



Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Oregon Public Employees Retirement System

H2001-837-000

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



Toll-free **1-844-884-1850**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday



[uhc.com/pers](https://www.uhc.com/pers)

**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 uhc.com/pers 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.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact the PERS Health Insurance Program to determine your actual premium amount.
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,500 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, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits

		In-network and out-of-network
Inpatient hospital care¹		\$100 copay per day: for days 1-3 \$0 copay per day: for days 4 and beyond <hr/> 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)	\$125 copay
	Outpatient surgery	\$125 copay
	Outpatient hospital services, including observation	\$125 copay
Doctor visits	Primary care provider	\$15 copay
	Virtual doctor visits	\$0 copay
	Specialists ¹	\$20 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
<ul style="list-style-type: none"> <input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Diabetes – Self-Management training <input type="checkbox"/> Dialysis training <input type="checkbox"/> Glaucoma screening <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening <input type="checkbox"/> Kidney disease education 		

Medical benefits

In-network and out-of-network

- 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 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

\$65 copay (worldwide)

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.

Urgently needed services

\$20 copay (worldwide)

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 Care” section of this booklet for other costs.

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

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

10% coinsurance

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

10% coinsurance

Medical benefits		
		In-network and out-of-network
	Therapeutic radiology ¹	\$20 copay
	Outpatient X-rays ¹	10% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$20 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$2,400 allowance for hearing aids (combined for both ears) every year. 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	\$20 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$20 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$200 combined allowance for eyeglasses and contact lenses every 24 months.*
Mental Health	Inpatient visit ¹	\$100 copay per day: days 1-3 \$0 copay per day: days 4-190
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$20 copay
	Virtual behavioral visits	\$20 copay

Medical benefits**In-network and out-of-network****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.

Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹

\$20 copay

Ambulance²

\$50 copay

Medicare Part B Drugs

Chemotherapy drugs¹

20% coinsurance

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Other Part B drugs¹

20% coinsurance

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.

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

	Network Retail Pharmacy		
Initial Coverage Stage	(up to a 31-day supply)	(a 32- to a 62-day supply)	(a 63- to a 93-day supply)
Tier 1: Preferred Generic	up to an \$8 copay	up to a \$16 copay	up to a \$24 copay
Tier 2: Generic	up to a \$15 copay	up to a \$30 copay	up to a \$45 copay
Tier 3: Preferred Brand ¹	40% coinsurance, with a \$250 maximum	40% coinsurance, with a \$500 maximum	40% coinsurance, with a \$750 maximum
Tier 4: Non-preferred Brand ¹	40% coinsurance, with a \$250 maximum	40% coinsurance, with a \$500 maximum	40% coinsurance, with a \$750 maximum
Tier 5: Specialty Tier	40% coinsurance, with a \$250 maximum	Not covered	Not covered
Coverage Gap stage	Because there is no coverage gap for your plan, this payment stage does not apply to you.		
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.		
	Network Mail Service Pharmacy		
Initial Coverage Stage	(up to a 31-day supply)	(a 32- to a 62-day supply)	(a 63- to a 93-day supply)
Tier 1: Preferred Generic	up to an \$8 copay	up to a \$16 copay	up to a \$16 copay
Tier 2: Generic	up to a \$15 copay	up to a \$30 copay	up to a \$30 copay
Tier 3: Preferred Brand ¹	40% coinsurance, with a \$250 maximum	40% coinsurance, with a \$500 maximum	40% coinsurance, with a \$750 maximum
Tier 4: Non-preferred Brand ¹	40% coinsurance, with a \$250 maximum	40% coinsurance, with a \$500 maximum	40% coinsurance, with a \$750 maximum
Tier 5: Specialty Tier	40% coinsurance, with a \$250 maximum	Not covered	Not covered
Coverage Gap stage	Because there is no coverage gap for your plan, this payment stage does not apply to you.		
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.		

¹ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 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	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance

Additional benefits		
		In-network and out-of-network
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
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 location you select from our nationwide network, online classes, content about brain health 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	\$20 copay
	Routine foot care	\$20 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care ¹		\$0 copay

Additional benefits		
		In-network and out-of-network
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.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$20 copay
Renal Dialysis¹		\$20 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

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 (in-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 an in-network pharmacy.

You can go to [uhc.com/pers](https://www.uhc.com/pers) 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.

Required Information

UnitedHealthcare® Group Medicare Advantage (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.

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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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 93-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.

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.

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.