



# 2025 Plan Guide

**Employees Retirement System of Texas**

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

**Group Number:** 13546

**Effective:** January 1, 2025 through December 31, 2025

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

**HealthSelect**  
Medicare Advantage Plan

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# With the HealthSelect<sup>SM</sup> Medicare Advantage Plan, you get more

Dear Texas Employees Group Benefits Program participant,

As the plan administrator of the HealthSelect<sup>SM</sup> Medicare Advantage Preferred Provider Organization (PPO) Plan, we at UnitedHealthcare<sup>®</sup> are pleased to offer medical coverage for Medicare-eligible participants. This plan is a custom Group Medicare Advantage PPO plan designed exclusively for ERS retirees, survivors and eligible dependents. As a HealthSelect MA PPO participant, you'll have a team committed to understanding your needs, connecting you to care and helping you manage your health.



## Read through this Plan Guide to get to know your plan

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member. You can also get plan information at [HealthSelect-MAPPO.com](https://www.healthselect-mappo.com).



## Your provider choice

The HealthSelect Medicare Advantage 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.



## Your plan enrollment options

Based on the Medicare information you gave to ERS, we will enroll you in the HealthSelect Medicare Advantage PPO Plan, administered by UnitedHealthcare. Your coverage will start on the effective date included in the confirmation of enrollment you received from ERS.

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.

 [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

# More ways to access your benefits

## Once you're a member, you'll receive your new UnitedHealthcare UCard® in the mail

The UCard is your member ID — and much more. It makes it easier to access your benefits and programs, so you can take advantage of what your plan has to offer. You can use your UCard when you:



### Check in at your provider

Your UCard has the plan information you and your providers need.



### Buy over-the-counter (OTC) products with your benefit card

Use the credits loaded on your UCard as payment at network in-store locations, online or by calling **1-833-818-8696**.



### Go to the gym

Show your UCard to access your membership the first time you visit a SilverSneakers® network gym or fitness location.



### Spend your earned rewards

Complete your annual preventive care activities and get rewarded! Rewards are loaded to your UCard. You can spend earned rewards to buy eligible items in-store or online at thousands of retailers nationwide.



# Get to know your plan

The HealthSelect Medicare Advantage PPO 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.



## Your MA PPO plan is a Medicare Advantage plan, also known as Medicare Part C.

This plan has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra benefits and programs that go beyond Original Medicare (Medicare Parts A and B).

## You must be enrolled in Medicare Part B.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at [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.

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

## You can only be enrolled in one plan at a time.

If you enroll in another Medicare Advantage plan after you enroll in this group-sponsored plan, you will be disenrolled from this plan.

## You must have employer group-sponsored coverage.

You have group-sponsored prescription drug coverage through HealthSelect<sup>SM</sup> MedicareRx. If you enroll in an individual Part D prescription drug plan, you'll be disenrolled from this plan.

**You're eligible to enroll in this Medicare Advantage plan if you:**



Are enrolled in Medicare Part A and Medicare Part B

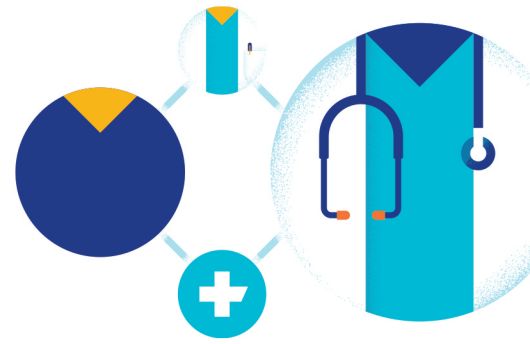


Continue to pay your Part B premium



**Remember:** If you drop or are disenrolled from the HealthSelect Medicare Advantage PPO Plan, you may not be able to re-enroll. Contact ERS for more information at **(877) 275-4377** (TTY: **711**), Monday – Friday, 8 a.m. – 5 p.m. CT.

# How your medical plan works



It's important that you understand your plan and what benefits are covered. You can find the Provider Directory and more at [HealthSelect-MAPPO.com](https://www.healthselect-mappo.com).

