University of Missouri System

Retiree Insurance Enrollment FAQ

Annual Enrollment & Process

What if I am out of the country during the enrollment period with no secure internet connection?

If you will be out of the country during the Annual Enrollment period, you can complete and submit the change paperwork before leaving the country, even if that means submitting it before the Annual Enrollment period begins. Access the Retiree AE form via the Retiree Insurance Enrollment & Changes webpage.

I turn 65 soon. When should I contact the university about moving from non-Medicare coverage to a Medicare Advantage and what is the process?

In order to transition to the University Medicare Advantage Plan, apply for Medicare no earlier than three months before your eligibility date. The application process can be completed through your local Social Security office or online. University Medicare Advantage plans include enrollment in an eligible Part D prescription plan, so only enroll in Medicare Part A and Medicare Part B.

As you approach your enrollment date, the university will only send you information regarding Medicare Advantage plan enrollment. That packet will include an enrollment form you will need to return to us, along with a copy of your Medicare card.

I want to cancel life insurance for my spouse and/or myself. What do I need to do and by when?

You can cancel life insurance coverage at any point. In fact, you may reduce or cancel any coverage, including medical, at any time during the year and are not limited to retiree Annual Enrollment. If coverage is reduced or cancelled, it cannot be reinstated at a later date. To do so, just complete the Retiree Benefits Change Form, available via the Retiree Insurance Enrollment & Changes webpage.

If I drop down from the Enhanced plan to the Base plan, would I be able to go back to the Enhanced plan again next year?

Yes, you would have the option of selecting the Medicare Advantage Enhanced Plan again in the future, but only during the Annual Enrollment period.

If a non-Medicare eligible spouse turns 65 mid-year, how does that affect premiums?

Premiums will be adjusted based on which Medicare Advantage plan is selected, Base or Enhanced (Buy-Up Plan). The HR Service Center can help determine what your new premium will be upon your spouse turning age 65.

Do retirees call the HR Service Center or UnitedHealthcare for benefits questions?

Retirees can call the HR Service Center for information about the Annual Enrollment period or plan eligibility. For information on specific health plans offered by UnitedHealthcare, retirees can reach out to UnitedHealthcare directly using the customer service phone number on the back of their insurance card.

What happens if you return to work part-time?

Retirees who are rehired in a part-time position at the university and receive retiree insurance from the university (i.e. medical, dental, vision, etc.) and wish to continue their enrollment in these plans are advised to work no more than a .74 full-time equivalency (FTE) in all UM concurrent jobs.

Exceeding this FTE will result in retiree medical insurance freezing and being offered active medical plan coverage only (see Patient Protection and Affordable Care Act). Worked hours for rehired retirees will be tracked using the same methods as for other employees. Retirees should contact their campus HR Generalist with any questions.

How do I access myHR?

For step-by step instructions on accessing information, visit the myHR Training Guides and Resources for retirees.

Medical plan coverage

What types of facilities are in-network with UnitedHealthcare?

UnitedHealthcare's network includes general care clinics, urgent care clinics, medical and surgical hospitals, emergency rooms, specialty centers like those that provide dialysis, skilled nursing and physical therapy services, labs, medical suppliers and more. You can review all in-network providers through the UnitedHealthcare website

- Medicare Advantage Plans: retiree.uhc.com/umsystem/find-a-provider
- Non-Medicare Advantage Plans: whyuhc.com/universitymissouri/search-for-a-provider

When will I receive information on my premiums for the upcoming year?

All retirees enrolled in a retiree insurance plan receive a letter from the university to their mailing address before annual enrollment that provides information on the plans available to them as well as their personalized premiums and additional information on the Annual Enrollment period. If you have not received a letter by mid-October, contact the HR Service Center to request a copy of your letter.

How does the university determine what premiums will be year-to-year?

The landscape of health insurance is constantly changing. Each year, the university evaluates plans and works with our providers as well as the Total Rewards Advisory Committee (TRAC) and the UM System Office of Finance to keep premium increases lower than they otherwise would be. In addition, we conduct regular, competitive bids to ensure we're providing high-quality plans at manageable costs.

