

Plan Guide 2021

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

Employees Retirement System of Texas

HealthSelectSM Medicare Advantage Plan Preferred Provider Organization (MA PPO)

Group Number: 13546

Effective: January 1, 2021 through December 31, 2021



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Get to know the HealthSelectSM Medicare Advantage Plan insured by UnitedHealthcare

Plan Year 2021

Dear Texas Employees Group Benefits Program participant, Beginning January 1, 2021, UnitedHealthcare® will be the insurer of the HealthSelectSM Medicare Advantage Plan, a preferred provider organization (MA PPO). You will stay with your current insurer through December 31, 2020.

The plan will have medical benefits designed to be as good or better than what is currently offered in HealthSelect Medicare Advantage. This plan is a custom Group Medicare Advantage PPO plan designed exclusively for ERS retirees, survivors and eligible dependents.

The UnitedHealthcare® team is 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 to you
- Get access to care when you need it

In this book you will find:

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

Provider choice

The HealthSelect MA PPO plan allows you to see any provider or facility that accepts Medicare. For the most convenience and no up-front costs, choose providers that are willing to bill UnitedHealthcare. No referral is needed to see any provider under this plan.

Enrollment

If you are currently enrolled in the HealthSelect MA PPO plan, you will continue to get the health care in much the same way as you have been, beginning January 1, 2021. You don't have to do anything to stay in the plan under UnitedHealthcare.

If you are currently enrolled in the KelseyCare Advantage Medicare HMO, ERS will automatically enroll you in the HealthSelect MA PPO plan effective January 1, 2021. Once enrolled, you will need to choose new health care providers.

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

Other options

If you would like to opt out of this Medicare Advantage plan or switch to your previous non-Medicare Advantage plan effective January 1, 2021, you must contact ERS at **(877) 275-4377** (TTY: **711**) Monday – Friday 8 a.m. – 5 p.m. CT by December 31. If you do not take action, you and your Medicare-eligible dependents will be enrolled in the HealthSelect MA PPO plan through UnitedHealthcare on January 1, 2021.

Questions? We're here to help.

Whether you're new to HealthSelect Medicare Advantage or have been enrolled for years, we encourage you to read this book and call us at the number below if you have any questions. For questions about your claims and coverage until December 31, 2020, please contact your current medical health plan.



www.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Plan Information

Benefit Highlights

HealthSelectSM Medicare Advantage Plan 13546

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
Annual medical deductible	No deductible	No deductible
Annual out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay	Specialist: \$0 copay
	Virtual Doctor Visits: \$0 copay	Virtual Doctor Visits: \$0 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
	Our plan covers up to 100 days in a SNF per benefit period. Benefit is combined in-network and out-of-network.	
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 copay	\$0 copay
Mental health (outpatient and virtual)	Group therapy: \$0 copay	Group therapy: \$0 copay
	Individual therapy: \$0 copay	Individual therapy: \$0 copay
	Virtual visits: \$0 copay	Virtual visits: \$0 copay

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$0 copay (worldwide)	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

Extra benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year	\$0 copay; 1 per plan year Benefit is combined in-network and out-of-network
Chiropractic care	\$0 copay (Up to 30 visits per plan year)	\$0 copay (Up to 30 visits per plan year) Benefit is combined in-network and out-of-network
Foot care - routine	\$0 copay (Up to 6 visits per plan year)	\$0 copay (Up to 6 visits per plan year) Benefit is combined in-network and out-of-network
FirstLine Essentials+ ^	You will receive a \$40 quarterly credit (\$160 each year in January, April, July and October) to purchase over the counter (OTC) personal health care items from the FirstLine Essentials+ website or catalog. These OTC items will be delivered to your home at no additional cost. The quarterly credit may be carried over from month to month, but must be used by December 31. Each order must have a minimum of \$30. There is no limit on the number of orders.	
Hearing - routine exam	\$0 copay (1 exam per plan year)	\$0 copay (1 exam per plan year) Benefit is combined in-network and out-of-network
Hearing aids	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years.	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years. Benefit is combined in-network and out-of-network.

