

Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): APWU Health Plan
Group Number: 13468

H2001-857-000

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 **1-855-383-8793**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/APWUHP



Summary of benefits

January 1, 2022 - December 31, 2022

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/APWUHP 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 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 www.UHCRetiree.com/APWUHP 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 | Out-of-Network |
|---|--|----------------|
| Monthly Plan Premium | Contact your group plan benefit administrator to determine your actual premium amount, if applicable. | |
| Part B Premium Reduction | \$50.00 | |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>\$0 for Medicare-covered services from any provider</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> | |

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

| | | In-Network | Out-of-Network |
|---|---|--|--------------------|
| Inpatient Hospital Care¹ | | \$0 copay per stay | \$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 | \$0 copay |
| | Outpatient surgery | \$0 copay | \$0 copay |
| | Outpatient hospital services, including observation | \$0 copay | \$0 copay |
| Doctor Visits | Primary Care Provider | \$0 copay | \$0 copay |
| | Virtual Doctor Visits | \$0 copay | \$0 copay |
| | Specialists ¹ | \$0 copay | \$0 copay |
| Preventive Services | 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 Glaucoma screening Hepatitis C screening HIV screening | |

Benefits

| | | In-Network | Out-of-Network |
|---|--|---|-----------------------------|
| | | <p>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)</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* | \$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” 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 | \$0 copay |
| | Lab services ¹ | \$0 copay | \$0 copay |

Benefits

| | | In-Network | Out-of-Network |
|--|--|---|---|
| | Diagnostic tests and procedures ¹ | \$0 copay | \$0 copay |
| | Therapeutic Radiology ¹ | \$0 copay | \$0 copay |
| | Outpatient x-rays ¹ | \$0 copay | \$0 copay |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ¹ | \$0 copay | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 exam per plan year* | \$0 copay, 1 exam per plan year* |
| | Hearing Aids | Through UnitedHealthcare Hearing, the plan pays up to a \$1,500 allowance (combined for both ears) for hearing aid(s) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing. | Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered. |
| Routine dental services See Evidence of Coverage for more details. | Oral exams | \$0 copay, 2 procedures per plan year. | \$0 copay, 2 procedures per plan year. |
| | Routine cleaning | \$0 copay, 2 procedures per plan year. | \$0 copay, 2 procedures per plan year. |
| | Dental bitewing X-rays | \$0 copay, 1 procedure per plan year. | \$0 copay, 1 procedure per plan year. |
| | Minor Services (Includes Fillings and Nitrous Oxide) | 20% coinsurance | 20% coinsurance |

Benefits

| | | In-Network | Out-of-Network |
|---|--|--|------------------------------------|
| | Major Services (Includes Crowns, Root Canals, and other restorative services) | 50% coinsurance | 50% coinsurance |
| | Benefit Limit | \$50 yearly deductible and \$1,000 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount. | |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ¹ | \$0 copay | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay | \$0 copay |
| | Routine eye exam | \$0 copay, 1 exam every 12 months* | \$0 copay, 1 exam every 12 months* |
| Mental Health | Inpatient visit ¹ | \$0 copay per stay | \$0 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. | |
| | Outpatient group therapy visit ¹ | \$0 copay | \$0 copay |
| | Outpatient individual therapy visit ¹ | \$0 copay | \$0 copay |
| | Virtual Behavioral Visits | \$0 copay | \$0 copay |
| Skilled Nursing Facility (SNF)¹ | | \$0 copay per day: days 1-20 | \$0 copay per day: days 1-20 |
| | | \$0 copay per day: days 21-100 | \$0 copay per day: days 21-100 |
| | | Our plan covers up to 100 days in a SNF per benefit period. | |

Benefits

| | | In-Network | Out-of-Network |
|---|---------------------------------|------------|----------------|
| Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹ | | \$0 copay | \$0 copay |
| Ambulance² | | \$0 copay | |
| Medicare Part B Drugs | Chemotherapy drugs ¹ | \$0 copay | \$0 copay |
| | Other Part B drugs ¹ | \$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.

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 www.UHCRetiree.com/APWUHP 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 | \$30 copay | \$60 copay |
| Tier 3: Non-preferred Drug | \$45 copay | \$90 copay |
| Tier 4: Specialty Tier | \$60 copay | \$120 copay |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$4,430, 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 \$7,050 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. | |

Additional Benefits

| | | In-Network | Out-of-Network |
|------------------------------|---|--|--|
| Acupuncture Services | Medicare-covered acupuncture (for chronic low back pain) | \$0 copay | \$0 copay |
| | Routine Acupuncture Services | \$0 copay, up to 26 visits per plan year* | \$0 copay up to 26 visits per plan year* |
| Chiropractic Services | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹ | \$0 copay | \$0 copay |
| | Routine chiropractic services | \$0 copay, up to 24 visits per plan year* | \$0 copay, up to 24 visits per plan year* |
| 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> | <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> |

Additional Benefits

| | | In-Network | Out-of-Network |
|---|---|---|------------------------------------|
| | Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹ | \$0 copay | \$0 copay |
| | Diabetes self-management training | \$0 copay | \$0 copay |
| | Therapeutic shoes or inserts ¹ | \$0 copay | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ | \$0 copay | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ¹ | \$0 copay | \$0 copay |
| Fitness program SilverSneakers® | | <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, call 1-888-423-4632, TTY 711, 7 a.m. to 7 p.m. CT, Monday through Friday, or visit SilverSneakers.com.</p> | |
| Foot Care (podiatry services) | Foot exams and treatment ¹ | \$0 copay | \$0 copay |
| | Routine foot care | \$0 copay, 6 visits per plan year* | \$0 copay, 6 visits per plan year* |

Additional Benefits

| | In-Network | Out-of-Network |
|--|---|----------------|
| Over-the-counter care FirstLine Medical | \$0 copay; You receive \$40 each quarter to purchase over the counter personal health care items as shown in the FirstLine Essentials website or catalog. Credits expire the last day of each quarter. To access your benefit please call 1-800-933-2914, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits.com or refer to the program materials. | |
| UnitedHealthcare Healthy at Home | \$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge: <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals from Mom’s Meals when referred by an advocate.* To order meals, call 1-866-204-6111, 7 a.m. – 6 p.m. CT, Monday – Friday. <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by an advocate.* Schedule your ride at www.modivcare.com/BookNow or call 1-833-219-1182, TTY 1-844-488-9724, 8 a.m. – 5 p.m. Local Time, Monday – Friday. <input type="checkbox"/> 6 hours of in-home personal care services through CareLinx – a professional caregiver can help with preparing meals, light housekeeping, medication reminders, and more. To use this benefit, visit www.carelinx.com/UHC-retiree-post-discharge or call 1-844-383-0411, 8 a.m. – 7 p.m. CT Monday – Friday and 10 a.m. – 6 p.m. CT Saturday and Sunday. No referral required. <p>* Call Customer Service to request an advocate referral for each discharge.</p> | |
| Home Health Care¹ | \$0 copay | \$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 | \$0 copay |

Additional Benefits

| | | In-Network | Out-of-Network |
|--|--|---|----------------|
| Outpatient Substance Abuse | Outpatient group therapy visit ¹ | \$0 copay | \$0 copay |
| | Outpatient individual therapy visit ¹ | \$0 copay | \$0 copay |
| Tobacco Cessation Program Quit for Life [®] | | \$0 copay; With the Quit for Life [®] Tobacco Cessation Program you will have access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit rallyhealth.com/quitforlife | |
| Renal Dialysis¹ | | \$0 copay | \$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 1-855-383-8793 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 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 1-855-383-8793, 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 local, 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 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 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.

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.