

# 2023 Employer Group Renewal Guide

**Int'l Assoc of Machinists & Aerospace Workers Local 1976**

UPMC *for Life* HMO Standard  
UPMC *for Life* HMO Prime



**UPMC *for Life***  
UPMC Health Plan Medicare Program

# Thank you for choosing UPMC *for Life* for your retiree group coverage for 2023!

When you renew your coverage with UPMC *for Life* for 2023, your retirees will enjoy another year of high-quality, affordable health care with personal benefits that help members get and stay healthy.



**Access to top-ranked doctors and hospitals** and outstanding community providers in your area.



**Comprehensive medical and prescription drug benefits**, all in one easy-to-use plan.



**Generous coverage** for vision, dental (for HMO and PPO plans), and hearing services.



**Extra benefits and services** that help your retirees stay healthy, like fitness memberships, travel coverage, bathroom safety products, in-home safety assessments (for all plans except National Complementary), access to virtual care, preventive care rewards program, and much more.



**Award-winning customer service** from our Health Care Concierge team.



**Health coaching and care management programs** that help members make healthy changes and get needed care coordination.



**Access to MyHealth OnLine**, a one-stop destination that provides tools and resources that make it easy and convenient to get the information you need—24/7.



**Free apps** you can use to get your digital member ID card, view your plan documents, have a virtual visit with a provider, participate in health coaching, and more.



## This guide includes your 2023 UPMC *for Life* renewal information:

- **Your renewal forms**—Review, complete, and sign the renewal forms starting on page 10.
- **Important plan benefits**—Key benefits and changes for 2023.
- **Extra benefits and services**—We provide additional benefits that help members be at their best health.
- **Important Medicare Part D information**—Learn about Part D Income-Related Monthly Adjustment Amount (IRMAA) and how it impacts your retirees.
- **Your plan design**—Review detailed plan information. Included separately as **Your 2023 Plan Designs** in the email you received.

The benefit designs have been updated to follow any changes in federal requirements or regulations for 2023.

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## Extra benefits and services

Members get extra benefits and services that can help them save money and stay healthy.



### **Preventive care**

UPMC *for Life* covers most preventive care at 100 percent when seeing a participating provider. Members can get this important care at no additional cost **and** earn rewards just for getting the preventive care they need.



### **Vision benefits**

Routine vision exam and allowance every year.



### **Dental benefits**

Preventive dental coverage, including two exams and cleanings per year, one bitewing x-ray per year, one panoramic x-ray every 36 months, and more when you use a participating provider.



### **Hearing benefits**

Routine hearing services, including a yearly exam and one hearing aid every year through Amplifon.



### **SilverSneakers® fitness program**

UPMC *for Life* members can join local participating fitness facilities at no additional cost.



### **Bathroom safety products**

Choose up to **three** bathroom safety products per year at no additional cost.



### **In-home safety assessment**

One **FREE** in-home safety assessment per year with a licensed health care professional.



### **Support for serious illness**

Additional care and support at no cost.

## Innovative online tools

Our online tools help members get the care and information they need, when and where they need it.



### **Prescription for Wellness**

Prescription for Wellness helps keep our members healthy by driving them to the resources they need. Doctors can write prescriptions for members to receive health coaching, such as diabetes coaching, renal disease coaching, lifestyle management programs, behavioral health tools, and more.



### **UPMC Health Plan app**

Download our **FREE** app from the Apple App Store or Google Play. Use the app to access your important plan documents, Explanation of Benefits, member ID card, and claims. You can also search for providers, live chat with a Health Care Concierge, or call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line.

## MyHealth OnLine

Your secure member website and one-stop shop for your health care tools. This website lets you:

- View your important plan documents, claims, spending, and premium invoices.
- Find a doctor, hospital, or pharmacy.
- Live chat with a Health Care Concierge or health coach.
- Print or order a new member ID card.
- Complete your Getting to Know You Survey.
- Explore treatment options.
- Select or change your primary care provider (PCP).

## Personal care management

UPMC *for Life* is dedicated to understanding and serving your retirees—knowing their needs and meeting them. We provide a broad array of services, often at no charge to our members, that work together with physical and behavioral health treatment plans to help members reach their best health and reduce their health care costs. These include but are not limited to:



### Telephonic caregiver support

Six caregiver counseling sessions per year online or in person at no additional cost.



### Personal counseling

Six counseling sessions per issue with a licensed counselor **at no additional cost.**



### Preventive care

Members can get this important care at no additional cost **and** earn rewards just for getting the preventive care they need.