What coverage do I have or can I get for an ambulance to return me to my local hospital?

All retiree medical insurance plan options through the university have a broad, nationwide network of providers, including for emergency and non-emergency ambulance services.

Retirees can reach out to UnitedHealthcare to discuss available options related to their specific case and medical insurance plan and learn more about in-network providers through the UnitedHealthcare website:

- Medicare Advantage Plans: retiree.uhc.com/umsystem/find-a-provider
- Non-Medicare Advantage Plans: whyuhc.com/universitymissouri/search-for-a-provider

Will my coverage change if I move?

In general, your medical insurance coverage will stay the same regardless of where you live in the United States. The biggest difference will be that healthcare providers in your area will be different. Learn more about in-network providers near you:

- Medicare Advantage Plans: retiree.uhc.com/umsystem/find-a-provider
- Non-Medicare Advantage Plans: whyuhc.com/universitymissouri/search-for-a-provider

If I am Medicare-eligible, do I need to be enrolled in a University plan to provide coverage for my non-Medicare eligible dependents through the University?

All medical plan options include self-coverage. A retiree would need to be enrolled in a University plan to provide coverage for eligible dependents.

Non-Medicare Coverage

How can non-Medicare retirees identify the best value across providers?

The cost of care is dependent on the provider, the services provided and may also vary based on how the services are billed by the provider. UnitedHealthcare can help you check cost estimates before you choose where to get care so you can save on health care costs. Sign in on myuhc.com to get personalized cost estimates and see how much you can expect to pay for your specific plan and specific in-network providers.

What coverage do non-Medicare retirees have when traveling outside of the country?

Your medical plan covers services received outside the continental United States like it would while in the country, just at the out-of-network rate. The exception to this is for covered emergency services, which are covered at the in-network rate.

For retirees enrolled in a university life insurance plan, additional travel assistance services are provided through MetLife. Find informational brochures on the Life Plans webpage.

Medicare Coverage

What travel coverage is offered through Medicare when traveling internationally?

Both the Medicare Base and Enhanced plans include a $200,000 lifetime maximum travel benefit for any non-emergent medical expenses incurred outside of the United States. Medical evacuation is covered under the plan. Urgent Care and Emergency Room services are already covered worldwide and fall under the existing medical benefit.

Does retiree medical insurance function as a Medicare Advantage plan?

Both university-sponsored Medicare plans are Group Medicare Advantage plans.

I turn 65 in 2027. Will I receive a new UnitedHealthcare insurance card with the Medicare box on it?

Before you turn 65, the university will send you a packet in the mail with information regarding Medicare Advantage plan enrollment. The packet will include an enrollment form and you will need to return the completed form along with a copy of your Medicare card. When processed, your enrollment will change to your selected Medicare Advantage plan and you'll receive two new UnitedHealthcare insurance cards in the mail, one for medical and one for prescription.

You can get more information about receiving your Medicare card on the Medicare website.

How can we find out the difference in cost between the Medicare Base and Enhanced options?

To learn more about the differences between the Base Plan and the Enhanced Plan, visit retiree.uhc.com/umsystem/coverage-and-benefits.

Does it matter where I live for in-network coverage?

The UnitedHealthcare Medicare Advantage Plans are PPO plans, which means it includes a broad network and you have lots of flexibility in choosing a provider. These plans are national plans meaning you can travel and live within any of the 50 US states and its territories with no impact to your plan. Learn more about in-network providers near you at retiree.uhc.com/umsystem/find-a-provider.

What is the difference between the University's Group Medicare Advantage Plan options and commercially-available Medicare Advantage Plans?

The University of Missouri retiree plan is customized specifically for University retirees and includes significantly enhanced benefits over the "street" plans that all beneficiaries have access to.

Do Medicare retirees have any health care insurance coverage when traveling outside of the country?

