



City of Mobile
Retiree-Only Health Plan

MEDICARE ELIGIBLE RETIREES
And DEPENDENTS ELIGIBLE FOR MEDICARE

HUMAN RESOURCES DEPARTMENT
Government Plaza – South Tower
205 Government Street, 4th Floor
Mobile, AL
(251) 208-7059

HUMANA MEDICARE ADVANTAGE PLAN WITH PART D PRESCRIPTION DRUG COVERAGE, REFERRED TO AS –

HUMANA MEDICARE EMPLOYER PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

HUMANA MEDICARE EMPLOYER PPO PLAN

Medicare eligible retirees and their Medicare eligible dependents covered by the City of Mobile Retiree-Only Health Plan will transfer to the **Humana Medicare Employer PPO Plan** effective **January 1, 2016**. This is a major change in your coverage and the following information is intended to assist you with understanding this change. A summary of benefits and other information will be coming to you soon. Please review these questions and answers carefully.

1) I am a retiree eligible for Medicare, how will my coverage change?

Your traditional Blue Cross Blue Shield Plan coverage will terminate December 31, 2015 and you will become eligible for the Humana Medicare Employer PPO Plan on January 1, 2016. This Medicare Advantage Plan will provide you with medical and prescription drug coverage. There is no dental coverage. As a single retiree you will pay the monthly cost sharing rate of **\$72.00**.

2) I am a retiree eligible for Medicare with a dependent who is eligible for Medicare, how will my coverage change?

You and your dependent's traditional Blue Cross Blue Shield Plan coverage will terminate December 31, 2015 and you will become eligible for the Humana Medicare Employer PPO Plan on January 1, 2016. This Medicare Advantage Plan will provide you with medical and prescription drug coverage. There is no dental coverage. As a retiree with a dependent (*family coverage*) you will pay the monthly cost sharing rate of **\$188.00**.

3) I am a retiree eligible for Medicare with a dependent who is not eligible for Medicare, how will my coverage change?

If you or your dependent is not eligible for Medicare then the individual eligible for Medicare will transfer to the Humana Medicare Employer PPO Plan and the non-Medicare eligible individual will remain under the traditional Blue Cross Blue Shield Plan until that individual reaches Medicare eligibility. In this case the family cost sharing rate applies at **\$188.00** per month. All Medicare eligible must transfer to the Humana Medicare Employer PPO Plan.

4) I am a retiree eligible for Medicare but I do not have Part B Medicare coverage? What do I do?

The City's current Plan requires all Medicare eligible retirees and dependents to have Medicare Part A and B coverage. If you did not enroll in Medicare Part B coverage when you were first eligible, you must enroll in Part B coverage now in order to be eligible for the Humana Medicare Employer PPO Plan. Medicare has a General Enrollment Period (from January 1 to March 31) to enroll in Part B and coverage will start July 1st of that year. You should contact your local Medicare office to start the enrollment process. The City will allow a one-time extension of your coverage under the traditional Blue Cross Blue Shield Plan to July 1, 2016 to allow you time to obtain Part B coverage. If you are a retiree and Medicare eligible you must transfer your coverage by no later than July 1, 2016 or coverage under the City's Plan will terminate and you may not reinstate coverage for any reason.

5) I am a retiree with Medicare due to Social Security disability and am not age 65, how will it affect my coverage?

All Medicare eligible must transfer to the Humana Medicare Employer PPO Plan. You should notify the Human Resources Department if you have Medicare based on disability to insure that your coverage transfers on January 1, 2016.

6) I am a retiree with Medicare due solely to end stage renal disease, how will it affect my coverage?

Your coverage will transfer to the Humana Medicare Employer PPO Plan effective January 1, 2016. You may continue coverage under that plan. If you have a non-Medicare dependent, the dependent may remain under the traditional Blue Cross Blue Shield Plan until that individual is eligible for Medicare or no longer qualifies as an eligible dependent. COBRA continuation of coverage is available as an alternative when your employee coverage terminates but it has a limited continuation period.

7) What if I don't want to transfer to the Humana Medicare Employer PPO Plan?

You have the option to continue under the City's Retiree-Only Health Plan which requires all Medicare eligible retirees and their Medicare eligible dependents to transfer to the Humana Medicare Employer PPO Plan or discontinue coverage. You can terminate coverage under the City's plan and purchase a Medicare supplement or advantage plan on your own. Many Medicare supplement and advantage plans are available in the marketplace at rates that are less than the City's cost sharing rate, although coverage may vary. You should contact the Human Resources Department if you desire to terminate coverage under the City's Plan. It is important to understand that once coverage is terminated it cannot be reinstated for any reason.

8) Does the Humana Medicare Employer PPO Plan provide the same coverage as my current plan?

No. The Humana Medicare Employer PPO Plan does not cover medical procedures, treatment or expenses that are not covered by Medicare. Medicare determines whether or not a medical expense is covered. Also, the Humana Medicare Employer PPO Plan does not include dental coverage.

9) How do I pay the monthly cost sharing amount for coverage?

You must pay your monthly cost sharing through a deduction from your retirement benefit. If you do not have a retirement benefit or it is not sufficient to cover the cost sharing amount, you must pay direct to the City of Mobile. Payment must be received by the 15th day of the month for which you are paying. A January premium must be paid by January 15th. You will not receive an invoice from the City and coverage will automatically terminate without notice if you fail to make timely payment of the monthly required cost sharing amount. The monthly required cost sharing amount may change annually based on the City's cost. The rates for the 2016 benefit year are \$72.00 for single coverage and \$188.00 for family coverage.

10) When will I receive additional information about the plan?

Sometime in November and December you will receive additional information about the plan including a new identification card. You should immediately show your new identification card at your medical providers. You should register your new ID card with your pharmacy and physicians. Effective January 1, 2016 your Blue Cross Blue Shield card will no longer be active as that coverage is terminated. You may obtain additional information by contacting **Humana Group Medicare Customer Care at 1-866-396-8810**.

IMPORTANT NOTICE – MEDICARE ELIGIBLE RETIREES

Retirees who are Medicare eligible and their Medicare eligible dependents must transfer to the Humana Medicare Employer PPO Plan or terminate coverage under the City's Plan. When you or your dependent become Medicare eligible you are responsible for notifying the City of Mobile Human Resources Department so that the transfer may be made on your Medicare eligibility date. Failure to transfer will result in the individual becoming financially liable for any additional cost to the City of Mobile. Failure to transfer January 1, 2016 or when you or your eligible dependent becomes eligible for Medicare may result in a termination of your coverage and you will not be able to reinstate coverage for any reason. The Humana Medicare Employer PPO Plan is fully-insured and the coverage provided is determined by the policy of insurance. Additional information and assistance may be obtained by contacting:

**Humana Group Medicare Customer Care
1-866-396-8810 (Mon-Fri 7am-8pm Central time)**

The City of Mobile reserves the right to change, modify, reduce and terminate any and all benefits, self-funded or insured, at its sole discretion. The City of Mobile reserves the right to change, modify, and terminate any and all benefits for any class of employees, dependents, or retired employees at its sole discretion. Eligibility and benefits are not guaranteed and continue on a month to month basis.