



# Plan Guide 2024

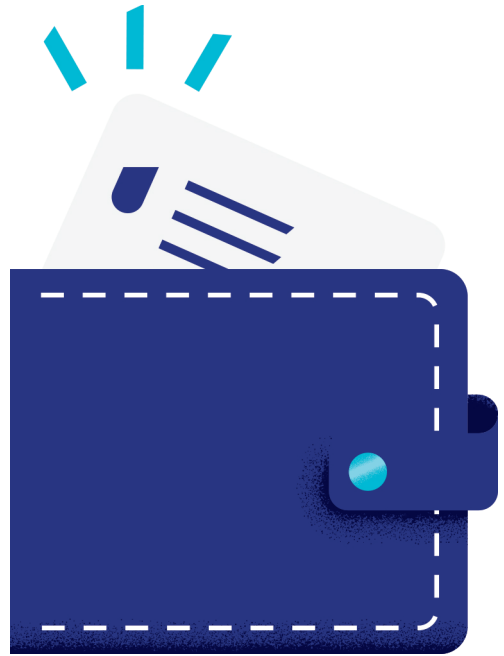
**Take advantage of all your  
Medicare Advantage plan has to  
offer**

**Employees Retirement System of Texas**

HealthSelect<sup>SM</sup> Medicare Advantage Plan Preferred Provider Organization (MA PPO)

**Group Number:** 13546

**Effective:** January 1, 2024 through December 31, 2024



**United  
Healthcare<sup>®</sup>**  
Group Medicare Advantage

**HealthSelect<sup>™</sup>**  
*Medicare Advantage Plan*

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# Get to know the HealthSelect<sup>SM</sup> Medicare Advantage Plan insured by UnitedHealthcare<sup>®</sup> Plan Year 2024

Dear Texas Employees Group Benefits Program participant,

As the plan administrator of the HealthSelect<sup>SM</sup> Medicare Advantage Plan, a preferred provider organization (MA PPO), we at UnitedHealthcare<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>. Your coverage will begin on the effective date noted in the confirmation 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.

 [HealthSelect-MAPPO.com](https://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



Fitness Program



Health & Wellness Experience

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# **Plan information**

# Benefit Highlights

## HealthSelect<sup>SM</sup> Medicare Advantage Plan 13546

Effective January 1, 2024 to December 31, 2024

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 and out-of-network
<b>Annual medical deductible</b>	No deductible
<b>Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year.

### Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visits	\$0 copay
<b>Preventive services</b> Medicare-covered	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay per stay
<b>Skilled nursing facility (SNF)</b>	\$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.
<b>Outpatient surgery</b>	\$0 copay
<b>Outpatient rehabilitation</b> Physical, occupational, or speech/ language therapy	\$0 copay
<b>Outpatient mental health</b>	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay
<b>Diagnostic radiology services</b> such as MRIs, CT scans	\$0 copay

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Lab services</b>	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	\$0 copay
<b>Ambulance</b>	\$0 copay
<b>Emergency care</b>	\$0 copay (worldwide)
<b>Urgently needed services</b>	\$0 copay (worldwide)

## Extra benefits and programs not covered by original Medicare

	In-network and out-of-network
<b>Routine physical</b>	\$0 copay; 1 per plan year
<b>Chiropractic – routine</b>	\$0 copay, 30 visits per plan year
<b>Foot care – routine</b>	\$0 copay, 6 visits per plan year
<b>Over-the-counter (OTC) card<sup>^</sup></b> Healthy Benefits Plus	\$0 copay  Upon enrollment, you will receive a pre-paid debit card to use for over-the-counter products. Each quarter (January, April, July and October) \$40 will be automatically applied to the card to purchase approved OTC items from network retail locations or through the OTC catalog. OTC catalog 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. Shop in store, call or go online. 1-833-818-8696, TTY 711, visit <a href="http://HealthyBenefitsPlus.com/ERSMA">HealthyBenefitsPlus.com/ERSMA</a> , or download the Healthy Benefits Plus app.
<b>UnitedHealthcare<sup>^</sup></b> Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
<b>Hearing – routine exam</b>	\$0 copay, 1 exam per plan year
<b>Hearing aids</b>	The plan pays up to a \$2,000 allowance for prescription hearing aids every 3 years through in and out of network providers. The allowance can be utilized for non-prescription hearing aids available through UnitedHealthcare Hearing only.
<b>Vision – routine eye exam</b>	\$0 copay, 1 exam every 12 months

