a tablet or smart phone. You can use this service for initial evaluation, medication management and ongoing counseling. Virtual providers can't prescribe medications in all states.

Virtual Behavioral Health also includes **cognitive behavioral health** therapy. Cognitive behavioral health therapy is a type of therapy that works on your thoughts and beliefs and how they affect your actions.

Your copay is $10 for providers that have the ability and are qualified to offer virtual behavioral visits.

Are routine vision services covered?

You pay a $0 copay for an annual routine eye exam (one exam every 12 months). The plan pays up to a $70 eyewear allowance every 12 months or up to a $105 contact lens allowance in lieu of eyewear allowances every 12 months. Before you make your routine eye exam appointment, ask your vision provider if they will bill TRS-Care Medicare Advantage for the exam and eyewear. If they won't, please call UHC at 866-347-9507 to find a participating vision provider in the UHC network.

Are dental services covered?

Your TRS-Care Medicare Advantage medical plan covers only Medicare-covered non-routine dental services, which are services from a physician or dental professional for treatment of primary medical conditions such as jaw surgery due to radiation treatments.

The plan does not cover routine dental services or services that are dental in nature, such as cleanings, exams or x-rays.

How much do I pay if I'm admitted to a hospital?

Inpatient hospital stays are covered at a $500 copay per stay after you meet your $400 deductible. The copay and deductible count toward your $3,500 out-of-pocket maximum.

Is outpatient surgery covered?

Outpatient surgeries are covered at a $250 copay after you meet your $400 deductible. The copay and deductible count toward your $3,500 out-of-pocket maximum.

Outpatient surgery includes services such as cataract surgery and diagnostic colonoscopy.

Is cataract surgery covered?

Yes. The plan covers cataract removal surgery with lens implant—this surgery removes a cloudy lens that impairs your vision. The surgeon inserts a man-made lens in its place. Coverage includes:

- Office visit to an ophthalmologist to confirm diagnosis—you pay an office visit copay after you meet your deductible.
    - The plan may request lab work if you have other medical conditions.
- Outpatient surgery for cataract removal and insertion of new lens—you must pay outpatient surgery co-insurance after you meet your deductible.
    - One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens (additional pairs of eyeglasses or contacts are not covered by Medicare). If the member has two separate cataract operations, the member cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery. Covered eyeglasses after cataract surgery includes standard frames and lenses as defined by Medicare; the plan does not cover any upgrades (including, but not limited to, deluxe frames, tinting, progressive lenses or antireflective coating)—$0 copayment for one pair of Medicare-covered standard glasses or contact lenses after cataract surgery.
- Office visit(s) for follow up—office visit copayment applies after you meet your deductible.

Are chiropractor visits covered?

The plan covers Medicare-covered chiropractic services at 5% coinsurance after you meet the $400 deductible. Coverage is limited to manual manipulation of the spine to correct subluxation.

The plan covers routine chiropractic services at 5% coinsurance after you meet the $400 deductible. The plan limits the number of visits to a chiropractor to 20 visits per year. This plan provides more chiropractic coverage than typical Medicare coverage.

Is acupuncture covered?

The plan covers acupuncture services at 5% coinsurance after you meet the $400 deductible. The plan limits coverage to acupuncture for chronic lower back pain for up to 12 visits in 90 days. The plan covers an additional eight sessions for patients who show an improvement. The plan covers no more than 20 annual acupuncture treatments.

Is COVID-19 covered?

Yes. UnitedHealthcare follows CDC and Medicare guidelines and directives on COVID-19 coverage. To keep up to date on COVID-19 information and resources, visit COVID-19: Your TRS Health Plan Resources.

Preventive care: For more information on preventive care services, visit TRS-Care Medicare Advantage at UnitedHealthcare (click **Coverage and Benefits**) to download a copy of your plan guide or Evidence of Coverage.

Where can I get more information about what the plan covers?

For more information on your covered benefits, visit TRS-Care Medicare Advantage by United Healthcare (click **Coverage and Benefits**) to download a copy of your Evidence of Coverage. If you have more questions, call our UnitedHealthcare Customer Service Team at 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri.

Will I get a new TRS-care medical ID card each year?

