



The Value of Medicare Advantage for East Baton Rouge Parish School System and Your Retirees

May 2, 2013



East Baton Rouge Parish School System



UnitedHealthcare Retiree Solutions



A complete Medicare portfolio with a history of long-term rate stability

99% Medicare Advantage persistency over past five years

3.5 Star Rating for Group Medicare Advantage National PPO

Experience with over 1,100 plan sponsors



CITY OF NEW ORLEANS

Over 160 Education / School District Clients



By the numbers

30+ years
of Medicare experience

3.2 million
Medicare Advantage members

6.8 million
Part D prescription drug plan members

Serve 1 in 5
we are honored to serve one in five Medicare beneficiaries

Benefit from a single entity being fully accountable from pre-enrollment through post-enrollment

The UnitedHealthcare Group Medicare Advantage PPO



- Single, national solution that can cover all East Baton Rouge Parish School System retirees regardless of where they live in United States
- Group Medicare Advantage National PPO offers a non-differential “passive” PPO plan design
- Plan works like “any willing provider” which eliminates provider issues
- Provides retirees with the same benefits and cost-sharing when accessing care in or out-of-network
- Non-contracted providers are paid 100% of the Medicare fee schedule (we pay the same as Medicare pays)
- Value added benefits for retirees- Silver Sneakers, hiHealth Innovations hearing aids, Solution for Caregivers
- Single plan, single ID card, single claim process

UnitedHealthcare has the most experience with Group Medicare Advantage plans, with a track record of successful implementations and satisfied retirees

Access to any willing provider

Backed by a growing national network



Retiree can see virtually any Provider (contracted with UnitedHealthcare or not) assuming they are a willing provider, at no incremental cost

National Medicare Network



to our national network of 500,000 contracted providers and growing

Willing to Accept



by providers not in the UnitedHealthcare network

Unwilling to Accept (<2%)



who do not accept the plan and submit a claim for reimbursement

Proactive outreach to providers

We proactively contact non-contracted providers to help them understand the Group Medicare Advantage PPO



Analysis comparing current provider usage (through claims data) with our contracted provider network allows us to:

- Appropriately segment provider usage for outreach (contracted vs. non-contracted)
- Identify non-contracted providers for outreach
- Conduct proactive outbound campaigns to educate non-contracted providers



- A variety of education tools will be available to both contracted and non-contracted providers through uhonline.com (provider website)
- A Quick Reference Guide can also be faxed to the provider for immediate follow up after outreach call

Medicare Advantage National PPO

UnitedHealthcare National Service Area Group Medicare Advantage PPO	
Medical & Part D Prescription Plan	\$172.71 Per Member Per Month

Description	In-Network Services	Out-of-Network Services
Annual Medical Deductible	None	
Annual Medical Out-of-Pocket Maximum	\$2,500	
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
PHYSICIAN SERVICES		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$10	\$10
Specialist Office Visit	\$15	\$15
INPATIENT SERVICES		
Inpatient Hospital Stay Benefit Period in days. (A "benefit period" begins the first day of admission and ends when the member hasn't received any hospital care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins and the copay cycle starts over.)	Unlimited	Unlimited
Inpatient Hospital Stay	\$200 Per Admit	\$200 Per Admit
Skilled Nursing Facility Care - prior hospital stay requirement waived ?	Yes	Yes
Skilled Nursing Facility Care - Benefit Period (In days)	100	100
Skilled Nursing Facility Care	15% Days 1-100	15% Days 1-100
Inpatient Mental Health Lifetime Maximum number of days	190	190
Inpatient Mental Health in a Psychiatric Hospital	\$200 Per Admit	\$200 Per Admit

Medicare Advantage National PPO

Description	In-Network Services	Out-of-Network Services
OUTPATIENT SERVICES		
Outpatient Surgery	\$100	\$100
Outpatient Hospital Services	\$100	\$100
Outpatient Mental Health/Substance Abuse (Individual Visit)	\$15	\$15
Outpatient Mental Health/Substance Abuse (Group Visit)	\$10	\$10
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	15%	15%
Occupational Therapy	15%	15%
Physical Therapy and Speech/Language Therapy	15%	15%
Cardiac/Pulmonary Rehabilitation	15%	15%
Kidney Dialysis	15%	15%
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$15	\$15
Podiatry Visit (Medicare-covered)	\$15	\$15
Eye Exam (Medicare-covered)	\$15	\$15
Hearing Exam (Medicare-covered)	\$15	\$15
Dental Services (Medicare-covered)	\$15	\$15
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	15%	15%
Ambulance Copay Waived if Admitted ?	No	No
Emergency Room (Includes Worldwide Coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours ?	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	\$50	\$50
Urgent Care Copay Waived if Admitted within 24 hours ?	Yes	Yes
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	15%	15%
Blood	0%	0%
Blood 3 pint deductible waived ?	Yes	Yes

