



Medicare Advantage plan

# Summary of benefits 2022

**UnitedHealthcare® Group Medicare Advantage Edge (PPO)**

Group Name (Plan Sponsor): CalPERS

H2001-817-000

Look inside to take advantage of the health services the plan provides.  
Call Customer Service or go online for more information about the plan.



**Toll-free 1-888-867-5581, TTY 711**

7 a.m.–8 p.m. local time, 7 days a week



**[www.UHCRetiree.com/calpers](http://www.UHCRetiree.com/calpers)**

**United  
Healthcare**

# 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/calpers](http://www.UHCRetiree.com/calpers) 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 Edge (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 U.S. territories.

## About providers

UnitedHealthcare Group Medicare Advantage Edge (PPO) has a network of doctors, hospitals, 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.

You can go to [www.UHCRetiree.com/calpers](http://www.UHCRetiree.com/calpers) to search for a network provider using the online directory.

# UnitedHealthcare® Group Medicare Advantage Edge (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.	
Maximum out-of-pocket amount	<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.</p>	

# UnitedHealthcare® Group Medicare Advantage Edge (PPO)

## Benefits

		In-network	Out-of-network
Inpatient hospital <sup>1</sup>		\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient hospital <sup>1</sup> 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 <sup>1</sup>	\$0 copay	\$0 copay

## Benefits

		In-network	Out-of-network
Preventive care	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 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 flu shots, hepatitis B shots, pneumococcal shots “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%.	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency care		\$0 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.	

## Benefits

		In-network	Out-of-network
<b>Urgently needed services</b>		\$0 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” section of this booklet for other costs.	
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI) <sup>1</sup>	\$0 copay	\$0 copay
	Lab services <sup>1</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay	\$0 copay
	Therapeutic radiology <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay	\$0 copay
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing aids	The plan pays up to a \$2,000 allowance (combined for both ears) for hearing aid(s) every 2 years*	The plan pays up to a \$2,000 allowance (combined for both ears) for hearing aid(s) every 2 years*
<b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$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*
	Routine eyewear	Plan pays up to \$130 for eyeglasses every 12 months. Or, up to \$100 for contact lenses instead of eyeglasses every 12 months.*	Plan pays up to \$130 for eyeglasses every 12 months. Or, up to \$100 for contact lenses instead of eyeglasses every 12 months.*

## Benefits

		In-network	Out-of-network
<b>Mental health</b>	Inpatient visit <sup>1</sup>	\$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 <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay	\$0 copay
	Virtual behavioral visits	\$0 copay	\$0 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day	\$0 copay per day
		Our plan covers unlimited days in a SNF per benefit period.	
<b>Outpatient rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay	
<b>Post-discharge routine transportation</b> ModivCare		\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through ModivCare to plan approved, medically related appointments (locations). Restrictions apply. Contact ModivCare for additional details and to schedule your trips:  1-833-219-1182, TTY 1-844-488-9724, 8 a.m.–5 p.m. Monday–Friday, Local Time, or by visiting <a href="http://www.modivcare.com/BookNow">www.modivcare.com/BookNow</a>	
<b>Medicare Part B drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay	\$0 copay

## Additional benefits

		In-network	Out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay	\$0 copay
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$0 copay	\$0 copay
<b>Routine chiropractic and acupuncture services</b>	Routine chiropractic and acupuncture and services	\$15 copay, up to 20 total visits per plan year*	\$15 copay, up to 20 total visits per plan year*
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	<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>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay	\$0 copay



## Additional benefits

		In-network	Out-of-network
<b>Durable Medical Equipment (DME) and related supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay	\$0 copay
<b>Fitness program</b> 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 <a href="https://www.silversneakers.com">SilverSneakers.com</a></p>	
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*	\$0 copay, 6 visits per plan year*
<b>Home health care<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Hospice</b>		<p>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.</p>	
<b>In-home non-medical care</b> CareLinx		<p>\$0 copay; Coverage includes 16 hours of in-home, non-medical care per month through provider CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your benefit, contact CareLinx at 1-833-253-5403, 8 a.m.–7 p.m. CT, Monday–Friday &amp; 10 a.m.–6 p.m. CT, Saturday and Sunday or by visiting <a href="https://www.carelinx.com/calpers">www.carelinx.com/calpers</a>.</p>	
<b>Post-discharge meals</b> Mom's Meals		<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program.</p> <p>1-866-204-6111, TTY 711, 7 a.m.–6 p.m. CT, Monday–Friday or by visiting <a href="https://www.MomsMeals.com/uhc">www.MomsMeals.com/uhc</a>. Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	

## Additional benefits

		In-network	Out-of-network
<b>Telephonic nurse services</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Occupational therapy visit<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay	\$0 copay
<b>Tobacco cessation program</b> 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 <a href="http://rallyhealth.com/quitforlife">rallyhealth.com/quitforlife</a>	
<b>Weight management program</b> Real Appeal		\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at <a href="http://uhc.realappeal.com">uhc.realappeal.com</a> or call 1-844-924-7325, TTY 711, Monday–Friday, 6 a.m.–10 p.m. CT.  *Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care physician before joining the program.	
<b>Renal dialysis<sup>1</sup></b>		\$0 copay	\$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

## 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](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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-867-5581 for additional information (TTY users should call 711). Hours are 7 a.m. - 8 p.m. local time, 7 days a week.

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 1-888-867-5581, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 8 p.m., hora local, los 7 días de la semana.

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

Benefits, premium and/or copayments/coinsurance may change each plan year.

The 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.