	In-Network	Out-of-Network
Vision - routine eye exams	\$0 copay (1 exam every 12 months)	\$0 copay (1 exam every 12 months) Benefit is combined in-network and out-of-network
Private duty nursing	30% coinsurance There is a \$8,000 limit per plan year for private duty nursing services.	
Fitness program through SilverSneakers® ^	Stay active with a basic gym membership at a participating location at no extra cost to you. Members also have access to group exercise classes at participating locations as well as access to SilverSneakers FLEX® classes to get active outside of traditional gyms.	
Post-Discharge Meals ^	\$0 copay; This program provides coverage for up to 84 home-delivered meals immediately following an inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per plan year through the provider Mom's Meals. Restrictions apply.	
NurseLine	Receive access to nurse consultations and additional clinical resources at no additional cost.	
In-Home Non-Medical Care ^	\$0 copay; Coverage includes eight hours of in-home, non-medical care per month through CareLinx. Unused hours do not roll over. Some restrictions and limitations apply.	
Routine Transportation	\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to approved medically related appointments (locations) through LogistiCare. Restrictions apply.	
Personal Emergency Response System (PERS) (Medical Alert System) ^	\$0 copay; With the Personal Emergency Response System (PERS) help is only a button away. Members will have access to an in-home medical alert device that provides fast, simple access to help 24 hours per day, 365 days per year. Members can have peace of mind knowing that in any emergency situation the PERS medical alert device can get them help quickly at no additional cost.	
Real Appeal Weight Management Program ^	\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. <i>*Real Appeal is available at no additional cost to members with a BMI of 19 and higher.</i>	
Rally Wellness Coaching ^	\$0 copay; Rally Wellness Coaching includes access to clinically validated, expert-led online learning and live coach support across a variety of different topics that promote whole person health such as general wellness, stress management, diabetes, lifestyle and more at no additional cost.	
Quit For Life® Tobacco Cessation Program ^	\$0 copay; With the Quit for Life® Tobacco Cessation Program, you will have 24/7 access to tools and resources to help you quit all types of tobacco use.	

^ERS cannot and does not guarantee the length of time that a specific type of Extra Benefit shall be offered. Any questions or concerns about these products or services, should be directed to UnitedHealthcare.

Before enrolling in this retiree plan, you 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 if provider network changes are significant or if a recently used provider is leaving the network.

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Plan Details

HealthSelectSM Medicare Advantage Plan

The Employees Retirement System of Texas (ERS) has selected UnitedHealthcare to be the insurer of the HealthSelectSM Medicare Advantage Plan, a preferred provider organization, for all eligible retirees starting January 1, 2021.

The HealthSelect Medicare Advantage Plan is a UnitedHealthcare[®] Group Medicare Advantage (PPO) plan. The word “Group” means this is a plan designed just for ERS. Only eligible retirees of ERS 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 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 the HealthSelect MA PPO.
- 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 this group-sponsored plan. This means that you and your family may not have hospital/medical coverage through ERS if you enroll in another Medicare Advantage plan after your enrollment in this plan.

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

Your HealthSelect Medicare Advantage PPO plan includes only medical coverage. It does not include prescription drug coverage.

- You have a group-sponsored prescription drug coverage through ERS called HealthSelectSM MedicareRx.
- 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 the HealthSelect Medicare Advantage PPO plan.

Questions? We're here to help.



www.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

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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) in this plan at the same cost share, as long as they accept the plan and participate in Medicare.

	In-Network	Out-of-Network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
Do I need to choose a primary care provider (PCP)?	No, you are not required to choose a primary care provider (PCP) in this plan, but it is recommended to have a relationship with a PCP for your ongoing medical care.	
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
Are emergency and urgently needed services covered?	Yes	Yes
Is there a limit on how much I spend on medical services each year?	Yes, there is a \$1,000 combined in-network and out-of-network out-of-pocket maximum that applies each year. ²	
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who accept Medicare.	

View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: www.HealthSelect-MAPPO.com

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

¹This 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.

²Refer 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 provider

- With this plan, you have the flexibility to see providers inside or outside the UnitedHealthcare network.
- Even though it's not required for this plan, it's important to have a primary care provider (PCP). PCPs are familiar with you and your health, and can help you coordinate your care.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network as long as your provider participates in Medicare and accepts the plan.
- With your HealthSelect Medicare Advantage PPO plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a provider is easy

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

Why use a UnitedHealthcare network provider?