Members have worldwide coverage for medical services through both Medicare Advantage plan options. You will need to pay for the services you receive and then submit for reimbursement. You can obtain a Direct Member Reimbursement Form by contacting United Healthcare customer service. The applicable copays depending on the plan you are on will be deducted from your reimbursement.

Do the Advantage plans cover what Medicare does not cover? What is the difference between original Medicare and Medicare Advantage Plans?

Visit Medicare.gov's Compare Original Medicare and Medicare Advantage webpage to learn more about how coverage works between the two.

I am enrolled in the university-sponsored Medicare Advantage Plan. Could I switch to traditional Medicare coverage with supplement (Medigap) in the future?

If you wish to purchase coverage outside of the university, you are able to change your election and opt out of a university-sponsored UHC Group Medicare Advantage plan during Annual Enrollment or at any time during the year. Please note, if you drop or cancel your coverage through the University, you will not be able to re-enroll at a later date.

Does the university offer OTC benefits?

Most over-the-counter (OTC) products are not covered by the prescription benefit, however, there are some exceptions to comply with requirements of the Patient Protection and Affordable Care Act (PPACA).

Prescriptions

How does the cap on insulin work? Do the Advantage Plans have the same cap as Medicare Part D?

The University's Medicare Advantage plans utilize Medicare Part D coverage. The $35 cap on insulin is for all Part D covered insulin and is applied per prescription per month.

How are diabetic medical supplies, such as insulin pump supplies covered?

For Medicare retirees, when using one of the approved meters and supplies, your cost-share is a $0 copay. To switch to one of the preferred brands, you may be required to get a new prescription from your doctor.

For non-Medicare retirees in the Retiree Health PPO Plan members may obtain diabetic medical supplies through their medical insurance at no cost. For non-Medicare retirees in the Healthy Savings Plan, members will be subject to the applicable plan deductible and co-insurance costs.

More information is available on the Preventive Care & Special Health Topics webpage

Why does my 30-day supply of a generic drug cost more than if I bought it directly from a commercial pharmacy?

The cost of prescriptions is typically determined by the manufacturer of the prescriptions. To help keep Part D prescription prices as low as possible for the university and plan members, UnitedHealthcare negotiates guaranteed discounts with retail pharmacies and provides discounts through their own mail order process.

Dental, Vision and Hearing

Do we get cards for dental and vision coverage?

You may access and print a copy of your ID card from DeltaDental, however, it is not required; your benefits are accessible and in-effect without a card. Your dental office can look your coverage up with some basic personal information.

ID cards are not issued for the vision plan and are not required at time of service. At your appointment, let your in-network provider know that you have coverage through VSP to utilize your benefits. A VSP provider can look up member benefits using the last four digits of your social security number or your unique VSP ID number. If you need your unique VSP ID number, please contact the HR Service Center.

How do we find out which hearing aid companies are covered under the health insurance plans?

Medicare retirees can visit UHCHearing.com/Retiree or call 1-866-445-2071, TTY 711 8 a.m to 8 p.m. Central Time, Monday through Friday. Non-Medicare retirees can visit retiree.uhc.com/umsystem or call 866-899-5903.

If I cancel vision coverage, can I enroll in vision coverage in a future year?

Yes, our current vision plan allows retirees to add or drop vision coverage each year during Annual Enrollment.

If a retiree didn't select dental coverage upon retirement, can it be added during Annual Enrollment?

No, dental coverage for retirees is based on enrollment and election upon date of retirement.

What are the key differences between the Dental Base Plan and the Dental Buy Up Plan?

The Dental Buy-Up Plan offers the same three categories of preventative, basic and major services as the Dental Base Plan, but has a lower deductible, a higher annual maximum, and includes coverage for orthodontics ($1,500 lifetime maximum).

How does the provider network work for the Dental Plans? Are there benefits for using certain providers?

The dental plan utilizes a passive network, which means you have the ability to receive services from network or non-network providers. No matter your provider, your deductible and coinsurance remain the same as long as charges are reasonable and customary.