

# Understanding how your UN PPO Plan administered by Empire BlueCross BlueShield and Medicare Part B medical benefits are coordinated

Maximize your benefits – and savings – when you know how to use your medical benefits



# Puzzled by the coordination of your UN PPO Plan administered by Empire BlueCross BlueShield and Medicare Part B health care coverage?

It *is* complicated, but this brochure can help you fit the pieces together. Learn how to make informed decisions when you need to:

1. **Get health care** – Where you get care makes a difference. Find out how to pick the doctors and other providers that will cost you less and take care of some of the paperwork for you.
2. **Pay your share of the costs** – How much you pay depends on where you go. Show both your red, white and blue Medicare ID card and your UN PPO Plan ID card when you go.
3. **Submit a claim** – Often, your doctor will do this for you.



## The big picture

As a retiree who is age 65 or older, you may have coverage for medical care through both the UN PPO Plan administered by Empire BlueCross BlueShield and Medicare. You need to know how both plans work... and how they work together.

**Medicare** is a federal program that helps people age 65 and over pay for health care. Medicare Part A covers inpatient hospital care and certain alternatives to staying in the hospital. Medicare Part B helps pay for visits to a doctor's office, hospital outpatient services, lab tests, X-rays and many services not covered under Part A.

As of 1 January 2011, the UN requires you to enroll in Part B if you are eligible.\* **If you don't enroll, you will pay a lot more** for medical care — Medicare won't cover your doctor's visits and other outpatient care, and the UN PPO Plan's benefits will be calculated as though you are enrolled in Part B — *whether or not you've actually enrolled*. You will have to pay what Part B would have paid out of your own pocket.

\*Anyone who was age 75 or older on 1 January 2011 was exempt from the requirement to enroll in Medicare Part B.

**Empire BlueCross BlueShield** is a private health insurance company that administers your UN PPO Plan. The UN PPO Plan covers the same services as Medicare (and more) and coordinates its coverage with Medicare for those who are eligible.

### Choosing a provider when you need care

There are lots of things to think about when you need medical care — What kind of doctor do I need? Where is the doctor's office? Does the doctor have experience with the kind of care I need?

There are two more questions that can make a big difference to you:

- o **Does the doctor accept Medicare assignment?**
- o **Is the doctor in the PPO network?**

Why are those two questions important? Because both you and the UN can save money when you choose the right provider.

# Medicare Part B and Empire together may pay 100%

To make the most of your medical coverage, you want to choose a doctor that is participating in Medicare and in the Empire PPO network. Why?

- If your doctor participates in Medicare, then Medicare will pay 80% of covered services after your deductible. The plan will cover the remaining balance for services covered by the PPO plan at 100% (minus any applicable copay or out-of-network deductible), including your Medicare Part B deductible.
- If you go to a doctor who doesn't participate in Medicare and is not in the PPO network, you may have to pay part of the bill yourself. If you have met your PPO out-of-network deductible prior to meeting your Medicare deductible, the PPO plan will reimburse part or all of your Medicare Part B deductible.

## Medicare Providers

For Medicare's purposes, there are three categories of provider:

- **Participating doctors and facilities** submit claims to Medicare for you and accept Medicare's approved allowance for the service you've received. You may hear this allowance called Medicare "assignment." You and the UN do not have to pay for charges that are more than the Medicare allowed amount (assignment).
- **Non-participating doctors and facilities** can charge more than the Medicare allowed amount — up to a maximum called the "limiting charge." You and the UN do not pay for charges that are more than the Medicare "limiting charge amount." Non-participating doctors may ask you to pay the full cost when you get care, and you may have to submit your claim to Medicare yourself.
- **Opt-out doctors and facilities** have chosen not to participate in Medicare for a period of time, usually two years. When you go to an opt-out provider, Medicare will not cover your care — the UN PPO plan will be your only source of coverage.

### What to do if your doctor "opts out" of Medicare

Your doctor should give you a letter stating that he or she has opted out of Medicare that specifies the opt-out period. You must submit a copy of this opt-out letter every time you submit a claim for this doctor to Empire for your PPO plan.