A network doctor or health care provider is one who contracts with us to provide services to our members. The providers in our network bill us directly for the care they give you. 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.

An out-of-network provider does not have a contract with us. With the HealthSelect Medicare Advantage PPO plan, you can see any out-of-network provider that participates in Medicare and accepts the plan. We will pay for 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. If this provider does not accept Medicare, then you will be responsible to pay the full cost of the service.

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit 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 of your health 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 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 are eligible for an optional, 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

NurseLine provides you 24/7 access to a registered nurse who can help you with health concerns 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 can get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

With Virtual Visits, you're able to live video chat with a doctor or a behavioral health specialist from your computer, tablet or smartphone – anytime, day or night. First, you will need to register for an account at www.uhcvirtualvisits.com with our Virtual Visit providers Doctor on Demand or AmWell, and then schedule an appointment. You also can download the Doctor on Demand or AmWell apps using your smartphone or tablet.

Virtual Doctor Visits

Getting sick is never convenient. When you don't feel well, you may not be able to leave your home to go to the doctor's office. With Virtual Doctor Visits, you can ask questions about a medical problem or concern, 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, stomachaches
- Bladder/urinary tract infections, rashes

Virtual Behavioral Health Visits

Consult a licensed behavioral health professional any day of the week online with a Virtual Behavioral Health Visits. A Virtual Behavioral Health Visit is similar to an outpatient visit to a behavioral health provider's office but the visit is conducted online. You must make appointments in advance – appointments are typically available within 5–7 days on average, but could take up to two weeks.

Licensed behavioral health professionals can provide treatment for:

- Stress or anxiety
- Depression
- Anger Management
- Substance Abuse
- Trauma and Loss
- Addiction



Trusted care at home when you need it

What would make your day easier? Maybe it's having some extra help in your home with things like making meals, light housekeeping tasks, medication reminders or even transportation around your community. **CareLinx** provides a network of pre-screened, professional caregivers you can trust, giving you greater peace of mind with in-home care support services at no additional cost. You are eligible for eight hours per month of in-home non-medical care needed with CareLinx.



Personal Emergency Response System (PERS)

The Personal Emergency Response System (PERS), is an in home medical alert monitoring system that provides fast, simple access to help 24 hours per day, 365 days per year with the simple push of a button.

Members are eligible for a Phillips Lifeline medical alert system product of their choice at no additional cost. Medical alert systems come available in the form of a landline, wireless or mobile GPS device.

With the PERS, you can quickly get help in any situation, whether it's an emergency or you just need a helping hand.



Stop smoking

With the Quit for Life[®] program, you can get the support and help you need from a Quit Coach to stop smoking once and for all at no additional cost.



Rally Wellness Coaching

Rally Wellness Coaching provides personal coaching, online learning and support for a variety of topics. Wellness coaching offers a comprehensive solution to address your physical, mental, social and emotional needs. It also includes the option to select a topic of interest, work with a coach, set an action plan and engage with online learning modules and digital tools at your own pace.



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 nationwide¹ or through home delivery — so you'll get the care you need to hear better and live life to the fullest. When you purchase hearing aids from UnitedHealthcare Hearing, the hearing exam is provided at no extra cost.



Get to health-related appointments easier

Our transportation program gives you a ride to and from medically-related visits, such as doctors' appointments, pharmacy trips and more, at no cost to you. The transportation program includes a total of 24 one-way rides (up to 50 miles each way) available to you annually.

¹Please refer to your Summary of Benefits for details regarding your benefit coverage.



Post discharge meals

Our post-discharge meal delivery program provides freshly-made meals delivered to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate.



Real Appeal®

Real Appeal is a simple, step-by-step online program that helps make losing weight fun. The program offers tools that may help you lose weight, reduce your risk of developing serious health conditions, gain energy and achieve your long-term health goals, at no additional cost.

When you enroll in Real Appeal you receive:

- A Transformation Coach who leads weekly online group sessions
- Online tools to help you track your food, activity and weight loss progress
- A Success Kit with food and weight scales, recipes, workout DVDs and more – shipped directly to your door.



Over-the-Counter (OTC) care at no cost to you

FirstLine Essentials+ is an OTC benefit that gives you a quarterly allowance to spend on over-the-counter care. With this program, you can shop for toothpaste, pain relief, vitamins, cough drops, and more. Members are eligible for a \$40 quarterly allowance to purchase OTC health care related products. Any unused credits roll over to the next quarter in the same plan year.



