

# Plan Guide 2021

**Take advantage of all your Medicare Advantage plan has to offer.**

**Harford County Public Schools**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 13467-O

**Effective:** January 1, 2021 through December 31, 2021



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# Introducing the Plan

## UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. As a UnitedHealthcare® Medicare Advantage plan member, you'll have a team committed to understanding your needs and helping you get the care you need.

### Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care, so you can focus more on what matters most to you
- Get access to the care you need when you need it

### In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

### How to enroll

You will be automatically enrolled in this plan unless you tell your former employer or plan sponsor that you are opting out of this coverage.

### If you do not want this plan

Before deciding to opt-out, ask your former employer or plan sponsor what it means if you decline this coverage.

You can get 2021 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

## Questions? We're here to help.



[www.UHCRetiree.com](http://www.UHCRetiree.com)



Call toll-free **1-866-860-2243**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

## Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

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# Plan Information

# Benefit Highlights

## Harford County Public Schools 13467

Effective January 1, 2021 to December 31, 2021

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan Costs

	In-Network	Out-of-Network
<b>Annual medical deductible</b>	No deductible	
<b>Annual out-of-pocket maximum (The most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year.	

### Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Doctor's office visit</b>	Primary Care Provider: \$5 copay	Primary Care Provider: \$5 copay
	Specialist: \$10 copay	Specialist: \$10 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell.  \$5 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$5 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
<b>Preventive services</b>	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
<b>Inpatient hospital care</b>	\$0 copay per stay	\$0 copay per stay
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period.	
<b>Outpatient surgery</b>	\$0 copay	\$0 copay
<b>Outpatient rehabilitation (physical, occupational, or speech/language therapy)</b>	\$10 copay	\$10 copay

## Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
<b>Mental health (outpatient and virtual)</b>	Group therapy: \$5 copay	Group therapy: \$5 copay
	Individual therapy: \$10 copay	Individual therapy: \$10 copay
	Virtual visits: \$10 copay	Virtual visits: \$10 copay
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	\$0 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	\$0 copay
<b>Therapeutic radiology services (such as radiation treatment for cancer)</b>	\$0 copay	\$0 copay
<b>Ambulance</b>	\$0 copay	\$0 copay
<b>Emergency care</b>	\$50 copay (worldwide)	
<b>Urgently needed services</b>	\$10 copay (worldwide)	\$10 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Acupuncture</b>	\$10 copay for each visit (Up to 20 visits per plan year)*	\$10 copay for each visit (Up to 20 visits per plan year)*
<b>Chiropractic care</b>	\$10 copay (Unlimited visits per plan year)*	\$10 copay (Unlimited visits per plan year)*
<b>Foot care - routine</b>	\$10 copay (Up to 6 visits per plan year)*	\$10 copay (Up to 6 visits per plan year)*
<b>Hearing - routine exam</b>	\$5 copay (1 exam per plan year)*	\$5 copay (1 exam per plan year)*
<b>Hearing aids</b>	The plan pays up to a \$5,000 allowance for hearing aids every 3 years*.	The plan pays up to a \$5,000 allowance for hearing aids every 3 years*.
<b>Vision - routine eye exams</b>	\$5 copay (1 exam every 12 months)*	\$5 copay (1 exam every 12 months)*
<b>Vision - eyewear</b>	Plan pays up to \$130 combined allowance for eyewear and contact lenses every year.*	Plan pays up to \$130 combined allowance for eyewear and contact lenses every year.*
<b>Private duty nursing</b>	\$0 copay No allowance limit per plan year for private duty nursing services.	

	In-Network	Out-of-Network
<b>Fitness program through SilverSneakers®</b>	<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit <a href="http://SilverSneakers.com">SilverSneakers.com</a> or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
<b>Post-Discharge Meals</b>	<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom’s Meals. Restrictions apply.</p>	
<b>NurseLine</b>	<p>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
<b>Post-Discharge Routine Transportation</b>	<p>\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare Clinical Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through LogistiCare to plan approved, medically related appointments (locations). Restrictions apply.</p>	

\* Benefits are combined in and out-of-network

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The provider network may change at any time. You will receive notice when necessary.

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# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

Your former employer or plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



### Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security. Visit [www.ssa.gov/locator](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

## Medicare Advantage coverage:



**Medicare Part A**  
Hospital

+



**Medicare Part B**  
Doctor and outpatient

+



**Extra Programs**  
Beyond Original Medicare

# How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

## ✓ **One plan at a time**

- You may be enrolled in only one Medicare Advantage plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from their group-sponsored plan. This means that you and your family may not have hospital/medical coverage through your plan sponsor or former employer.

## ✓ **You must have employer group-sponsored coverage**

Your group-sponsored Medicare Advantage plan includes only medical coverage. It does not include prescription drug coverage.

- If you want Medicare Part D coverage, it must come through a group-sponsored plan.
- Your Medicare Part D coverage cannot be an individual prescription drug plan.
- If you enroll in an individual Part D prescription drug plan, you will be disenrolled from your former employer or plan sponsored UnitedHealthcare® Group Medicare Advantage (PPO) plan.