	<b>In-network and out-of-network</b>
<b>Private duty nursing</b>	30% coinsurance for each visit There is a \$8,000 limit per plan year for private duty nursing services.
<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.
<b>24/7 Nurse Support^</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>In-home non-medical personal care^</b> CareLinx	\$0 copay for 8 hours of non-medical personal care services each month.
<b>Routine transportation^</b> ModivCare	\$0 copay for 24 one-way trips to approved medically related appointments and the pharmacy.
<b>Personal emergency response system (PERS)^</b> Lifeline	\$0 copay for a personal emergency response system.
<b>Rally Coach™ programs^</b>	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program. *Refer to your Evidence of Coverage for eligibility requirements.

^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

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

UnitedHealthcare is the insurer of the HealthSelect<sup>SM</sup> Medicare Advantage Plan, a preferred provider organization, available to all eligible retirees.

The HealthSelect Medicare Advantage Plan is a UnitedHealthcare<sup>®</sup> 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 [ssa.gov/locator](https://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 plan includes only medical coverage. It does not include prescription drug coverage.

- You have group-sponsored prescription drug coverage through HealthSelect<sup>SM</sup> Medicare Rx
- 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.



[HealthSelect-MAPPO.com](https://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

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## How your medical coverage works

### Your plan is a Preferred Provider Organization (PPO) plan

You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network as long as the provider is eligible to participate in the Medicare Program.

	In-network	Out-of-network
<b>Can I continue to see my doctor/specialist?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan <sup>1</sup>
<b>Do I need to choose a primary care provider (PCP)?</b>	No, but recommended	No, but recommended
<b>Do I need a referral to see a specialist?</b>	No	No
<b>Can I go to any hospital?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan <sup>1</sup>
<b>Are emergency and urgently needed services covered?</b>	Yes	Yes
<b>Is there a limit on how much I can spend on medical services each year?</b>	Yes, there is a \$1,000 combined in-network and out-of-network out-of-pocket maximum that applies each year <sup>2</sup>	
<b>Are there any situations when a doctor will balance bill me?</b>	Under this plan, you are not responsible for any balance billing. You pay the same share of cost in and out-of-network as long as the provider is eligible to participate in the Medicare Program	

### View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: **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.

<sup>1</sup>This 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.

<sup>2</sup>Refer 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 providers 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-network as long as they participate in the Medicare Program
- 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 doctor or specialist, just give us a call. We can even help schedule that first appointment. When you call your provider, tell them you have a Group Medicare Advantage PPO plan.

### Why use a UnitedHealthcare network provider?

**A network doctor or health care provider** is contracted 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 providers 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 provider and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share. 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 Physical and Wellness Visit<sup>1</sup>

An Annual Wellness Visit with your provider and many preventive services at \$0 copay is one of the best ways to start your year off and 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 health care provider can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn rewards\* for completing and reporting eligible health-related activities.



### In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls<sup>2</sup>, you get a yearly in-home visit from one of our licensed health care practitioners at no cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular provider's care.

**The visit takes up to an hour and is tailored to your needs. It includes select health screenings and:**

- 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
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary of the visit to your regular provider.



### 24/7 Nurse Support

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



### Chronic Conditions Programs

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



## Virtual Visits

See a provider or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat — anytime, day or night. First, you will need to register for an account at [uhcvirtualvisits.com](https://uhcvirtualvisits.com) with our Virtual Visit providers Amwell, Doctor on Demand™ or Teladoc™ and then schedule an appointment. You can also download the Amwell, Doctor on Demand or Teladoc apps using your smartphone or tablet.

