

Summary of benefits 2022

Medicare Advantage plan

HealthSelectSM 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



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.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 to search for a network provider using the online directory.

HealthSelect Medicare Advantage Plan

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	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 plan 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
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	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 offered by Doctor on Demand and AmWell	\$0 copay	\$0 copay
	Specialists ¹	\$0 copay	\$0 copay
Preventive Services	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
		<p>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 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 Benefit is combined in-network and out-of-network
Emergency Care		\$0 copay (worldwide)	\$0 copay (worldwide)
Urgently Needed Services		\$0 copay(worldwide)	\$0 copay (worldwide)
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
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	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 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.
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 Benefit is combined in-network and out-of-network
Mental Health	Inpatient visit ¹	\$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 ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	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 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.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay	\$0 copay
Ambulance²		\$0 copay	\$0 copay
Routine Transportation[^] ModivCare		\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to approved medically related appointments (locations) through ModivCare. 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 www.modivcare.com/BookNow	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$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.

Extra Benefits and Programs

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay	\$0 copay
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 30 visits per plan year	\$0 copay, up to 30 visits per plan year Benefit is combined in-network and out-of-network
Diabetes Management	Diabetes monitoring supplies ¹	<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®, 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>HealthSelect MA PPO only covers 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>

Extra Benefits and Programs

		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
	Wigs Wigs will be covered for hair loss due to chemotherapy.	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year.	
Fitness program^ SilverSneakers®		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 SilverSneakers.com or call 1-888-423-4632, TTY 711, Monday - Friday, 8 a.m. - 8 p.m. ET.	

Extra Benefits and Programs

		In-Network	Out-of-Network
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 Benefit is combined in-network and out-of-network
Over-the-counter care[^] FirstLine Medical		<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 & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits-ERS-MA.com or refer to the program materials.</p>	

Extra Benefits and Programs

	In-Network	Out-of-Network
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 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	<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>	
In-Home Non-Medical Care[^] CareLinx	<p>\$0 copay; Coverage includes 8 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 1-800-337-3996 8 a.m. - 7 p.m. CT, Monday - Friday & 10 a.m. - 6 p.m. CT, Saturday and Sunday or by visiting www.carelinx.com/ers-ma.</p>	

Extra Benefits and Programs

		In-Network	Out-of-Network
Personal Emergency Response System (PERS) (Medical Alert System)^ Philips Lifeline		\$0 copay; With a Personal Emergency Response System (PERS), help is a button press away. PERS is an in-home medical alert device that can provide you with confidence, knowing you have quick access to the help 24 hours a day in any situation. For additional information or to order your device please call 1-855-655-4406, TTY 711, 7 a.m. - 7:30 p.m. CT, Monday - Friday & 8 a.m.- 4:30 p.m. CT Saturday or visit www.lifeline.philips.com/uhcgroup .	
Telephonic Nurse Services^		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay

Extra Benefits and Programs

	In-Network	Out-of-Network
Private duty nursing¹	<p>We cover medically necessary skilled 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. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>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. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</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>	

Extra Benefits and Programs

	In-Network	Out-of-Network
Rally Coach programs[^]	<p>\$0 copay; Start living a healthier and happier life with help from the Rally Coach programs:</p> <p>Real Appeal Weight Loss and Real Appeal Diabetes Prevention* - online weight loss programs, Wellness Coaching - online and live coaching support program on topics that promote whole person health and the Quit for Life Tobacco cessation program. Get started today at rallyhealth.com/retiree.</p> <p>For Real Appeal call 1-844-924-7325, TTY 711, 6 a.m. - 10 p.m. CT, Monday – Friday.</p> <p>For Rally Wellness Coaching call 1-800-478-1057, TTY 711, 7 a.m. - 10 p.m. CT, Monday – Thursday; 7 a.m. - 7 p.m. CT, Fridays; 8 a.m.- 4:30 p.m. CT, Saturdays.</p> <p>For Quit for Life call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day, 7 days a week.</p> <p>*Refer to the Evidence of Coverage for eligibility requirements</p>	
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.

[^] ERS cannot and does not guarantee the length of time that a specific type of Extra Benefit shall be offered. Coverage for these services are in addition to your Medicare Advantage plan benefits. Unlike your Medicare Advantage plan medical coverage, you cannot file a Medicare appeal or grievance for non-Medicare benefits. If you have questions, please call Customer Service using the information on the back cover of this booklet.

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 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).

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.

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 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 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.