## PPO Providers

Under your PPO plan providers fall into two categories:

- **Network providers** that belong to the PPO network. Care you get in the network is covered at 100% of the charge Empire has negotiated with the doctor, after a copay for office visits:
  - Primary care doctor = \$15 copay\*
  - Specialist = \$20 copay\*
- **Out-of-network providers** do not belong to the PPO network. You pay 20% of the reasonable and customary (R&C) charge for the service (as determined by Empire) for most out-of-network services, plus an annual deductible:
  - \$250 deductible per person\*
  - \$750 deductible per family\*
  - You must also pay any cost above the R&C charge.

\*Copays and deductibles are subject to change.

When Medicare is the primary payer, Empire bases the UN PPO claim payments on the Medicare allowed amount or the limiting charge, as applicable. When Empire is primary, UN PPO Plan benefits are based on the negotiated charge or R&C charge, depending on the provider's network status.

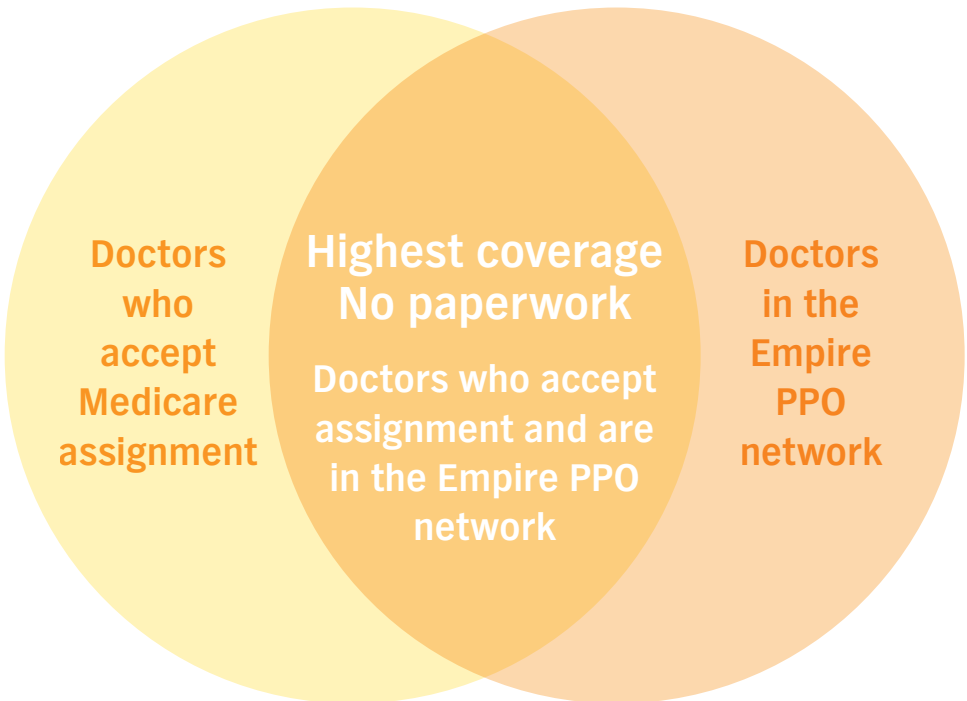


# Claim filing made easy

Most providers, except those that opt out of Medicare, submit claims to Medicare for you. After Medicare processes the claim, Medicare automatically forwards its Explanation of Medicare Benefits (EOMB) to Empire to process the claim under the PPO plan. When Empire receives the Explanation of Medicare Benefits (EOMB), they process the balance of your claim according to the UN PPO Plan. This is called the Medicare Cross-Over Program – you don't have to do anything!

If your doctor has opted out of Medicare, then the UN PPO Plan administered by Empire BlueCross BlueShield is the only payer. An opt-out doctor in the PPO network will submit claims to Empire for you. If your doctor isn't in the PPO network, you have to submit claims to Empire yourself.

For the highest level of coverage and the greatest convenience, choose providers where the circles overlap!



## Some providers ask for payment up-front

Doctors don't typically ask for payment in full at the time you receive care. Sometimes, though, a doctor will ask you to pay the full cost up-front.

To avoid this situation, talk to the doctor. Show your ID cards and explain that you are covered by both Medicare Plan B and the UN PPO plan administered by Empire BlueCross BlueShield. Tell the provider that you would like to see what Medicare and UN PPO Plan will pay before you make your payment. Some doctors may agree to this.

***Please note:*** A PPO network doctor will only ask for your applicable copay to be paid up-front.

If the doctor still asks for payment up-front, ask your doctor to clearly show that the services were paid in full when sending the claim to Medicare and/or Empire. Alert Medicare and/or Empire that you've already paid for the service and want payment sent directly to you instead of to your provider.

