

Need Help Understanding Your Options?

# MEDICARE Basics

Healthcare can be  
one of the biggest  
expenses in retirement.

This guide helps you  
understand Medicare  
and your options.



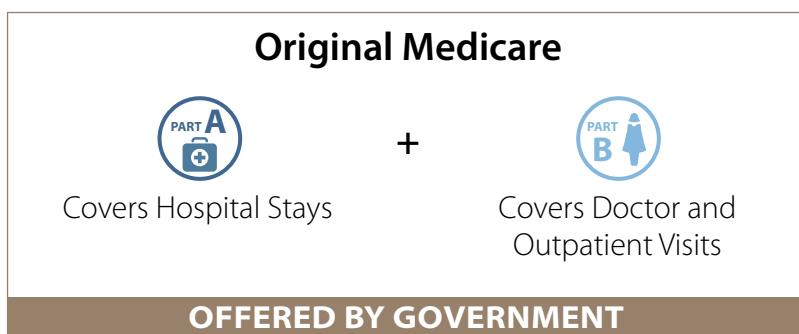
**PEHP**  
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

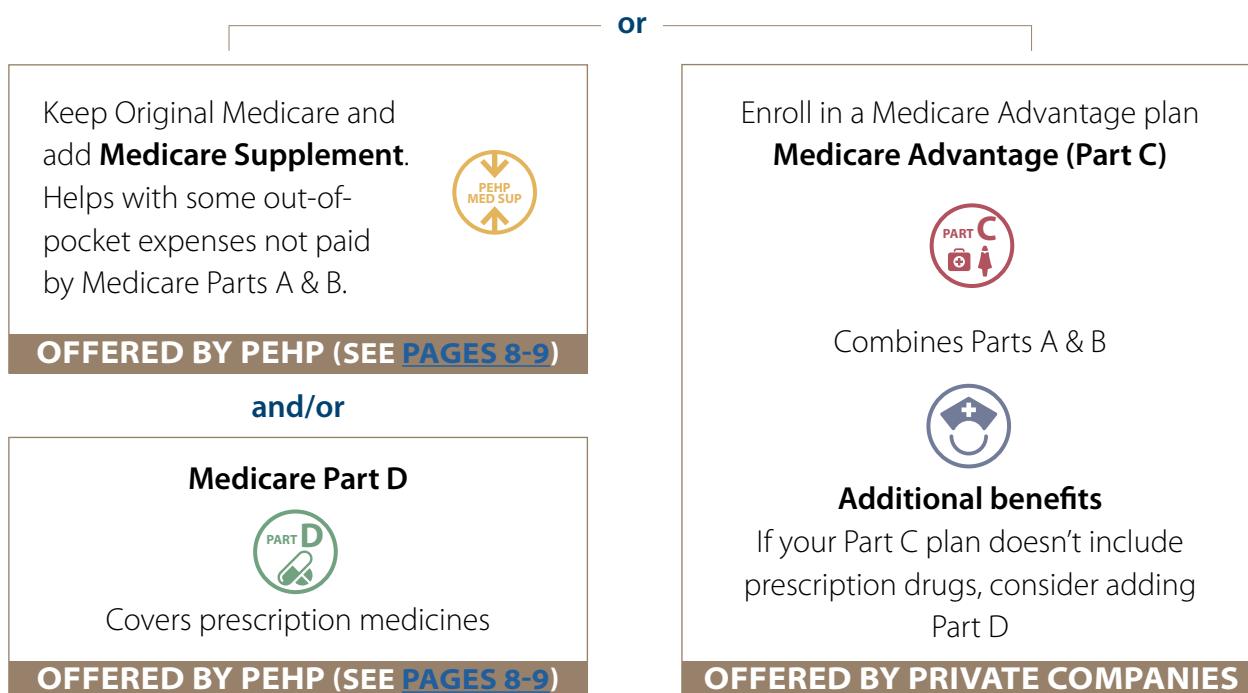
# Coverage Choices at a Glance

**Select Original Medicare or Medicare Advantage.** Regardless of what you choose, you must enroll in Medicare Parts A and B.