- **Improved! Annual wellness visit—\$30 reward**
- **Diabetic retinal eye exam—\$25 reward**
- **Mammogram—\$50 reward**
- **Colorectal cancer screening—\$60 reward**  
Cologuard®, colon FIT kit, colonoscopy, or sigmoidoscopy

# Important information about Medicare Part D

## Information for employers

The Centers for Medicare & Medicaid Services (CMS) has requested that we communicate with employer group sponsors to assist them in educating their retirees on the Part D Income-Related Monthly Adjustment Amount (IRMAA) and explain how it may impact them. It is important that your retirees understand the Part D IRMAA requirements and are aware that, if they are assessed this extra amount, they must pay it in order to maintain their Part D and retirement coverage. Part D IRMAA is mandated by the Affordable Care Act.

Individuals filing incomes exceeding \$91,000 individual/\$182,000 married are assessed an additional amount each month for Part D as well as Part B premiums for Medicare coverage. The additional Part D amount is the Part D Income-Related Monthly Adjustment Amount, or Part D IRMAA.

- Social Security determines the Part D IRMAA payment and notifies individuals via the annual “Benefits Rate Increase” letter issued in November of each year.
- Part D IRMAA amounts are determined by income and may vary from year to year.

Individuals must pay the Part D IRMAA amount directly to Medicare.

- **Employer groups cannot pay the Part D IRMAA to Medicare on behalf of an individual, even if the group pays the monthly premium to the plan on the individual’s behalf. The Part D IRMAA is NOT included in this monthly premium.**
- Most individuals have the Part D IRMAA deducted from their monthly Social Security check. If the Part D IRMAA is not deducted from the Social Security check, then Medicare will bill the individual each month for the Part D IRMAA amount.
- If full premium payment is required, employer groups may reimburse individuals for Part D IRMAA.

Anyone with Part D coverage, whether purchased individually or provided through an employer group sponsor plan, must pay the Part D IRMAA if he or she meets the income limits stated above. Failure to pay the monthly Part D IRMAA amount will result in disenrollment from the employer group’s Part D plan.

Individuals who disagree with the Part D IRMAA assessment should call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Individuals disenrolled from their Part D plan due to failure to pay the Part D IRMAA amount may qualify for reinstatement, with no break in coverage, if there was good cause for nonpayment, such as a federal disaster or long hospitalization.

- Individuals with good cause should contact Medicare no later than 60 calendar days following the date of disenrollment. The Medicare contact information is provided below.
- Individuals must pay all owed plan premiums, if applicable, and Part D IRMAA amounts by the end of the three-month grace period.

If your Medicare employer group coverage permits, individuals may also prospectively re-enroll in the employer group plan, and the effective enrollment date will be the 1st of the following month.

- The individual must pay past due and current Part D IRMAA amounts to remain enrolled in the employer group plan.



## Resources for individuals to contact

Individuals with questions about Part D IRMAA may contact Medicare or access the website listed below:

### Monthly premium for drug plans

[www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans)

### Questions about Part D IRMAA or the Medicare bill

**1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048.**

### Contesting the Part D IRMAA assessment

Social Security Office: **1-800-772-1213.** TTY users should call **1-800-325-0778.**

## Low-Income Subsidy Pass-Through Requirements Overview

Overview of an employer group sponsor's responsibility related to Low-Income Subsidy Pass-Through:

The Centers for Medicare & Medicaid Services (CMS) provides "Extra Help" to pay prescription drug costs for individuals who have limited income and resources. This is referred to as Low-Income Subsidy (LIS). If an individual qualifies for LIS, he or she could get help paying for the prescription drug portion of the plan's monthly premium and/or prescription drug copays. The amount of Extra Help an individual receives depends on his or her income and resources. CMS can increase the LIS income and resource limits on an annual basis.

For individuals eligible for LIS and depending on the LIS classification of the individual, CMS may pay the prescription drug portion of the monthly premium and prescription drug cost sharing. The LIS subsidy classifications include subsidies of 100%, 75%, 50%, and 25%; CMS determines these amounts every year. On an annual basis CMS will identify the employer group-sponsored plan individuals who are eligible for LIS.

- CMS will reimburse only the prescription drug portion of the premium up to the regional Low-Income Subsidy amount. (Example: The 2019 amount is \$37.03) *NOTE: Do not try to calculate the LIS amount based on the LIS percentages; CMS' rounding of the amounts may be different.*

**CMS has set forth under 42 CFR 423.800 that employer group sponsors are required to adhere to the same LIS requirements as individual Medicare Advantage plans or prescription drug plans.**

- The employer group sponsor cannot vary the prescription drug benefits (or medical benefits) provided to enrollees based on a member's Part D prescription drug LIS eligibility.
- CMS will subsidize only the cost-sharing obligations under Part D, which includes any supplemental prescription drug coverage (up to the regional LIS amount) offered by the employer group plan sponsor.

