



# Summary of Benefits 2024

## **UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS**

Group Name (Plan Sponsor): THE ARIZONA STATE RETIREMENT SYSTEM HMO

Group Number: 900009

H0609-808-000

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



Toll-free **1-844-876-6161**, TTY **711**

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



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

**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 see it online at [retiree.uhc.com/asrs](https://retiree.uhc.com/asrs) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS

Medical premium and limits	
	In-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> (does not include prescription drugs)	<p>\$4,000 annually for Medicare-covered services.</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, and cost-sharing for your Part D prescription drugs.</p>

## Medical benefits

### In-network

#### Inpatient hospital care<sup>1</sup>

\$100 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

#### Outpatient hospital<sup>1</sup>

Ambulatory surgical center (ASC)

\$100 copay

Cost sharing for additional plan covered services will apply.

Outpatient surgery

\$100 copay

Outpatient hospital services, including observation

\$100 copay

#### Doctor visits

Primary care provider

\$15 copay

Virtual doctor visits

\$0 copay

Specialists<sup>1</sup>

\$30 copay

#### Preventive services

Routine physical

\$0 copay; 1 per plan year

Medicare-covered

\$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
- 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

## Medical benefits

### In-network

- 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 those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

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

\$50 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

\$15 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> \$50 copay

Lab services<sup>1</sup> \$0 copay

Diagnostic tests and procedures<sup>1</sup> \$0 copay

Therapeutic radiology<sup>1</sup> \$0 copay

Outpatient X-rays<sup>1</sup> \$0 copay

Medical benefits		
		In-network
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$30 copay
	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.
<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$30 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$20 copay, 1 exam every 12 months
	Routine eyewear	Plan pays up to \$130 for 1 frame with standard lenses covered in full, or up to \$105 for contact lenses instead of eyeglasses, every 12 months.
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$100 copay per stay, up to 190 days  Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$30 copay
	Virtual behavioral visits	\$30 copay
<b>Skilled nursing facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-100  Our plan covers up to 100 days in a SNF per benefit period.

**Medical benefits****In-network****Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup>**

\$15 copay

**Ambulance<sup>2</sup>**

\$25 copay

**Medicare Part B Drugs**Chemotherapy drugs<sup>1</sup>

\$0 copay

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

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

\$0 copay

## Prescription drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at [retiree.uhc.com/asrs](http://retiree.uhc.com/asrs) or call Customer Service to have a hard copy sent to you.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<b>Stage 1: Annual prescription (Part D) deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>30-day supply</b>	<b>90-day supply</b>
<b>Tier 1:</b> Preferred Generic	\$10 copay	\$20 copay
<b>Tier 2:</b> Preferred Brand <sup>1</sup>	\$40 copay	\$80 copay
<b>Tier 3:</b> Non-preferred Drug <sup>1</sup>	\$40 copay	\$80 copay
<b>Tier 4:</b> Specialty Tier <sup>1</sup>	\$40 copay	\$80 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
<b>Stage 4: Catastrophic coverage</b>	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

<sup>1</sup> You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

**Additional benefits**

		In-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$15 copay
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	\$0 copay
	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>	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay



## Additional benefits

### In-network

#### Fitness program

Renew Active® by UnitedHealthcare

\$0 copay for Renew Active® 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 [UHCRenewActive.com](http://UHCRenewActive.com) to learn more today.

Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.

#### Foot care (podiatry services)

Foot exams and treatment<sup>1</sup>

\$30 copay

#### UnitedHealthcare

Healthy at Home

\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:

- 28 home-delivered meals\*
- 12 one-way trips to medically related appointments and the pharmacy\*
- 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required.

Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.

\*Call Customer Service to request a referral for each discharge.

Some restrictions and limitations may apply.

#### Home health care<sup>1</sup>

\$0 copay

#### Hospice

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>Additional benefits</b>		
		<b>In-network</b>
<b>24/7 Nurse Support</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$15 copay
	Outpatient individual therapy visit <sup>1</sup>	\$30 copay
<b>UnitedHealth Passport®</b>		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or co-insurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
<b>Real Appeal® Weight Management Program</b>		<p>\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.</p> <p>Call or go online to get started today. 1-844-924-7325, TTY 711 or <a href="http://uhc.realappeal.com">uhc.realappeal.com</a></p> <p>* Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program.</p>
<b>Renal Dialysis<sup>1</sup></b>		\$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.

## About this plan

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS is a Medicare Advantage HMO 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 these counties in:

**Arizona:** Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma.

## Use network providers and pharmacies

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS has a network of doctors, hospitals, pharmacies and other providers. The HMO has several networks inside of it to choose from. This health plan requires you to select a primary care provider (PCP) from one of the networks. The network you choose needs to include your PCP, specialists, and hospitals. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in your network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to [retiree.uhc.com/asrs](https://retiree.uhc.com/asrs) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS 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 and Part D 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.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or 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.