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11/21/2024

Final action:

11/21/2024

Title:

MEDICARE ADVANTAGE PLAN FOR 2025

Attachments:

1. [2024-11-21 Medicare Advantage Renewal](#)

|             |              |
|-------------|--------------|
| History (0) | Agenda Cover |
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**TITLE**

Title  
**MEDICARE ADVANTAGE PLAN FOR 2025**  
end

**SPONSOR**

Sponsor  
Jaime Joyner (Mirna Simaan)  
end

**BACKGROUND**

Background  
Medicare-eligible retirees who meet the required criteria are currently covered by a Medicare Advantage plan. The Inflation Reduction Act (IRA) includes a redesign of the Medicare Part D benefit in 2025. Two major changes that are part of this redesign are:

1-Medicare is eliminating the Coverage Gap in Part D plans effective 1/1/2025  
2-Medicare Part D is implementing a \$2,000 out-of-pocket max effective 1/1/2025

In addition to the design changes, the Centers for Medicaid and Medicare Services (CMS) are providing less subsidies to insurance carriers which is causing an increase in insurance premium rates for Medicare Advantage plans.

When initially notified of the plan changes, the quote included a potential 25.3% increase over current costs for the county’s Medicare Advantage plan. We asked our broker to market the plan

for better rates and redesign the plan's offerings to ensure coverage that is consistent with our active employee plan.

The proposed plan design changes for retirees would be a \$20 co-pay for primary care visits, \$35 co-pay for specialist visits, \$125 co-pay for emergency room visits, \$50 co-pay for urgent care visits, \$100 co-pay for physical, speech and occupational therapy visits, and a \$10 co-pay for chiropractic visits. Additionally, the annual deductible amount would increase from \$200 to \$500 and the amount of out of pocket maximum would increase from \$2,200 to \$5,000.

The plan currently costs a total of \$237.59 monthly for Medicare-eligible retirees. The County contributes \$203.12 on behalf of 30-year retirees. For 2025, the total monthly premium will increase to \$242.89. This is a change of \$5.30 per month or 2.2%.

The County's contribution will increase to \$208.28, with the retiree paying the balance. The retiree's contribution will increase by \$0.14 from \$34.47 per month for the current year to \$34.61 per month for 2025 to be consistent with the Health Care Coverage for Retired Guilford County Employees Resolution.

As of October 2024, we have 1,197 participants that are enrolled in our Medicare Advantage plan. The County's estimated total annual contribution based on current membership is \$2,511,231.96 and the total estimated retiree contribution based on current membership is \$977,640 for a total annual estimated expense amount of \$3,488,871.96.  
end

## **REQUESTED ACTION**

Requested Action

Direct staff on Medicare Advantage Plan funding options.

end



## Guilford County – MAPD NPPO Plan 2025 Renewal

Thank you for the continued opportunity to serve you and your Medicare-eligible retirees and dependents. We sincerely appreciate that you chose UnitedHealthcare as your retiree coverage partner. UnitedHealthcare remains committed to providing high-quality, cost-effective health plans and an experience for your retirees that is simple, personal, and caring.

Your existing 2024 rate is: **\$237.59**

Our **2025 proposed rate**, based on the current plan design, is: **\$297.59**

This letter is your plan year 2025 renewal communication. Our contract to provide group retiree benefits will continue into 2025 without needing to be rewritten or amended.

To help ensure a smooth renewal, we have included a few helpful reminders:

- ❑ **If you have an Open Enrollment period, please notify us at least 8 weeks prior in order to meet CMS requirements to create and deliver your enrollment materials.**
- ❑ **Provide confirmation of renewal via email** back to Sheri Harmon-Butts at [sheri\\_harmonbutts@uhc.com](mailto:sheri_harmonbutts@uhc.com) by September 9, 2024.

We value your partnership and are committed to quality, service and helping your retirees lead healthier lives.

I look forward to working with you to complete your 2025 renewal.

Sincerely,

A handwritten signature in black ink that reads 'Sheri Harmon-Butts'.

Sheri Harmon-Butts  
Strategic Account Executive


### Notices

By Guilford County's acceptance of this proposal or upon Guilford County's first premium payment, whichever occurs first, Guilford County represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

WITNESS the following signatures and seals all pursuant to authority duly granted, effective as of the day and year first above written.

**GUILFORD COUNTY**

DocuSigned by:



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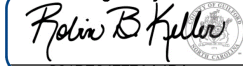
Jason Jones

Assistant Guilford County Manager

Date: 2/11/2025 | 9:12 AM EST

ATTEST:

DocuSigned by:



261BE0477AA4DA...

