



# 2020 Medicare Secondary Plan Overview

Retirees and dependents that are considered Medicare eligible, as a result of age or disability, are covered under the Medicare Secondary Plan, administered by UMR for medical coverage and Express Scripts for prescription drug coverage. The Medicare Secondary Plan is a comprehensive plan that is designed to coordinate benefits with Medicare; therefore you will need to enroll in Medicare Parts A & B. All services must be approved by Medicare in order to be covered under this plan unless otherwise indicated.

Deductible		Maximum annual out-of-pocket cost (medical and prescription accumulate separately)	
Medicare Part A deductible:	Plan pays	Medical:	\$3,850
Medicare Part B deductible:	Participant pays	Prescription:	\$3,000

MEDICARE PART A	MEDICARE SECONDARY PLAN (Administered by UMR)	THE COVERED PARTICIPANT (if provider accepts Medicare assignment)
<p>Hospitalization In-patient services/in-patient physician charges. Semi-private room and board, general nursing services and miscellaneous hospital services and supplies.</p> <p>Hospital Confinement</p> <ul style="list-style-type: none"> <li>• First 60 days of Benefit Period</li> </ul>	Medicare Part A deductible	Non covered services
<ul style="list-style-type: none"> <li>• Days 61-90 of Benefit Period</li> </ul>	Covered Participant's daily coinsurance charge for eligible expenses	Non covered services
<ul style="list-style-type: none"> <li>• After Lifetime Reserve</li> </ul>	100% of Medicare eligible hospital expenses for each day of confinement for an additional 365 days per person per lifetime	Non covered services
<ul style="list-style-type: none"> <li>• Beyond the additional 365 day Reserve</li> </ul>	No Plan benefits	All costs
<p>Skilled Nursing Facility The Covered Participant must meet Medicare 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.</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> through the 20<sup>th</sup> day of each Benefit Period</li> </ul>	No Plan Benefits, Medicare pays at 100%	Non covered services
<ul style="list-style-type: none"> <li>• 21<sup>st</sup> through the 100<sup>th</sup> day of each Benefit Period</li> </ul>	Covered Participant's daily coinsurance charge	Non covered services
<ul style="list-style-type: none"> <li>• Beyond 100 days</li> </ul>	No Plan benefits	All costs
Hospice Care	10% of Medicare Part A and B eligible expenses	Medicare Part B deductible and Non covered services
MEDICARE PART B	MEDICARE SECONDARY PLAN (Administered by UMR)	THE COVERED PARTICIPANT (if provider accepts Medicare assignment)
<p>Medical Expenses (In and Out of hospital and outpatient treatment) such as: Anesthesiologist, Diagnostic tests, Durable Medical Equipment, In-and Outpatient medical and surgical services and supplies, Lab tests, Physician services, Radiation therapy, Speech and Physical therapy, and X-ray.</p>	10% of Medicare Part B eligible expenses	Medicare Part B deductible and the balance of Medicare Part B eligible expenses after the plan pays

Mental Health, Substance Use Disorder and Chemical Dependency Benefits	90% of Medicare approved amounts not paid	Balance and non covered services
Part B Excess Charges (Above Medicare Approved Amounts if provider does not accept Medicare assignment)	100% of the amount above Medicare approved amount; 10% of Medicare approved amount	Medicare Part B deductible and the balance of Medicare Part B eligible expenses after the plan pays
<b>ADDITIONAL BENEFITS – PARTS A &amp; B</b>	<b>MEDICARE SECONDARY PLAN (Administered by UMR)</b>	<b>THE COVERED PARTICIPANT (if provider accepts Medicare assignment)</b>
<p>Preventive Medical Care Benefit Benefits are payable for evidence-based preventive health care, preventive screening tests, and services recommended by the US Preventive Services Task Force with an “A” or “B” rating.</p> <ul style="list-style-type: none"> <li>Preventive/routine (at appropriate age): <ul style="list-style-type: none"> <li>diagnostic tests, lab, and x-rays</li> <li>physical exams and screenings</li> <li>mammograms and breast exams (3D mammograms are covered)</li> <li>PSA Test and prostate exams</li> <li>Colonoscopies, sigmoidoscopies, and similar routine surgical procedures performed for preventive reasons</li> </ul> </li> <li>Hearing exams</li> <li>Immunizations</li> <li>Routine counseling for alcohol or substance use disorder, tobacco use, obesity diet, and nutrition</li> </ul>	100% of what Medicare doesn't cover, not subject to deductible	Balance if service is not covered by Medicare and not mandated by Health Care Reform
<p>In Addition, the following preventive/routine services are covered:</p> <ul style="list-style-type: none"> <li>Gestational Diabetes</li> <li>Papillomavirus DNA Testing</li> <li>Counseling for Sexually Transmitted Infections (provided annually)</li> <li>Counseling for Human Immune-Deficiency Virus (provided annually)</li> <li>Breastfeeding support, supplies, and counseling</li> <li>Counseling for interpersonal and domestic violence (provided annually)</li> <li>Oral Fluoride supplements (children ages 6 months to 5 years)</li> </ul>		
Preventive/Routine eye exams and glaucoma testing	10% of Medicare Part B eligible expenses	Balance and Medicare Part B deductible
Eye refractions		
Contraceptive Methods and Counseling Approved by the FDA: For Women	100%	
Maternity Routine prenatal services	100%	
Non-routine prenatal services, delivery and postnatal care	10% of Medicare Part B eligible expenses	Balance and Medicare Part B deductible
Sterilizations Men	10% of Medicare Part B eligible expenses	Balance and Medicare Part B deductible
Women	100%	

