

## DUKE PLUS – 2022 – A plan that coordinates with Medicare A & B

Here are answers to some frequently asked questions about Duke Plus:

<b>Do I need to enroll in Medicare Part B?</b>	If you are eligible for Medicare as a retiree (due to age 65) or due to Social Security disability (before age 65), then you must enroll in Medicare Part B.
<b>Can I keep seeing my Duke doctor?</b>	All Duke medical providers accept Medicare. Most Duke doctors are part of the plan’s network for those not yet eligible for Medicare.
<b>Can I select any doctor I wish?</b>	Yes. If you are Medicare-eligible, you will pay less if you see a provider who accepts Medicare. If you are not Medicare-eligible, you will pay a lower percentage of the cost if you visit in-network providers.
<b>What do I do if my spouse is Medicare eligible?</b>	If you or any of your covered family members are Medicare-eligible, all of the covered members will be enrolled under Duke Plus. Duke Plus covers non-Medicare eligible members also.
<b>I am an early retiree and I/my spouse just became eligible for Medicare because of disability. Do we have to sign up for Medicare?</b>	Yes, if you are not actively employed and become eligible for Medicare due to age or disability, you are required by our plans to enroll in Medicare Part A and Part B and contact our HR office. Benefits will provide further information once you contact us.
<b>Do you need a Provider Directory for a covered member who is not eligible for Medicare?</b>	Participants who are not Medicare-eligible may locate a “UHC Choice Plus Network” provider in one of the following ways: <ul style="list-style-type: none"> <li>• Call toll-free 1-866-318-3853</li> <li>• <a href="http://www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html">www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html</a></li> </ul>
<b>Must I select a primary care physician (PCP)?</b>	No.
<b>Can I see a specialist without a referral?</b>	Yes.
<b>If I see a provider outside of the United States, what may be covered?</b>	Participants who receive care outside of the United States <u>will be responsible for paying doctor and hospital charges upfront and filing a claim with UMR. You will receive an out-of-network reimbursement.</u> If you need assistance completing your claims forms, you may call UMR at 1-866-318-3853.
<b>Must I meet an annual deductible?</b>	Only if care is received out-of-network or outside the United States.
<b>Do I have annual co-insurance maximums?</b>	Yes, for out-of-network, maximums are \$4,000 for individuals and \$12,000 for family.
<b>Am I responsible for filing claims?</b>	Only if you use non-Medicare or out-of-network providers.
<b>If I am Medicare-eligible and my doctor does not accept Medicare, will I have to complete claims forms?</b>	<u>You will be responsible for paying doctor charges upfront and filing a claim with UMR.</u> You will receive an out-of-network reimbursement. If you need assistance completing your claims forms, you may call UMR at 1-866-318-3853.
<b>Do I need to enroll in Medicare Part D prescription drug coverage?</b>	<ul style="list-style-type: none"> <li>• Duke Plus includes a Medicare Part D Plan. You do not need to take any action to have this prescription drug coverage.</li> <li>• Some people may pay a higher monthly premium for Medicare Part B and D based on their income. For additional premium information, contact Social Security at <a href="http://medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html">medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html</a> ; you may also request that Social Security review your Medicare Income-Related Month Adjustment Amount by completing Form SSA-44.</li> </ul>

