



UNION HEALTH SERVICE

Medicare Plan

DESIGNED FOR FORMER UNION MEMBERS

WHO IS ELIGIBLE?

- ❖ Individual members and/or family members who are 65 years or older and retired (not covered through spouse's employer plan) and/or have been receiving Social Security disability benefits for over 2 years and are on Medicare.
- ❖ Participant must be enrolled in both Medicare Part A and Part B.

ADVANTAGES OF UHS MEDICARE PLAN

- ❖ A UHS Physician provides medical care at no cost to the individual for services rendered at UHS.
- ❖ Medicare benefits include the diagnosis and treatment of disease by a UHS Physician, as well as preventative medical services.
- ❖ UHS Physicians are Board Certified/Eligible in their specialties, and are affiliated with some of the area's finest hospitals.
- ❖ In addition to Medicare's covered annual wellness visit for preventive services, UHS covers an initial complete examination and periodic physical examinations at no charge.
- ❖ Each patient has his or her own UHS Primary Care Physician (Internal Medicine or Family Practice).

BENEFITS:

WHAT IS COVERED IN THE UHS CENTERS?

The following services are provided when medically necessary.

- ❖ All medical care provided by a UHS Physician at any UHS Facility.
- ❖ All routine laboratory tests and x-rays done at UHS, including both diagnostic mammography and screening mammography.
- ❖ Ultrasound procedures
- ❖ Bone density testing.
- ❖ Physical check-ups.
- ❖ Immunizations.
- ❖ Minor surgical procedures at our sites
- ❖ Multiple specialty services are available through UHS Physicians on site. Other Part B specialty service consultations are arranged by UHS.
- ❖ Podiatry and Ophthalmology (excluding regular eye exam) provided at UHS.

Should the services of a surgical facility or hospital be required, they will be billed directly to Medicare by the Provider.



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WHAT IS COVERED OUTSIDE OF THE UHS HEALTH CENTER?

- ❖ Medical care provided by a UHS Physician while hospitalized, subject to the normal Medicare coinsurance.
- ❖ Surgery by a UHS Physician while hospitalized, subject to the normal Medicare coinsurance.

No Part A services, such as a hospital charge or hospital deductibles are covered by UHS.

Except for Part B services that are rendered within a UHS operated facility, all deductible and coinsurance are the member's responsibility.

MEDICARE WILL DIRECTLY COVER

The following are not offered by UHS but you will still have conventional Medicare coverage for these benefits.

- ❖ Part A services.
- ❖ Durable Medical Equipment.
- ❖ Home Health Care.
- ❖ Medicare Services not provided by a UHS Physician or at a UHS Facility.

ENROLLMENT INFORMATION

- ❖ All individual members and/or family members who are 65 and retired (not covered through spouse's employer) and/or have been on Social Security disability for over 2 years. Enrollees must have both Medicare A and B.
- ❖ Enrollees must sign an authorization form at the UHS Member Service Department or at any UHS location, which will allow UHS to bill Medicare for incurred physician charges. This authorization will remain valid until:
 - a. The member's cancellation is received in writing.*
 - b. Medicare denies payment due to ineligibility, in which case the member becomes responsible for all incurred charges and will no longer be eligible to use UHS Facilities.*
 - c. The patient enrolls in another Plan, HMO or Medicare Advantage Plan.*
- ❖ Bring your Medicare card to verify eligibility and complete an application at the UHS Member Service Department at the Polk Street Facility or at any UHS location. Enrollees must pay an annual membership fee.
- ❖ All UHS Medicare enrollment processing is done at the UHS Member Service Department, 1634 West Polk Street, Chicago, IL 60612, or at any UHS location. For questions please call the UHS Member Service Department at 312 423-4200 ext. 3285.