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July 15, 2009

Dear State Health Benefit Plan (SHBP) Retiree:

The Board of Community Health approved a new policy on October 30, 2008 that impacts Medicare eligible retirees and covered dependents. Effective January 1, 2010, the new policy requires all current and future Medicare eligible retirees and covered dependents to enroll in one of the Medicare Advantage with prescription drugs (MAPD) private fee for service (PFFS) Options offered through CIGNA and United Healthcare (UHC) to continue to receive the (approximately) 75 percent state subsidy. Included is a benefit summary of the MAPD PFFS Standard and MAPD PFFS Advantage Premium Plans and information you can give to your provider.

SHBP has scheduled meetings throughout the state to explain the new MAPD PFFS Plan Options to retirees and the schedule is enclosed for your information. If you plan to attend a meeting that is being held at a technical school, the name of the technical college may have changed from what is shown on this schedule due to planned name changes this summer. Please be aware that all locations have seating and parking limitations and due to local building safety and fire codes, facilities can not allow seating beyond the maximum capacity. Once the facility has reached the maximum allowed persons, the doors will be closed and any remaining persons will be asked to attend another session or location.

If you are hearing-impaired and require an interpreter for the meeting you plan to attend, please call Jean Giles at (404) 656-4594 by July 27, 2009 so that we can accommodate your needs.

This year the Retiree Option Change Period will be held October 9, 2009 through November 10, 2009 and informational packets will be mailed to retirees' homes for receipt around October 1. Information about the changes will be available at the meetings and representatives from both CIGNA and UnitedHealthcare will be present to assist you with any questions you may have.

Please refer to the attached schedule for a location close to you. If you are unable to attend one of the meetings, the presentation and 2010 Plan information will be available on the Web site at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) in August.

Sincerely,

State Health Benefit Plan

Medicare Eligible Retirees



## SHBP MEDICARE ADVANTAGE PLANS INFORMATION TO SHARE WITH YOUR PROVIDER

The State Health Benefit Plan (SHBP) offers two Medicare Advantage Private Fee-for-Service MAPD PFFS plans to eligible retirees across the country. These plans are authorized by the Centers for Medicare & Medicaid Services (CMS) with both CIGNA and UnitedHealthcare (UHC) as contractors with CMS to provide MAPD PFFS plans. These plans are customized for SHBP and should not be confused with other Individual Medicare Advantage Plans offered on the market:

- CIGNA Standard Medicare Access Plus Rx<sup>SM</sup>
- CIGNA Premium Medicare Access Plus Rx<sup>SM</sup>
- UnitedHealthcare MedicareDirect<sup>SM</sup> Standard Plan
- UnitedHealthcare MedicareDirect<sup>SM</sup> Premium Plan

A MAPD PFFS plan works differently than a Medicare supplement plan, original Medicare and Medicare Advantage HMO or PPO plans. One key difference is how your doctors and other health care service providers work with a MAPD PFFS plan. Please share the information below with your providers.

### Important Provider Participation Information

Becoming a deemed provider for the CIGNA and/or UnitedHealthcare MAPD PFFS plans is ***easy***:

- **There is no contract to sign and no network to join.** An individual can use any provider (doctor or health care professional) that accepts original Medicare payment, is willing to treat the individual and accepts the terms and conditions of payment for CIGNA and UHC. Providers that accept the CIGNA and/or UHC terms and conditions (including payment rate) are called *deemed providers*
- **As a deemed provider, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat CIGNA or UHC MAPD PFFS plan participants**
- **There are no prior authorization or pre-certification requirements.** CIGNA and UHC do ask that you notify them of any inpatient admission (hospital, rehabilitation or skilled nursing) to ensure that these individuals are aware of programs and clinical services that may be helpful
- **MAPD PFFS plans are required by CMS to pay providers the equivalent of what providers would have received under original Medicare less the individual's applicable co-payment or coinsurance**

***(More information to share with your provider on back side)***

- **Providers deemed into the MAPD PFFS plans will have a single source for claim payment**, CIGNA or UHC. Based on CMS requirements, claim payments will be timely and will include a detailed explanation of payment
- **The MAPD PFFS plans offered through the SHBP include additional benefits specifically for SHBP members that are traditionally excluded by original Medicare**, which may make it easier for you to provide services and treatment

## Provider Terms and Conditions

Before receiving services, individuals must inform you of their Medicare coverage through a MAPD PFFS plan. These individuals will have a CIGNA or UHC ID card with the MAPD PFFS plan information. At this point, you have the right to choose whether or not to accept the individual's MAPD PFFS plan. Once the individual informs you of his/her MAPD PFFS coverage and you provide services and submit a claim, you are agreeing to accept the terms and conditions of the MAPD PFFS plan selected by that individual. If you decide not to accept the terms and conditions of one of the SHBP MAPD PFFS plans, you should not provide services to the individual, except in emergencies (which are covered according to Medicare guidelines).

In general, the provider terms and conditions require the following:

- The provider must bill CIGNA or UHC directly for all covered health care services and collect only the applicable co-payments or coinsurance from the individual
- The provider must agree not to balance bill SHBP members for any amounts above the fees paid by CIGNA or UHC or applicable co-payments or coinsurance owed by the individual

This is merely a high level summary of the Terms and Conditions that have been customized by CIGNA and UHC for SHBP's MAPD PFFS members. To learn more about the terms and conditions of the customized MAPD PFFS plans and payment, you can contact CIGNA or UHC as outlined below:

- **CIGNA**  
Web site: [www.cignamedicare.com](http://www.cignamedicare.com)  
Phone: 1-800-254-1538
- **UnitedHealthcare**  
Web site: [www.unitedhealthcareonline.com/PFFS/2009](http://www.unitedhealthcareonline.com/PFFS/2009) Deeming Kit  
Phone: Provider Service at 1-866-579-8811

For more information about MAPD PFFS plans in general, see the Provider Q & A at the CMS Web site <http://www.cms.hhs.gov/PrivateFeeForServicePlans/>.