<p><b>Can I have coverage under a health and/or pharmacy plan outside of Duke Plus?</b></p>	<p>As a Duke retiree, Federal law prohibits you from being enrolled in two Medicare prescription plans simultaneously, such as Duke Plus and another plan with a Medicare prescription plan. If you (and/or your spouse) have health and/or pharmacy coverage under another plan, you must decide which one you wish to continue. If you remain covered by another health and/or pharmacy plan, your coverage for both pharmacy and your medical coverage under Duke Plus will end. Each year, Medicare checks for duplications of pharmacy coverage and directs the carrier to cancel duplicate coverage. As required under federal law, Plus members must not enroll in a separate Medicare Part D Plan.</p>
<p><b>If I am retired or disabled, will I be able to add a dependent to my health plan after Open Enrollment as a Qualifying Life Event?</b></p>	<p>Only those family members currently covered will be eligible for continued coverage. However, if you have a marriage that occurs on or after January 1, 2020, you will have a one-time opportunity to add your spouse and any newly acquired stepchildren within 30 days of the marriage date.</p>
<p><b>I am a retiree and I just got a job through another employer and will have coverage through them. Can I drop my Duke coverage?</b></p>	<p>Yes. As a retiree, if you drop coverage due to gaining coverage through another employer-sponsored plan where you are the employee, you may suspend your Duke coverage. However, you must provide proof of other coverage in order to maintain your eligibility to re-enroll in the Duke plan a later date.</p>
<p><b>I am disabled, and I can't afford my medical coverage right now. Can I drop it and add it back at a later time?</b></p>	<p>No. As a disabled employee, you are unable to re-enroll in medical coverage once you drop it.</p>

## 2022 Duke Plus A plan that coordinates with Medicare Part A & B

	In-Network or Medicare Provider	Out-of-Network or Non-Medicare Provider
<b>Lifetime Maximum Plan Payment</b>	No Limit	No Limit
<b>Deductible</b>		
<b>Individual</b>	None	\$650
<b>Family</b>	None	\$1,950
<b>Co-Insurance Maximum</b>		
<b>Individual</b>	None	\$4,000 <sup>2</sup>
<b>Family</b>	None	\$12,000 <sup>2</sup>
<b>Physician Office Visit</b>		
<b>PCP</b>	\$20 co-pay	Plan pays 70% after deductible <sup>3</sup>
<b>Specialist</b>	\$55 co-pay	Plan pays 70% after deductible <sup>3</sup>
<b>MRI, CT, PET Scan</b>	\$150 co-pay	Plan pays 70% after deductible <sup>3</sup>
<b>Lab &amp; Other X-Ray</b>	Covered in full	Plan pays 70% after deductible <sup>3</sup>
<b>Allergy Injections</b>	Covered in full	Plan pays 70% after deductible <sup>3</sup>
<b>Allergy Testing</b>	\$55 co-pay per visit	Plan pays 70% per visit after deductible <sup>3</sup>
<b>Annual Physical</b>	\$20 co-pay primary care \$55 co-pay specialist	Well visits not covered; Plan pays 70% after deductible <sup>3</sup> for annual Pap smear, mammogram, and PSA
<b>Mammogram</b>	Covered in full	Plan pays 70% after deductible <sup>3</sup>
<b>Colonoscopy and Cologuard® Colorectal Screening</b>	Covered in full	Plan pays 70% after deductible <sup>3</sup>
<b>OB /GYN Exams</b>	\$20 co-pay primary care \$55 co-pay specialist	Well visits not covered; Plan pays 70% after deductible <sup>3</sup> for annual Pap smear, mammogram, and sick visits
<b>Routine Immunizations</b>	Covered in full	Not covered
<b>Well Baby Visits (under age 2)</b>	Covered in full	Not covered
<b>Maternity Care: includes prenatal and post-delivery care</b>	\$55 first visit, then professional services covered in full	Plan pays 70% after deductible <sup>3</sup>
<b>Hospital Care</b>		
<b>Inpatient</b>	\$600 per admission at Duke Hospital, Duke Regional Hospital or Duke Raleigh Hospital; \$700 per admission at other network hospitals	Plan pays 70% after deductible and \$900 per admission co-pay <sup>3</sup>
<b>Outpatient</b>	\$250 co-pay	Plan pays 70% after deductible <sup>3</sup>
<b>Emergency Care</b>	\$250 co-pay, waived if admitted	\$250 co-pay, waived if admitted
<b>Urgent Care</b>	\$35 co-pay	\$35 co-pay
<b>Ambulance</b>	Covered in full when medically necessary	Covered in full when medically necessary

<sup>1</sup>The benefits for network and out-of-network are combined.

