



# 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

# 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>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year.  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.  Please note that you will still need to pay your monthly premiums, if applicable.	
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

## 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%.

#### Emergency care

\$0 copay (worldwide)

#### Urgently needed services

\$0 copay (worldwide)

#### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>1</sup>

\$0 copay

Lab services<sup>1</sup>

\$0 copay

Diagnostic tests and procedures<sup>1</sup>

\$0 copay

Therapeutic radiology<sup>1</sup>

\$0 copay

Outpatient X-rays<sup>1</sup>

\$0 copay

#### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>1</sup>

\$0 copay



Routine hearing exam

\$0 copay, 1 exam per plan year

Hearing Aids

The plan pays up to a \$2,000 allowance for 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.

## 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>
	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="https://HealthyBenefitsPlus.com/ERSMA">HealthyBenefitsPlus.com/ERSMA</a> or download the Healthy Benefits Plus app.	
 <b>UnitedHealthcare^ 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^</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<sup>®</sup>, 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 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 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.

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