



# Summary of Benefits 2024

## **UC Medicare Choice**

Group Name : UC Medicare Choice

Group Number: 15456

H2001-847-000

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

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



**[retiree.uhc.com/uc](https://retiree.uhc.com/uc)**

**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 [retiree.uhc.com/uc](https://retiree.uhc.com/uc) 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.

## UC Medicare Choice

Medical premium and limits	
	In-network and out-of-network
<b>Monthly plan premium</b>	Contact your group plan benefit administrator or go to <a href="https://ucnet.universityofcalifornia.edu/oe">ucnet.universityofcalifornia.edu/oe</a> prior to January 1. After January 1, you can go to <a href="https://ucnet.universityofcalifornia.edu">ucnet.universityofcalifornia.edu</a> .
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 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
<b>Inpatient hospital care<sup>1</sup></b>		\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient hospital<sup>1</sup></b>	Ambulatory surgical center (ASC)	\$100 copay
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$100 copay
	Outpatient hospital services, including observation	\$0 copay
	<b>Doctor visits</b>	Primary care provider
	Virtual doctor visits	\$0 copay using Amwell, Doctor on Demand and Teladoc.  \$20 copay using other providers that have the ability and are qualified to offer virtual medical visits.
	Specialists <sup>1</sup>	\$20 copay
<b>Preventive services</b>	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> <li>□ Glaucoma screening</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> </ul>

## Medical benefits

### In-network and out-of-network

- 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 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

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.

\$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.

Medical benefits		
		In-network and out-of-network
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$20 copay
	Routine hearing exam	\$20 copay 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$2,000 allowance for hearing aids (combined for both ears) every 3 years.*
<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$20 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
<b>Mental Health</b>	Inpatient visit (including inpatient substance abuse services) <sup>1</sup>	\$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
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay

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

Virtual behavioral visits \$20 copay

**Skilled nursing facility (SNF)<sup>1</sup>** \$0 copay per day

Our plan covers unlimited days in a SNF per benefit period.

**Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup>** \$20 copay

**Ambulance<sup>2</sup>** \$0 copay

**Medicare Part B Drugs** Chemotherapy drugs<sup>1</sup> \$0 copay

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. Other Part B drugs<sup>1</sup> \$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 [retiree.uhc.com/uc](http://retiree.uhc.com/uc) or call Customer Service to have a hard copy sent to you.

The University of California 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.

### 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.

<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>30-day supply</b>	<b>90-day supply</b>
<b>Tier 1:</b> Preferred Generic	\$5 copay	\$10 copay
<b>Tier 2:</b> Preferred Brand <sup>1</sup>	\$25 copay	\$50 copay
<b>Tier 3:</b> Non-preferred Drug <sup>1</sup>	\$40 copay	\$80 copay
<b>Tier 4:</b> Specialty Tier <sup>1</sup>	\$25 copay	\$50 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$5,030, 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.	

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**Stage 4:  
Catastrophic  
coverage**

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During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

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<sup>1</sup> 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.

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

\*\*Includes UC Medical Center pharmacies



**Additional benefits**

		In-network and out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay
	Routine acupuncture services	\$20 copay, up to 24 visits per plan year*
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$20 copay
	Routine chiropractic services	\$20 copay, up to 24 visits per plan year*
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	\$0 copay  We only cover 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 <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay

**Additional benefits**

		In-network and out-of-network
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay
<b>Fitness program</b> 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 <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> 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 &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Podiatry services (Foot care)</b>	Foot exams and treatment <sup>1</sup>	\$20 copay
	Routine foot care	\$20 copay, 12 visits per plan year*

Additional benefits		
		In-network and out-of-network
<b>UnitedHealthcare</b> 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"> <li><input type="checkbox"/> 28 home-delivered meals*</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy*</li> <li><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.</li> </ul> <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>
<b>Home health care</b> <sup>1</sup>		\$0 copay
<b>Hospice</b>		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.
<b>Personal emergency response system (PERS)</b> Lifeline		<p>\$0 copay for a personal emergency response system.</p> <p>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. 1-855-595-8485, TTY 711 or <a href="http://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a></p>
<b>24/7 Nurse Support</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid treatment program services</b> <sup>1</sup>		\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$20 copay
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay

## Additional benefits

### In-network and out-of-network

#### Renal Dialysis<sup>1</sup>

\$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

## 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 plan is only available to Medicare-eligible retirees who reside in California. You can get services nationwide, but you must continue to live in California to remain a member of the plan.

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

## About providers and network pharmacies

UC Medicare Choice 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/uc](https://retiree.uhc.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.

\*Outpatient licensed behavioral health providers do not need to participate in Medicare.

## Required Information

UC Medicare Choice (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](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 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 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.

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.