**STATE HEALTH BENEFIT PLAN**  
**MEDICARE ADVANTAGE OPTIONS – JANUARY 1, 2010**  
**POINTS TO CONSIDER**

**Plan Information**

- SHBP's MAPD PFFS plans are customized to provide enhanced benefits and reduced out of pocket expenses for SHBP retirees and are different than most other MA plans on the market
- These are not Medicare Supplemental plans; rather they are a total replacement of your original Medicare coverage
- SHBP's MAPD PFFS plans include Prescription Drug (Rx) coverage, which means that you do not have to pay a separate premium to have a Medicare Part D plan
- If you enroll in a separate Medicare Part D Plan after you have enrolled in one of SHBP's options, the Centers for Medicare & Medicaid Services (CMS) will notify your health care vendor that you are not eligible for this coverage and you will lose your State Health Benefit Plan coverage
- Retirees must still pay the Medicare Part B premium directly to CMS
- MADP PFFS plans do not have networks with contracted providers; rather you may see any provider who accepts Medicare and is willing to accept CIGNA and UHC's terms and conditions
- This is referred to as being a deemed provider and a provider can be considered deemed even if you walk into his/her office and he/she agrees to treat you
- Many providers do not understand the customized SHBP Medicare Advantage plans, so we have included a notice that may be helpful to share with your provider's office
- There is emergency coverage under the MAPD PFFS plans even if the provider is not deemed

**Enrollment**

- You may enroll during the Retiree Option Change Period (ROCP) of October 9 – November 10, 2009. Your election will be effective January 1, 2010 and will remain in effect for all of the 2010 Plan Year unless you experience a qualifying event
- You can enroll by telephone, by going to the web site or by completing paper enrollment form that will be provided by SHBP in your ROCP Packet
- If you are **not** enrolled in a MAPD PFFS option and do not make an election during the ROCP, your coverage will roll to the MAPD PFFS option of the healthcare vendor you are currently covered. Kaiser members who do not make an election will default to the CIGNA Medicare Access Plus Rx<sup>R</sup> (PFFS) - Standard Plan

**How Do I Decide which Plan to Select?**

- Check the options to determine if your providers are deemed
- Look at the formulary under each plan to determine which plan provides the best coverage for your prescription drugs and other health care needs

**What if my Provider isn't participating in these Plans?**

- Take the enclosed Deeming Information to your provider or
- Ask the CIGNA or UHC to reach out to your provider about becoming deemed
- If your provider doesn't agree, select another deemed provider

CIGNA – 800 254-1538  
UnitedHealthcare – 877-755-5343

<b>STATE HEALTH BENEFIT PLAN MEDICARE ADVANTAGE PLANS SUMMARY</b>		
<b>Medicare Advantage with Prescription Drugs PFFS Benefit</b>	<b>MAPD PFFS Standard Offered in 2009 and 2010</b>	<b>MAPD PFFS Premium New for 2010</b>
Deductible	\$0	\$0
Out of Pocket Maximum (excludes copays for office visits and drugs)	\$1,000	\$500
Hospital Inpatient – unlimited days	\$190 days 1-4/Admit	\$100 days 1-3/Admit
Inpatient Mental Health (MH) 190 day limit (lifetime)	\$190 days 1-4/Admit	\$100 days 1-3/Admit
Skilled Nursing Facility – 100 day limit per benefit period	\$50 days 11-100	\$25 days 11-100
Transplants – unlimited days	Same as Inpatient	Same as Inpatient
Emergency Room (world wide coverage)	\$50	\$50
Urgent Care	\$25	\$20
Home Health – unlimited days	\$0	\$0
Primary Care Physician	\$20	\$10
Specialist	\$25	\$20
Immunizations	\$0	\$0
Chiropractic	\$25	\$20
Podiatry – 6 day limit for non Medicare covered	\$25	\$20
Allergy Shots and Serum	10%	10%
Outpatient Rehab – Occupational, Physical, Speech, Cardiac Rehab	\$25	\$10
Outpatient MH/SA	\$25	\$10
MH/SA Partial & Intensive Out Patient	\$60	\$50
Hospital Outpatient/Ambulatory Surgical Center	\$95	\$50
Ambulance	\$0	\$0
Durable Medical Equipment and Supplies	10%	10%
Diabetes Monitoring Supplies	10%	10%
Medicare Part B Drugs	10%	10%
Routine Eye Exam	\$25	\$20
Vision Hardware	\$125/2 years	\$125/2 years
Hearing Exams (including Hearing Aid fitting)	\$25	\$20
Hearing Aids	\$1000/4 years	\$1000/4 years
Pharmacy*		
Tier One	\$10	\$10
Tier Two	\$25	25% up to max of \$25
Tier Three	\$50	25% up to max of \$50
Tier Four	\$50	25% up to max of \$50

\*Under each tier, you can purchase a 90 day supply for 2 copays using Mail Order or pay 3 copays at a Retail Pharmacy.  
Note: the \$ amounts shown are the member's co-pay or co-insurance amount.

*This information is provided as a summary only and does not contain all important information. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, call CIGNA or United Healthcare or visit their websites to review a Summary of Benefits and Drug List. CIGNA: 1-800-942-6724, [www.cigna.com/shbp](http://www.cigna.com/shbp), United Healthcare: (877) 755-5343, [www.uhcretiree.com/shbp](http://www.uhcretiree.com/shbp).*