### Virtual Doctor Visits

You can ask questions, 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 may be 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:

- Initial evaluation
- Behavioral Health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



## In-Home Care

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 non-medical personal care support services at no additional cost. You are eligible for 8 hours per month of in-home non-medical care needed with CareLinx.



## Personal Emergency Response System (PERS)

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. 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 at no additional cost, whether it's an emergency or you just need a helping hand. Depending on the model you choose, it may even automatically detect falls.



## Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national<sup>3</sup> network of 7,000+<sup>4</sup> hearing providers and virtual appointment options. You can also find a selection of prescription and non-prescription (over-the-counter) hearing aids at **UHChearing.com** providers as well as virtual appointment options. You can also find a selection of prescription and non-prescription (over-the-counter) hearing aids at **UHChearing.com**. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you — so you can get the care you need to hear better and live life to the fullest. Please see the Evidence of Coverage for more information.



## Get to Health-Related Appointments

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



## Virtual Coaching Programs

Rally Coach™ programs can help you start living a healthier, happier life. These virtual coaching programs are available to you at no additional cost and include the following:

- Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results. Includes access to a diabetes prevention program for those who qualify
- Rally Wellness Coaching, which helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support via online chat or phone calls
- A tobacco cessation program, which gives you the support you need to quit all types of tobacco use



## Over-the-Counter (OTC) Products

With Healthy Benefits Plus, you'll get one pre-paid debit card at the start of the plan year. The debit card will have \$40 credit per quarter (\$160 per plan year) to purchase eligible OTC items at participating retail locations, online, over the phone or by mail through your OTC Catalog.



### **Stay Healthy at Home**

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



### **Fitness Program through SilverSneakers®**

SilverSneakers® is a health and fitness program designed for Medicare plan members. It's available to you at no additional cost, and includes a standard monthly membership and group exercise classes at a participating fitness center. You can also enjoy online classes and workshops and fun activities held outside the gym. Classes, equipment, facilities and services 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 member ID card, you should register for an account at **HealthSelect-MAPPO.com**. You will have access to a safe, secure member site 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 providers
- Learn more about health and wellness topics and explore all Renew has to offer based on your interests and goals
- Sign up to get your Explanation of Benefits online



### Live Healthier with Renew

Explore Renew by UnitedHealthcare<sup>®</sup>,<sup>5</sup> 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 and more — all at no additional cost



### Let's Move by UnitedHealthcare<sup>®</sup>

Let's Move helps keep your mind, body and social life active. With simple resources, tools, events and personalized support, Let's Move helps you explore ways to eat well, get fit, beat the blues and stay connected — all at no cost to you.

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

<sup>2</sup>HouseCalls may not be available in all areas.

<sup>3</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

<sup>4</sup>Network size varies by market.

<sup>5</sup>Renew by UnitedHealthcare is not available in all plans.

\*Reward offerings may vary by member and terms of participation apply.

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# Summary of Benefits 2024

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

Group Number: 13546

H2001-817-000

Look inside to learn more about the plan and the health services it covers.  
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**  
Group Medicare Advantage

Y0066\_SB\_H2001\_817\_000\_2024\_M

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

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.

## HealthSelect Medicare Advantage Plan PPO

Medical premium and limits	
	In-network and out-of-network
<b>Monthly plan premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Maximum out-of-pocket amount</b>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year.</p> <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>

Medical 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>	Routine physical	\$0 copay; 1 per plan year
	Medicare-covered preventive care	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> </ul>	

## Medical benefits

### In-network and out-of-network

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>□ Glaucoma screening</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> </ul> | <ul style="list-style-type: none"> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul> |
|--|--|

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%.