## **Step 1 » Enroll in Original Medicare when you become eligible**



## **Step 2 » If you want more coverage, you have two choices**

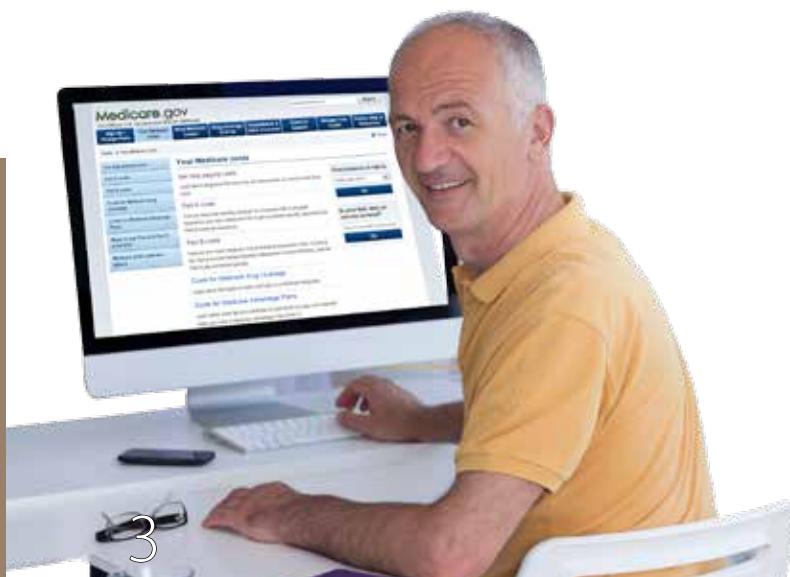


# Medicare Costs

**Medicare premiums vary each year.** Go to [www.medicare.gov](http://www.medicare.gov) to see the latest costs. Click “Your Medicare Costs” at the top menu.

<b>Part A Premium</b>	Most people don't pay a monthly premium for Part A (sometimes called “premium-free Part A”) if they or their spouse paid Medicare taxes while working.
<b>Part B Premium</b>	Most people pay a monthly premium, which is based on your income.
<b>Part C Premium</b>	Varies by plan.
<b>Part D Premium</b>	Varies by plan (higher-income consumers may pay more).
<b>PEHP Medicare Supplement</b>	Rates on <a href="#">Page 9</a> .

Go to [www.medicare.gov](http://www.medicare.gov) for the latest Medicare premiums and costs. Click “Your Medicare Costs” at the top menu.



# You Decide Original Medicare

**The type of Medicare you choose** impacts how much you pay out of pocket, what doctors and hospitals you use, and benefits available.

## Traditional or Original Medicare:

**Unless you say otherwise you will have “traditional” or “Original” Medicare, where government pays directly for your healthcare costs. This is the plan that most retirees use.**

- » Covers hospital and facilities through Part A; most don't have to pay a monthly premium.
- » Covers doctors and medical services through Part B; you pay a monthly premium.
- » Allows you to go directly to the doctor or hospital when you need care. You don't need to get a referral from your primary care doctor.
- » Defines how much a hospital and doctor can charge you for care.
- » You pay a co-insurance and deductibles for services received.
- » Prescription drug coverage is not included, so add a Part D plan for coverage and to avoid penalties. Paid through a monthly premium.
- » Many retirees add a Medicare Supplement plan to their traditional Medicare coverage to help pay for healthcare costs or improve coverage when traveling, like the PEHP plans do. **Learn more about PEHP Medicare Supplement on [Pages 8-9](#).**



# or Medicare Advantage?

## Medicare Advantage:

**Medicare Advantage plans are run by private insurance companies with different rules, limitations, and costs that impact where and how you receive care.**

- » Includes at least the same benefits under Part A and Part B Original Medicare, but can do so with different rules, coverage restrictions, and costs.
- » You must pay Part A monthly premium if you would otherwise under traditional Medicare.
- » You must pay Part B monthly premium.
- » You pay co-insurance and co-pays for services, which vary by plan.
- » Part D or prescription drug coverage is usually included in the benefit.
- » Usually charge a monthly premium in addition to the Part A and Part B premium.
- » Defines a network or service area of hospitals and doctors you can use in certain parts of the country. If you go to a doctor outside of the coverage area it will cost you more.
  - » If you fail to follow the plan's rules, you may have to pay the full amount for services.



### **Thinking of choosing a Medicare Advantage plan? Ask these questions:**

- » What is the monthly premium?
- » What is the deductible? What are the co-pays? How much do I have to pay for care? What is the annual out-of-pocket maximum?
- » Will I be able to use my doctors? Are they in network?
- » Are my preferred hospitals, clinics, specialists, and skilled nursing facilities in the plan's network?
- » Do I have to get approval from my doctor before going to a hospital? Do I need a referral to see a specialist?
- » What extra benefits does the plan include? What are the rules for each?
- » Does the plan cover prescription drugs? Which drugs are covered? What are the costs for drugs under the benefit?
- » What is the service area the plan covers?
- » What coverage is there if I travel in the U.S.? What about traveling outside the U.S.?