If you're new to TRS-Care Medicare Advantage, we'll mail your member ID card within 7-10 days after TRS submits your enrollment to United Healthcare and a member of our team approves it. We'll mail your first TRS-Care Medicare Advantage ID card and a Quick Start Guide to your home address. While you're a member of the plan, you must use your TRS-Care Medicare Advantage member ID card whenever you get services covered by this plan.

You may or may not get a new ID card annually. TRS will notify you if we mail you a new ID card for the upcoming plan year.

If your TRS-Care Medicare Advantage member ID card is damaged, lost, or stolen, call United Healthcare Customer Service at **1-866-347-9507** and we'll send you a new card.

What preventive care does the plan cover?

Some of the preventive services your plan covers at a $0 copay are:

- Annual Physical
- Annual Wellness Visit
- Immunizations
- Breast cancer screenings

- Colon cancer screenings
- Cardiovascular screening
- Diabetes screenings

What is the difference between preventive care and diagnostic care?

The purpose of a preventive care service is to prevent certain illnesses and diseases. The purpose of a diagnostic service is to identify the nature and cause of an illness or other medical concern, along with the method of treatment.

What is the difference between an Annual Physical and an Annual Wellness Visit?

Your Annual Physical is your yearly chance to get labs and tests that measure your health. Your Annual Wellness Visit is your chance to talk with your primary care physician about options for preventive care, screenings and exams. You can schedule your Annual Wellness Visit anytime in the year. But many people choose to combine their Annual Physical and Annual Wellness Visit to allow for a longer visit with their doctor. This visit is free — but a copay or coinsurance may apply if you get services that are not part of the Annual Wellness Visit or Routine Physical.

Do I have to wait 365 days (one year) until my next Annual Wellness Visit?

You can get your Annual Wellness Visit anytime during the calendar year. You don't have to wait 365 days for your next Annual Wellness Visit. For example, if your last visit was in November 2023, you can have your next visit in April 2024.

Are colonoscopies preventive?

Screening colonoscopies are a preventive service with a $0 copay. If you have a prior history of colon cancer or had polyps removed during a previous colonoscopy, all future colonoscopies are diagnostic and covered as outpatient surgery.

Additional benefits: Take advantage of these additional benefits available to you at no added cost through your TRS-Care Medicare Advantage plan. These programs are available to you when you enroll in the plan. To learn more, visit TRS-Care Medicare Advantage at UnitedHealthcare.

Does the plan cover continuous glucose monitors?

Yes. The plan covers Medicare-covered continuous glucose monitors (CGMs) and supplies for people with diabetes on intensive insulin therapy for a $0 copay. Non-Medicare covered non-therapeutic CGMs and supplies also have a $0 copay. Your provider may need to get prior authorization.

Does the plan cover hearing aids?

Yes. Through UnitedHealthcare Hearing, you can get a broad selection of name-brand and private-labeled hearing aids custom-programmed for your hearing loss. A select number of brands are available over the counter. Hearing aids can be fit in person or delivered directly to your home (select products only).

To access your hearing aid benefits, you must call UnitedHealthcare Hearing at 1-888-547-1374, TTY 711. The plan pays up to a $500 allowance for hearing aids (combined both ears) every three years, and you must use a UnitedHealthcare Hearing provider.

What is the Renew program?

Renew by UnitedHealthcare® is an exclusive program that guides and inspires members to take charge of their health and wellness every day.

Renew provides a comprehensive suite of activities and resources members can engage with daily. They include fitness activities, a program for cognitive health, useful information, healthy recipes, Renew magazine and more, all at no added cost.

Under the Renew Rewards program, you may also be eligible to earn rewards by completing certain health care activities, such as your Annual Physical or Annual Wellness Visit.

Will I get $40 every quarter to spend on over-the-counter products?

Yes. Starting January 1, 2024, Healthy Benefits+ will offer plan participants this over-the-counter benefit. You'll get $40 in credits each quarter to order supplies from the Healthy Benefits+ catalog. You can shop online or on the app.

You can also use the prepaid debit card at participating stores. Shop for toothpaste, pain relief, vitamins, cough drops and more. **Credits roll over each quarter but don't roll over annually**. To access your benefit, call 1-833-216-6709, TTY 711, visit United Healthcare Healthy Benefits+, or download the Healthy Benefits+ App (Apple Store) or Healthy Benefits+ App (Google Store).

