Need Help Understanding Your Options?

MEDICARE Basics

PEHP Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

MEDICARE Basics

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 first become eligible, or during Special Enrollment if you are working past age 65

Original Medicare

Covers Hospital Stays

+

Covers Doctor and Outpatient Visits

OFFERED BY GOVERNMENT

Step 2 » If you want more coverage or benefits, you have two choices

or

Keep Original Medicare and add **Medicare Supplement**. Helps with some out-of-pocket expenses not paid by Medicare Parts A & B.

OFFERED BY PEHP (SEE PAGES 8-9)

and/or

Medicare Part D

Covers prescription medicines

OFFERED BY PEHP (SEE PAGES 8-9)

Enroll in a Medicare Advantage plan
Medicare Advantage (Part C)

Combines Parts A & B

Additional benefits
If your Part C plan doesn't include prescription drugs, consider adding Part D

OFFERED BY PRIVATE COMPANIES

Medicare Costs

Medicare premiums vary each year. Go to www.medicare.gov to see the latest costs.

Part A Premium	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.
Part B Premium	Most people pay a monthly premium, which is based on your income.
Part C Premium (Medicare Advantage)	Varies by plan and carrier.
Part D Premium (Prescription Drugs)	Varies by plan. Depending on your income, you may pay an additional monthly cost on top of your plan's premium.
PEHP Medicare Supplement	Medical plan rates are based on your plan and age on January 1. Dental, Vision, and Part D plan costs vary by plan. See rates on page 9

Go to www.medicare.gov for the latest Medicare premiums and costs.

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 covered benefits.

Traditional or Original Medicare

Unless you enroll otherwise you will have "traditional" or "Original" Medicare, where government pays directly for your healthcare costs.

- 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 see any doctor or visit any facility nationwide that accepts Medicare. 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.
- Advantage plan usually have a monthly premium in addition to your regular Medicare Part A and Part B premiums(s).
- 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.
- Find & compare Medicare Advantage plans at www.medicare.gov/plan-compare

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.?

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.

3 months before the month you turn 65	**2** months before the month you turn 65	**1** month before the month you turn 65	The month you turn **65**	**1** month after the month you turn 65	**2** months after the month you turn 65	**3** months after the month you turn 65

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, 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.

General Enrollment

If you missed the deadline to sign up during your initial enrollment period, you can sign up during annual General Enrollment (January-March, effective the first of the month after you apply), but it will likely cost you more in monthly premium.

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 penalties. Late penalties won't apply if you sign up during the special enrollment period.

You can delay enrollment in Medicare Part A and Part B if you are covered by an employer group health plan (with 20 or more employees, as defined by Medicare Guidelines) as an active employee or their spouse.

Special Enrollment Period
Anytime you're 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.

COBRA, retiree and individual health plan coverage do not count as employer coverage for the special enrollment period.

You can 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. Part A is usually premium-free and may provide additional coverage.

Heath Savings Accounts (HSA) and Medicare Part A and Part B
Once you are enrolled in Medicare, you can't make or receive contributions to your HSA. If you'd like to continue contributing to an HSA, contact Medicare to see if your employer group health plan is elgible to delay Part A and Part B.

You can delay both Part A and Part B until you (or your spouse) stop working or lose that employer coverage.

You can contribute to your HSA up to the month you enroll in Part A and Part B, but you'll need to adjust your contributions according to IRS and Medicare rules. If you delay Medicare enrollment, stop making contributions to your HSA six months before you enroll in Part A and B to avoid tax penalties. Premium-free Part A coverage will be retroactive up to six months if you've delayed enrollment.

Please contact Social Security prior to your 65th birthday to find out what enrollment period is best for you.

Enrolling in Medicare Advantage

Check with various carriers who offer Medicare Advantage plans on how and when you can enroll during your initial enrollment period (from October to December).