# i Enrollment Instructions When and

**The Medicare Initial Enrollment Period** is a seven-month period you can apply for Medicare around age 65. Apply three months before your birthday, the month of your birthday, or three months after.

<b>3</b> months before the month you turn 65	<b>2</b> months before the month you turn 65	<b>1</b> month before the month you turn 65	The month you turn <b>65</b>	<b>1</b> month after the month you turn 65	<b>2</b> months after the month you turn 65	<b>3</b> months after the month you turn 65
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## Retired Before Age 65

Medicare begins at age 65, so if you retire earlier, check with your employer about coverage options. Coverage options include: the federal marketplace, COBRA, or possibly retiree coverage through your employer. Ensure you have coverage that bridges the gap until you're Medicare eligible.

## Retiring at Age 65

The initial enrollment period is a seven-month period you can apply for Medicare around age 65 (see chart above).

If you want coverage to begin the first day of your birthday month, apply three months before your birthday. **Don't delay applying for coverage unless you are certain you**

**have other insurance coverage.** It typically takes a month to three months from the time you apply for coverage to begin.

Medicare enrollment is handled through the Social Security Administration (SSA). Apply at your local SSA office, at [www.ssa.gov](http://www.ssa.gov), or by calling 800-772-1213.

Note: If you're eligible for Social Security at 65, but choosing to delay Social Security, you may still enroll in Medicare through the Social Security website.

If you missed the deadline to sign up during your initial enrollment period, you can sign up during annual Medicare enrollment, but it will likely cost you more in monthly premium. Apply during your initial enrollment period to avoid paying more.

# How Do I Enroll in Medicare?

## Working 65 and beyond

If you plan to work beyond age 65 and stay on an employer plan, check with Medicare (Social Security) prior to your 65th birthday to avoid any penalties. Late penalties won't apply if you sign up during the special enrollment period (meaning you signed up anytime you're eligible and still covered by a group health plan or during an eight-month period that begins the month after your employment ends or coverage ends, whichever happens first).

Note: COBRA and retiree coverage do not count as employer coverage for the special enrollment period — **it's the end of your employment, not the end of your benefits, that counts for Medicare.**

You can still enroll in Part A and B while working and have dual coverage, but in general it's not worth the additional cost for Part B, as many times it doesn't provide any additional coverage to what you get from your employer plan. Others working past 65 just enroll in Part A, as it's usually "free" and may provide additional coverage.

Failure to enroll in Part B at age 65 during the initial enrollment period could result in a big penalty. That's why we encourage you to call Social Security around age 65 to figure out what's best for your situation.

## Enrolling in Medicare Advantage

Contact the Medicare Advantage plan to enroll during your initial enrollment period. General enrollment each year runs from October to December.

## Enrolling in PEHP Medicare Supplement

The best time to enroll in PEHP Medicare Supplement is when you are enrolling in traditional Medicare. If you need coverage when you turn 65, give us a call three months prior and we'll get you set up. If you've already signed up for traditional Medicare and you're in your initial enrollment period, call us and we can get you enrolled in a supplement plan. Otherwise you must wait for the next annual enrollment period in the fall. Learn more about PEHP Medicare Supplement on [Pages 8-9](#).



# i Supplemental Insurance Advantages of

**An Exclusive URS Benefit »** If you or your spouse have ever had URS/PEHP benefits, you can enroll.

## Extra Coverage

PEHP Medicare Supplement plans provide medical and prescription drug coverage beyond what Medicare pays.

## Extra Features

- » Monthly premiums can be deducted from your URS retirement check.
- » Coverage out-of-state and out-of-country.
- » Medical plans include dental discounts.

**For more information** about PEHP Medicare Supplement, call us at **801-366-7555** or **800-765-7347**. Or go to **www.pehp.org/medsup**, where you can download the Enrollment Guide with rates, coverage details, and more.

**Attend a free PEHP Medicare Supplement presentation »**  
To find a presentation near you, go to **www.pehp.org/medsup**.

## Options for Every Budget

- » Three **medical** plans, three **prescription drug** plans, and two **dental** plans.

## PEHPplus

**www.pehp.org/plus**

Enjoy exclusive offers on healthy lifestyle products and services, including fitness discounts with access to Silver Sneakers classes.