<b>Emergency care</b>	\$0 copay (worldwide)
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<b>Urgently needed services</b>	\$0 copay (worldwide)
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<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
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	Lab services <sup>1</sup>	\$0 copay
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	Diagnostic tests and procedures <sup>1</sup>	\$0 copay
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	Therapeutic radiology <sup>1</sup>	\$0 copay
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	Outpatient X-rays <sup>1</sup>	\$0 copay
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<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$0 copay
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<b>Medical benefits</b>		<b>In-network and out-of-network</b>
	Routine hearing exam	\$0 copay, 1 exam per plan year
	Hearing Aids	The plan pays up to a \$2,000 allowance for prescription hearing aids every 3 years through in and out of network providers. The allowance can be utilized for non-prescription hearing aids available through UnitedHealthcare Hearing only.
<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
	<b>Ambulance<sup>2</sup></b>	\$0 copay

Medical benefits		In-network and out-of-network
<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="http://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.

Additional benefits		
		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



Additional benefits		
		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	\$0 copay for wigs for hair loss due to chemotherapy
<b>Fitness program<sup>^</sup></b> SilverSneakers <sup>®</sup>	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 <sup>®</sup> 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 <a href="http://SilverSneakers.com">SilverSneakers.com</a> 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
<b>Over-the-counter (OTC) card<sup>^</sup></b> Healthy Benefits Plus	<p>\$0 copay</p> <p>Upon enrollment, you will receive a pre-paid debit card to use for over-the-counter products. Each quarter (January, April, July and October) \$40 will be automatically applied to the card to purchase approved OTC items from network retail locations or through the OTC catalog. OTC catalog 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. Shop in store, call or go online. 1-833-818-8696, TTY 711, visit <a href="http://HealthyBenefitsPlus.com/ERSMA">HealthyBenefitsPlus.com/ERSMA</a>, or download the Healthy Benefits Plus app.</p>	

Additional benefits	
	In-network and out-of-network
<b>UnitedHealthcare</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*</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy*</li> <li><input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required.</li> </ul> <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
<b>Home health care</b> <sup>1</sup>	\$0 copay
<b>Hospice</b>	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.
<b>In-home non-medical personal care</b> <sup>^</sup> CareLinx	\$0 copay for 8 hours every month of non-medical personal care like companionship, meal prep, medication reminders and more with a CareLinx professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply. Call or go online to get non-medical personal care services. 1-800-337-3996 or <a href="http://carelinx.com/ers-ma">carelinx.com/ers-ma</a> .
<b>Personal emergency response system (PERS)</b> <sup>^</sup> Lifeline	<p>\$0 copay for a personal emergency response system.</p> <p>Help is only a button press away. A PERS wearable 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></p>
<b>24/7 Nurse Support</b> <sup>^</sup>	Receive access to nurse consultations and additional clinical resources at no additional cost.

Additional benefits		
		In-network and out-of-network
<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
<b>Private duty nursing<sup>1</sup></b>		<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 for each visit, up to \$8,000 per plan year</p> <p>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>

## Additional benefits

	In-network and out-of-network
<b>Rally Coach™ Programs<sup>^</sup></b>	<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>Call or go online to get started today. rallyhealth.com/retiree</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>• Tobacco Cessation 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.

## 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.

## Required Information

HealthSelect Medicare Advantage Plan PPO 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.

24/7 Nurse Support 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.

## Civil Rights Notice

**The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

- **Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW  
HHH Building, Room 509F  
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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.



**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्च का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

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# What's next

# Here's What You Can Expect Next

## UnitedHealthcare will process your enrollment once it is received from ERS

<b>Quick Start Guide and UnitedHealthcare member ID card</b>	We will mail you a Quick Start Guide and a UnitedHealthcare member ID card 7–10 days after your enrollment is approved by CMS. <b>Please note, your member ID card will be attached to the front cover of your guide.</b>
<b>Member site access</b>	After you receive your member ID card, go to <b>HealthSelect-MAPPO.com</b> and register for an account to access your plan information.
<b>Health assessment</b>	In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the member site 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.

 **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 contracted 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.
- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice for informational calls such as clinical outreach or notifications related to my plan.**

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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



**HealthSelect-MAPPO.com**

**United  
Healthcare®**  
Group Medicare Advantage

**HealthSelect™**  
*Medicare Advantage Plan*