What health coaching programs are available to me?

You have access to three unique programs that provide online and telephonic coaching support designed to support your health and wellness goals.

Real Appeal® is a simple, step-by-step online program that helps make losing weight fun. The program offers tools that may **help you lose weight**, reduce your risk of developing serious health conditions, gain energy and achieve your long-term health goals, at no added cost to members with a body mass index, or BMI, of 19 or higher.

When you enroll in Real Appeal, you get:

- Access to a Transformation Coach who leads weekly online group sessions

- Online tools to help you track your food, activity and weight-loss progress
- A Success Kit with food and weight scales, recipes, access to online workouts and more — shipped directly to your door

Rally® Wellness Coaching provides personal coaching, online learning and support for a variety of topics that promote **whole-person health**. Wellness Coaching offers a comprehensive solution to address your physical, mental, social, and emotional needs.

Wellness Coaching includes the option to select a topic of interest, work with a coach, set an action plan and engage with online learning modules and digital tools at your own pace.

With the **Quit For Life® tobacco cessation program**, you have 24/7 access to tools and resources to help you quit all types of tobacco use.

Does this plan include SilverSneakers®?

Yes. SilverSneakers gets you a free membership to over 16,000 fitness locations across the country. You have access to exercise equipment, classes and more! And you can use more than one location. Go to SilverSneakers to search for participating locations near you!

What is a UnitedHealthcare® HouseCalls visit? How do I schedule one?

HouseCalls is an optional UnitedHealthcare program that includes a **yearly home visit** to support the care you get from your primary care provider.

HouseCalls work in conjunction with your primary care visit. It's a great chance to ask questions you didn't ask your primary care physician (PCP). The HouseCalls practitioner will help create a checklist of topics you can discuss with your PCP, which allows you to get more holistic care in your home and at your doctor's office.

To schedule a HouseCalls visit, call UnitedHealthcare and one of our Advocates will help you set up a visit. Call 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri. HouseCalls may not be available in all areas.

Does the plan cover a medical alert device?

Yes. Your plan includes a Personal Emergency Response System (PERS), which is a medical alert device. The PERS in-home monitoring device provides fast, simple access to help 24 hours per day, 365 days per year, with the simple push of a button. Members choose the product that best fits their lifestyle and get their device at no added cost.

What is the transportation benefit?

The routine transportation program helps you get to health-related appointments easier at no added cost to you. If you don't have a way to get to your health care appointments, we can help.

You have 24 one-way rides each year to and from medically related appointments and the pharmacy for a $0 copayment. For more information and to schedule your trips, call ModivCare at 1-833-219-1182, TTY, 1-844-488-9724 or visit Book Now at Modivcare.

Does the plan cover a caregiver program?

Yes. You're eligible to get services from CareLinx®, an in-home caregiver service, at no added cost. CareLinx has a network of over 300,000 background-checked, professional caregivers. The plan matches you with a caregiver who meets your needs and schedule.

Once matched, your caregiver can provide services such as **grocery shopping, meal preparation, light housekeeping, personal care, medication reminders and even respite care** for families and caregivers.

This benefit includes eight hours of in-home, non-medical care per month. Unused hours don't roll over. You must schedule caregiver hours in two-hour increments. The plan typically pairs you with a caregiver in five business days. Some restrictions and limitations apply. To access your benefit, call CareLinx at 1-888-912-9435 8 a.m.–7p.m. CT, Mon–Fri; 10 a.m.–6 p.m. CT, Sat–Sun; or visit CareLinx for TRS-Care Medicare Advantage.

Does the plan offer a fall prevention program?

Yes. Steady Together is a Fall Prevention Program for plan participants with dementia. Benefits help mitigate the risk of falls. If you qualify for the Steady Together program and enroll in the fall prevention exercise program, you pay a $0 copay for these services:

- 8 hours per month of in-home personal care for 6 months following program enrollment
- Access to an advanced care planning tool up to 12 months following program enrollment

Call Bold at 1-855-608-1393 to find out if you're eligible.

What help can I get after I am discharged from the hospital?