Robin B. Keller

Guilford County Clerk to Board

Date: 2/14/2025 | 8:32 AM EST

**PRICE ONLY:**

This contract does not create an obligation to purchase and, therefore, has not been pre-audited.

Signed by:



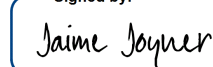
500E5CAA30F9436...

Donald P. Warn

Guilford County Chief Financial Officer

Date: 2/11/2025 | 8:36 AM EST

Signed by:



39AFE0BF9D274C1...

Jaime Joyner

Guilford County Department Director / Designee

Date: 2/11/2025 | 8:12 AM EST

## Summary of Changes to Medicare and the impact to your Medical plan:

### ***Compression Stockings for Lymphedema Benefit***

Medicare now covers compression stockings for lymphedema. This benefit is covered for standard and custom-fitted lymphedema compression treatment items for each affected body part. This coverage is included under the durable medical equipment (DME) benefit.

## Changes to your 2025 Medical Plan

### ***2025 Telephonic Nurse Support and Leveraging Telephonic Providers***

UnitedHealthcare is evaluating the programs and services offered to our members for 2025 and is evolving the telephonic nurse support. With the increased adoption of virtual visits post pandemic, our intent is to begin to leverage contracted providers, such as Teladoc, to provide members with 24/7 access to a medical provider. These providers can diagnosis, treat and even prescribe medication when needed. Members can choose to have either a virtual or telephonic experience and will have access to this at \$0.

## Current Plan Features of your Medical Plan

Your current **MAPD NPPO** plan includes the following additional benefits not covered by Medicare:

### **UnitedHealthcare Healthy at Home**

Designed to help members transition back home after an inpatient admission or a convalescent stay, this unique post-discharge support program delivers needed support, care, and measurable results to the members we serve. Our market leading program UnitedHealthcare Healthy at Home, provides a combination of Meal Delivery, Transportation, and In-Home Personal Care benefits to members in an easy-to-use comprehensive program:

- Our post-discharge meal delivery benefit provides home-delivered meals for members following all inpatient or skilled nursing facility discharges. Plan referral may apply.
- Our post-discharge transportation benefit rides to and from medically related appointments and pharmacies for our members, up to 30-days following inpatient or skilled nursing facility discharges. Plan referral may apply.
- Our in-home personal care benefit includes in-home personal care hours post discharge. This may include grocery shopping, meal preparation, personal care, medication reminders and more.

### **HouseCalls**

HouseCalls service gives eligible members a no cost, yearly in-home health and wellness visit with a UnitedHealthcare licensed health care practitioner. It's a great opportunity for members to discuss their health care needs and get the personal attention they deserve. During the visit, the health care practitioner will confirm medical history, complete a physical exam, review medications, and answer any questions that the member may have. Certain health screenings may also be included.

### **Let's Move by UnitedHealthcare**

A wellness program designed specifically for members of the UnitedHealthcare Group Medicare Advantage plans. At no additional cost, Let's Move includes resources, tools, interactive events and personalized support through self-service, virtual and in-person wellness programming focused on nutrition, physical activity, mental health, social well-being, financial wellness and more. In addition, Let's Move offers a self-directed tobacco cessation program to allow members to work at their own pace to make lasting, healthy lifestyle choices.

**Fitness Benefit**

The fitness benefit provides a free gym membership at a participating location, access to wellness activities held outside of the gym, many on-demand and live virtual classes and more.

**Member Rewards and Incentives**

Our Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Rewards are based on characteristics shown by research to be effective at providing timely reminders to improve member engagement and help retirees make healthy lifestyle choices. Members can receive rewards for completing health-related activities, such as getting their annual physical or wellness visit or completing a UnitedHealthcare® HouseCalls visit.

**Virtual Medical and Behavioral Health Visits**

Virtual Medical and Behavioral Health Visits continue to be an important part of being able to provide member care safely, conveniently, and efficiently.

In 2025 and beyond, UnitedHealthcare will continue to promote Virtual Visits to improve accessibility for members. This includes greater access to behavioral health specialists, following up with members after medical events such as an emergency department visit, virtual house calls when an in-person visit is not appropriate. If desired, we can partner with you on virtual visit education and registration strategies for members.

**Personal Emergency Response System (PERS)**

Help is a button push away. The PERS device provides quick access to help in any emergency 24 hours a day. The PERS benefit provides member confidence and independence, while providing peace of mind to family members, friends, and caregivers.

