

WELCOME TO GA-23111 PLAN F
**Coverage in Addition to Medicare for Railroad Employees, their Dependents,
 Parents and Parents-in-Law**

If you or your dependents are covered by Medicare and become confined in a hospital, Medicare Part A and Part B pay a large portion of your hospital and physician charges. However, you will still owe the hospital the Medicare Part A deductible. In addition, you will also be responsible for the Medicare Part B deductible and generally 20% of the amount Medicare approves as covered for physician charges. Depending on the nature of the medical/surgical treatment you receive, you or your dependents could be responsible for hundreds or even thousands of dollars. Through UnitedHealthcare, you can secure coverage for a substantial portion of these expenses by enrolling in **Group Policy GA-23111 Plan F regardless of your current health status.**

Take a Look at the Potential Savings

Services - Medicare Part A	Medicare Pays	You Pay without Plan F	Plan F Pays	You Pay with Plan F
Hospitalization First 60 days 61 st to 90 th day 91 st to 150 th day Once reserve days are used	All but deductible All but coinsurance All but coinsurance None	Deductible Coinsurance Coinsurance All costs	Deductible Coinsurance Coinsurance 100% of covered expenses for 365 days. None over 365 days.	None None None Only non-covered charges for 365 days. All costs after 365 days.
Skilled Nursing Facility Care First 20 days 21 st to 100 th day Beyond 100 days	100% All but coinsurance None	None Coinsurance All costs	None Coinsurance None	None None All costs
Blood -First three pints	None	All costs	100%	None
<i>Medicare Part A deductibles and coinsurance are set each year and may change. Plan F automatically changes to match Medicare.</i>				
Services - Medicare Part B	Medicare Pays	You Pay without Plan F	Plan F Pays	You Pay with Plan F
Part B Deductible	None	100%	100%	None
Charges after deductible <i>Note: The percentage Medicare pays for Mental Health Services may be less than 80% resulting in a higher coinsurance than 20%.</i>	80% of approved charges	20% of approved charges	20% of approved charges	None
Charges in excess of the approved charge by a physician or supplier who does not accept assignment.	None	Up to maximum amount allowed by Medicare or state law	Up to maximum amount allowed by Medicare or state law	None
Blood - First three pints	None	All costs	100%	None
Other Covered Services	Medicare Pays	Plan F Pays		
Emergency medical care in a foreign country	None	80% covered expenses for medical emergency that occurs during first 60 days of a trip, after a \$250 calendar year deductible, up to \$50,000 lifetime maximum.		
Preventative Medical Care	Baseline mammogram with annual follow-ups; annual pap smear or when determined by doctor that it is necessary	The reasonable charges for Pap smears, mammograms, colorectal cancer screenings and prostate cancer screenings, all of which do not count towards the \$500 calendar year limit that is available towards preventive services. For a complete list of all preventive services Plan F covers, refer to the Preventive Medical Care Expense Section in the GA-23111 Certificate of Coverage.		
At-home Recovery Care	None	Up to \$40 per visit, for up to 7 visits per week and up to \$1,600 per calendar year, for home assistance with activities of daily living. Visits must occur while receiving Medicare Home Health benefits or during an additional 8 weeks that follow the last approved Medicare visit.		

Who May Enroll?

Railroad Employees and Dependents

GA-23111 Plan F is available to Railroad employees and their dependents (spouse and/or students and incapacitated children eligible for Medicare) formerly covered under one of the following Railroad health plans:

- Health and Welfare Plan;
- NRC/UTU Plan;
- GA-107300;
- GA-46000;
- Any other health and welfare plan established pursuant to an agreement between one or more railroads and one or more labor organizations.

Parents and Parents-in-Law of Railroad Employees

In addition, when a Railroad employee first becomes covered under GA-23111 Plan F, they can also offer coverage under Plan F to their parents and/or their parents-in-law if they enroll during the four month period of when they become covered. GA-23111, Plan F is also available to any **actively working employee's** parents and/or parents-in-law who become eligible for Medicare.

When Should You Enroll?

When you or any individual dependent first become eligible for Medicare, you may enroll under GA-23111 Plan F during:

- A four month period which begins in the month immediately prior to your Medicare eligibility date, and extends for the next three months. For example, if your Medicare eligibility date is October 1st, the four month enrollment period begins September 1st and ends December 31st. If your spouse's Medicare eligibility date is March 1st, her enrollment period begins February 1st and ends May 31st.

If you do not enroll under GA-23111 Plan F when you first become eligible for Medicare, you may enroll during an Open Enrollment Period:

- Open Enrollment Periods are held in the months of November and December each **even** calendar year with coverage effective the following January 1st. For example, the next Open Enrollment Period will occur in November and December 2014 and provide coverage effective January 1, 2015.

How Do You Enroll?

Simply pick up the phone and call us! We would love to hear from you!

- Call UnitedHealthcare at our toll-free number, 1-800-809-0453, and request a GA-23111 enrollment form and plan booklet for GA-23111 Plan F.
- You can also visit www.yourtracktohealth.com to access and print the GA-23111 enrollment form. Once there, click on [Enroll/Manage Your Coverage > Forms > Supplemental Insurance](#).
- If you would like to view the plan booklet online for GA-23111 Plan F, visit www.yourtracktohealth.com. Once there, click on [Summary Plan Description \(SPD\) Library](#) located in the green "Quick Links" box on the homepage. Under the heading **Health Care Benefits**, click on [Effective 6/1/2010](#) for Group Health Insurance Plans for Former Railroad Employees and their Dependents GA-23111.
- The enrollment form will provide you with the monthly premium amounts and the plan booklet contains detailed information on the benefits provided under Plan F.
- Our Customer Care Professionals will be happy to answer any additional questions you may have.

How Much Does it Cost?

Prices are subject to change annually on June 1 of any year.

- The current price is \$185.00 per individual per month.

The benefits under Plan F do not cover prescription drugs. To obtain prescription drug coverage, you can purchase a Medicare Part D plan separately. Do not delay if you want Medicare Part D coverage as you may pay a penalty on your premium if you do not sign up as soon as you are eligible, unless you qualify for an exception. UnitedHealthcare offers a Medicare Part D plan. Call their toll-free number at 1-888-556-7059 if you would like more information.

Plan F does not replace Medicare. All individuals enrolling in Plan F must also be enrolled in Original Medicare coverage (Medicare Parts A and B). Plan F does not coordinate with an HMO Plan (i.e., Plan F would not coordinate with the "Advantage Plan"). To obtain more information regarding Medicare, please visit www.medicare.gov.