## Contact Information

### PEHP

560 East 200 South  
Salt Lake City, UT 84102-2004  
**www.pehp.org/Medsup**  
Customer Service:  
801-366-7555 or 800-765-7347  
Billing: 801-366-7574 or 800-765-7347

### Prescription Benefits (Medicare Part D)

Express Scripts  
PO Box 2016  
Pine Brook, NJ 07058-2016  
[www.express-scripts.com](http://www.express-scripts.com)  
Customer Service: 800-590-2239  
(TTY/TDD 800-716-3231)

### Medicare Administration

[www.medicare.gov](http://www.medicare.gov)  
800-633-4227  
(TTY/TDD 877-486-2048)

### Social Security Administration

[www.ssa.gov](http://www.ssa.gov)  
800-772-1213  
(TTY/TDD 800-325-0778)

# PEHP Medicare Supplement

**2018 Monthly Rates** » Your medical rates are based on your age at the time of enrollment and will not change until the next plan year.

## Medical Plans

### Monthly rates per person

Age	<65	65	66	67	68	69	70	71	72	73	74
<b>Plan 100</b>	\$190.20	\$115.20	\$118.95	\$122.70	\$126.45	\$130.20	\$133.95	\$137.70	\$141.45	\$145.20	\$148.95
<b>Plan 75</b>	\$146.53	\$88.73	\$91.62	\$94.51	\$97.40	\$100.29	\$103.18	\$106.07	\$108.96	\$111.85	\$114.74
<b>Plan 50</b>	\$107.98	\$65.38	\$67.51	\$69.64	\$71.77	\$73.90	\$76.03	\$78.16	\$80.29	\$82.42	\$84.55

Age	75	76	77	78	79	80	81	82	83	84	85+
<b>Plan 100</b>	\$152.70	\$156.45	\$160.20	\$163.95	\$167.70	\$171.45	\$175.20	\$178.95	\$182.70	\$186.45	\$190.20
<b>Plan 75</b>	\$117.63	\$120.52	\$123.41	\$126.30	\$129.19	\$132.08	\$134.97	\$137.86	\$140.75	\$143.64	\$146.53
<b>Plan 50</b>	\$86.68	\$88.81	\$90.94	\$93.07	\$95.20	\$97.33	\$99.46	\$101.59	\$103.72	\$105.85	\$107.98

## Pharmacy Plans

### Monthly rates per person

<b>Basic</b>	\$62.90
<b>Basic Plus</b>	\$88.10
<b>Enhanced</b>	\$164.80

## Dental Plans

### Monthly rates per person

<b>Dental 1500</b>	\$43.04
<b>Dental 1000</b>	\$32.80

## Vision Plans

### Monthly rates per person

<b>EyeMed - Full</b>	\$7.39
<b>EyeMed - Eyewear Only</b>	\$6.38
<b>Opticare - Full</b>	\$8.32
<b>Opticare - Eyewear Only</b>	\$6.39



# PEHP Dental Care

**Your dental coverage doesn't have to end in retirement.** Choose PEHP Dental Care in combination with a medical plan or a la carte.

	<b>Dental 1500</b> IN NETWORK	<b>Dental 1000</b> IN NETWORK
<b>Monthly Premium</b> Per person	<b>\$43.04</b>	<b>\$32.08</b>
<b>Deductible</b> Does not apply to diagnostic or preventive services	None	<b>\$50</b>
<b>Annual Benefit Max</b>	<b>\$1,500</b>	<b>\$1,000</b>
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Periodic Oral Examinations	No Charge	20% of In-Network Rate
X-rays	20% of In-Network Rate	20% of In-Network Rate
<b>PREVENTIVE</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Cleanings and Fluoride Solutions	No Charge	20% of In-Network Rate
Sealants   Permanent molars only through age 17	No Charge	20% of In-Network Rate
<b>RESTORATIVE</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Amalgam Restoration; Composite Restoration	20% of In-Network Rate	20% of In-Network Rate
<b>ENDODONTICS &amp; PERIODONTICS</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Pulpotomy; Root Canal	20% of In-Network Rate	20% of In-Network Rate
<b>ORAL SURGERY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Extractions	20% of In-Network Rate	20% of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	20% of In-Network Rate	20% of In-Network Rate
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
Crowns; Bridges; Dentures	50% of In-Network Rate	50% of In-Network Rate
<b>IMPLANTS</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
All related services	50% of In-Network Rate	50% of In-Network Rate

» If you use an Out-of-Network provider, your benefits will be reduced by 20%. Out-of-Network providers may bill charges that exceed PEHP's In Network Rate.

» Prosthodontic and implant services are not eligible for six months from the date coverage begins unless prior, continuous coverage with a PEHP-sponsored dental plan can be shown.

» Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the Dental Master Policy.

