



Summary of Benefits 2024

HealthSelectSM Medicare Advantage Plan

Group Number: 13546

H2001-817-000

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



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

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



HealthSelect-MAPPO.com

**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 **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.

HealthSelect Medicare Advantage Plan PPO

Medical premium and limits	
	In-network and 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	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

Medical benefits		
		In-network and out-of-network
Inpatient hospital care¹		\$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
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
Doctor visits	Primary care provider	\$0 copay
	Virtual doctor visits offered by Doctor on Demand and AmWell	\$0 copay
	Specialists ¹	\$0 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year
	Medicare-covered preventive care	\$0 copay
	<ul style="list-style-type: none"> □ 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 	

Medical benefits

In-network and out-of-network

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|--|--|
| <ul style="list-style-type: none"> □ 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 | <ul style="list-style-type: none"> □ 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

\$0 copay (worldwide)

Urgently needed services

\$0 copay (worldwide)

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

Diagnostic radiology services (e.g. MRI, CT scan)¹

\$0 copay

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

\$0 copay

Therapeutic radiology¹

\$0 copay

Outpatient X-rays¹

\$0 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$0 copay

Medical benefits		In-network and out-of-network
	Routine hearing exam	\$0 copay, 1 exam per plan year
	Hearing Aids	The plan pays up to a \$2,000 allowance for prescription hearing aids every 3 years through in and out of network providers. The allowance can be utilized for non-prescription hearing aids available through UnitedHealthcare Hearing only.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months
Mental Health	Inpatient visit ¹	\$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
	Outpatient individual therapy visit ¹	\$0 copay
	Virtual behavioral visits	\$0 copay
	Skilled nursing facility (SNF)¹	\$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.
	Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹	\$0 copay
	Ambulance²	\$0 copay

Medical benefits

		In-network and out-of-network
Routine transportation[^] ModivCare		\$0 copay for 24 one-way rides to medically related appointments and the pharmacy with ModivCare. Restrictions apply. Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or modivcare.com/BookNow
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$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.

Additional benefits

		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay
	Routine chiropractic services	\$0 copay, up to 30 visits per plan year
Diabetes management	Diabetes monitoring supplies ¹	\$0 copay HealthSelect MA PPO only covers Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay

Additional benefits

		In-network and out-of-network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay
	Wigs	\$0 copay for wigs for hair loss due to chemotherapy
Fitness program[^] 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. 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.
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year
Over-the-counter (OTC) card[^] Healthy Benefits Plus		\$0 copay Upon enrollment, you will receive a pre-paid debit card to use for over-the-counter products. Each quarter (January, April, July and October) \$40 will be automatically applied to the card to purchase approved OTC items from network retail locations or through the OTC catalog. OTC catalog 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. Shop in store, call or go online. 1-833-818-8696, TTY 711, visit HealthyBenefitsPlus.com/ERSMA , or download the Healthy Benefits Plus app.

Additional benefits

In-network and out-of-network

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 care¹

\$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 personal care[^] CareLinx

\$0 copay for 8 hours every month of non-medical personal care like companionship, meal prep, medication reminders and more with a CareLinx professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply. Call or go online to get non-medical personal care services. 1-800-337-3996 or carelinx.com/ers-ma.

Personal emergency response system (PERS)[^] Lifeline

\$0 copay for a personal emergency response system.

Help is only a button press away. A PERS wearable device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-655-4406, TTY 711 or lifeline.com/uhcgroup

24/7 Nurse Support[^]

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

Additional benefits

		In-network and out-of-network
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
Private duty nursing¹		<p>We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>30% coinsurance for each visit, up to \$8,000 per plan year</p> <p>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>

Additional benefits

	In-network and out-of-network
Rally Coach™ Programs[^]	<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>Call or go online to get started today. rallyhealth.com/retiree</p> <ul style="list-style-type: none">• Real Appeal 1-844-924-7325, TTY 711• Rally Wellness Coaching 1-800-478-1057, TTY 711• Tobacco Cessation 1-866-784-8454, TTY 711 <p>* Refer to your Evidence of Coverage for eligibility requirements</p>
Renal Dialysis¹	\$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. Coverage for these services are in addition to your Medicare Advantage plan benefits. Unlike your Medicare Advantage plan medical coverage, you cannot file a Medicare appeal or grievance for non-Medicare benefits. If you have questions, please call Customer Service using the information on the back cover of this booklet.

About this plan

HealthSelect Medicare Advantage Plan PPO 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 PPO 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 **HealthSelect-MAPPO.com** to search for a network provider using the online directory.

Required Information

HealthSelect Medicare Advantage Plan PPO is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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).

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

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

The provider network may change at any time. You will receive notice 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.

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.

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.