

Summary of benefits 2022

Medicare Advantage plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Wisconsin Department of Employee Trust Funds

Group Number: 13887

H2001-817-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-876-6175**, TTY **711**

7 a.m. - 6 p.m. CT, Monday - Friday



www.UHCRetiree.com/etf



Summary of benefits

January 1, 2022 - December 31, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/etf, or you can call Customer Service with questions you may have.

About this plan.

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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 your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

You can go to www.UHCRetiree.com/etf to search for a network provider using the online directory.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Refer to It's Your Choice Decision Guide or etf.wi.gov/benefits-by-employer (select the name of the employer you retired from) to determine your premium amount.	
Maximum Out-of-Pocket Amount	<p>Your plan has an annual combined in-network and out-of-network maximum out-of-pocket amount of \$500 for DME, prosthetics, orthotics, diabetic shoes and inserts, medical supplies, diabetic monitoring supplies, and insulin pumps and supplies.</p> <p>Your plan has an annual combined in-network and out-of-network Part A and Part B maximum out-of-pocket amount of \$6,700.[†]</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>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
Doctor Visits	Primary Care Provider	\$0 copay	\$0 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
	Specialists ¹	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

Benefits

		In-Network	Out-of-Network
		<p>Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p>	
		<p>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%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$60 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing Aids	20% coinsurance applies, the plan pays up to a \$1,000 allowance for 1 hearing aid per ear every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Virtual Behavioral Visits	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: for days 1-120	\$0 copay per day: for days 1-120
		Our plan covers up to 120 days in a SNF per benefit period.	
Physical Therapy and speech and language therapy visit¹		\$0 copay	\$0 copay
Ambulance²		\$0 copay	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay	\$0 copay
Chiropractic Services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) when medically necessary ¹	\$0 copay	\$0 copay
	Routine chiropractic services (medically necessary)	\$0 copay, unlimited visits per plan year*	\$0 copay, unlimited visits per plan year*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover 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>	<p>\$0 copay</p> <p>We only cover 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>

Additional Benefits

		In-Network	Out-of-Network
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance Restrictions apply	20% coinsurance Restrictions apply
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.	20% coinsurance up to \$500 annual maximum out-of-pocket per participant. Once you have met the \$500 annual maximum out-of-pocket, it is covered at 100%.
	Therapeutic shoes or inserts ¹	20% coinsurance Restrictions apply	20% coinsurance Restrictions apply

Additional Benefits

		In-Network	Out-of-Network
Fitness program Renew Active® by UnitedHealthcare		You have access to Renew Active at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind and includes: <ul style="list-style-type: none"> • Free gym membership from our nationwide network, including many premium gyms • On-demand digital workout videos and live streaming classes • Social activities • Online Fitbit® Community • AARP® Staying Sharp® <p>To learn more about Renew Active today visit UHCRenewActive.com. Once you become a member you will need a confirmation code. Sign in to your plan website, go to Health & Wellness and look for Renew Active or call the number on the back of your UnitedHealthcare member ID card to obtain your code.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$0 copay	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*	\$0 copay, 6 visits per plan year*

Additional Benefits

	In-Network	Out-of-Network
UnitedHealthcare 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"> <input type="checkbox"/> 28 home-delivered meals from Mom’s Meals when referred by an advocate. * To order meals, call 1-866-204-6111, 7 a.m. – 6 p.m. CT, Monday – Friday. <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by an advocate. * Schedule your ride at www.modivcare.com/BookNow or call 1-833-219-1182, TTY 1-844-488-9724, 8 a.m. – 5 p.m. Monday – Friday. <input type="checkbox"/> 6 hours of in-home personal care services through CareLinx – a professional caregiver can help with preparing meals, light housekeeping, medication reminders, and more. To use this benefit, visit www.carelinx.com/UHC-retiree-post-discharge or call 1-844-383-0411, 8 a.m. – 7 p.m. CT Monday – Friday and 10 a.m. – 6 p.m. CT Saturday and Sunday. No referral required. <p>* Call Customer Service to request an advocate referral for each discharge.</p>	
Home Health Care¹	\$0 copay Restrictions apply	\$0 copay Restrictions apply
Hospice	<p>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. Neither the plan nor Original Medicare will pay for Hospice care received from a Medicare non-approved/non-certified Hospice. You will be responsible for the cost of the services.</p>	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹	\$0 copay	\$0 copay
Opioid Treatment Program Services¹	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay
Rally Coach programs		<p>\$0 copay; Start living a healthier and happier life with help from the Rally Coach programs:</p> <p>Real Appeal Weight Loss and Real Appeal Diabetes Prevention* - online weight loss programs, Wellness Coaching - online and live coaching support program on topics that promote whole person health and the Quit for Life Tobacco cessation program. Get started today at rallyhealth.com/retiree.</p> <p>For Real Appeal call 1-844-924-7325, TTY 711, 6 a.m. - 10 p.m. CT, Monday – Friday.</p> <p>For Rally Wellness Coaching call 1-800-478-1057, TTY 711, 7 a.m. - 10 p.m. CT, Monday – Thursday; 7 a.m. - 7 p.m. CT, Fridays; 8 a.m.- 4:30 p.m. CT, Saturdays.</p> <p>For Quit for Life call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day, 7 days a week.</p> <p>*Refer to the Evidence of Coverage for eligibility requirements</p>	
Renal Dialysis ¹		\$0 copay	\$0 copay

¹ 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.

² Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

[†] Refer to your Prescription Drug Plan benefit details at etf.wi.gov for more information on your annual maximum out-of-pocket amount.

*Benefits are combined in and out-of-network

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-876-6175 for additional information (TTY users should call 711). Hours are 7 a.m. - 6 p.m. CT, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-876-6175, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 7 a.m. a 6 p.m., hora del Centro, de lunes a viernes.

UnitedHealthcare muab kev pab dawb rau koj kom koj sib txuas lus tau nrog peb xws li muab tej ntaub ntawv sau sib txuas lus no sau ua lwm cov ntawv, sau ntawv rau neeg dig muag xua, luam tawm kom loj, tso ua suab, los sis koj tuaj yeem thov ib tug kws txhais lus. Thov hu rau peb Lub Chaw Pab Cuam Tswv Cuab rau ntawm tus xov tooj 1-844-876-6175, yog xav tau kev pab ntau ntiv (cov neeg TTY yuav tsum hu rau 711). Cov sij hawm teev ua hauj lwm yog thaum 7 teev sawv ntov - 6 teev tsaus ntuj raws li lub sij hawm nruab nrab, Hnub Monday - Hnub Friday

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.

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 or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

The maximum out-of-pocket displayed in this document only includes out-of-pocket medical costs. It does not include your prescription drug out-of-pocket costs. Please contact Navitus Health Solutions to confirm how much you have accumulated in your prescription drug out-of-pocket costs.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.