



# Welcome to the 2006 Retiree Forum Agenda

- Welcome
- Part 1: Retirees and/or Dependents Covered by Medicare
- Part 2: Retirees and/or Dependents Not Covered by Medicare
- Questions and Answers



# Medicare Part A Inpatient Hospital and Skilled Nursing Facility

## Medicare Part A - 2007

Deductible – Hospital	\$992 per inpatient hospital admission from \$952 in 2006.
Deductible – Skilled Nursing Facility	\$124 per day per benefit period from \$114 in 2006.
Premium	Generally no premium charge if retiree or their spouse has 40 or more quarters of Medicare-covered employment.

# Medicare Part A

## Benefits & Cost Sharing - 2007

Cost Sharing	Employees & employers each contribute 1.45% of pay
<b>Benefits</b>	<b>You Will Pay in 2007</b>
Inpatient Hospital	Deductible: \$992/admission
Days 1 – 60	\$0 after deductible is met
Days 61 – 90	\$248 per day after deductible
Days 91 – 150	\$496 per day after deductible
151 days or more	Full cost
Skilled Nursing Facility	
Days 1 – 20	\$0
Days 21 – 100	\$124 per day
101 days or more	Full cost



# Medicare Part B

## Medical Insurance - 2007

Medicare Part B	
Premium	\$93.50/month from \$88.50 in 2006
Deductible	\$131.00 from \$124.00 in 2006
Covered Services	<ul style="list-style-type: none"><li>• Eligible Physician Services</li><li>• Outpatient Hospital Services</li><li>• Preventive Care</li><li>• Diagnostic Lab Tests</li><li>• X-rays</li></ul>
Coverage	Generally Medicare pays 80% of the allowable charge and you pay the remaining 20%



# Medicare Part D Prescription Drug Coverage

Standard Medicare Prescription Drug Benefit		
Premium (2007)	\$38.90 per month* from \$32.20 in 2006	
Retail Cost of Drug	Medicare Pays	You Pay
First \$250	0%	100%
\$250.01 - \$2,000	75%	25%
\$2,250.01 - \$5,100	0%	100%
\$5,100.01 and up	95%	5%

\* Average monthly premium for Washington and Oregon



## **Battelle Medicare Complement Plan**

**Provides coverage for out-of-pocket (OOP) medical expenses that exceed \$2,200 per person for expenses that are covered by Medicare, medical expenses not covered by Medicare, and prescription drugs.**

<b>Service</b>	<b>You Pay</b>
Deductible	\$325 per year
Out of Pocket Maximum	\$2,200 per year
<b>Plan Pays (after Medicare pays &amp; OOP are met)</b>	
<b>Physician &amp; Other Medical Services</b>	
Medicare Provider	100% of remaining Medicare-allowed charges
Non-Medicare Provider	
Other Covered Medical Expenses (see summary)	100% of remaining allowable charges



## Medicare Complement Plan Coverage for Services Covered by Medicare

- Medicare pays 80% of allowable charges and participant is responsible for the remaining 20%.
- UHC will apply the Part A (hospital) & Part B (medical) deductibles and the remaining 20% of the allowable charges towards the \$2,200 out-of-pocket (OOP) maximum.
- UHC pays nothing until the annual OOP maximum of \$2,200 has been met.
- Once the OOP maximum is met, UHC will pay 100% of any remaining allowable expenses.



## Medicare Complement Plan Coverage for Services Not Covered\* by Medicare

- Medicare does not pay any of the allowable charges because the service is not a covered benefit.
- UHC will pay nothing until the annual \$325 deductible is met.
- After the deductible is met, UHC will pay 80% of the allowable charge.
- Any amounts exceeding the allowable charge are the participant's responsibility.
- \* For example, routine physical exams other than the initial physical exam allowed by Medicare.

# Battelle Medicare Complement Plan Prescription Drug Coverage - 2007

2007 Out of Pocket (OOP) Maximum – Retail ONLY  
**\$2,000.00**

**NOTE: There will be no OOP maximum in 2008.**

Type of Drug	Cost of drug at retail pharmacy	You Pay
Generic	\$10 or less	Actual cost
	More than \$10	\$10 or 10%
Preferred Brand	\$20 or less	Actual Cost
	More than \$20	\$20 or 20%
Non-Preferred Brand	\$35 or less	Actual Cost
	More than \$35	\$35 or 30%



# **Battelle Medicare Complement Plan** **Prescription Drug Coverage**

<b>Mail Order (90 day supply)</b>	
Generic	\$20
Preferred Brand Name Drug	\$50
Non Preferred Brand Name Drug	\$80



# Battelle Medicare Complement Plan Retiree Only Premiums

Retired before 1/1/05 or 30 + Years of Service or Grandfathered*	\$65.00 per month
* Active salaried staff member & age 50 by 12/31/98	
25 – 29 years credited salaried service	\$85.00 per month
20 – 24 years credited salaried service	\$115.00 per month
15 – 19 years credited salaried service	\$155.00 per month
10 – 14 years credited salaried service	\$192.00 per month



# Battelle Retiree Medical Plans

## What plan am I enrolled in?

Age on 1/1/07	You will be enrolled in the:
65 or Older	Medicare Complement Plan
Under 65	Anthem BCBS In-Network Only Plan

**If you or your spouse turn 65 in 2007:**

- You should enroll in Medicare (SSA recommends you contact them 90 days prior to the date you turn 65).
- Battelle will automatically enroll you in the Medicare Complement Plan and send you plan information.
- Coverage becomes effective on the 1<sup>st</sup> of the month in which you turn 65.

