



Summary of Benefits 2023

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): USGVI Premium Plan

Group Number: 97003

H2001-868-000

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 **1-866-827-9022**, TTY **711**

8 a.m.-8 p.m. ET, Monday - Friday



retiree.uhc.com/GVI

United Healthcare

Summary of Benefits

January 1, 2023 - December 31, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com/GVI or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

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

About providers 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. 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 retiree.uhc.com/GVI 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.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

| | 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 (does not include prescription drugs) | \$0 for Medicare-covered services from any provider |
| | <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p> |

UnitedHealthcare® Group Medicare Advantage (PPO)

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 Cost sharing for additional plan covered services will apply. | 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 | \$0 copay |
| | Specialists ¹ | \$0 copay |
| Preventive Services | Medicare-covered | \$0 copay Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening |

Benefits

| | | In-network and out-of-network |
|---|--|---|
| | | <p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <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* |
| Emergency Care | | <p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> |
| Urgently Needed Services | | <p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p> |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI, CT scan) ¹ | \$0 copay |
| | Lab services ¹ | \$0 copay |
| | Diagnostic tests and procedures ¹ | \$0 copay |

Benefits

| | | In-network and out-of-network |
|---|--|---|
| | Therapeutic radiology ¹ | \$0 copay |
| | Outpatient X-rays ¹ | \$0 copay |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ¹ | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 exam per plan year* |
| | Hearing Aids UnitedHealthcare Hearing | Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing. |
| 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. |
| | 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 |

Benefits

| | | In-network and out-of-network |
|---|---------------------------------|---|
| | | Our plan covers up to 100 days in a SNF per benefit period. |
| Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹ | | \$0 copay |
| Ambulance² | | \$0 copay |
| Routine Transportation | | Not covered |
| Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ¹ | \$0 copay |
| | Other Part B drugs ¹ | \$0 copay |

Prescription Drugs

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

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

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

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

| | | |
|--|---|---|
| Stage 1: Annual Prescription (Part D) Deductible | Since you have no deductible, this payment stage doesn't apply. | |
| Stage 2: Initial Coverage (After you pay your deductible, if applicable) | Retail Cost-Sharing | Mail Order Cost-Sharing |
| | 30-day supply | 90-day supply |
| Tier 1: Preferred Generic | \$10 copay | \$20 copay |
| Tier 2: Preferred Brand | \$40 copay | \$80 copay |
| Tier 3: Non-preferred Drug | 50% coinsurance, with a \$95 copay maximum | 50% coinsurance, with a \$190 copay maximum |
| Tier 4: Specialty Tier | 50% coinsurance, with a \$95 copay maximum | 50% coinsurance, with a \$190 copay maximum |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. | |
| Stage 4: Catastrophic Coverage | After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 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. | |

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 |
| Diabetes Management | Diabetes monitoring supplies ¹ | <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®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> |
| | Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹ | \$0 copay |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ¹ | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ | \$0 copay |

Additional Benefits

| | | In-network and out-of-network |
|---|---|--|
| | Prosthetics (e.g., braces, artificial limbs) ¹ | \$0 copay |
| Fitness program Renew Active® by UnitedHealthcare | | <p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p> |
| Foot Care (podiatry services) | Foot exams and treatment ¹ | \$0 copay |
| | Routine foot care | \$0 copay, 6 visits per plan year* |
| OTC + Healthy Food Benefit Card Healthy Benefits Plus | | <p>\$0 copay</p> <p>\$40 credit each quarter (\$160 a year) to buy approved healthy food and OTC items from network retail locations. Credits expire at the end of the year. Find participating stores by calling 1-866-757-2158 or by visiting HealthyBenefitsPlus.com/USGVI.</p> |
| 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. |
| Telephonic Nurse Services | | Receive access to nurse consultations and additional clinical resources at no additional cost. |
| Opioid Treatment Program Services¹ | | \$0 copay |

Additional Benefits

| | | In-network and out-of-network |
|-----------------------------------|--|---|
| Outpatient Substance Abuse | Outpatient group therapy visit ¹ | \$0 copay |
| | Outpatient individual therapy visit ¹ | \$0 copay |
| Rally Coach™ Programs | | <p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® 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 • Quit for Life 1-866-QUIT-4-LIFE (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.

² 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 or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-827-9022 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. ET, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-827-9022, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora del Este, de lunes a viernes.

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

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

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

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.