- Review the online Provider Directory to see if your providers are in the network**  
It's okay if they're not. This plan allows you to see out-of-network providers at the same cost share as long as they participate in the Medicare program.
- Review the Summary of Benefits on page 8 to see how much you'll pay for medical services**  
You can also review the Summary of Benefits online.
- Create an account online to access your plan information**  
Use your Medicare number or member ID number to create an account at [HealthSelect-MAPPO.com](https://www.healthselect-mappo.com).

## Here's how this MA PPO plan works

- Get care from providers in or out-of-network as long as they accept Medicare and the plan**
- Emergency and urgently needed services are covered anywhere in the world**
- No referral is needed to see a specialist or other provider**
- You pay the same copay or coinsurance to see a network or out-of-network provider**  
We work closely with our network (contracted) providers to make sure they have access to resources and tools to help them work with you for better health outcomes.
- Select a primary care provider (PCP) to oversee and help manage your care**  
It's not required by the plan, but it's beneficial for your long-term health and well-being.

To search for a network provider, visit [HealthSelect-MAPPO.com](https://www.healthselect-mappo.com).

# More than health insurance

With this HealthSelect Medicare Advantage PPO Plan you get medical coverage and so much more.

## Here's just some of what this plan offers



**UnitedHealthcare® HouseCalls** visit from one of our licensed health care practitioners at no cost to you



**Diabetes prevention and weight management** to help you achieve lifelong results



**Special programs** to help you if you are living with a chronic disease, like diabetes or heart disease, or other complex health needs



**\$0 copay on diabetic supplies** such as continuous glucose monitors, needles and test strips



**24/7 access to virtual doctor and behavioral health visits** with Teladoc®, Amwell or Doctor on Demand® using your computer, tablet or smartphone



**\$40 credit every quarter for over-the-counter (OTC) items** from network retail locations, online or by phone



**8 hours per month of in-home care** to get extra help in your home with things like making meals, bathing, medication reminders or transportation around your community



**\$0 copay** for home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care to assist with daily activities after a hospital or skilled nursing facility stay



**Get a wearable emergency device** to get help 24 hours a day



**Gym membership** at participating locations at no cost to you



**\$0 copay for a hearing exam** and \$2,000 allowance to spend on a broad selection of hearing aids



**And so much more to help you live a healthier life**



**\$0 copay for 24 one-way trips** to your doctor appointments and the pharmacy



**Review the Summary of Benefits on the next page for more details**

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# Summary of Benefits 2025

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

Group Number: 13546

H2001-817-000

Look inside to learn more about the plan and the health services it covers.  
Contact us or visit the website for more information about the plan.



**HealthSelect-MAPPO.com**



**Toll-free (855) 853-0453, (TTY: 711)**

7 a.m.-7 p.m. CT, Monday-Friday; 7 a.m.-3 p.m. CT, Saturday

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

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# Summary of Benefits

**January 1, 2025 - December 31, 2025**

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](https://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.

## HealthSelect Medicare Advantage PPO Plan

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 for 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>		<p>\$0 copay per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<b>Outpatient hospital<sup>1</sup></b>	Ambulatory surgical center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay

## Medical benefits

		In-network and out-of-network
	Outpatient hospital services, including observation	\$0 copay
 <b>Doctor visits</b>	Primary care provider (PCP)	\$0 copay
	Virtual visit offered by Doctor on Demand, Teladoc and AmWell	\$0 copay
	Specialist <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><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse counseling</li> <li><input type="checkbox"/> Annual wellness visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> Diabetes – Self-Management training</li> <li><input type="checkbox"/> Dialysis training</li> <li><input type="checkbox"/> Glaucoma screening</li> <li><input type="checkbox"/> Hepatitis C screening</li> <li><input type="checkbox"/> HIV screening</li> <li><input type="checkbox"/> Kidney disease education</li> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>	

## Medical benefits

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

- 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%.

<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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Routine hearing exam	\$0 copay, 1 exam per plan year
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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.
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## Medical benefits

		In-network and out-of-network
 <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
	Outpatient therapy or office visit with a psychiatrist <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 transportation<sup>2</sup></b>	\$0 copay	
 <b>Routine transportation<sup>^</sup></b>	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.	

