

# Summary of Benefits 2021

Medicare Advantage Plan

**HealthSelect<sup>SM</sup> Medicare Advantage Plan**  
Group Number: 13546

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 **(855) 853-0453**, (TTY: **711**)

7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 3 p.m. CT, Saturday



**[www.HealthSelect-MAPPO.com](http://www.HealthSelect-MAPPO.com)**



# Summary of Benefits

## **January 1, 2021 - December 31, 2021**

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.HealthSelect-MAPPO.com](http://www.HealthSelect-MAPPO.com) or you can call Customer Service for help. You will receive information that tells you where you can go online to view your Evidence of Coverage once Medicare accepts your enrollment in this plan.

### **About this plan.**

HealthSelect Medicare Advantage Plan is a Medicare Advantage PPO plan with a Medicare contract (MA PPO).

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 ERS.

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

### **About providers.**

HealthSelect Medicare Advantage Plan has a network of doctors, hospitals, 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 accept Medicare.

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

# HealthSelect Medicare Advantage Plan

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
<b>Maximum Out-of-Pocket Amount</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	
	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 year.  Please note that you will still need to pay your monthly premiums, if applicable.	

# HealthSelect Medicare Advantage Plan

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital<sup>1</sup></b>		\$0 copay per stay	\$0 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)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay	\$0 copay
	Virtual Doctor Visits offered by Doctor on Demand and AmWell	\$0 copay	\$0 copay
	Specialists <sup>1</sup>	\$0 copay	\$0 copay
<b>Preventive Care</b>	Medicare-covered preventive care	\$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	

## Benefits

		In-Network	Out-of-Network
		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 Benefit is combined in-network and out-of-network
<b>Emergency Care</b>		\$0 copay (worldwide)	\$0 copay (worldwide)
<b>Urgently Needed Services</b>		\$0 copay (worldwide)	\$0 copay (worldwide)
<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

## Benefits

		In-Network	Out-of-Network
<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) Benefit is combined in-network and out-of-network
	Hearing Aids	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years.	The plan pays up to a \$2,000 allowance for hearing aid(s) every 3 years. Benefit is combined in-network and out-of-network
<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 exams	\$0 copay (1 exam every 12 months)	\$0 copay (1 exam every 12 months) Benefit is combined in-network and out-of-network
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay, up to 190 days	\$0 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay. Benefit is combined in-network and out-of-network.	
	Outpatient group therapy visit <sup>1</sup>	\$0 copay	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay	\$0 copay

## Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$0 copay	\$0 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100	\$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. Benefit is combined in-network and out-of-network.	
<b>Physical Therapy and speech and language therapy visit<sup>1</sup></b>		\$0 copay	\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Routine Transportation</b>		\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to approved medically related appointments (locations) through LogistiCare. Restrictions apply. Contact LogistiCare for additional details and to schedule your trips: (833) 219-1182, TTY: 844-488-9724, 8:00 a.m.- 5:00 p.m. Monday - Friday Local Time or by visiting <a href="http://www.logisticare.com/BookNow">www.logisticare.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

<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.

## Extra Benefits and Programs

		In-Network	Out-of-Network
<b>Acupuncture</b>	Medicare-covered acupuncture	\$0 copay	\$0 copay
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$0 copay	\$0 copay
	Routine chiropractic care	\$0 copay (Up to 30 visits per plan year)	\$0 copay (Up to 30 visits per plan year) Benefit is combined in-network and out-of-network
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>HealthSelect MA PPO only covers Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, 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>HealthSelect MA PPO only covers Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, 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>



## Extra Benefits and Programs

		In-Network	Out-of-Network
	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
<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
	Wigs after Chemotherapy (for hair loss that is a result of Chemotherapy)	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year.	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year.
<b>Fitness program through SilverSneakers® ^</b>		<p>Stay active with a basic gym membership at a participating location at no extra cost to you. Members also have access to group exercise classes at participating locations as well as access to SilverSneakers FLEX® classes to get active outside of traditional gyms. If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga. To get started, obtain your SilverSneakers ID number by visiting <a href="http://SilverSneakers.com">SilverSneakers.com</a> or call 1-888-423-4632, TTY 711, Monday - Friday, 8 a.m. - 8 p.m. ET.</p>	