**For comparison purposes only. See Enrollment Guide for complete benefits.**



560 East 200 South, Salt Lake City, UT 84102  
801-366-7555 / 800-765-7347  
[www.pehp.org](http://www.pehp.org)

## Medicare Supplemental Plan Enrollment and Record Card

**Note:** Both Social Security Number and Medicare ID Number are required for each applicant.

Reason for enrollment change: \_\_\_\_\_ Effective date: \_\_\_\_\_

### Retiree Information

### Spouse Information on Reverse

YOUR NAME (last, first, middle initial) AS IT APPEARS ON YOUR MEDICARE ID CARD		SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	MEDICARE ID NUMBER	HOME PHONE
HOME ADDRESS		CITY/STATE/ZIP	EMAIL ADDRESS
PREVIOUS PUBLIC EMPLOYER			
<b>CURRENT MEDICARE COVERAGE</b>			
<b>NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.</b> Will you have Medicare A and B when this plan takes effect? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you currently have other non-PEHP medical coverage other than Medicare? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide company name: _____ Termination Date: _____			

### PLAN SELECTION

<b>MEDICAL (all medical plans include discount dental plan)</b>		<b>PHARMACY</b>
<input type="checkbox"/> PEHP Medicare Supplement Medical Plan 100 <input type="checkbox"/> PEHP Medicare Supplement Medical Plan 75 <input type="checkbox"/> PEHP Medicare Supplement Medical Plan 50 <input type="checkbox"/> No Coverage / Terminate Coverage		<b>You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.</b> <input type="checkbox"/> Basic Pharmacy <input type="checkbox"/> Basic Plus Pharmacy <input type="checkbox"/> Enhanced Pharmacy <input type="checkbox"/> No Coverage / Terminate Coverage
<b>DENTAL</b>		<b>VISION</b>
<input type="checkbox"/> Dental 1500 – \$1,500 Annual Benefit Maximum <input type="checkbox"/> Dental 1000 – \$1,000 Annual Benefit Maximum <input type="checkbox"/> No Coverage / Terminate Coverage		<input type="checkbox"/> Opticare - Full <input type="checkbox"/> EyeMed - Full (Plan H) <input type="checkbox"/> Opticare - Eyewear only <input type="checkbox"/> EyeMed - Eyewear only (Plan F) <input type="checkbox"/> No Coverage / Terminate Coverage
I represent that the above information is true and correct. I understand and agree that any false information I provide on this form may, at PEHP's sole discretion, result in a limitation or termination of my coverage. By signing below, I hereby: (1) authorize PEHP to release information to health/dental providers, insurance entities, or other entities necessary to process claims and to administer the health plan; (2) agree to the terms and conditions in the PEHP Master Policy.		
SIGNATURE OF RETIRED EMPLOYEE		DATE

### Authorization To Deduct Premiums

Please select one option below and sign.

- Please **deduct** my portion of costs **from my URS pension retirement check**. (New retirees may be billed up to three months prior to pension deduction).
- Please **deduct** from my HRA monthly for my portion of costs. *Authorization form required.*
- Please **bill me** (paper bill or ACH withdrawal) monthly for my portion of costs. *Authorization form required.*

*I agree to make payments for benefits by means authorized above. Pension check deductions will be made in accordance with the bylaws of Utah Retirement Systems. I hereby request and authorize you to deduct from my allowance the amount necessary to pay for the benefits for which I have been approved.*

Signature

Date

## Spouse Information

YOUR NAME (last, first, middle initial) AS IT APPEARS ON YOUR MEDICARE ID CARD		SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	MEDICARE ID NUMBER	HOME PHONE
HOME ADDRESS		CITY/STATE/ZIP	EMAIL ADDRESS
PREVIOUS PUBLIC EMPLOYER			
<b>CURRENT MEDICARE COVERAGE</b>			
<b>NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.</b>			
Will you have Medicare A and B when this plan takes effect? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you currently have other non-PEHP medical coverage other than Medicare? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, provide company name: _____ Termination Date: _____			
<b>PLAN SELECTION</b>			
<b>MEDICAL</b> (all medical plans include discount dental plan)		<b>PHARMACY</b>	
<input type="checkbox"/> PEHP Medicare Supplement Medical Plan 100 <input type="checkbox"/> PEHP Medicare Supplement Medical Plan 75 <input type="checkbox"/> PEHP Medicare Supplement Medical Plan 50 <input type="checkbox"/> No Coverage / Terminate Coverage		<b>You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.</b> <input type="checkbox"/> Basic Pharmacy <input type="checkbox"/> Basic Plus Pharmacy <input type="checkbox"/> Enhanced Pharmacy <input type="checkbox"/> No Coverage / Terminate Coverage	
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SIGNATURE OF RETIRED EMPLOYEE		DATE	

**SIGNATURES ARE REQUIRED FOR EACH ELIGIBLE APPLICANT FOR THIS FORM TO BE PROCESSED.**