## **LIS requirements when the group pays the monthly premium directly to the plan**

- The Medicare Advantage plan or prescription drug plan will provide the employer group sponsor with a monthly premium invoice. LIS individuals are classified in different subgroups based on the LIS classification level (e.g., 100%, 25%). This is why your employer group receives multiple monthly invoices, one for each subgroup, from UPMC *for Life*. *Note: If an employer group sponsor has multiple employer group-sponsored plans (e.g., HMO and PPO plans), it will receive separate monthly premium invoices and LIS subgroup invoices for each plan type (e.g., HMO).*
- The employer group sponsor is responsible for identifying these LIS individuals on the monthly UPMC *for Life* premium invoices and passing through the Low-Income Subsidy amount payments from CMS to the retiree.
  - If the LIS retiree pays the Part D premium (or a portion of the premium) to the employer group sponsor, the sponsor is required to reduce his or her monthly premium bill by the LIS contribution amount.
  - The individual's premium must always be reduced by the LIS amount first before applying the LIS amount to the employer group sponsor's portion.
- If there is any portion of the LIS amount remaining after applying it to the LIS individual's premium, then the employer group sponsor's Part D premium portion can be reduced.
- In some instances, the LIS-eligible member may be a spouse or dependent of the retiree of the employer group-sponsored plan. The employer group sponsor is allowed to refund the LIS amount to the plan subscriber on behalf of his or her eligible dependents.

## **An alternative also exists. If the employer group sponsor cannot reduce the upfront monthly premium charged to its LIS individuals, then the employer group sponsor must directly refund the LIS premium amount to the member.**

- The employer group sponsor is required to refund this amount within 45 days of receipt of the plan monthly premium invoice.

## **LIS pass-through requirement documentation**

In order to ensure compliance with the CMS regulations for LIS pass-through requirements, the employer group sponsor must sign a document annually that details how it is administering the LIS pass-through regulations and return it to the plan.

- The written document must state that the employer group sponsor complies with the LIS requirements and it confirms which LIS pass-through process it uses (reduce monthly bill or refund the member within 45 days).
- Upon request, the plan must be able to supply CMS with documentation that supports the employer group sponsor's adherence to the LIS regulations.



# 2023 Employer Group Renewal Forms

## Int'l Assoc of Machinists & Aerospace Workers Local 1976

### Complete your 2023 renewal form

To complete your renewal, please review and complete the following documents:

- 1. Employer Group Sponsor Contact Information**—Help us ensure that our information about your organization is accurate and up to date.
- 2. Plan Design and Premium Rate Confirmation**—Verify your plan design and premium rate for 2023.
- 3. Employer Group Sponsor Low-Income Subsidy (LIS) Pass-Through Requirement Signoff**—Read and sign this important verification required by the Centers for Medicare & Medicaid Services (CMS).

### Return your renewal forms to UPMC for Life

Scan and email the completed forms to Claudia Tyler at [tylerca@upmc.edu](mailto:tylerca@upmc.edu). If you have any questions about completing your renewal forms, please call Claudia Tyler at **412-454-8299**.

### Important note

If we do not receive your 2023 renewal form, we will move your retirees into the same plan design that your group had in 2022.

We look forward to continuing our relationship and providing your retirees with high-quality coverage and care.

Please confirm the information on this page and return to UPMC *for Life*.

## Employer Group Sponsor Contact Information

CMS requires us to validate your employer group legal name, tax identification number, and corporate headquarters address on an annual basis. Listed below is the information you previously provided to us. Please review and make any necessary updates. Then sign and date the form. If the information is still accurate, check "yes."

### Employer group sponsor legal name:

IAMAW Potomac Air Local Lodge 1976

### Employer group sponsor federal tax or employer identification number:

256067534

### Employer group corporate headquarters address:

The address listed must be your corporate headquarters address, not your local address.

228 Moon Clinton Road

### Address

Coraopolis, PA, 15108

### City, State, ZIP Code

### Organization type:

This is based on how your group files its taxes, if applicable. If this information has changed, please indicate below.

☐ State government

☐ Privately held organization/corp.

☐ Local government

☐ Publicly traded organization

☒ Nonprofit organization/corp.

### Sponsor type:

If this information has changed, please indicate below.

☐ Employer group

☒ Union

☐ Trust fund

### Will the group pay the Late Enrollment Penalty (LEP) for retirees?

☐ Yes

☐ No

### Is the employer group information listed above correct?

☐ Yes

☐ No (if no, I have indicated the corrections above)

Please confirm the information on this page and return to UPMC *for Life*.

## 2023 Plan Design and Premium Rate Confirmation

**Please review and confirm your plan design and premium rate.**

**Group Medicare plan designs and monthly premium rates:**

UPMC *for Life* HMO Standard: \$172

UPMC *for Life* HMO Prime: \$390

**Group renewal date: Jan. 1, 2023**