We know that an inpatient stay can cause a lot of stress and worry. The Healthy at Home program gives you support that goes beyond traditional medical care to help you successfully recover at home after an inpatient admission or a stay at a skilled nursing facility. Benefits include:

- 28 home-delivered meals through Mom's Meals® when a UnitedHealthcare Advocate* refers you;
- 12 one-way rides to medically related appointments and to the pharmacy when a UnitedHealthcare Advocate* refers you; and
- Six hours of in-home personal care from a CareLinx professional caregiver to perform tasks like preparing meals, bathing, medication reminders and more. A referral is not required for in-home personal care.

You're eligible for the benefits up to 30 days following inpatient and skilled nursing facility discharges. The plan requires a referral after every discharge to provide your meal and transportation benefit through the Healthy at Home program.

What coverage is available worldwide?

The TRS-Care MA plan covers worldwide emergency and urgently needed services outside the United States under the following circumstances:

- emergency services, including emergency or urgently needed care; and
- emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility.

Transportation back to the United States from another country is not covered. Pre-scheduled, pre-planned treatments (including dialysis for an ongoing condition) and/or elective procedures are not covered.

Prescription Drug Questions: Express Scripts (ESI)

Who is the pharmacy benefit manager (PBM) for TRS-Care Medicare Rx?

Express Scripts (ESI) is the pharmacy benefit manager for the TRS-Care Medicare Rx prescription drug plan.

If you have questions or need an ID card, call Express Scripts TRS-Care Medicare Rx Customer Support at **1-844-863-5324**, 24 hours a day, seven days a week or visit TRS-Care Medicare Rx by Express Scripts for more information.

What benefits do I have under the TRS-Care Medicare Rx prescription drug plan?

Participants enjoy:

- No convenience fees on maintenance medications with less than a 90-day supply
- No coverage gap, commonly known as the "donut hole"
- Lower copays
- No cost difference between brand-name and generic drugs

Find more information at TRS-Care Medicare Rx by Express Scripts.

Is my local pharmacy in the network?

You may use any pharmacy in the Express Scripts retail network. You can fill long-term supplies (up to a 90-day supply) of maintenance medications at Retail-Maintenance pharmacies.

Do I need to sign up for a separate Medicare Part D plan?

No. Your prescription drug plan is part of your TRS-Care Medicare Advantage Plan. You don't need to pay an additional TRS-Care premium for prescription drug coverage.

May I opt out of TRS-Care Medicare Rx?

While you have the option of opting out of TRS-Care Medicare Rx, the Centers for Medicare and Medicaid Services (CMS) prohibits people enrolled in a Medicare Advantage plan through their group retiree benefits from joining an individual Medicare prescription drug plan.

The reverse is true as well—a person with group Medicare prescription drug plan cannot have an individual Medicare Advantage plan. Keep this in mind if you're considering opting out of TRS-Care Medicare Rx.

If you do opt out of TRS-Care Medicare Rx and maintain your medical coverage through TRS-Care Medicare Advantage, your premium will not be lower.

Does TRS-Care Medicare Rx have the “donut hole” or coverage gap that results in higher out-of-pocket costs during the plan year?

No. You won't have a donut hole with this plan. The TRS-Care Medicare Rx prescription drug plan provides continuous coverage in the coverage gap stage, commonly known as the "donut hole." That's when you paid $5030 in out-of-pocket prescription drug costs.

Instead of the plan not paying anything, you pay your normal copays. Once you pay $8,000, you may see lower copays. You will pay Zero coinsurance for covered drugs.

The most you'll pay is your current TRS-Care copay.

Which medical plans can I have if I enroll in the TRS-Care Medicare Rx prescription drug plan?

You can only enroll in the TRS-Care Medicare Advantage medical plan. You cannot be enrolled in a Medicare medical plan outside of TRS.

The Centers for Medicare and Medicaid Services (CMS), prohibits people enrolled in a Medicare Advantage plan through their group retiree benefits from joining an individual Medicare prescription drug plan.

The reverse is true as well—a person with group Medicare prescription drug coverage cannot have an individual Medicare Advantage plan.