**Remember:** If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

## Questions? We're here to help.



[www.UHCRetiree.com](http://www.UHCRetiree.com)



Call toll-free **1-866-860-2243**, TTY **711**,  
8 a.m. - 8 p.m. local time, 7 days a week

## How your medical coverage works

### Your plan is a Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

	In-Network	Out-of-Network
<b>Can I continue to see my doctor/specialist?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan. <sup>1</sup>
<b>What is my copay or coinsurance?</b>	Copays and coinsurance vary by service. <sup>2</sup>	Copays and coinsurance vary by service. <sup>2</sup>
<b>Do I need to choose a primary care provider (PCP)?</b>	No, but recommended.	No, but recommended.
<b>Do I need a referral to see a specialist?</b>	No	No
<b>Can I go to any hospital?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan. <sup>1</sup>
<b>Are emergency and urgently needed services covered?</b>	Yes	Yes
<b>Do I have to pay the full cost for all doctor or hospital services?</b>	You will pay your standard copay or coinsurance for the services you get. <sup>2</sup>	You will pay your standard copay or coinsurance for the services you get. <sup>2</sup>
<b>Is there a limit on how much I spend on medical services each year?</b>	Yes <sup>2</sup>	Yes <sup>2</sup>
<b>Are there any situations when a doctor will balance bill me?</b>	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of Medicare.	

### View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: [www.UHCRetiree.com](http://www.UHCRetiree.com)

You'll be able to view plan documents, find a provider, locate a pharmacy and access lifestyle and learning articles, recipes, educational videos and more.

<sup>1</sup>This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

<sup>2</sup>Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

# Getting the health care coverage you may need

## Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network as long as they participate in Medicare and accept the plan.
- With your UnitedHealthcare® Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

## Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

### Why use a UnitedHealthcare network doctor?

**A network doctor or health care provider** is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

**An out-of-network provider** does not have a contract with us. With the UnitedHealthcare® Group Medicare Advantage (PPO) plan you can see any out-of-network provider that participates in Medicare and accepts the plan. You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

**If a provider refuses to directly bill us**, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

## Take advantage of UnitedHealthcare's additional support and programs



### **Annual Wellness Visit<sup>1</sup> and many preventive services at \$0 copay**

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards\*.



### **Enjoy a preventive care visit in the privacy of your own home**

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.

#### **What to expect from a HouseCalls visit:**

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education.
- You can talk about health concerns and ask questions that you haven't had time to ask before.
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health.
- HouseCalls may not be available in all areas.



### **NurseLine**

Receive access to nurse consultations and additional clinical resources at no additional cost to you.



### **Special programs for people with chronic or complex health needs**

UnitedHealthcare offers special programs to help members who are living with a chronic disease, like diabetes or heart disease. You get personal attention and your doctors get up-to-date information to help them make decisions.

<sup>1</sup>A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

\*Renew Rewards is not available in all plans with Renew by UnitedHealthcare.



## **Virtual Visits**

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone – anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand or AmWell apps.

### **Virtual Doctor Visits**

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

### **Virtual Behavioral Health Visits**

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



## **Hear the moments that matter most with custom-programmed hearing aids**

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids – available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide<sup>1</sup> or through home delivery – so you'll get the care you need to hear better and live life to the fullest.



## **And so much more to help you live a healthier life**

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

<sup>1</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

## Tools and resources to help put you in control



### Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



### Be active and have fun with a gym membership

SilverSneakers® is a fitness benefit included with your health plan at no additional cost. SilverSneakers includes:

- Memberships to thousands of locations<sup>1</sup> nationwide
- Group exercise classes<sup>2</sup> designed for all abilities
- Fun activities held outside the gym<sup>2</sup>



### Go beyond the plan benefits to help you live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.<sup>3</sup> Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards\*

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website.

<sup>1</sup>Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>2</sup>Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

<sup>3</sup>Renew by UnitedHealthcare is not available in all plans. \*Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

# Summary of Benefits 2021

Medicare Advantage Plan

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Harford County Public Schools

Group Number: 13467

H2001-817-000

Look inside to take advantage of the health services the plan provides.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-860-2243**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



[www.UHCRetiree.com](http://www.UHCRetiree.com)



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# Summary of Benefits

## January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCRetiree.com](http://www.UHCRetiree.com) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

### About this plan.

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

### About providers.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

You can go to [www.UHCRetiree.com](http://www.UHCRetiree.com) to search for a network provider using the online directory.

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
<b>Maximum Out-of-Pocket Amount</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year.  If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.  Please note that you will still need to pay your monthly premiums, if applicable.	

