



Plan guide 2022

**Take advantage of all your
Medicare Advantage plan
has to offer**

Employees Retirement System of Texas

HealthSelectSM Medicare Advantage Plan Preferred Provider Organization (MA PPO)

Group Number: 13546



Effective: January 1, 2022 through December 31, 2022

**United
Healthcare**

HealthSelect
Medicare Advantage Plan

Table of contents

Introduction 3

Plan information

Benefit highlights 6
Plan details 9
Summary of benefits 18

What's next

Here's what you can expect next 36
Statements of understanding 37

Get to know the HealthSelectSM Medicare Advantage Plan insured by UnitedHealthcare[®]

Plan Year 2022

Dear Texas Employees Group Benefits Program participant,
As the plan administrator of the HealthSelectSM Medicare Advantage Plan, a preferred provider organization (MA PPO), we at UnitedHealthcare[®] are pleased to offer medical coverage for all Medicare-eligible participants. This plan is a custom Group Medicare Advantage PPO plan designed exclusively for ERS retirees, survivors and eligible dependents. The UnitedHealthcare[®] team is committed to understanding your needs and helping you get the care you need.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Get access to care when you need it
- Find ways to save money on health care so you can focus more on what matters to you

In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services – and how much they cost
- What you can expect after your enrollment

Provider choice

The HealthSelect MA PPO plan allows you to see any provider or facility that accepts Medicare. For the most convenience and no up-front costs, choose providers that are willing to bill UnitedHealthcare. No referral is needed to see any provider under this plan.

Based on the Medicare information you provided to ERS, we will begin to enroll you in the HealthSelect Medicare Advantage Plan, administered by UnitedHealthcare[®]. Your coverage will begin on the effective date noted in the conformation of enrollment you received from ERS.

Other options

If you would like to opt out of this Medicare Advantage plan or switch to another ERS offered medical plan, you must contact ERS at **(877) 275-4377** (TTY: **711**) Monday–Friday, 8 a.m.–5 p.m. CT.

Questions? We're here to help.

We encourage you to read this book and call us at the number below if you have any questions.



www.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym membership



Health & Wellness Experience

This page left intentionally blank.

Plan information

Benefit highlights

HealthSelectSM Medicare Advantage Plan 13546

Effective January 1, 2022 to December 31, 2022

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	No deductible
Annual out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Doctor's office visit	\$0 Primary care provider (PCP)	\$0 Primary care provider (PCP)
	\$0 Virtual doctor visits	\$0 Virtual doctor visits
	\$0 Specialist	\$0 Specialist
Preventive services Medicare-covered	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
	Benefit is combined in-network and out-of-network.	
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$0 copay	\$0 copay
Mental health outpatient and virtual	\$0 Group therapy	\$0 Group therapy
	\$0 Individual therapy	\$0 Individual therapy
	\$0 Virtual visits	\$0 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	\$0 copay	\$0 copay

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$0 copay (worldwide)	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)

Extra benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year	\$0 copay; 1 per plan year Benefit is combined in-network and out-of-network
Chiropractic - routine	\$0 copay, 30 visits per plan year	\$0 copay, 30 visits per plan year Benefit is combined in-network and out-of-network
Foot care - routine	\$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	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.	
UnitedHealthcare^ Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.	
Hearing - routine 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 aids every 3 years.	The plan pays up to a \$2,000 allowance for hearing aids every 3 years. Benefit is combined in-network and out-of-network.

	In-Network	Out-of-Network
Vision - 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
Private duty nursing	30% coinsurance There is a \$8,000 limit per plan year for private duty nursing services.	
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.	
Telephonic Nurse Services[^]	Receive access to nurse consultations and additional clinical resources at no additional cost.	
In-Home non-medical care[^] CareLinx	\$0 copay for 8 hours of personal care services each month.	
Routine transportation[^] ModivCare	\$0 copay for 24 one-way trips to approved medically related appointments.	
Personal Emergency Response System (PERS) (Medical Alert System) [^] Lifeline	\$0 copay for a personal emergency response system.	
Coach programs[^] Rally	\$0 copay for the Rally coach programs: Real Appeal – online weight loss program, Wellness Coaching – online and live coaching support program on topics that promote whole person health and the Quit for Life Tobacco cessation program.	

[^]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.

Before enrolling in this retiree plan, you must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. 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.

