



# Summary of Benefits 2024

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): NOKIA

Group Number: 12350

H2001-817-000

Look inside to learn more about the plan and the health services it covers.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-888-980-8117**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday



**[retiree.uhc.com/nokia](https://retiree.uhc.com/nokia)**

**United  
Healthcare®**  
Group Medicare Advantage

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

## UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits	
	In-network and out-of-network
<b>Monthly plan premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$300 each plan year.
<b>Maximum out-of-pocket amount</b>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,700 for this plan year.</p> <p>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 plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

Medical benefits		
		In-network and out-of-network
<b>Inpatient hospital care<sup>1</sup></b>		10% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient hospital<sup>1</sup></b>	Ambulatory surgical center (ASC)	10% coinsurance
Cost sharing for additional plan covered services will apply.	Outpatient surgery	10% coinsurance
	Outpatient hospital services, including observation	10% coinsurance
	<b>Doctor visits</b>	
	Primary care provider	20% coinsurance
	Virtual doctor visits	\$0 copay
	Specialists <sup>1</sup>	20% coinsurance
<b>Preventive services</b>	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> <li>□ Glaucoma screening</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> </ul>	

## Medical benefits

### In-network and out-of-network

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|---|--|
| <ul style="list-style-type: none"><li>□ Medicare Diabetes Prevention Program (MDPP)</li><li>□ Obesity screenings and counseling</li><li>□ Prostate cancer screenings (PSA)</li><li>□ Sexually transmitted infections screenings and counseling</li><li>□ Tobacco use cessation counseling (counseling for</li></ul> | <ul style="list-style-type: none"><li>people with no sign of tobacco-related disease)</li><li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li><li>□ “Welcome to Medicare” preventive visit (one-time)</li></ul> |
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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%.

### Emergency care

\$60 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

### Urgently needed services

\$30 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	10% coinsurance
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Lab services <sup>1</sup>	10% coinsurance
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Diagnostic tests and procedures <sup>1</sup>	20% coinsurance
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Therapeutic radiology <sup>1</sup>	10% coinsurance
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Outpatient X-rays <sup>1</sup>	10% coinsurance
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Medical benefits		
		In-network and out-of-network
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	20% coinsurance
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	20% coinsurance
	Eyewear after cataract surgery	\$0 copay
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	10% coinsurance per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	20% coinsurance
	Outpatient individual therapy visit <sup>1</sup>	20% coinsurance
	Virtual behavioral visits	20% coinsurance
<b>Skilled nursing facility (SNF)<sup>1</sup></b>		10% coinsurance per day: days 1-120  Our plan covers up to 120 days in a SNF per benefit period.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		20% coinsurance
<b>Ambulance<sup>2</sup></b>		20% coinsurance

## Medical benefits

### In-network and out-of-network

#### Routine transportation

ModivCare

\$0 copay for 24 one-way rides to medically related appointments and the pharmacy with ModivCare. Restrictions apply. Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or [modivcare.com/BookNow](http://modivcare.com/BookNow)

#### Medicare Part B Drugs

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Chemotherapy drugs<sup>1</sup>

20% coinsurance

Other Part B drugs<sup>1</sup>

20% coinsurance

## Additional benefits

		In-network and out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	20% coinsurance
	Routine acupuncture services	20% coinsurance, up to 30 visits per plan year*
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	20% coinsurance
<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®, OneTouch® Verio, OneTouch® Ultra 2, 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 Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance

**Additional benefits**

		In-network and out-of-network
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance
	Wigs	\$0 copay
		The plan pays up to \$300 per plan year for wigs for hair loss due to chemotherapy*
<b>Fitness program</b> Renew Active <sup>®</sup> by UnitedHealthcare		<p>\$0 copay for Renew Active<sup>®</sup> by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	20% coinsurance
<b>Home health care<sup>1</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>Non-medical personal care</b> CareLinx		\$0 copay for 8 hours every month of non-medical personal care like companionship, meal prep, medication reminders and more with a CareLinx professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply. Call or go online to get non-medical personal care services. 1-833-253-5403 or <a href="http://carelinx.com/uhcgroup">carelinx.com/uhcgroup</a> .



**Additional benefits****In-network and out-of-network****Home delivered meals**

\$0 copay for 21 home-delivered meals every year. Restrictions and limitations apply. Call the customer service number on your UnitedHealthcare member ID card for more information and to place your meal orders.

**Personal emergency response system (PERS)**

Lifeline

\$0 copay for a personal emergency response system.

Help is only a button press away. A PERS wearable device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or [lifeline.com/uhcgroup](http://lifeline.com/uhcgroup)

**24/7 Nurse Support**

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

**Opioid treatment program services<sup>1</sup>**

\$0 copay

**Outpatient substance abuse**Outpatient group therapy visit<sup>1</sup>

20% coinsurance

Outpatient individual therapy visit<sup>1</sup>

20% coinsurance

## Additional benefits

### In-network and out-of-network

#### Private duty nursing<sup>1</sup>

We cover medically necessary skilled 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. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.

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. The face-to-face evaluation must occur no more than 90 days prior to the service request.

The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.

Note: Custodial and domestic services are not covered.

10% coinsurance

There is a \$2,000 limit per plan year for private duty nursing services. Once the plan has paid \$2,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.

#### Renal Dialysis<sup>1</sup>

20% coinsurance

<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

## 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 [retiree.uhc.com/nokia](https://retiree.uhc.com/nokia) to search for a network provider using the online directory.

## Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is 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 does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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.

24/7 Nurse Support 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.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.