If you go to an out-of-network provider and you have already paid any cost that Medicare and/or the UN PPO Plan later covers, you are responsible for recovering the overpayment from the doctor yourself. Neither Empire nor the UN Health & Life Insurance Section can help with this process.

**Tip: Go to a network provider and this won't happen.**



# Fitting the pieces together

If you're eligible for Medicare, you've got two sources of coverage. Medicare and the UN PPO Plan administered by Empire BlueCross BlueShield coordinate their payments:

1. **Medicare** reviews your claims first and pays its share of the covered costs.
2. **The UN PPO Plan** pays next. Empire reviews the remaining balance (based on the Medicare allowed amount or limiting charge) and pays the PPO plan's share of covered costs.
3. **You** are responsible for any remaining cost.

What you pay depends on your doctor's Medicare status (participating/non-participating/opt-out) and/or Empire status (in-network/out-of-network). Here are some examples of what happens when you visit a doctor's office.

## Assumptions

Your primary care doctor's charge for the office visit:	\$270.00
The Medicare allowed amount for an office visit:	\$81.56
The Medicare limiting charge for an office visit:	\$93.79
The PPO plan primary care physician (PCP) copay:	\$15.00
The PPO plan out-of-network deductible:	\$250.00
The Empire R&C charge for an out-of-network office visit:	\$255.00

## Example A

If your doctor is a Medicare **participating** provider and in the Empire PPO network:

First, Medicare Part B pays	Then, the PPO Plan pays	And you only pay your PCP copay
<p>Your Part B deductible (\$147 in 2014) has been covered by the PPO plan.</p> <p>Medicare Part B pays 80% of the <b>allowed</b> amount: Medicare Part B pays \$81.56 (allowed amount) x 80% = \$65.25.</p>	<p>100% of the covered balance, based on the Medicare allowed amount.</p> <p>You must pay the PCP copay before the PPO Plan pays.</p> <p>Empire pays the difference between the Medicare allowed amount and the Medicare reimbursement (\$81.56 - \$65.25) less your copay (- \$15.00) = \$1.31.</p> <p>The Plan pays \$1.31.</p>	<p>You are not responsible for any cost over the Medicare allowed amount. You are responsible for your copay.</p> <ul style="list-style-type: none"> <li>o \$15.00 PCP copay</li> <li>o \$20.00 Specialist copay</li> </ul>



## Example B

If your doctor is a **non-participating** provider in Medicare and is **not** in the Empire PPO network:

First, you must meet your Medicare Part B deductible	And meet the PPO Plan out-of-network deductible	You pay the limiting charge
<p>The Medicare “limiting charge” for the doctor visit is \$93.79. You have not met your Part B deductible (\$147 in 2014).</p> <p>Therefore, Medicare Part B pays \$0.</p> <p>\$93.79 (limiting charge) is applied to your Medicare Part B deductible, leaving you with a remaining Medicare Part B deductible balance of \$53.21.</p>	<p>The \$93.79 (limiting charge) is applied to your out-of-network deductible (\$250 in 2014), leaving you with a remaining out-of-network deductible balance of \$156.21.</p> <p>Therefore, the PPO Plan pays \$0.</p>	<p>You pay \$93.79.</p> <p>You are not responsible for any cost over the Medicare limiting charge.</p>

## Example C

If your provider has **opted out** of Medicare and is **not** in the Empire PPO network:

Your provider opted out of Medicare	Then, the PPO Plan pays	And you pay the balance
<p>Because your provider opted out, this means the claim is not sent to Medicare.</p> <p>Medicare Part B pays \$0.</p>	<p>You must pay the out-of-network deductible (\$250 in 2014) before Empire pays.</p> <p>The PPO Plan is responsible for 80% of the R&amp;C charge after the out-of-network deductible.</p> <p><math>\\$255.00 - \\$250.00 = \\$5.00 \times 80\%</math></p> <p>Therefore, the PPO Plan pays \$4.00.</p>	<p>You are responsible for the out-of-network deductible, the 20% coinsurance of the R&amp;C charge, plus any amount that is more than the R&amp;C charge.</p> <p>In this scenario, you would pay:</p> <p><math>\\$250.00</math> (deductible) + <math>\\$1.00</math> (20% of the R&amp;C) = <b>\$251.00</b></p> <p>plus</p> <p><math>\\$270.00</math> (doctor's charge) - <math>\\$255.00 =</math> <b>\$15.00</b></p> <p>You pay <math>\\$251.00 + \\$15.00 =</math> <b>\$266.00</b></p>

# The right choice = More coverage and less paperwork

You'll pay less out of your own pocket AND have no paperwork when you visit doctors, hospitals, pharmacies and labs that are BOTH in the PPO network AND accept Medicare payments.

