



# Summary of Benefits 2023

**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



**HealthSelect-MAPPO.com**

## United Healthcare

# Summary of Benefits

## January 1, 2023 - December 31, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at **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 PPO 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 PPO 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 **HealthSelect-MAPPO.com** to search for a network provider using the online directory.

# HealthSelect Medicare Advantage Plan PPO

## Premiums and Benefits

	In-network and 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 for this plan year.
	<p>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.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

# HealthSelect Medicare Advantage Plan PPO

## Benefits

		In-network and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$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
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay
	Virtual Doctor Visits offered by Doctor on Demand and AmWell	\$0 copay
	Specialists <sup>1</sup>	\$0 copay
<b>Preventive Services</b>	Medicare-covered preventive care	\$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 and 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
Emergency Care		\$0 copay (worldwide)
Urgently Needed Services		\$0 copay (worldwide)
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay

## Benefits

		In-network and out-of-network
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$0 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year
	Hearing Aids	The plan pays up to a \$2,000 allowance for hearing aids every 3 years.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months
<b>Mental Health</b>	Inpatient visit <sup>1</sup>	\$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
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay
	Virtual Behavioral Visits	\$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
		Our plan covers up to 100 days in a SNF per benefit period. Benefit is combined in-network and out-of-network.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay

## Benefits

		In-network and out-of-network
<b>Ambulance<sup>2</sup></b>		\$0 copay
<b>Routine Transportation<sup>^</sup></b> ModivCare		\$0 copay for 24 one-way rides to medically related appointments and the pharmacy with ModivCare. Restrictions apply. Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or <a href="https://modivcare.com/BookNow">modivcare.com/BookNow</a>
<b>Medicare Part B Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>1</sup>	\$0 copay
	Other Part B drugs <sup>1</sup>	\$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 and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
<b>Chiropractic Services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$0 copay
	Routine chiropractic services	\$0 copay, up to 30 visits per plan year
<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®, 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>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay



## Extra Benefits and Programs

		In-network and out-of-network
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay
	Wigs Wigs will be covered for hair loss due to chemotherapy.	An unlimited allowance for wigs/hairpieces (cranial prosthesis) per plan year.
<b>Fitness program^</b> 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.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year

## Extra Benefits and Programs

	In-network and out-of-network
<b>Over-the-counter care<sup>^</sup></b> 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 \$35. 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>UnitedHealthcare<sup>^</sup></b> 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"> <li><input type="checkbox"/> 28 home-delivered meals from Mom's Meals when referred by a UnitedHealthcare Engagement Specialist. * For questions regarding home-delivered meals call 1-866-204-6111, TTY 711</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. * Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or visit <a href="http://Modivcare.com/BookNow">Modivcare.com/BookNow</a></li> <li><input type="checkbox"/> 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. 1-844-383-0411 or visit <a href="http://Carelinx.com/UHC-retiree-post-discharge">Carelinx.com/UHC-retiree-post-discharge</a></li> </ul> <p>* Call Customer Service to request a referral for each discharge.</p>
<b>Home Health Care<sup>1</sup></b>	\$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>

## Extra Benefits and Programs

		In-network and out-of-network
<b>In-Home Non-Medical Care<sup>^</sup></b> 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 <a href="http://www.carelinx.com/ers-ma">www.carelinx.com/ers-ma</a> .
<b>Personal Emergency Response System (PERS)<sup>^</sup></b> Lifeline		\$0 copay for a personal emergency response system.  Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-655-4406, TTY 711 or <a href="http://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a>
<b>Telephonic Nurse Services<sup>^</sup></b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay

## Extra Benefits and Programs

	In-network and out-of-network
Private Duty Nursing <sup>1</sup>	<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 and out-of-network
<b>Rally Coach™ Programs<sup>^</sup></b>	<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program</p> <p>Call or go online to get started today. <a href="http://rallyhealth.com/retiree">rallyhealth.com/retiree</a></p> <ul style="list-style-type: none"><li>• Real Appeal 1-844-924-7325, TTY 711</li><li>• Rally Wellness Coaching 1-800-478-1057, TTY 711</li><li>• Quit for Life 1-866-QUIT-4-LIFE (1-866-784-8454), TTY 711</li></ul> <p>* Refer to your Evidence of Coverage for eligibility requirements</p>
<b>Renal Dialysis<sup>1</sup></b>	\$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>^</sup> 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](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).

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.