

# Summary of Benefits 2021

Medicare Advantage Plan

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Wisconsin Department of Employee Trust Funds

Group Number: 13887

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 **1-844-876-6175**, TTY **711**

7 a.m. - 6 p.m. CT, Monday - Friday



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



# 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/etf](http://www.UHCRetiree.com/etf), or you can call Customer Service with questions you may have.

### **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/etf](http://www.UHCRetiree.com/etf) 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>	Refer to It's Your Choice Decision Guide or <a href="http://etf.wi.gov/benefits-by-employer">etf.wi.gov/benefits-by-employer</a> (select the name of the employer you retired from) to determine your premium amount.	
<b>Maximum Out-of-Pocket Amount</b>	<p>Your plan has an annual combined in-network and out-of-network Part A and Part B maximum out-of-pocket amount of \$6,700.<sup>†</sup></p> <p>Your plan has an annual combined in-network and out-of-network maximum out-of-pocket amount of \$500 for DME, prosthetics, orthotics, diabetic shoes and inserts, medical supplies, diabetic monitoring supplies, and insulin pumps and supplies.</p> <hr/> <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 year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>	

# 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	\$0 copay	\$0 copay
	Specialists <sup>1</sup>	\$0 copay	\$0 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
<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 Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

## Benefits

		In-Network	Out-of-Network
		<p>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>\$60 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>\$0 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>\$0 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>
<b>Diagnostic Tests, Lab and Radiology</b>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	\$0 copay	\$0 copay

## Benefits

		In-Network	Out-of-Network
<b>Services, and X-Rays</b>	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>	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	20% coinsurance applies, the plan pays up to a \$1,000 allowance for one hearing aid per ear every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>1</sup>	\$0 copay	\$0 copay

## Benefits

		In-Network	Out-of-Network
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay	\$0 copay
	Virtual Behavioral Visits	\$0 copay	\$0 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: for days 1-120	\$0 copay per day: for days 1-120
		Our plan covers up to 120 days in a SNF per benefit period.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay	\$0 copay
<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	\$0 copay	\$0 copay
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation when medically necessary <sup>1</sup>	\$0 copay	\$0 copay
<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
	Diabetes Self-management training	\$0 copay	\$0 copay



## Additional Benefits

		In-Network	Out-of-Network
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance	20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.
<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>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay for each visit (Up to 6 visits per plan year)*	\$0 copay for each visit (Up to 6 visits per plan year)*
<b>Home Health Care<sup>1</sup></b>		\$0 copay	\$0 copay
		Restrictions apply	Restrictions apply

## Additional Benefits

		In-Network	Out-of-Network
<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. Neither the plan nor Original Medicare will pay for Hospice care received from a Medicare non-approved/non-certified Hospice. You will be responsible for the cost of the services.	
<b>NurseLine</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Occupational Therapy Visit<sup>1</sup></b>		\$0 copay	\$0 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>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay	\$0 copay
<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.

<sup>†</sup> Refer to your Prescription Drug Plan benefit details at [etf.wi.gov](http://etf.wi.gov) for more information on your annual maximum out-of-pocket amount.

\*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.

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).

CEEb TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-844-876-6175, 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.

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 maximum out-of-pocket displayed in this document only includes out-of-pocket medical costs. It does not include your prescription drug out-of-pocket costs. Please contact Navitus Health Solutions to confirm how much you have accumulated in your prescription drug out-of-pocket costs.