## Extra Benefits and Programs

		In-Network	Out-of-Network
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay	\$0 copay
	Routine foot care	\$0 copay for each visit (Up to 6 visits per plan year)	\$0 copay for each visit (Up to 6 visits per plan year) Benefit is combined in-network and out-of-network
<b>FirstLine Essentials+<sup>^</sup></b>		<p>You will receive a \$40 quarterly credit (\$160 each year in January, April, July and October) to purchase over the counter (OTC) personal health care items from the FirstLine Essentials+ website or catalog. These OTC items will be delivered to your home at no additional cost. The quarterly credit may be carried over from month to month, but must be used by December 31. Each order must have a minimum of \$30. There is no limit on the number of orders. To access your benefit please call 1-866-868-2489, 7 a.m. – 7 p.m. CT, Monday – Friday &amp; 7 a.m. – 4 p.m. CT Saturday, visit <a href="http://www.ShopFirstLineBenefits-ERS-MA.com">www.ShopFirstLineBenefits-ERS-MA.com</a> or refer to the program materials.</p>	
<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 <sup>^</sup></b>		<p>\$0 copay; Coverage includes eight hours of in-home, non-medical care per month through CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your extra benefit, contact CareLinx at (800) 337-3996 8 a.m. - 9 p.m. CT Monday - Friday &amp; 10 a.m. - 6 p.m. CT Saturday and Sunday or by visiting <a href="http://www.carelinx.com/ers-ma">www.carelinx.com/ers-ma</a>.</p>	

## Extra Benefits and Programs

		In-Network	Out-of-Network
<b>Post-Discharge Meals ^</b>		<p>\$0 copay; This program provides coverage for up to 84 home-delivered meals immediately following an inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per plan year through the provider Mom's Meals. Restrictions apply.</p> <p>Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667</p> <p>Hours of Operation: Monday - Friday from 7am to 6pm Central Time</p> <p>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>	
<b>Personal Emergency Response System (PERS) (Medical Alert System) ^</b>		<p>\$0 copay; With the Personal Emergency Response System (PERS) help is only a button away. Members can have peace of mind knowing that in any emergency situation the PERS in-home medical alert device can get them help quickly, 24 hours a day at no additional cost. For additional information or to order your free device please call 1 855-655-4406, TTY 711, Monday - Friday 8 a.m. - 8:30 p.m. ET &amp; Saturday 9 a.m - 5:30 p.m. ET or by visiting <a href="http://www.lifeline.philips.com/uhcgroup">www.lifeline.philips.com/uhcgroup</a>.</p>	
<b>NurseLine</b>		<p>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
<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

## Extra Benefits and Programs

	In-Network	Out-of-Network
<b>Private duty nursing</b>	<p>We cover medically necessary nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the home due to a medical condition.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>30% coinsurance There is a \$8,000 limit per plan year for private duty nursing services. Once the plan has paid \$8,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.</p>	
<b>Quit For Life® Tobacco Cessation Program ^</b>	<p>\$0 copay; With the Quit for Life® Tobacco Cessation Program, you will have 24/7 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://www.quitnow.net">www.quitnow.net</a></p>	
<b>Rally Wellness Coaching ^</b>	<p>\$0 copay; Rally Wellness Coaching includes access to clinically validated, expert-led online learning and live coach support across a variety of different topics that promote whole person health such as general wellness, stress management, diabetes, lifestyle and more at no additional cost.</p> <p>Get started today at <a href="http://RallyHealth.com/Wellness">RallyHealth.com/Wellness</a> or call 1-800-478-1057, TTY 711, 7 a.m. - 10 p.m. CT, Monday - Thursday &amp; 7 a.m. - 7 p.m. CT Fridays &amp; 8 a.m.- 4:30 p.m. CT Saturdays.</p>	

## Extra Benefits and Programs

	In-Network	Out-of-Network
<b>Real Appeal Weight Management Program ^</b>	\$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, 8 a.m. – 9 p.m. CT, Monday – Friday, & 10 a.m. – 6 p.m. CT, Saturday and Sunday * Real Appeal is available at no additional cost to members with a BMI of 19 and higher.	
<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.

^ ERS cannot and does not guarantee the length of time that a specific type of Extra Benefit shall be offered. Any questions or concerns about these products or services, should be directed to UnitedHealthcare.

## Required Information

This plan 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.

This plan may offer supplemental benefits in addition to Part C 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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

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

This information is not a complete description of benefits. For more information, please call our Customer Service number located on the first page of this book. Limitations, copayments and restrictions may apply.

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

The provider network may change at any time. You will receive notice if provider network changes are significant or if a recently used provider is leaving the network.

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 located on the first page of this book for more information. You can also see your Evidence of Coverage for additional information, including cost-sharing that applies to out-of-network services.

The Nurseline service 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 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.