Blood Benefit per calendar year while confined in a hospital or skilled nursing facility.		
• First 3 pints	100% of cost	Balance
• Additional amounts	No Plan benefits	Balance
At-Home Recovery Benefits Should the Covered Participant's Physician certify that the Covered Participant requires the services of a Care Provider for home recovery from a sickness, injury or surgery for which Medicare approved a Home Care Treatment Plan	100% of Usual and Customary charges for each visit to a maximum of 365 aggregate visits per calendar year	Amount in excess of Usual and Customary charges if applicable
Note: a Home Health Care Visit will be considered a periodic visit by either a nurse or Qualified Therapist, or up to four hours of Home Health Care Services.		
<b>ADDITIONAL BENEFITS – PARTS A &amp; B</b>	<b>MEDICARE SECONDARY PLAN (Administered by UMR)</b>	<b>THE COVERED PARTICIPANT (if provider accepts Medicare assignment)</b>
Foreign Travel Emergency Benefit		
• First \$250	No Plan Benefit	\$250
▪ After first \$250	80% of all remaining billed charges	20% remaining billed charges
Manipulations	10% of Medicare B eligible expenses	Balance and Medicare Part B deductible
Kidney Disease Benefit	Coverage for inpatient and outpatient kidney disease treatment. Benefit payable is 100% of Usual and Customary charge not paid by Medicare for dialysis, transplantation and donor related services	Medicare Part B deductible if applicable
Diabetic Supplies Benefit	100% of Usual and Customary charge not paid by Medicare for (1) installation and use of insulin and infusion pump (2) equipment and supplies including insulin, and (3) diabetic self-management education programs. Only one pump can be purchased per calendar year, and must be used 30 days before purchase	Medicare Part B deductible if applicable

Example 1 – Office Visit* Part B deductible not met		Example 2 – Office Visit* Part B deductible met		Example 3 – Hospitalization* (first 60 days)	
Your doctor bill	\$110	Your doctor bill	\$110	Your hospital bill	\$8,000
Medicare approved amount	\$40.50	Medicare approved amount	\$40.50	Medicare approved amount	\$8,000
Medicare Part B deductible applied	\$40.50	Medicare Part B deductible applied	Met	Medicare Part A deductible applied	\$1,408
Medicare Pays	\$0	Medicare Pays	\$32.40	Medicare Pays	\$6,592
UMR pays	\$0	UMR pays 10% of Medicare Part B eligible expenses after deductible	\$4.05	UMR pays Part A deductible	\$1,408
You pay Part B deductible	\$40.50	You pay balance	\$4.05**	You pay balance	\$0

\*If provider accepts Medicare assignment

\*\*Applies toward the annual out-of-pocket maximum

PRESCRIPTION DRUGS (Administered by Express Scripts, specialty medications available through Accredo)	THE COVERED PARTICIPANT
Retail Pharmacy	
Generic <ul style="list-style-type: none"> <li>• 30-day supply</li> <li>• 90-day supply</li> </ul>	\$10 copayment \$30 copayment
Preferred brand name <ul style="list-style-type: none"> <li>• 30-day supply</li> <li>• 31-90 day supply</li> </ul>	\$30 copayment \$90 copayment
Non-Preferred brand name	100% of the cost, not covered
Home Delivery Service	
Generic <ul style="list-style-type: none"> <li>• 90-day supply</li> </ul>	\$25 copayment
Preferred brand name <ul style="list-style-type: none"> <li>• 90-day supply</li> </ul>	\$75 copayment
Non-Preferred brand name	100% of the cost, not covered
Injectable Insulin	No copayment, covered at 100%
Diabetic Supplies	Covered under medical
<ul style="list-style-type: none"> <li>• If you request a brand-name medication when a generic equivalent is available, you will pay the generic copayment, plus the difference in cost between the brand and the generic. If you are not able to take a generic equivalent due to medical necessity, your doctor may request a review and provide supporting documentation on why the brand is medically necessary. If approved by Express Scripts, you will pay the brand copayment.</li> <li>• Manufacturer-funded patient assistance for widely distributed specialty medications will not be considered as true out-of-pocket expenses and may not apply to deductible and out-of-pocket maximums.</li> </ul>	

Useful Contacts	For	Address for filing claims
UMR Member Services: 1-877-561-0366 <a href="http://www.umi.com">www.umi.com</a>	Health questions	UMR PO Box 30541 Salt Lake City, UT 84130-0541
Express Scripts Member Services: 1-877-795-2926 <a href="http://www.express-scripts.com">www.express-scripts.com</a>	Prescription drug questions	Express Scripts PO Box 14711 Lexington, KY 40512
PayFlex Systems USA, Inc Member Services: 1-888-678-7835 <a href="http://www.payflex.com">www.payflex.com</a>	Billing questions	Benefits Billing Department PO Box 953374 St. Louis, MO 63195-3374
Alight Solutions – HR Benefits Member Services: 1-888-927-7700 <a href="http://www.bmousbenefits.com">www.bmousbenefits.com</a>	Eligibility and customer service	Alight Solutions –HR Benefits PO Box 661065 Dallas, TX 75266-1065
Medicare helpline: 1-800-633-4227 <a href="http://www.medicare.gov">www.medicare.gov</a>	Questions about Medicare	

*If there should be an inconsistency between the contents of this summary and the contents of the Plan, benefits shall be determined under the Plan and not under this summary.*