Medicare Advantage National PPO

Description	In-Network Services	Out-of-Network Services
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	15%	15%
Prosthetics	15%	15%
Orthotics	15%	15%
Diabetic Shoes and Inserts	15%	15%
Medical Supplies	15%	15%
Diabetes Monitoring Supplies	15%	15%
HOME HEALTHCARE AGENCY & HOSPICE		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES		
Clinical Laboratory Services	15%	15%
Outpatient X-ray Services	15%	15%
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	15%	15%
Diagnostic Radiology Service	15%	15%
Therapeutic Radiology Service	15%	15%
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0

Medicare Advantage National PPO

Description	In-Network Services	Out-of-Network Services
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections	\$0	\$0
High Intensity Behavioral Counseling to Prevents STIs and Intensive Behavioral Therapy for Cardiovascular Disease	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)		
Routine Podiatry (Non Medicare-covered)	\$15	\$15
Routine Podiatry - Number of visits per year	6	6
Routine Eye Exam Refraction - every 12 months	\$15	\$15
Eyeglasses allowance	\$70	
Contact Lenses allowance	\$105	
Eyewear period in months	every 24 months	
Routine Hearing Exam for Hearing Aids - every 12 months	\$0	\$0
Hearing Aid Allowance - includes Digital Hearing Aids	\$500	
Benefit per ear or combined	Combined	
# of Hearing Aids	Unlimited	
Hearing Aid period in months	36	
WELLNESS/CLINICAL PROGRAMS		
Fitness	SilverSneakers	Not Included
Caregiver	Included	Not Included
NurseLine	Included	Not Included
Treatment Decision Support	Included	Not Included
Access Support	Included	Not Included
Disease Management - Chronic Heart Failure (CHF)	Included	Not Included
Disease Management - Coronary Artery Disease (CAD)/Diabetes	Included	Not Included
Disease Management - End Stage Renal Disease (ESRD)	Included	Not Included
Group Retiree Case Management	Included	Not Included
Advanced Illness Care Management	Included	Not Included
Hi Health Discount Program	Included	Not Included

Medicare Advantage National PPO

Outpatient Prescription Drug Coverage	
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Formulary	Standard G13
Bonus Drug List	Standard List U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On
Rx Deductible	\$50.00
Part D Retail Copay (up to a 31 day supply)	
Tier 1: Preferred Generic (Most generic drugs)	\$10.00
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$20.00
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$35.00
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)	\$35.00
Part D Preferred Mail Order Copay (up to a 90 day supply)	
Tier 1: Preferred Generic (Most generic drugs)	\$20.00
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$40.00
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$70.00
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)	\$70.00
Initial Coverage Limit	\$2,970.00
TrOOP Threshold	\$4,750.00
Catastrophic Coverage over TrOOP (greater amount of)	CMS Value
Copay for generics	\$2.65
Copay for all other drugs	\$6.60
OR Coinsurance	5.00%

We are here for your retirees, every step of the way



Stay healthy



Wellness and prevention

**Acute illness
Return to health**



Care management

Live better with illness



Chronic conditions

End of life care



Advanced illnesses

We continuously monitor your retiree population for opportunities to engage your retirees in the right clinical programs to improve their health

Helping manage retiree health with value-added programs and services



Prevention and Wellness Programs

- HouseCalls
- Health Risk Assessment
- Preventive Care Reminders/Member Rewards Program
- 24/7 Nurseline
- Treatment Decision and Access Support
- SilverSneakers®
- Solutions For Caregivers
- hi HealthInnovations hearing aid discounts
- Members Without Visits
- Health A-Z portal*
- OptumizeMe
- Health Allies*
- QuitPower®*
- Emergency Decision Support*
- Customized Wellness Programs*

Utilization Management Programs

- Clinical Intake: Inpatient/ Outpatient Services
- Post-Acute Transition
- Secondary Level of Care
- MedAssist
- Medication Therapy Management (MTM)

Disease Management Programs

- Congestive Heart Failure (CHF)
- Coronary Artery Disease CAD/Diabetes
- End Stage Renal Disease ESRD
- Transplant Resources and Care Management
- Specialized Quality Provider Networks
- Chronic Obstructive Pulmonary Disease (COPD)*
- Cancer Support*