Plan details

HealthSelectSM Medicare Advantage Plan

UnitedHealthcare is the insurer of the HealthSelectSM Medicare Advantage Plan, a preferred provider organization, available to all eligible retirees.

The HealthSelect Medicare Advantage Plan is a UnitedHealthcare[®] Group Medicare Advantage (PPO) plan. The word “Group” means this is a plan designed just for ERS. Only eligible retirees of ERS (and their eligible dependents) can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- You must continue paying your Medicare Part B premium to be eligible for coverage under the HealthSelect MA PPO
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Extra programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ **One plan at a time**

- You may be enrolled in only one Medicare Advantage plan at a time
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical coverage through ERS if you enroll in another Medicare Advantage plan after your enrollment in this plan.

✓ **You must have employer group-sponsored coverage**

Your HealthSelect Medicare Advantage PPO plan includes only medical coverage. It does not include prescription drug coverage.

- You have a group-sponsored prescription drug coverage through ERS called HealthSelectSM MedicareRx
- Your Medicare Part D coverage cannot be an individual prescription drug plan
- If you enroll in an individual Part D prescription drug plan, you will be disenrolled from the HealthSelect Medicare Advantage PPO plan

Questions? We're here to help.



www.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday,
7 a.m. – 3 p.m. CT, Saturday

UHEX22PP4956522_001 SPRJ61646

How your medical coverage works

Your plan is a 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 ¹
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 ¹
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 ²	
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	

View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: www.HealthSelect-MAPPO.com

You'll be able to view plan documents, find a provider and access lifestyle and learning articles, recipes, educational videos and more.

¹This 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.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

Getting the health care coverage you may need

Your care begins with your provider

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network
- Even though it's not required, it's important to have a primary care provider (PCP). PCPs are familiar with you and your health, and can help you coordinate your care.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out of the network as long as your provider participates in Medicare and accepts the plan
- With your HealthSelect Medicare Advantage PPO plan, you're connected to programs, resources, tools and people that can help you live a healthier life

Finding a provider is easy

If you need help finding a provider or specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network provider?

A network doctor or health care provider is one who contracts with us to provide services to our members. The providers in our network bill us directly for the care they give you. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions.

An out-of-network provider does not have a contract with us. With the HealthSelect Medicare Advantage PPO plan, you can see any out-of-network provider that participates in Medicare and accepts the plan. We will pay the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim. If this provider does not accept Medicare, then you will be responsible to pay the full cost of the service.

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Take control of your health by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards.



Enjoy a preventive care visit in the privacy of your own home

With UnitedHealthcare® HouseCalls, you get an optional, yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health
- Receive referrals to other health services and more



Telephonic Nurse Support

Speak to a registered nurse 24/7 about your medical concerns at no additional cost to you.



Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease. You get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

With Virtual Visits, you're able to live video chat with a doctor or a behavioral health specialist using your computer, tablet or smartphone — anytime, day or night. First, you will need to register for an account at www.uhcvirtualvisits.com with our Virtual Visit providers AmWell®, Doctor on Demand® and Teladoc®, and then schedule an appointment. You also can download the AmWell, Doctor on Demand or Teladoc apps using your smartphone or tablet.

Virtual doctor visits

Getting sick is never convenient. When you don't feel well, you may not be able to leave your home to go to the doctor's office. With Virtual Doctor Visits, you can ask questions about a medical problem or concern, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual behavioral health visits

Consult a licensed behavioral health professional any day of the week online with a Virtual Behavioral Health Visits. A Virtual Behavioral Health Visit is similar to an outpatient visit to a behavioral health provider's office but the visit is conducted online. You must make appointments in advance — appointments are typically available within 5–7 days on average, but could take up to 2 weeks.

Licensed behavioral health professionals can provide treatment for:

- Stress or anxiety
- Depression
- Anger management
- Substance abuse
- Trauma and loss
- Addiction



Trusted care at home when you need it

What would make your day easier? Maybe it's having some extra help in your home with things like making meals, bathing, medication reminders or even transportation around your community. **CareLinx** provides a network of pre-screened, professional caregivers you can trust, which can give you greater peace of mind with in-home care support services at no additional cost. You are eligible for 8 hours per month of in-home non-medical care needed with CareLinx.