Enrolling in PEHP Medicare Supplement

It's best to enroll in PEHP Medicare Supplement at the same time as traditional Medicare. If you need coverage when you turn 65, call three months prior. If you've already signed up for traditional Medicare and are in your initial enrollment period, call us to enroll in a supplement plan. Otherwise you must wait for the next annual enrollment period. You can also enroll within 60 days of your employer coverage ending. Learn more on Pages 8-9.

Supplemental Insurance Advantages of

An Exclusive URS Benefit » If you or your spouse have ever had URS or 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.

Options for Every Budget

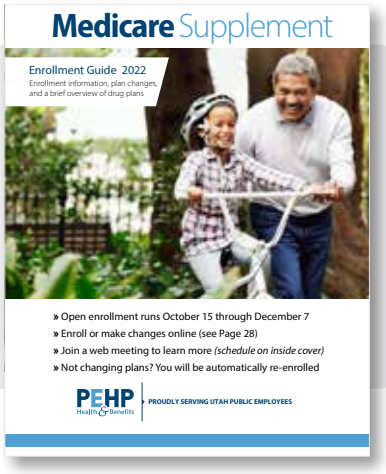
» Three **medical** plans, three **prescription drug** plans, and three **dental** plans.

PEHPplus

www.pehp.org/plus
Enjoy exclusive offers on healthy lifestyle products and services, including fitness, vision, and hearing discounts.

For more information about PEHP Medicare Supplement, call us at **801-366-7499** 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**.



Contact Information

PEHP
560 East 200 South
Salt Lake City, UT 84102-2004
www.pehp.org/Medsup
Retiree Health Insurance Counselor: 801-366-7499
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
Customer Service: 800-590-2239
(TTY/TDD 800-716-3231)

Medicare Administration
www.medicare.gov
800-633-4227
(TTY/TDD 877-486-2048)

Social Security Administration
www.ssa.gov
800-772-1213
(TTY/TDD 800-325-0778)

PEHP Medicare Supplement

2023 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
Plan 100	$228.47	$138.38	$142.88	$147.38	$151.88	$156.38	$160.89	$165.39	$169.90	$174.41	$178.92
Plan 75	$176.01	$106.59	$110.05	$113.52	$116.99	$120.47	$123.95	$127.40	$130.87	$134.36	$137.82
Plan 50	$129.70	$78.52	$81.10	$83.65	$86.20	$88.77	$91.32	$93.88	$96.44	$99.00	$101.56

Monthly rates per person

Age	75	76	77	78	79	80	81	82	83	84	85+
Plan 100	$183.41	$187.92	$192.43	$196.92	$201.43	$205.93	$210.44	$214.95	$219.46	$223.95	$228.47
Plan 75	$141.29	$144.77	$148.22	$151.70	$155.18	$158.64	$162.11	$165.60	$169.06	$172.53	$176.01
Plan 50	$104.11	$106.67	$109.25	$111.78	$114.35	$116.90	$119.47	$122.04	$124.58	$127.14	$129.70

Pharmacy Plans

Monthly rates per person

Basic	$45.35
Basic Plus	$66.20
Enhanced	$194.90

Dental Plans

Monthly rates per person

Dental 1500	$42.90
Dental 1000	$27.80
Basic Dental	$17.50

Vision Plans

Monthly rates per person

EyeMed - Full	$7.34
EyeMed - Eyewear Only	$6.36
Opticare - Full	$8.66
Opticare - Eyewear Only	$6.75

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.

DENTAL PLAN	Dental 1500	Dental 1000	Basic Dental
Monthly Premium	$44.22	$28.36	$17.50
Deductible	$0	$50	$50
Annual Benefit Maximum	$1,500	$1,000	$500
Benefits			
Preventive/ Cleaning	Covered at 100%	You pay 20% of in-network rate	Covered at 100%
Root Canal *For a molar*	You pay 20% of in-network rate	You pay 20% of in-network rate after deductible	Not covered
Crown *Porcelain fused to high noble metal*	You pay 50% of in-network rate	You pay 50% of in-network rate after deductible	Not covered
Dental Network	Visit **www.pehp.org/providerlookup** for a complete list.		

