



See how Bob took advantage of his HealthSelectSM Medicare Advantage (MA PPO) Plan benefits



Bob¹ will soon become eligible for Medicare

He's starting to get a lot of mail and telephone calls from insurance companies, and he wonders how the plans compare with the coverage available to him as a State of Texas retiree. He likes that the HealthSelect Medicare Advantage (MA PPO) Plan is a custom plan sponsored by the Employees Retirement System of Texas (ERS) and administered by UnitedHealthcare.[®]



Learn more about the plan at www.uhcvirtualretiree.com/ers-ma

You can learn about the benefits, programs and services available to you by visiting the Virtual Education Center, a new online resource. View flyers, brochures, videos and more.

Bob learned that his enrollment in the HealthSelect Medicare Advantage (MA PPO) Plan would mean:



No deductible and \$0 copays for nearly all of the benefits



No network restrictions² for Medicare-participating providers



National coverage with worldwide emergency care

Plus, these extra benefits:



SilverSneakers[®]



Renew by UnitedHealthcare



Rally coaching programs



Routine foot care



Routine chiropractic care



Healthy at Home



\$40 quarterly allowance for over-the-counter health products



Hearing Aid allowance plus personalized care through UnitedHealthcare Hearing

United
Healthcare

HealthSelectSM
Medicare Advantage Plan

How the medical coverage works

Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) in this plan at the same cost share as long as they accept the plan and participate in Medicare.

	In-network	Out-of-network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan ³
Do I need to choose a primary care provider (PCP)?	No, you are not required to choose a primary care provider (PCP) in this plan, but it is recommended to have a relationship with a PCP for your ongoing medical care	
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan ³
Are emergency and urgently needed services covered?	Yes	Yes
Is there a limit on how much I can spend on medical services each year?	Yes, there is a \$1,000 combined in-network and out-of-network out-of-pocket maximum that applies each year ⁴	
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who accept Medicare	

¹Actor portrayal. For illustrative purposes only.

²As long as the provider accepts the plan and has not opted out of or been excluded or precluded from Medicare.

³This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

⁴Refer to the Evidence of Coverage for more 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 these plans depends on the plan's contract renewal with Medicare.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.

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