Follow these guidelines to be sure your health care provider is part of both groups:

1. **Make sure that the doctor is in the Medicare network** – Go to [www.medicare.gov](http://www.medicare.gov) for a list of doctors who currently accept Medicare or call **1-800-MEDICARE (1-800-633-4227)** for assistance. You can also call the doctor directly to ask.
2. **Use the Empire Find a Doctor search tool** – Visit [www.empireblue.com](http://www.empireblue.com) and click *Find a Doctor*. Follow the prompts to enter your search criteria. When asked to *Select a Plan*, choose PPO from the drop-down list. Choose from the resulting list. You can also call Empire Member Services at **1-855-519-9537** for help.
3. **Make an appointment and go!** Your doctor will handle all the paperwork. Medicare and Empire will pay your covered expenses.

## Important terms to know

**Deductible** – The amount you must pay before your plans begin to pay benefits. There are separate Medicare deductibles for inpatient care in a hospital or other facility (Part A) and care you get from a doctor (Part B). The Empire PPO plan also has a deductible for care outside of the PPO network.

**Coinsurance** – Your share of the cost (after your deductible) for covered services. For example, if Medicare pays 80% for a service, then your coinsurance would be 20%. Sometimes Medicare and the Empire PPO plan together pay 100% of your bill.

**Copay** – A flat amount you pay at the time of service. You may pay a Medicare Part B copay for some outpatient hospital services such as diagnostic tests. The Empire PPO plan has copays for visits to an in-network doctor's office. The amount of the copay depends on the type of doctor.



# Choose the right resource when you need help

<b>Call Medicare</b>	1-800-MEDICARE (1-800-633-4227)	<ul style="list-style-type: none"> <li>○ Get help understanding Medicare benefits</li> <li>○ Find out if your doctor accepts Medicare assignment</li> <li>○ Ask about a claim that was submitted to Medicare</li> <li>○ Obtain a replacement Medicare ID card</li> </ul>
<b>Visit the Medicare website</b>	<a href="http://www.medicare.gov">www.medicare.gov</a>	<ul style="list-style-type: none"> <li>○ Learn what Medicare covers</li> <li>○ Access a list of doctors who accept Medicare assignment</li> <li>○ Find out how coordination of benefits works</li> </ul>
<b>Call Empire Member Services</b>	1-855-519-9537	<ul style="list-style-type: none"> <li>○ Get help understanding UN PPO plan benefits</li> <li>○ Find out if your doctor is in the PPO network</li> <li>○ Have claim forms mailed to you</li> <li>○ Ask about a claim that Empire processed</li> <li>○ Obtain a replacement Empire ID card</li> </ul>
<b>Log into the Empire secure member website</b>	<a href="http://www.empireblue.com">www.empireblue.com</a>	<ul style="list-style-type: none"> <li>○ Use the Find a Doctor tool to locate doctors and hospitals in the PPO network</li> <li>○ Check the status of a claim</li> <li>○ Find tools that help you make the most of your benefits</li> </ul>
<b>Visit the UN Health &amp; Life Insurance Section website</b>	<a href="http://www.un.org/insurance">www.un.org/insurance</a>	<ul style="list-style-type: none"> <li>○ Read the UN's Medicare enrollment rules</li> <li>○ Search the UN's Medicare FAQs</li> <li>○ Find Medicare Part B Premium Reimbursement forms</li> <li>○ Access the Summary Plan Description for more information about the Empire PPO plan</li> </ul>
<b>Contact the UN Insurance Office</b>	<p>For fastest service, send an e-mail to:  <a href="mailto:ASHI@UN.org">ASHI@UN.org</a></p> <p>Use of e-mail is quickest and gives you a record of your communication.</p>	<ul style="list-style-type: none"> <li>○ Change your name or address</li> </ul>

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