<sup>2</sup>Excluding deductibles, co-pays, prescription drug co-pays, urgent care and emergency room co-pays, and mental health co-pays and co-insurance.

<sup>3</sup>All payments are based on the usual, customary, and reasonable (UCR) allowable charge. You are liable for charges over UCR when receiving out-of-network services.

	In-Network or Medicare Provider	Out-of-Network or Non-Medicare Provider
<b>Other Services</b>		
Infertility	Not covered	Not covered
Routine Infertility Testing and Treatment	Not covered	Not covered
Hearing Aids	Not covered	Not covered
Skilled Nursing Facility	\$250 per admission co-pay, then covered in full for 60 days <sup>1</sup> when authorized by doctor	\$250 per admission co-pay, then covered in full for 60 days <sup>1</sup> when authorized by doctor
Home Health Care	Covered in full when authorized by doctor; up to 100 visits per calendar year <sup>1</sup>	Covered in full when authorized by doctor; Up to 100 visits per calendar year <sup>1</sup>
Hospice Care	Covered in full when authorized by doctor	Covered in full when authorized by doctor
Durable Medical Equipment	You pay 10%; plan pays up to \$15,000 annual limit <sup>1, 4</sup>	Plan pays 70% after deductible <sup>2</sup> ; plan pays up to \$15,000 annual limit <sup>1, 4</sup>
Prosthetics	You pay 10%; plan pays up to \$15,000 annual limit <sup>1</sup>	Plan pays 70% after deductible <sup>2</sup> ; plan pays up to \$15,000 annual limit <sup>1</sup>
Physical Therapy (PT) Occupational Therapy (OT)	\$20 co-pay; 40 visits per calendar year for combined PT and OT <sup>1, 3</sup>	Plan pays 70% after deductible <sup>2</sup> ; 40 visits per calendar year for combined PT, OT <sup>1, 3</sup>
Chiropractic Care	\$55 co-pay; plan pays up to \$750 annual maximum <sup>1</sup>	Plan pays 70% after deductible <sup>2</sup> ; \$750 annual maximum <sup>1</sup>
Speech Therapy	\$20 co-pay; 20 visits per calendar year <sup>1</sup> ; precertification required <sup>3</sup>	Plan pays 70% after deductible <sup>2</sup> ; 20 visits per calendar year for combined in- and out-of-network <sup>1, 3</sup>
Nutritionist	\$20 co-pay; 6 visits per calendar year	Plan pays 70% after deductible <sup>2</sup> ; 6 visits per calendar year for combined in- and out-of-network <sup>1</sup>
Vision Exam	\$55 co-pay; limit 1 per calendar year	Not covered

<sup>1</sup>The benefits for network and out-of-network are combined.

<sup>2</sup>All payments are based on allowable charge. You are responsible for charges when receiving out-of-network services.

<sup>3</sup>There are no benefits available under this plan for children with developmental disabilities.

## 2022 Duke Plus A plan that coordinates with Medicare Part A & B

### Contact Information

Duke Plus (Medical & Behavioral health/substance abuse)	(866) 318-3853	UMR.com
Express Scripts Medicare D Prescription Plan (PDP)	(800) 877-8185	express-scripts.com
Medicare	(800) 633-4227	medicare.gov
Social Security	(888) 759-3908 (Durham office) (800) 772-1213 (Regional office)	ssa.gov