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 locations¹ nationwide
- Group exercise classes² designed for all abilities
- Fun activities held outside the gym²



And there's 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 about additional programs available to you after your coverage becomes effective.

¹ 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.

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

Tools and resources to put you in control



Go online for valuable plan information

Once you receive your UnitedHealthcare ID card, you should register for an account at www.HealthSelect-MAPPO.com. 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



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. 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.

Summary of Benefits 2021

Medicare Advantage Plan

HealthSelectSM Medicare Advantage Plan

Group Number: 13546

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 **(855) 853-0453**, (TTY: **711**)

7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 3 p.m. CT, Saturday



www.HealthSelect-MAPPO.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.HealthSelect-MAPPO.com or you can call Customer Service for help. You will receive information that tells you where you can go online to view your Evidence of Coverage once Medicare accepts your enrollment in this plan.

About this plan.

HealthSelect Medicare Advantage Plan is a Medicare Advantage PPO plan with a Medicare contract (MA PPO).

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 ERS.

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

About providers.

HealthSelect Medicare Advantage Plan has a network of doctors, hospitals, and other providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and accept Medicare.

You can go to www.HealthSelect-MAPPO.com to search for a network provider using the online directory.

HealthSelect Medicare Advantage Plan

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum Out-of-Pocket Amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 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.	

HealthSelect Medicare Advantage Plan

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
Doctor Visits	Primary Care Provider	\$0 copay	\$0 copay
	Virtual Doctor Visits offered by Doctor on Demand and AmWell	\$0 copay	\$0 copay
	Specialists ¹	\$0 copay	\$0 copay
Preventive Care	Medicare-covered preventive care	\$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	

Benefits

		In-Network	Out-of-Network
		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)	
		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%.	
	Routine physical	\$0 copay; 1 per plan year	\$0 copay; 1 per plan year Benefit is combined in-network and out-of-network
Emergency Care		\$0 copay (worldwide)	\$0 copay (worldwide)
Urgently Needed Services		\$0 copay (worldwide)	\$0 copay (worldwide)
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)	\$0 copay (1 exam per plan year) Benefit is combined in-network and out-of-network
	Hearing Aids	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years.	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years. Benefit is combined in-network and out-of-network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$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) Benefit is combined in-network and out-of-network
Mental Health	Inpatient visit ¹	\$0 copay per stay, up to 190 days	\$0 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay. Benefit is combined in-network and out-of-network.	
	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100	\$0 copay per day: days 1-20 \$0 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period. Benefit is combined in-network and out-of-network.	
Physical Therapy and speech and language therapy visit¹		\$0 copay	\$0 copay
Ambulance²		\$0 copay	\$0 copay
Routine Transportation		\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to approved medically related appointments (locations) through LogistiCare. 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 www.logisticare.com/BookNow	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

¹ 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.

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

Extra Benefits and Programs

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$0 copay	\$0 copay
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay	\$0 copay
	Routine chiropractic care	\$0 copay (Up to 30 visits per plan year)	\$0 copay (Up to 30 visits per plan year) Benefit is combined in-network and out-of-network
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>HealthSelect MA PPO only covers 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>HealthSelect MA PPO only covers 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>

Extra Benefits and Programs

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$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.
Fitness program through SilverSneakers® ^		<p>Stay active with a basic gym membership at a participating location at no extra cost to you. Members also have access to group exercise classes at participating locations as well as access to SilverSneakers FLEX® classes to get active outside of traditional gyms. If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga. To get started, obtain your SilverSneakers ID number by visiting SilverSneakers.com or call 1-888-423-4632, TTY 711, Monday - Friday, 8 a.m. - 8 p.m. ET.</p>	

Extra Benefits and Programs

		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment ¹	\$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) Benefit is combined in-network and out-of-network
FirstLine Essentials+[^]		You will receive a \$40 quarterly credit (\$160 each year in January, April, July and October) to purchase over the counter (OTC) personal health care items from the FirstLine Essentials+ website or catalog. These OTC items will be delivered to your home at no additional cost. The quarterly credit may be carried over from month to month, but must be used by December 31. Each order must have a minimum of \$30. There is no limit on the number of orders. To access your benefit please call 1-866-868-2489, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits-ERS-MA.com or refer to the program materials.	
Home Health Care¹		\$0 copay	\$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.	
In-Home Non-Medical Care [^]		\$0 copay; Coverage includes eight hours of in-home, non-medical care per month through CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your extra benefit, contact CareLinx at (800) 337-3996 8 a.m. - 9 p.m. CT Monday - Friday & 10 a.m. - 6 p.m. CT Saturday and Sunday or by visiting www.carelinx.com/ers-ma .	