» 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.

PEHP Health & Benefits
560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
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

NAME (last, first, middle initial) AS APPEARS ON MEDICARE ID CARD		MEDICARE BENEFICIARY IDENTIFIER (MBI), AS APPEARS ON MEDICARE ID CARD	
SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	GENDER ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED
HOME ADDRESS	CITY/STATE/ZIP	PRIMARY PHONE	ALTERNATE PHONE
MAILING ADDRESS (*if different from Home Address*)			
PREVIOUS PUBLIC EMPLOYER		EMAIL ADDRESS	

CURRENT MEDICARE COVERAGE

NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.

Will you have Medicare A and B when this plan takes effect? ☐ YES ☐ NO

Do you currently have other non-PEHP medical coverage other than Medicare? ☐ YES ☐ NO

If yes, provide company name: _____ Termination Date: _____

PLAN SELECTION

MEDICAL (all medical plans include discount dental plan)

- ☐ PEHP Medicare Supplement Medical Plan 100
- ☐ PEHP Medicare Supplement Medical Plan 75
- ☐ PEHP Medicare Supplement Medical Plan 50
- ☐ No Coverage / Terminate Coverage

You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.

PHARMACY

- ☐ Basic Pharmacy
- ☐ Basic Plus Pharmacy
- ☐ Enhanced Pharmacy
- ☐ Employer-Sponsored Enhanced Plan *(Only available if you receive employer premium contributions)*
- ☐ No Coverage / Terminate Coverage

DENTAL

- ☐ Dental 1500 – $1,500 Annual Benefit Maximum
- ☐ Dental 1000 – $1,000 Annual Benefit Maximum
- ☐ Basic Dental – $500 Annual Benefit Maximum
- ☐ No Coverage / Terminate Coverage

VISION

- ☐ Opticare - Full
- ☐ Opticare - Eyewear only
- ☐ EyeMed - Full (Plan H)
- ☐ EyeMed - Eyewear only (Plan F)
- ☐ 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

Please make a copy for your records.

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 ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED	MEDICARE BENEFICIARY IDENTIFIER (MBI), AS APPEARS ON MEDICARE ID CARD

HOME ADDRESS CITY/STATE/ZIP	PRIMARY PHONE	ALTERNATE PHONE

MAILING ADDRESS (*if different from Home Address*)

PREVIOUS PUBLIC EMPLOYER	EMAIL ADDRESS

CURRENT MEDICARE COVERAGE

NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.

Will you have Medicare A and B when this plan takes effect? ☐ YES ☐ NO

Do you currently have other non-PEHP medical coverage other than Medicare? ☐ YES ☐ NO

If yes, provide company name: _____ Termination Date: _____

PLAN SELECTION

MEDICAL (all medical plans include discount dental plan)

- ☐ PEHP Medicare Supplement Medical Plan 100
- ☐ PEHP Medicare Supplement Medical Plan 75
- ☐ PEHP Medicare Supplement Medical Plan 50
- ☐ No Coverage / Terminate Coverage

You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.

PHARMACY

- ☐ Basic Pharmacy
- ☐ Basic Plus Pharmacy
- ☐ Enhanced Pharmacy
- ☐ Employer-Sponsored Enhanced Plan *(Only available if you receive employer premium contributions)*
- ☐ No Coverage / Terminate Coverage

DENTAL

- ☐ Dental 1500 – $1,500 Annual Benefit Maximum
- ☐ Dental 1000 – $1,000 Annual Benefit Maximum
- ☐ Basic Dental – $500 Annual Benefit Maximum
- ☐ No Coverage / Terminate Coverage

VISION

- ☐ Opticare - Full
- ☐ Opticare - Eyewear only
- ☐ EyeMed - Full (Plan H)
- ☐ EyeMed - Eyewear only (Plan F)
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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 _____

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