

# Summary of Benefits 2021

Medicare Advantage Plan  
with Prescription Drugs

Group Name: UC Medicare Choice  
Group Number: 15896

H2001-847-000

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



Toll-free **1-866-887-9533**, TTY **711**

8 a.m. - 8 p.m. PT, 7 days a week



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



# 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/uc](http://www.UHCRetiree.com/uc) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

### **About UC Medicare Choice.**

The University of California (UC) has selected UnitedHealthcare® to offer UC Medicare Choice, a UnitedHealthcare® Group Medicare Advantage (PPO) which 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 the University of California (plan sponsor).

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

### **About providers and network pharmacies.**

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, 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.<sup>#</sup> If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.UHCRetiree.com/uc](http://www.UHCRetiree.com/uc) 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.

<sup>#</sup>Outpatient licensed behavioral health providers do not need to participate in Medicare.

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator or go to <a href="http://ucal.us/oe">ucal.us/oe</a> to determine your actual premium amount, if applicable.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each 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 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>	

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>1</sup></b>		\$250 copay per stay	\$250 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)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$20 copay	\$20 copay
	Specialists <sup>1</sup>	\$20 copay	\$20 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell.  \$20 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$20 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
<b>Preventive Care</b>	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training	

## Benefits

		In-Network	Out-of-Network
		<p>Glaucoma screening            Hepatitis C screening            HIV screening            Kidney disease education            Lung cancer with low dose computed tomography (LDCT) screening            Medical nutrition therapy services            Medicare Diabetes Prevention Program (MDPP)            Obesity screenings and counseling            Prostate cancer screenings (PSA)            Sexually transmitted infections screenings and counseling            Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)            Vaccines, including flu shots, hepatitis B shots, pneumococcal shots            “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Emergency Care</b>		<p>\$65 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>	

## Benefits

		In-Network	Out-of-Network
<p><b>Urgently Needed Services</b> Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Covered services include urgently needed services obtained at a retail walk-in clinic or an urgent care center. Worldwide coverage for urgently needed services when medical services are needed right away because of an illness, injury, or condition that you did not expect or anticipate, and you can't wait until you are back in our plan's service area to obtain services. There is no additional cost share if you get multiple services in a visit.</p>		<p>\$20 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>\$20 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><b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b></p>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	\$0 copay	\$0 copay
	Lab services <sup>1</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay	\$0 copay
	Therapeutic Radiology <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient x-rays <sup>1</sup>	\$0 copay	\$0 copay
<p><b>Hearing Services</b></p>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$20 copay	\$20 copay
	Routine hearing exam	\$20 copay (1 exam per plan year)*	\$20 copay (1 exam per plan year)*
	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*.

## Benefits

		In-Network	Out-of-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$20 copay	\$20 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$20 copay (1 exam every 12 months)*	\$20 copay (1 exam every 12 months)*
<b>Mental Health</b>	Inpatient visit (including inpatient substance abuse services) <sup>1</sup>	\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>1</sup>	\$20 copay	\$20 copay
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay	\$20 copay
	Virtual Behavioral Visits	\$20 copay	\$20 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day	\$0 copay per day
		Our plan covers unlimited days in a SNF per benefit period.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		\$20 copay	\$20 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay	\$0 copay

## Benefits

		In-Network	Out-of-Network
<b>Post-Discharge Routine Transportation</b>		<p>\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare Clinical Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through LogistiCare to plan approved, medically related appointments (locations). Restrictions apply. Contact LogistiCare for additional details and to schedule your trips:            (833) 219-1182, TTY: 844-488-9724, 8:00 a.m.- 5:00 p.m. Monday - Friday Local Time            or by visiting <a href="http://www.logisticare.com/BookNow">www.logisticare.com/BookNow</a></p>	
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay	\$0 copay



## 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.

The University of California 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 [www.UHCRetiree.com/uc](http://www.UHCRetiree.com/uc) or call Customer Service to have a hard copy sent to you.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. 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</b>	<b>Retail Cost-Sharing<sup>†**</sup></b>	<b>Mail Order or Retail Cost-Sharing<sup>†**</sup></b>
	<b>One-month supply</b>	<b>Three-month supply</b>
Tier 1: Preferred Generic	\$5 copay	\$10 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$25 copay	\$50 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. Your cost is the same as it was in the Initial Coverage Stage.	
<b>Stage 4: Catastrophic Coverage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$6,550 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

†Please see the Additional Drug Coverage for the plan's \$0 copay drugs.

\* \* Includes UC Medical Center pharmacies

### **Pharmacy Out-of-Pocket Maximum**

When your **total** Out-of-Pocket costs (what you pay) reach \$2,000 you will not pay any copay or coinsurance.

## Additional Benefits

		In-Network	Out-of-Network
<b>Acupuncture</b>	Medicare-covered acupuncture	\$20 copay	\$20 copay
	Routine acupuncture	\$20 copay (Up to 24 visits per plan year)*	\$20 copay (Up to 24 visits per plan year)*
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$20 copay	\$20 copay
	Routine chiropractic care	\$20 copay (Up to 24 visits per plan year)*	\$20 copay (Up to 24 visits per plan year)*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>

## Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay	\$0 copay
<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="https://www.silversneakers.com">SilverSneakers.com</a> or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
<b>Podiatry Services (Foot care)</b>	Foot exams and treatment <sup>1</sup>	\$20 copay	\$20 copay
	Routine foot care	\$20 copay for each visit (Up to 12 visits per plan year)*	\$20 copay for each visit (Up to 12 visits per plan year)*
<b>Home Health Care<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		<p>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.</p>	

## Additional Benefits

		In-Network	Out-of-Network
<b>Post-Discharge Meals</b>		<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	
<b>NurseLine</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Occupational Therapy Visit<sup>1</sup></b>		\$20 copay	\$20 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>	\$20 copay	\$20 copay
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay	\$20 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.

\*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 and a Medicare-approved Part D sponsor. 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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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

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

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

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

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

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 ten 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.

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.