# Battelle Retiree Medical Plans

I retired in 2004, how do I calculate the premium for my spouse and me?

Scenario	Plan	Contribution
<u>Scenario 1</u> You and your spouse are both 65 or older	Both enrolled in <u>Medicare Complement Plan</u>	<b><u>\$130 per month</u></b>
<u>Scenario 2:</u> <ul style="list-style-type: none"><li>• One person in family is 65 or older</li></ul>	Enrolled in <u>Medicare Complement Plan</u> Rate: \$65.00/mo	\$65 + \$268 = <b><u>\$333.00 per month</u></b>
<ul style="list-style-type: none"><li>• Other person is under 65</li></ul>	<u>Enrolled in Anthem Plan</u> Rate: \$268.00/month	

## Dental Insurance

Same coverage as 2006 except Occlusal Guards (night guards) will be covered at 60% instead of 80%.

Preventive Care • Cleanings every 6 mos.	100%
Minor Restorative Care • Fillings, extractions, etc.	80% of allowable charge after deductible
Major Restorative Care • Crowns, dentures, etc.	60% of allowable charge after deductible
Deductible	\$50 per person \$150 per family
Calendar Year Maximum	\$1,500 per person
Rates: Retiree Only	\$50/month
Retiree & Spouse	\$100/month
Family	\$150/month



# Highlights of 2007 Anthem BCBS In-Network Only Plan

<b>Deductible</b>	<b>None</b>
<p><b><u>Covered Expenses</u></b></p> <ul style="list-style-type: none"> <li>• In-Network</li> <li>• Out-of-Network</li> </ul>	<p>100% after co-pay</p> <p>No coverage except:</p> <ul style="list-style-type: none"> <li>• Treatment for condition requiring emergency services</li> <li>• No provider within a 30-mile radius of where you are located</li> </ul>
<b>Out-of-Pocket Maximum</b>	<b>None</b>
<p><b><u>Lifetime Maximum</u></b></p> <ul style="list-style-type: none"> <li>• Total expenses incurred in UHC Plans will carry forward</li> </ul>	<p>\$2,000,000 per covered individual</p>



# 2007 Anthem BCBS In-Network Only Plan Co-pays

Physician Services • Office visits, eye exams	\$20 per visit
Emergency Room • In & Out-of-Network if required	\$75 per visit • Waived if admitted
Urgent Care Center	\$25 per visit • No out-of-network coverage
Hospital • In-patient • Out-patient surgery	• \$100 per admission • \$50 per admission
Preventive Care	\$20 per visit • No annual maximum
Rehabilitation Services	\$20 per visit

# Prescription Drug Co-Pays

	Co-Pay Amount
<b>Retail Pharmacy – 30-day supply for most drugs</b>	
• Generic	\$15
• Preferred Brand	\$30
• Non-Preferred Brand	\$40
<b>Mail Order Pharmacy –90-day supply for most drugs</b>	
• Generic	\$20
• Preferred Brand	\$60
• Non-Preferred Brand	\$80
<b>Member pay difference?</b>	<b>Yes – if generic is available for the brand name drug</b>
<b>Mandatory Mail Order?</b>	<b>Yes – maintenance drugs only</b>



## How do I find a provider in the Blue Cross Blue Shield network?

- Go to [www.bcbs.com](http://www.bcbs.com) or [www.bluecrossblueshield.com](http://www.bluecrossblueshield.com)
  - Select “Go” next to “Find Doctors or Hospitals Nationwide”
  - Select Guest before 1/01/07 or Member after 1/01/07
    - The Identification Prefix requested on the Member screen will be on your ID card
  - Select “PPO”
  - Enter zip code or city and state and click on “Continue”
  - Select the “Provider Type” and “Specialties” and click on “Continue”
  - The next screen will give you a list of providers
- OR**, you can call your providers and ask if they are part of the Blue Cross Blue Shield PPO provider network

# Resources for Information

<b>Medicare</b>	<b><a href="http://www.medicare.gov">www.medicare.gov</a></b> <ul style="list-style-type: none"><li>• Register for My.Medicare.gov on the web</li></ul> <b>1-800-MEDICARE (800-633-4227)</b>
<b>Social Security</b>	<b><a href="http://www.ssa.gov">www.ssa.gov</a></b> <b>1-800-772-1213</b>
<b>United HealthCare</b>	<b><a href="http://www.myuhc.com">www.myuhc.com</a></b> <b>1-866-204-6099</b>
<b>Caremark</b>	<b>1-800-966-5272</b> <b><a href="http://www.caremark.com">www.caremark.com</a></b>
<b>Anthem</b>	<b>1-800-514-3021</b> <b><a href="http://www.anthem.com">www.anthem.com</a></b>



# Resources for Information at PNNL

<b>Benefits Administration Staff</b>	
Kate Kenny, Benefits Administrator	509-375-6361
Bradi Kukes, Benefits Consultant	509-375-6994
Chris Rhiel, Benefits Consultant	509-375-2053
Kat Waterbury Benefits Manager	509-375-3998

## **E-Mail**

[ask.benefits@pnl.gov](mailto:ask.benefits@pnl.gov)

## **Retiree Website**

<http://benefits.pnl.gov/html/retirees.htm>