Extra Benefits and Programs

		In-Network	Out-of-Network
Post-Discharge Meals ^		<p>\$0 copay; This program provides coverage for up to 84 home-delivered meals immediately following an inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per plan year through the provider Mom's Meals. Restrictions apply.</p> <p>Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667</p> <p>Hours of Operation: Monday - Friday from 7am to 6pm Central Time</p> <p>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>	
Personal Emergency Response System (PERS) (Medical Alert System) ^		<p>\$0 copay; With the Personal Emergency Response System (PERS) help is only a button away. Members can have peace of mind knowing that in any emergency situation the PERS in-home medical alert device can get them help quickly, 24 hours a day at no additional cost. For additional information or to order your free device please call 1 855-655-4406, TTY 711, Monday - Friday 8 a.m. - 8:30 p.m. ET & Saturday 9 a.m - 5:30 p.m. ET or by visiting www.lifeline.philips.com/uhcgroup.</p>	
NurseLine		<p>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
Occupational Therapy Visit¹		\$0 copay	\$0 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay

Extra Benefits and Programs

	In-Network	Out-of-Network
Private duty nursing	<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>30% coinsurance There is a \$8,000 limit per plan year for private duty nursing services. Once the plan has paid \$8,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.</p>	
Quit For Life[®] Tobacco Cessation Program ^	<p>\$0 copay; With the Quit for Life[®] Tobacco Cessation Program, you will have 24/7 access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit www.quitnow.net</p>	
Rally Wellness Coaching ^	<p>\$0 copay; Rally Wellness Coaching includes access to clinically validated, expert-led online learning and live coach support across a variety of different topics that promote whole person health such as general wellness, stress management, diabetes, lifestyle and more at no additional cost.</p> <p>Get started today at RallyHealth.com/Wellness or call 1-800-478-1057, TTY 711, 7 a.m. - 10 p.m. CT, Monday - Thursday & 7 a.m. - 7 p.m. CT Fridays & 8 a.m.- 4:30 p.m. CT Saturdays.</p>	

Extra Benefits and Programs

	In-Network	Out-of-Network
Real Appeal Weight Management Program ^	\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at uhc.realappeal.com or call 1-844-924-7325, 8 a.m. – 9 p.m. CT, Monday – Friday, & 10 a.m. – 6 p.m. CT, Saturday and Sunday *Real Appeal is available at no additional cost to members with a BMI of 19 and higher.	
Renal Dialysis¹	\$0 copay	\$0 copay

¹ 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.

^ ERS cannot and does not guarantee the length of time that a specific type of Extra Benefit shall be offered. Any questions or concerns about these products or services, should be directed to UnitedHealthcare.

Required Information

This plan 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.

This plan 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 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. For more information, please call our Customer Service number located on the first page of this book. 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 if provider network changes are significant or if a recently used provider is leaving the network.

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 located on the first page of this book for more information. You can also see your Evidence of Coverage for additional information, including 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 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

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.

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 LƯU 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 once it is received from ERS

Quick Start Guide and UnitedHealthcare Member ID Card

UnitedHealthcare will send you a Quick Start Guide and a member ID card in the mail to help you start using your plan.

Website Access

After you receive your UnitedHealthcare member ID card, go to **www.HealthSelect-MAPPO.com** and register for an account to access your plan information.

Health Assessment

In the first 90 days after your plan's effective date, we will contact you by phone. 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 for any medical services effective January 1, 2021.

We're here for you

When you call and speak to a Customer Service Advocate, 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.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday,
7 a.m. – 3 p.m. CT, Saturday

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 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.



(855) 853-0453, (TTY: 711),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday



www.HealthSelect-MAPPO.com