### Behavioral Health and Substance Abuse (administered by UMR)

	In-Network or Medicare-Accepting Provider	Out-of-Network or Non-Medicare Accepting Provider
Outpatient	<ul style="list-style-type: none"> <li>• \$20 co-pay per visit for individual/family therapy</li> <li>• Precertification required for psychological testing, electroshock therapy, and hypnosis</li> </ul>	<ul style="list-style-type: none"> <li>• After \$650 annual deductible, plan pays 70% of allowable charge*</li> <li>• Precertification required for psychological testing, electroshock therapy, and hypnosis</li> </ul>
Inpatient	<ul style="list-style-type: none"> <li>• Co-pay of \$600 per admission at Duke Hospital, Duke Regional Hospital or Duke Raleigh Hospital; \$700 per admission at other network hospitals</li> <li>• Must be precertified prior to admission</li> </ul>	<ul style="list-style-type: none"> <li>• After \$900 per admission co-pay, plan pays 70% of allowable charge*</li> <li>• Must be precertified prior to admission</li> </ul>

\* All payments are based on the allowable charge. You are liable for charges over the allowable charge when receiving out-of-network services.

Listed below is the information about the *Express Scripts Medicare Prescription Plan (PDP)* for Duke University.

Stages of Medicare coverage	Retail 31-Day	Retail 90-Day	Duke On-site Pharmacies & Mail 90-Day
<p><b>Stage 1: Deductible</b> Member pays the first \$100 for brand-name drugs filled at retail and at Duke on-site pharmacies.</p> <p><b>Tier 1:</b> Generic Drugs</p> <p><b>Tier 2:</b> Preferred Brand Drugs</p> <p><b>Tier 3:</b> Non-Preferred Brand Drugs *\$100 retail brand-name deductible <b>does</b> apply to Duke on-site pharmacies</p>	<p>No Deductible</p> <p>\$100</p> <p>\$100</p>	<p>No Deductible</p> <p>\$100</p> <p>\$100</p>	<p>No deductible</p> <p>No deductible through Mail Order*</p> <p>No deductible through Mail Order*</p>
<p><b>Stage 2: Initial Coverage</b> You pay a co-payment for drugs until the total yearly drug costs (what you and your Plan pay) reach \$4,430 in 2022.</p> <p><b>Tier 1:</b> Generic Drugs</p> <p><b>Tier 2:</b> Preferred Brand Drugs</p> <p><b>Tier 3:</b> Non-Preferred Brand Drugs</p>	<p>\$15 or cost of drug</p> <p>\$50</p> <p>\$70</p>	<p>\$45</p> <p>\$150</p> <p>\$210</p>	<p>\$25</p> <p>\$130</p> <p>\$180</p>
<p><b>Stage 3: Coverage Gap</b> After your total yearly drug costs reach \$4,430 in 2022, you will move into this next stage of the benefit. Duke University is providing additional coverage during the Coverage Gap stage so you will generally pay the same co-payments for your covered medications as you did during the Initial coverage stage.</p> <p><b>Tier 1:</b> Generic Drugs</p> <p><b>Tier 2:</b> Preferred Brand Drugs</p> <p><b>Tier 3:</b> Non-Preferred Brand Drugs</p>	<p>\$15 or cost of drug</p> <p>\$50</p> <p>\$70</p>	<p>\$45</p> <p>\$150</p> <p>\$210</p>	<p>\$25</p> <p>\$130</p> <p>\$180</p>
<p><b>Stage 4: Catastrophic Coverage</b> You reach this stage after your total out-of-pocket costs exceed \$7,050 in 2022.</p> <p><b>Tier 1:</b> Generic Drugs</p> <p><b>Tier 2:</b> Preferred Brand Drugs</p> <p><b>Tier 3:</b> Non-Preferred Brand Drugs</p>	<p>5% coinsurance (including brand drugs treated as generics) with a min. of \$3.95 and a max. of \$15</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$50</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$70</p>	<p>5% coinsurance (including brand drugs treated as generics) with a min. of \$3.95 and a max. of \$45</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$150</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$210</p>	<p>5% coinsurance (including brand drugs treated as generics) with a min. of \$3.95 and a max. of \$25</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$130</p> <p>5% coinsurance with a min. of \$9.85 and a max. of \$180</p>