# HealthSelect<sup>SM</sup> Medicare Advantage Plan

# HealthSelect<sup>SM</sup> Medicare Advantage, a preferred provider organization (MA PPO) plan

Beginning January 1, 2021, UnitedHealthcare® will be the insurer of the HealthSelect MA PPO plan. We're excited to serve ERS and its retirees, survivors and eligible dependents, and offer this plan to you.

This fact sheet will provide you with some information about the plan, its benefits and how to contact UnitedHealthcare if you have questions.

We will contact you throughout the year with reminders and information about programs and services included in your plan.

## How this plan works

With this plan, you have the flexibility to see providers in-network or out-of-network as long as they accept the plan and participate in Medicare.

Your benefits are the same for in-network and out-of-network medical services. While you don't have to see a provider in-network with UnitedHealthcare, our network is a group of health care providers and facilities that have a contract with UnitedHealthcare and have agreed to bill UnitedHealthcare directly.

We have a large network of doctors, specialists and hospitals to pick from. To find an in-network doctor, hospital or other providers, visit **www.HealthSelect-MAPPO.com**.



#### Stay on top of your preventive care

Ask your doctor to recommend a personalized preventive care plan based on your health and medical history. UnitedHealthcare Customer Service can help you set up appointments and access preventive care like flu shots, screenings and immunizations.



#### And there's so much more to help you live a healthier life

After you become a member, we will connect you to the tools, extra benefits and programs that may help you on your wellness journey. Learn more about these by:

- 1. Log into your account at www.HealthSelect-MAPPO.com
- 2. Click on Extra Benefits





## Your medical benefits

		In-Network and Out-of-Network costs
Acute Inpatient Hospital Care	Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$0 per admit
Allergy	Allergy Shots & Serum	\$0 copay
Ambulance		\$0 copay
Chiropractic Services	Medicare covered chiropractic visit(s)	\$0 copay
	Routine chiropractic visit(s)	\$0 copay 30 visit(s) per year for routine chiropractic services
		Benefit is combined in-network and out-of-network
<b>Dental Services</b>	Medicare covered dental	\$0 copay
Diabetes Management Training		\$0 copay
Diagnostic Services, Labs And Imaging	Diagnostic radiology	\$0 copay
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay
	Outpatient X-rays	\$0 copay
	Radiation Therapy	\$0 copay
<b>Doctor Visits</b>	Primary care provider (PCP)	\$0 copay
	Specialists <sup>1</sup>	\$0 copay
Emergency Care	Emergency room	\$0 copay (worldwide)
	Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$0 copay (worldwide)
Foot Care (Podiatry)	Medicare covered foot care	\$0 copay
	Routine foot care	\$0 copay for each visit (Up to 6 visits per plan year)
		Benefit is combined in-network and out-of-network
Hearing Services	Medicare covered hearing	\$0 copay
	Hearing Aids	\$2,000 allowance for hearing aid(s) every 3 years
		Benefit is combined in-network and out-of-network
Home Health Care		\$0 copay
Hospice	You may receive care from any Medicare-certified hospice program. When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not HealthSelect MA PPO.	Hospice consultation service prior to election of hospice — \$0 copay

## Your medical benefits

		In-Network and Out-of-Network costs
Medical Equipment/ Supplies	Durable medical equipment (like wheelchairs or oxygen)	\$0 copay
	Medical Supplies	\$0 copay
	Prosthetics (artificial limbs or braces)	\$0 copay
	Diabetes monitoring supplies	\$0 copay
	Only Accu-Chek® and OneTouch® brand glucose monitors & test strips are covered.	
Mental Health Services	Inpatient: The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	\$0 per admit
	Outpatient group and individual therapy visits	\$0 copay
Outpatient Hospital Coverage	Outpatient hospital visits	\$0 copay
	Ambulatory surgical center	\$0 copay
Outpatient Substance Abuse	Outpatient group and individual substance abuse treatment visits	\$0 copay
Part B Rx Drugs		\$0 copay
Preventive Care	Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay for Medicare-covered preventive services
		\$0 copay for a routine physical exam
		Benefit is combined in-network and out-of-network
Private Duty Nursing		30% of the cost
		\$8,000 Maximum Benefit per year for private duty nursing
		Benefit is combined in-network and out-of-network
		Co-insurance does not apply to the out-of-pocket maximum
Rehabilitation Services	Physical, occupational, or speech/language therapy	\$0 copay
Renal Dialysis	Renal dialysis	\$0 copay
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days.	\$0 copay per day for days 1-100
Vision Services	Medicare covered vision services	\$0 copay
	Diabetic eye exam	\$0 copay
	Eyewear (post-cataract)	\$0 copay
	Routine vision	\$0 copay for routine exam up to 1 per year
		Benefit is combined in-network and out-of-network

## **Answers to your questions**

If you have any questions or need help with your plan, we're here for you. UnitedHealthcare Customer Service can help you:



Find a doctor and schedule appointments



Understand your coverage and costs



Understand more about your extra benefits and programs



Add an authorized representative to your account



And much more

## 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





Plans are 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.