**Additional Benefit Opportunities for the 2025 Medical Plan:**

**Our care for our members goes beyond providing medical and pharmacy benefits. We offer the following benefits and services that can be added to your UnitedHealthcare Group Medicare Advantage plan as a buy-up.**

**Enhanced Dental Plan Options**

We offer an expanded portfolio of standard buy up options including five plans with a wide range of benefits and premiums to meet the needs of your retirees. Plans include 100% preventative and diagnostic coverage for exams, x-rays, and cleanings, when utilizing an in-network dental provider. The UnitedHealthcare Dental benefit offers our members affordable dental coverage and the resources of UnitedHealthcare. Members receive significant price protection and access to our national network of dental providers with the flexibility to see non-network providers if desired.

## Summary of Changes to Medicare Part D plan

The landscape of the Medicare Part D benefit continues to change in 2025 due to the **Inflation Reduction Act (IRA)**. Below is a summary of what to expect in 2025:

- Elimination of the Coverage Gap Stage: Beginning in the 2025 plan year, the CMS drug stages are Deductible (if applicable to the plan), Initial Coverage, and Catastrophic Coverage Phase.
- The Inflation Reduction Act imposes a \$2,000 out-of-pocket maximum on the Part D benefit beginning January 1, 2025. True Out of Pocket (TrOOP) costs determine when a member reaches the \$2,000 threshold to enter the catastrophic coverage stage, where members pay \$0 for covered Part D drugs.
- Introduction of the Medicare Prescription Payment (M3P) Program.
- Changes to the drug manufacturer discount program: manufacturers will pay a portion in the Initial Coverage Phase (10%) and Catastrophic Phase (20%) on brand drugs. Previously manufacturers paid 70% for brands in the coverage gap only.
- Non-Part D drugs such as Bonus Drug Lists will not be subject to Part D benefit thresholds.

### Medicare Prescription Payment Plan (M3P) Program

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act to help Medicare Part D enrollees manage their out-of-pocket costs for covered Part D drugs. Starting in 2025, all Medicare Part D plans — including both MAPD and PDP — must give enrollees the option to spread their out-of-pocket prescription drug costs across monthly payments over the course of the plan year instead of paying for each prescription at the pharmacy. New and existing EGWP Part D plan enrollees will have the opportunity to opt into the Medicare Prescription Payment Plan once they are enrolled in a UHC Part D plan for the 2025 plan year.

Part D enrollees who opt into the program will pay \$0 at the pharmacy for a covered Part D drug, instead of the cost-sharing they would normally pay the pharmacy when filling a prescription. The Part D sponsor must pay the pharmacy the cost-sharing amount these Part D enrollees would have paid and then bill the enrollees monthly for any cost-sharing they incurred while in the program.

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan for plan years that begin on or after **January 1, 2025**, including LIS-eligible enrollees.

## Current Plan Features of your Part D plan

### Brand over Generic Approaches

To maintain an affordable and sustainable Part D benefit, we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case; sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

### Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand product over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

### Biosimilars



To manage Part D plan cost, as more biosimilars are marketed, we evaluate coverage and may prefer either the originator product or the biosimilar depending upon which is the lowest cost-effective option.

## Clinical Programs

Our enhanced Clinical support programs use advanced data and analytics, our approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences
- Digital tools—to better support caregivers and retirees
- Advanced approaches to assess and manage chronic conditions, like diabetes and heart failure in a more robust and holistic way, including in-home visits for high-risk retirees
- Improved methods to identify and engage retirees in their health

These resources will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

## Digital Experience

### Retiree.uhc.com

UnitedHealthcare continues to invest in our Medicare and Retirement member portals.

Group members continue to be able to access the UHC member portal as soon as they receive their member ID card (prior to plan start date). This allows members to set-up their accounts right away including setting their preferences for electronic delivery of plan materials.

Our efforts to optimize our members' online digital experience continues, UHC has significant portal enhancements planned for 2025 and beyond that will help members manage care and utilize their plan. These include:

- Enhanced Login/Registration experience
- Benefits and coverage enhancements
- Provider Search Redesign
- Drug Price tool enhanced
- Formulary tool will be released
- Claims experience will include Prior Authorization
- New Behavioral Health content
- Mobile App enhancements

### Virtual Education Center

The Virtual Education Center (VEC) is an online experience that educates members about their benefits. The VEC allows members to “visit booths” associated with the benefits and programs they are interested in learning more about. Once in the virtual booth, visitors can view videos, member testimonials, FAQs, downloadable resources and more. The VEC is an alternative to conducting open enrollment and educational meetings in person and is accessible all year round.

To learn more, visit your VEC website at <https://uhcvirtualretiree.com>