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>1</sup></b>		\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$5 copay	\$5 copay
	Specialists <sup>1</sup>	\$10 copay	\$10 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell.  \$5 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$5 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
<b>Preventive Care</b>	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring	

## Benefits

		In-Network	Out-of-Network
		<p>Diabetes – Self-Management training            Dialysis training            Glaucoma screening            Hepatitis C screening            HIV screening            Kidney disease education            Lung cancer with low dose computed tomography (LDCT) screening            Medical nutrition therapy services            Medicare Diabetes Prevention Program (MDPP)            Obesity screenings and counseling            Prostate cancer screenings (PSA)            Sexually transmitted infections screenings and counseling            Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)            Vaccines, including flu shots, hepatitis B shots, pneumococcal shots            “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$50 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
<b>Urgently Needed Services</b>		<p>\$10 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$10 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>

## Benefits

		In-Network	Out-of-Network
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	\$0 copay	\$0 copay
	Lab services <sup>1</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay	\$0 copay
	Therapeutic Radiology <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient x-rays <sup>1</sup>	\$0 copay	\$0 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$5 copay	\$5 copay
	Routine hearing exam	\$5 copay (1 exam per plan year)*	\$5 copay (1 exam per plan year)*
	Hearing Aids	The plan pays up to a \$5,000 allowance for hearing aid(s) every 3 years*.	The plan pays up to a \$5,000 allowance for hearing aid(s) every 3 years*.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$5 copay	\$5 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$5 copay (1 exam every 12 months)*	\$5 copay (1 exam every 12 months)*
	Eye wear	Plan pays up to \$130 combined allowance for eyewear and contact lenses every year.*	Plan pays up to \$130 combined allowance for eyewear and contact lenses every year.*
	Inpatient visit <sup>1</sup>	\$0 copay per stay	\$0 copay per stay

## Benefits

		In-Network	Out-of-Network
<b>Mental Health</b>		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>1</sup>	\$5 copay	\$5 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay	\$10 copay
	Virtual Behavioral Visits	\$10 copay	\$10 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-100	\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		\$10 copay	\$10 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Post-Discharge Routine Transportation</b>		<p>\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare Clinical Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through LogistiCare to plan approved, medically related appointments (locations). Restrictions apply. Contact LogistiCare for additional details and to schedule your trips:            (833) 219-1182, TTY: 844-488-9724, 8:00 a.m.- 5:00 p.m. Monday - Friday Local Time            or by visiting <a href="http://www.logisticare.com/BookNow">www.logisticare.com/BookNow</a></p>	
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay	\$0 copay

## Additional Benefits

		In-Network	Out-of-Network
<b>Acupuncture</b>	Medicare-covered acupuncture	\$10 copay	\$10 copay
	Routine acupuncture	\$10 copay (Up to 20 visits per plan year)*	\$10 copay (Up to 20 visits per plan year)*
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation <sup>1</sup>	\$10 copay	\$10 copay
	Routine chiropractic care	\$10 copay (Unlimited visits per plan year)*	\$10 copay (Unlimited visits per plan year)*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay	\$0 copay

## Additional Benefits

		In-Network	Out-of-Network
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$20 copay	\$20 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay	\$0 copay
	Wigs after Chemotherapy (for hair loss that is a result of Chemotherapy)	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year. *	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year. *
<b>Fitness program through SilverSneakers®</b>		<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit <a href="http://SilverSneakers.com">SilverSneakers.com</a> or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$10 copay	\$10 copay
	Routine foot care	\$10 copay for each visit (Up to 6 visits per plan year)*	\$10 copay for each visit (Up to 6 visits per plan year)*
<b>Home Health Care<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		<p>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.</p>	



## Additional Benefits

		In-Network	Out-of-Network
<b>Post-Discharge Meals</b>		<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom’s Meals. Restrictions apply. Contact Mom’s Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	
<b>NurseLine</b>		<p>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
<b>Occupational Therapy Visit<sup>1</sup></b>		\$10 copay	\$10 copay
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$5 copay	\$5 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay	\$10 copay

## Additional Benefits

	In-Network	Out-of-Network
<b>Private duty nursing</b>	<p>We cover medically necessary nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the home due to a medical condition.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copay</p> <p>There is no allowance limit per plan year for private duty nursing services.</p>	
<b>Renal Dialysis<sup>1</sup></b>	\$0 copay	\$0 copay

<sup>1</sup> Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

<sup>2</sup> Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

\*Benefits are combined in and out-of-network

## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change each plan year.

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníl'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

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# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare® will process your enrollment

**Quick Start Guide and UnitedHealthcare Member ID Card** Once you're enrolled, you will get a Quick Start Guide and a UnitedHealthcare member ID card in the mail to help you start using your new plan.

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**Website Access** After you receive your UnitedHealthcare member ID card, you can register online at the website listed below to get access to plan information.

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**Health Assessment** In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online.

**Start using your plan on your effective date.** Remember to use your UnitedHealthcare member ID card.

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for doctors and clinics**

## Questions? We're here to help.



[www.UHCRetiree.com](http://www.UHCRetiree.com)



Call toll-free **1-866-860-2243**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



# Statements of Understanding

**By enrolling in this plan, I agree to the following:**

- ✓ **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

- ✓ **I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.**

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.

- ✓ **I will receive information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.







**1-866-860-2243, TTY 711**

8 a.m. - 8 p.m. local time, 7 days a week



[www.UHCRetiree.com](http://www.UHCRetiree.com)

