



Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

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

Group Number: 13889

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

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



retiree.uhc.com/etf

**United
Healthcare®**
Group Medicare Advantage

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 retiree.uhc.com/etf, or you can call Customer Service with questions you may have.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits	
	In-network and out-of-network
Monthly plan premium	Refer to 2024 Health Benefits Decision Guide or etf.wi.gov/benefits-by-employer (select the name of the employer you retired from) to determine your premium amount.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 each plan year. If you are part of a family policy, the most your family will pay for family deductible is \$1000. See the Your Plan Year Deductible section for a list of covered medical services that apply to the deductible.

Medical premium, deductible and limits

In-network and out-of-network

Maximum out-of-pocket amount

Your plan has 2 annual service-specific out-of-pocket maximum amounts that are combined in and out-of-network. Cost shares paid toward your durable medical equipment (DME) and supplies amount also apply to your Total amount.

You pay 20% of DME, up to \$500 per person, per year. The plan pays 100% of the service-specific DME and supplies costs after you meet your \$500 DME and supplies or \$6,700 Total annual out-of-pocket maximum.

The plan pays 100% of most service-specific costs after you meet your Total annual out-of-pocket maximum. See your Evidence of Coverage (EOC) to find out what's included in each out-of-pocket maximum category.[†]

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.

Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits**In-network and out-of-network****Inpatient hospital care¹**

\$0 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient hospital¹

Ambulatory surgical center (ASC)

\$0 copay

Cost sharing for additional plan covered services may apply.

Outpatient surgery

\$0 copay

Outpatient hospital services, including observation

\$0 copay

Doctor visits

Primary care provider

\$0 copay

Virtual doctor visits

\$0 copay

Specialists¹

\$0 copay

Preventive services

Routine physical

\$0 copay; 1 per plan year*

Medicare-covered

\$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
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services

Medical benefits

In-network and out-of-network

- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$60 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$0 copay (worldwide)

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 Care” section of this booklet for other costs.

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

Diagnostic radiology services (e.g. MRI, CT scan)¹ \$0 copay

Lab services¹ \$0 copay

Diagnostic tests and procedures¹ \$0 copay

Therapeutic radiology¹ \$0 copay

Outpatient X-rays¹ \$0 copay

Medical benefits		
		In-network and out-of-network
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	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.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: for days 1-120 Our plan covers up to 120 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay
Ambulance²		\$0 copay

Medical benefits

		In-network and out-of-network
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$0 copay

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) when medically necessary ¹	\$0 copay
	Routine chiropractic services (medically necessary)	\$0 copay, for each visit 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>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay

Additional benefits

		In-network and out-of-network
	Therapeutic shoes or inserts ¹	20% coinsurance Restrictions apply
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
Fitness program Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, is a Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*

Additional benefits

In-network and out-of-network

UnitedHealthcare Healthy at Home

\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:

- 28 home-delivered meals*
- 12 one-way trips to medically related appointments and the pharmacy*
- 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required.

Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.

*Call Customer Service to request a referral for each discharge.

Some restrictions and limitations may apply.

Home health care¹

\$0 copay

Restrictions apply

Hospice

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.

24/7 Nurse Support

Receive access to nurse consultations and additional clinical resources at no additional cost.

Opioid treatment program services¹

\$0 copay

Outpatient substance abuse

Outpatient group
therapy visit¹

\$0 copay

Outpatient
individual therapy
visit¹

\$0 copay

Additional benefits

	In-network and out-of-network
Rally Coach™ Programs	<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">• Real Appeal 1-844-924-7325, TTY 711• Rally Wellness Coaching 1-800-478-1057, TTY 711• Tobacco Cessation 1-866-784-8454, TTY 711 <p>* Refer to your Evidence of Coverage for eligibility requirements</p>
Renal Dialysis¹	\$0 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. 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

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), ETF.

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 retiree.uhc.com/etf to search for a network provider using the online directory.

Additional Information About UnitedHealthcare Group Medicare Advantage (PPO)

Your Plan Year Deductible

Your combined in-network and out-of-network deductible is \$500 per participant. This is the amount you have to pay out-of-pocket before we will pay our share for your covered medical services.

Until you have paid the deductible amount, you must pay the full cost for most of your covered services. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your copayment or coinsurance amount) for the rest of the plan year.

The deductible applies to the following services:

- Acupuncture for Chronic Low Back Pain
- Ambulance Services
- Cardiac Rehabilitation Services
- Chiropractic Care (Medicare-covered)
- Accidental Dental Services (Medicare-covered)
- Diagnostic Procedure/Test
- Diagnostic Radiology Services
- Durable Medical Equipment
- Eye Exam (Medicare-covered)
- Hearing Exam (Medicare-covered)
- Inpatient Hospital Stay
- Inpatient Mental Health
- Kidney Dialysis
- Medical Supplies
- Occupational Therapy
- Orthotics and Prosthetics
- Outpatient Hospital Services
- Outpatient Mental Health/Substance Abuse
- Outpatient Surgery
- Outpatient X-ray Services
- Part B Drugs
- Physical Therapy and Speech/Language Therapy
- Podiatry Visit (Medicare-covered)
- Primary Care Physician Office Visit
- Skilled Nursing Facility Care
- Specialist Office Visit
- Therapeutic Radiology Service

The deductible does not apply to the following services:

- All Medicare Preventive Services
- Blood
- Diabetes Monitoring Supplies
- Diabetes - Self Management Training (Medicare-covered)
- Emergency Care
- Home Health Services
- Hospice Services
- Laboratory tests
- Medicare-covered eye wear after cataract surgery
- Routine Podiatry (Non-Medicare-covered)
- Routine Vision Care – Routine Eye Exam
- Telehealth
- Urgently Needed Services (in-network)
- Urgently Needed Services (out-of-network)
- Virtual Behavioral Visits
- Virtual Cognitive Behavioral Health Therapy (AbleTo Program)
- Virtual Doctor Visits

Required Information

UnitedHealthcare® Group Medicare Advantage (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.

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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

UnitedHealthcare muab kev pab dawb rau koj kom koj sib txuas lus tau nrog peb xws li muab tej ntaub ntawv 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. Yog xav paub ntau ntxiv, thov hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus nab npawb xov tooj nyob rau ntawm koj daim npav tswv cuab ID los sis nyob sab xub ntiag ntawm koj phau ntawv npaj kho mob.

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.

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.

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.