

Post-Retirement Medical/Prescription Insurance Options

Congratulations on your retirement from Union Pacific! An important question you may ask is, “where can I find medical/prescription drug insurance” after I retire from Union Pacific? Below are potential options for you to consider.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Union Pacific Group Health Plan coverage (e.g. medical, prescription drug, dental, vision) when coverage would otherwise end because of a life event known as a “qualifying event” such as ending your employment with Union Pacific due to retirement. Specific qualifying events are listed in the Flexible Benefit Guide located at [Plan Disclosures \(uprr.com\)](https://www.uprr.com/PlanDisclosures). After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children eligible for the Group Health Plan could become qualified beneficiaries if coverage under the Group Health Plan is lost because of the qualifying event. Under the Group Health Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are eligible for COBRA continuation coverage, a COBRA enrollment packet will be mailed to you by Inspira Financial, our COBRA administrator, shortly after your retirement date.

Union Pacific Retiree Medical Program

This program is only available to those with an original hire date prior to January 1, 2004 and who meet all other program eligibility requirements described in the Retiree Medical Guides located at [UP: Healthcare](#). All details concerning the program are described in the Retiree Medical Guides.

The Health Insurance Marketplace

The Health Insurance Marketplace was created by the Affordable Care Act and helps you find health coverage that fits your needs and budget. Every health plan in the Marketplace offers the same set of essential health benefits, including doctor visits, preventive care, hospitalization, prescriptions, and more. You can compare plans based on price, benefits, quality, and other features important to you before you make a choice. People in most states use HealthCare.gov to apply for and enroll in health coverage.

With one application, you'll see if you qualify for free or low-cost coverage through Medicaid or CHIP, or for savings on a Marketplace plan. For more information, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596, 24 hours a day, 7 days a week. TTY users should call 1-855-889-4325. If your state runs its own Marketplace, you won't use HealthCare.gov. You'll use your state's website to enroll in individual/family or small business health coverage, or both. For a list of State-based Marketplaces, please visit: <https://www.healthcare.gov/marketplace-in-your-state/>.

Medicare

Medicare is a Federal health insurance program for people 65 years or older, certain people with disabilities, and people with end-stage renal disease (ESRD). When you first enroll in Medicare, you'll have Original Medicare, unless you make another choice. There are different ways you can get Medicare coverage, including a Medicare Advantage Plan (like HMO or PPO). In some types of plans that don't offer drug coverage, you may be able to join a Medicare Prescription Drug Plan. Visit [Medicare.gov](https://www.medicare.gov) to:

- Get detailed information about the Medicare health and prescription drug plans in your area, including what they cost and what services they provide.
- Find doctors or other health care providers and suppliers who participate in Medicare.
- See what Medicare covers, including preventive services.
- Get Medicare appeals information and forms.
- Get information about the quality of care provided by plans, nursing homes, hospitals, home health agencies, and dialysis facilities.
- Look up helpful websites and phone numbers.

For information on Medicare, visit the [website](#) or call toll free 1-800-MEDICARE (1-800-633-4227). The Railroad Retirement Board (RRB) provides assistance with Medicare enrollment for former railroad employees.

Medicare Prescription Drug Coverage

Since January 1, 2006, everyone with Medicare, regardless of income, health status, or prescription drug usage has had access to prescription drug coverage. For more information about this program, visit: <http://www.medicare.gov/part-d/index.html>.

Medicare offers prescription drug coverage to everyone with Medicare. If you decide not to join a Medicare Prescription Drug Plan (Part D) when you're first eligible, and you don't have other creditable prescription drug coverage, you'll likely pay a late enrollment penalty. The Certificate of Creditable Coverage Notice for the Union Pacific Corporation Group Health Plan available to active employees is located at [Important Notice to those Covered under Sponsor Plans](#).

To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. There are two ways to get drug coverage:

- 1) A Medicare Prescription Drug Plan (Part D)
- 2) A Medicare Advantage Plan (Part C), like an HMO or PPO, or other Medicare health plan that offers Medicare prescription drug coverage.

Visit <https://www.medicare.gov/drug-coverage-part-d> for more information on these two options, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicaid

Medicaid is a joint federal and state program that provides free or low-cost health coverage to millions of Americans, including some low-income people, families and children, pregnant women, the elderly, and people with disabilities. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. Medicaid programs vary from state to state. They may also have different names, like "Medical Assistance" or "Medi-Cal."

Learn More: <http://www.medicaid.gov/>

Children's Health Insurance Program (CHIP)

The CHIP is a partnership between the federal and state governments that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program. CHIP benefits are different in each state. But all states provide comprehensive coverage, like routine check-ups, immunizations, doctor visits, and prescriptions. [Check with your state](#) for information about covered services.

Each state program has its own rules about who qualifies for Medicaid and CHIP. You can apply right now, any time of year, and find out if you qualify. If you apply for Medicaid coverage to your state agency, you'll also find out if your children qualify for CHIP. You must check with the CHIP office in the state you live in to confirm if your family is eligible to get benefits. These programs may be called different names in your state. To find information about the Medicaid and CHIP programs in your state, visit InsureKidsNow.gov or call **1-877-KIDS-NOW (1-877-543-7669)**. When you call the free and confidential hotline, you'll be connected to someone in your state who can help you learn whether your children may qualify and help you enroll them.

For the most current information on the federal programs described above, visit [What health insurance programs are available for aging and/or low-income people? | HHS.gov](#).

Other Options

- Coverage from Spouse's employer plan, if applicable.
- Private health insurance – sold directly to consumers by insurance companies or through a broker.