Quick access to help in any situation

The Personal Emergency Response System (PERS) is an in-home medical alert monitoring system that provides fast, simple access to help 24 hours per day, 365 days per year with the simple push of a button.

Members are eligible for a Lifeline medical alert system product of their choice at no additional cost. Medical alert systems come available in the form of a landline, wireless or mobile GPS device.

With the PERS, you can quickly get help in any situation, whether it's an emergency or you just need a helping hand.



Hear the moments that matter most with custom-programmed hearing aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+² UnitedHealthcare Hearing providers nationwide³ or delivered to your doorstep with Right2You direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest. When you purchase hearing aids from UnitedHealthcare Hearing, the hearing exam is provided at no extra cost.



Get to health-related appointments easier

Our transportation program gives you a lift to and from medically related visits such as doctors' appointments, pharmacy trips and more at no cost to you. The transportation program includes a total of 24 one-way rides (up to 50 miles each way) available to you annually.



Coaching programs to help you start living a healthier life

Rally Coach™ programs will help you start living a healthier, happier life with:

- Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, online weight-loss programs designed to help you gain energy, reduce your risk of developing serious health conditions and achieve your long-term health goals
- Wellness Coaching, an online and live coaching support program that provides access to a variety of digital health and wellness courses
- Quit For Life®, a tobacco cessation program providing access to the tools and resources you need to help you quit all types of tobacco use



Over-the-counter (OTC) care at no cost to you

FirstLine™ Essentials+ is a benefit that gives you a quarterly allowance to spend on over-the-counter care. Shop toothpaste, pain relief, vitamins, cough drops and more. Members are eligible for a \$40 quarterly allowance to purchase OTC health care related products. Any unused credits roll over to the next quarter in the same plan year.



Stay healthy at home

UnitedHealthcare Healthy at Home provides you with the support you need to recover from hospital and skilled nursing facility stays. After you have been discharged, you are eligible to receive home-delivered meals, transportation to medical appointments and in-home personal care to assist with daily activities, all at no cost to you.



Be active and have fun with a gym membership

SilverSneakers® includes memberships to thousands of locations nationwide, group exercise classes designed for all abilities, on-demand video library, live virtual classes and workshops, and fun activities held outside the gym. Classes, equipment, facilities and services may vary by location.



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources to help put you in control



Go online for valuable plan information

Once you receive your UnitedHealthcare ID card, you should register for an account at www.Healthselect-MAPPO.com. You will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



Go beyond the plan benefits to help you live your best life

Explore Renew by UnitedHealthcare,[®] our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses, Rewards and more — all at no additional cost

¹A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

²2021 Internal Data.

³Please refer to your Summary of Benefits for details regarding your benefit coverage.

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

© 2021 United HealthCare Services, Inc. All Rights Reserved.

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



Y0066_SB_H2001_817_000_2022_M

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
		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)	
		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
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	\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge: <ul style="list-style-type: none"> □ 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. □ 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. □ 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.	
In-Home Non-Medical Care[^] CareLinx	\$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 .	

Extra Benefits and Programs

		In-Network	Out-of-Network
Personal Emergency Response System (PERS) (Medical Alert System)^ 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.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
<p>Private duty nursing¹</p>	<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.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyanam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

What's next

Here's what you can expect next

UnitedHealthcare will process your enrollment once it is received from ERS

Quick Start Guide and UnitedHealthcare member ID card	Once you're enrolled, we will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. Please note, your member ID card will be attached to the front cover of your guide.
Website access	After you receive your UnitedHealthcare member ID card, go to www.HealthSelect-MAPPO.com and register for an account to access your plan information.
Health assessment	In the first 90 days after your plan's effective date, we will contact you by phone. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online.

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID card for any medical services.

We're here for you

When you call and speak to a Customer Service Advocate, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for your doctors and clinics**

Questions? We're here to help.



www.HealthSelect-MAPPO.com



Call toll-free **(855) 853-0453**, (TTY: **711**),
7 a.m.–7 p.m. CT, Monday–Friday,
7 a.m.–3 p.m. CT, Saturday

Statements of understanding

By enrolling in this plan, I agree to the following:

- ✓ **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

- ✓ **I can only have one Medicare Advantage plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

- ✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

This page left intentionally blank.



Call 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

United
Healthcare

HealthSelect[™]
Medicare Advantage Plan