## Medical benefits

		In-network and out-of-network
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	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 air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) 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

## Additional benefits

		In-network and out-of-network
 <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® 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
<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®		<p>\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more.</p> <p>Call or go online to learn more. 1-888-338-1722, TTY 711 or <a href="https://www.silversneakers.com/StartHere">SilverSneakers.com/StartHere</a>.</p>

## Additional benefits

		In-network and out-of-network
<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) credit</b>		Each quarter (January, April, July and October) \$40 will be automatically applied to your UCard to purchase approved OTC items from network retail locations, online or by phone. 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> Healthy at Home</b> Post-discharge program	\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: <ul style="list-style-type: none"> <li><input type="checkbox"/> 28 home-delivered meals, referral required</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required</li> <li><input type="checkbox"/> 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required</li> </ul> Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.	
 <b>Home health care<sup>1</sup></b>	\$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 care<sup>^</sup></b>	\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.	

## Additional benefits

		In-network and out-of-network
<b>Personal emergency response system (PERS)^</b>		\$0 copay  Help is only a button press away. A PERS device 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. With the PERS, you can quickly get help in any situation, whether it's an emergency or you just need a helping hand. Depending on the model you choose, it may even automatically detect falls.
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay



## Additional benefits

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

#### Private duty nursing<sup>1</sup>

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.

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.

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.

Note: Custodial and domestic services are not covered.

30% coinsurance for each visit, up to \$8,000 per plan year

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.

These services are in addition to your Medicare Advantage plan medical coverage. Services do not count toward your maximum out-of-pocket amount.

#### Diabetes Prevention and Weight Management Program <sup>^</sup>

\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.

Call or go online to get started today. 1-844-924-7325, TTY 711 or [uhc.realappeal.com](http://uhc.realappeal.com)

\*Real Appeal is available at no additional cost to members with a BMI of 19 and higher.

## Additional benefits

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

**Renal dialysis<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>^</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 PPO Plan is a Medicare Advantage PPO plan with a Medicare contract (MA PPO).

To join this plan, you must be enrolled in Medicare Part A and 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 PPO 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 Medicare. For the most convenience and no up-front costs, choose providers that are willing to bill UnitedHealthcare.

You can go to **HealthSelect-MAPPO.com** to search for a network provider using the online directory.

## Required Information

HealthSelect Medicare Advantage PPO 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.

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

# Here's what you can expect next

Once you're a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it. And your UnitedHealthcare UCard® makes it easier than ever to unlock more from your plan.



UnitedHealthcare will process your enrollment



Create your account to review your plan online



Receive your UCard in the mail



Coverage begins! Start using your plan

## Manage your plan online or through the UHC mobile app

Use your Medicare number or member ID number to create an account at **HealthSelect-MAPPO.com**. After creating an account, you also have the option to download the UHC mobile app to help manage your account. Online or through the mobile app you can:

- Look up your latest claim information and complete your health assessment
- Sign up to get plan information and your Explanation of Benefits online
- Review UCard balances

You do not need to be enrolled in order to:

- Find network doctors and other benefit information and plan materials
- Learn more about health and wellness topics

## After your coverage begins

- In the first 90 days after your plan starts, we'll call you to complete a short health assessment required by Medicare. You can also go to **HealthSelect-MAPPO.com** to take the assessment online.
- Schedule your annual wellness visit.
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit **uhhousecalls.com** to learn more.
- UnitedHealthcare will send you an Annual Notice of Changes before your plan year ends, it will tell you about any changes to your plan for the next plan year.

### Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Plan Guide. This number will also be on your UCard when you get it.

Scan this code to access the member site



# 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.

## Nondiscrimination notice

**Discrimination is against the law.** The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

- **Email:** [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 can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **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 auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**).

This notice is available at  
<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

## 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 on your member identification card or listed on the cover 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 su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 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，請撥打您的會員識別卡或手冊封面列出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。

**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，請撥打您的會員識別卡或手冊封面列出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 numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat 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 ou sur la première de couverture de la brochure. 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 bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. 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 Ihrem Mitgliedsausweis oder auf dem Umschlag 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, 가입자 ID 카드 또는 이 소책자 표지에 나와 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 Вашей идентификационной карте участника плана или спереди на буклете. 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، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर 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 sulla tessera identificativa o indicato sulla copertina 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 no seu cartão de identificação de membro ou indicado na parte da frente do folheto. 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 apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. 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 Pana/Pani karcie identyfikacyjnej lub na okładce 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、会員 ID カードまたは本冊子の表紙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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