Group Retiree Case Management Programs

- High Risk Case Management
- HouseCalls for members at risk

Advanced Illness Program

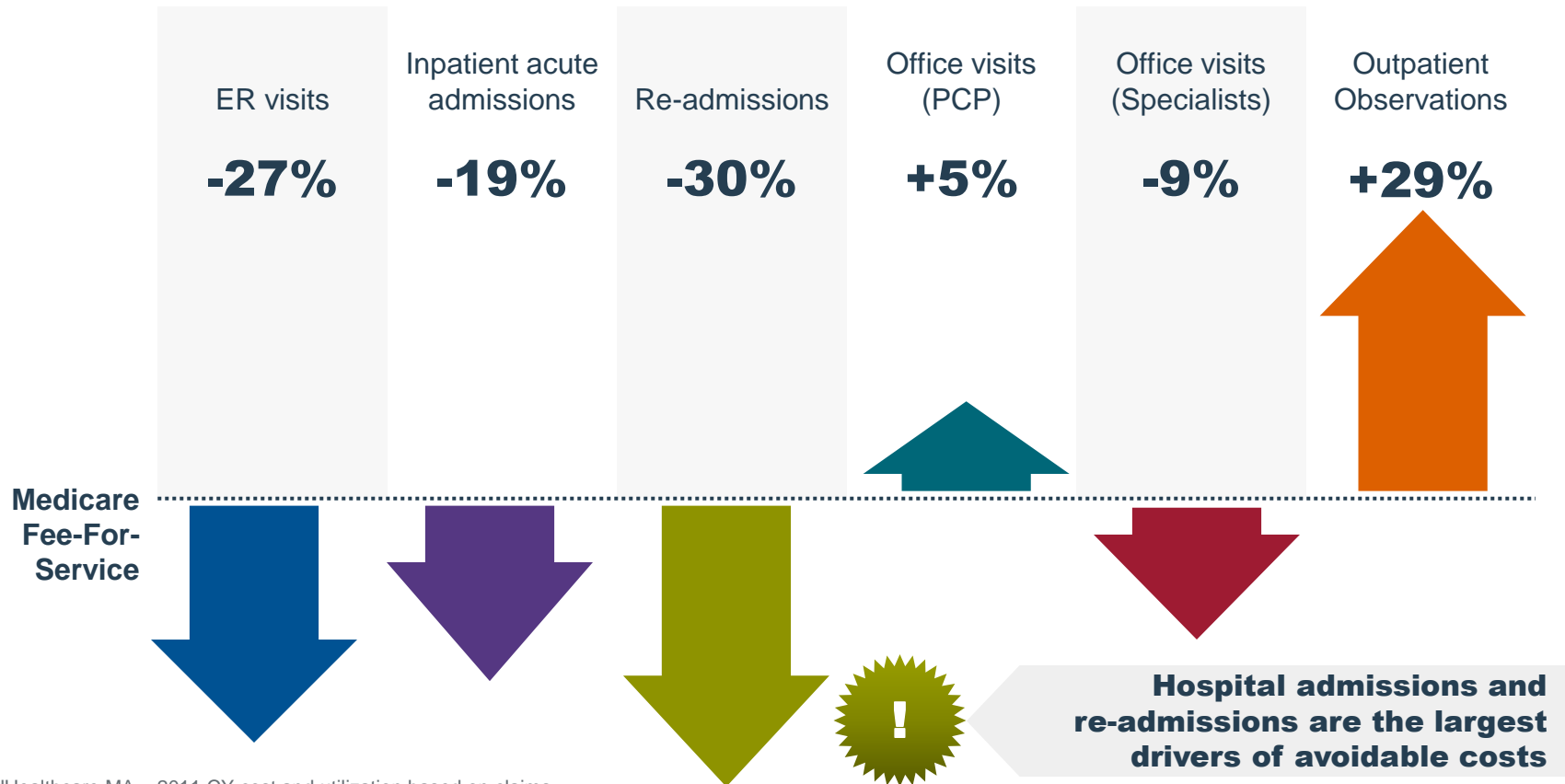
- Case Management for those with life-limiting illnesses including referrals to hospice and palliative care.

*Terms and conditions apply

Ensuring retirees the right care at the right place at the right time



UnitedHealthcare Medicare Advantage Utilization vs. Medicare Fee-For-Service



UnitedHealthcare MA = 2011 CY cost and utilization based on claims
 Medicare FFS = 2012 CMS 5% sample experience data trended and risk adjusted to 2011

hi HealthInnovations™ Hearing Program

Savings Example based on Comparable Hearing Aids

Savings for retirees without a hearing aid allowance

	Retail Pricing	hi HealthInnovations
Price for a pair of hearing devices	\$7,000 – \$8000	\$958 - \$1,358
Employer or health plan allowance	N/A	N/A
Retiree out-of-pocket	\$7,000 – \$8000	<u>\$958 - \$1,358</u>

With hi HealthInnovations retiree saves \$6,000+

Solutions for Caregivers

Guidance, support and affirmation of caregivers as they cope with challenging health and care decisions

- Provides help to alleviate the financial and emotional costs of care giving
- No program cost
- Not available in the open market
- 44+ million Americans care for a spouse, parent, relative, or friend
- Caregivers have higher rates of stress, cholesterol, depression, etc.

Solutions for Caregivers provides:

- Phone access to a Care Specialist who can provide caregiver coaching
- On-site assessment of care needs resulting in a personalized care plan
- Connections to local professionals, including home health aides, nurses, lawyers and financial advisors
- Support to help caregivers maintain their own health and avoid burnout

Sources:

¹ AARP: Valuing the Invaluable, A new look at the Economic Value of Family Caregiving (June 2007)

² MetLife Study: Working Caregivers and Employer Health Care Costs (February 2010)

Care for advanced illnesses

Our priority is to make sure retirees have a voice and that last wishes are heard

Over 95% of retirees have identified preferred goals of care and site of death

We coordinate Hospice and Palliative Care Services nationwide

We coordinate compassionate quality care with advanced illness care managers so precious moments are spent with loved ones

End of life care



**Our retirees are never alone.
We'll be there through every step of life's journey.**