This means that if you enroll in TRS-Care Medicare Advantage—a group plan—and you opt out of the TRS-Care Medicare Rx prescription drug plan and buy an individual Medicare Part D plan, you will lose all TRS-Care coverage.

I lost my Rx ID card. How can I order a new one?

If you need a replacement ID card, ask for one from Express Scripts at **1-844-863-5324**. They will mail it to you.

Where can I access the drug formulary and find out my medication cost?

View your drug formulary and search your medication cost at TRS-Care Medicare Rx by Express Scripts. Use the explore your plan and price medication tool "Check Drug Costs." You can also call Express Scripts at **1-844-863-5324** to confirm your medication cost.

Do I have to meet the $400 Medicare Advantage deductible before paying drug copays?

No. TRS-Care Medicare Rx participants don’t have a deductible.

How can I check the status of my prescription?

Call Express Scripts at **1-844-863-5324** or visit TRS-Care Medicare Rx by Express Scripts and select *View Order Status*.

Do I need new prescriptions and a new prior authorization (PA) for the new plan year?

It depends on when your current PA expires. Some PAs run calendar year to calendar year, while others are based on plan year and/or date of approval.

When your PA expires, you need a new one. Call Express Scripts at **1-844-863-5324**, to request your prior authorization status and renewal.

Do I need to re-apply for prior authorizations if I transfer from TRS-Care Standard to TRS-Care Medicare and will my prescriptions transfer to my new plan?

Your prescriptions will automatically transfer to your TRS-Care Medicare Rx plan. Any prior authorizations you currently have under your TRS-Care Standard plan will not transfer to your TRS-Care Medicare Rx plan when you turn 65. You need to re-apply for your prior authorization when you enroll in TRS-Care Medicare Rx.

Call Express Scripts at **1-844-863-5324** to request prior authorization.

Do I need a prior authorization to get pain medication?

Yes. In response to the growing opioid epidemic, Express Scripts has a strict quantity limit on opioids. Your doctor may need to submit a quantity limit prior authorization. Call Express Scripts at **1-844-863-5324** to ask if your pain medication requires a prior authorization.

Can I get my Explanation of Benefits (EOB) online?

Yes. Select *Go Paperless* when you sign in to your personal TRS-Care Medicare Rx online account with Express Scripts.

What is a Retail-Maintenance Pharmacy? How can I find one?

A retail pharmacy that chooses to participate in the Retail-Maintenance network can dispense up to a 90-day supply of maintenance medications. You can find a list of your Retail-Maintenance pharmacies at TRS-Care Medicare Rx by Express Scripts. Select *Explore your Plan* and *Pharmacy Locator*.

Can I use a CVS Pharmacy to fill my medications?

Yes. TRS-Care Medicare Rx participants can access a broad network of pharmacies which includes all the large pharmacy chains (CVS, Walmart, Target, HEB and others). You must use a network pharmacy to get full benefit coverage on your prescriptions.

When will I get the drug formulary for the new plan year?

You'll get a Welcome Kit from Express Scripts 30 days before TRS auto-enrolls you in TRS-Care Medicare Rx. This Welcome Kit includes your Formulary (list of covered drugs). Call Express Scripts at **1-844-863-5324** for more coverage information.

You can also view your drug formulary anytime at TRS-Care Medicare Rx by Express Scripts.

What do I need to do to get my diabetic test strips at the pharmacy? Do I need a prescription?

Most diabetic supplies require a prescription. However, your Part B medical coverage covers your test strips. You must present your United Healthcare card at the pharmacy when filling these supplies.

Are flu shots covered?

Yes. Your TRS-Care Medicare Advantage medical plan covers flu shots.

Are there medications Express Scripts does not cover?

Yes. Medications not listed on the formulary are "non-formulary drugs." If you learn that TRS-Care Medicare Rx by Express Scripts does not cover your drug, Express Scripts can help you find a generic or lower cost equivalent.

What are generic, preferred, and non-preferred drugs?

Generic drugs are listed as Tier 1 in the formulary. Preferred brand drugs are Tier 2. Non-Preferred drugs, or brand name drugs, are Tier 3 and Specialty medications are Tier 4. Visit the TRS Formulary (drug list) at TRS-Care Medicare Rx by Express Scripts or call Express Scripts at **1-844-863-5324**.