

Summary of benefits 2022

Medicare Advantage plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): MetLife

Group Number: 12359

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 **1-866-622-7981**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/metlife



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/metlife or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

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/metlife 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	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Annual Medical Deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$600 each plan year.	
Maximum Out-of-Pocket Amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,250 each plan year.	
	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.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care¹		20% coinsurance per stay	20% coinsurance 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)	20% coinsurance	20% coinsurance
	Outpatient surgery	20% coinsurance	20% coinsurance
	Outpatient hospital services, including observation	20% coinsurance	20% coinsurance
Doctor Visits	Primary Care Provider	20% coinsurance	20% coinsurance
	Virtual Doctor Visits	\$0 copay	\$0 copay
	Specialists ¹	15% coinsurance	15% coinsurance
Preventive Services	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	

Benefits

		In-Network	Out-of-Network
		<p>HIV screening 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>\$65 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 Care copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$55 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, CT scan) ¹	20% coinsurance	20% coinsurance
	Lab services ¹	20% coinsurance	20% coinsurance

Benefits

		In-Network	Out-of-Network
	Diagnostic tests and procedures ¹	20% coinsurance	20% coinsurance
	Therapeutic Radiology ¹	20% coinsurance	20% coinsurance
	Outpatient x-rays ¹	20% coinsurance	20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	15% coinsurance	15% coinsurance
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing Aids	Through UnitedHealthcare Hearing, the plan pays up to a \$500 allowance (combined for both ears) for hearing aid(s) 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	15% coinsurance	15% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	15% coinsurance, 1 exam every 12 months*	15% coinsurance, 1 exam every 12 months*
Mental Health	Inpatient visit ¹	20% coinsurance per stay	20% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	

Benefits

		In-Network	Out-of-Network
	Outpatient group therapy visit ¹	20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ¹	20% coinsurance	20% coinsurance
	Virtual Behavioral Visits	20% coinsurance	20% coinsurance
Skilled Nursing Facility (SNF)¹		20% coinsurance per day: days 1-100	20% coinsurance per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		20% coinsurance	20% coinsurance
Ambulance²		20% coinsurance	
Routine Transportation ModivCare		<p>\$0 copay; Routine transportation coverage up to 24 one-way trips per year to plan approved medically related appointments (locations) through provider ModivCare. Restrictions apply.</p> <p>Contact ModivCare for additional details and to schedule your trips: 1-833-219-1182, TTY 1-844-488-9724, 8 a.m.- 5 p.m. Monday - Friday, Local Time, or by visiting www.modivcare.com/BookNow</p>	
Medicare Part B Drugs	Chemotherapy drugs ¹	20% coinsurance	20% coinsurance
	Other Part B drugs ¹	20% coinsurance	20% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay	\$20 copay
Chiropractic Services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
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>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance	20% coinsurance
	Wigs Wigs will be covered for hair loss due to chemotherapy.	The plan pays up to \$500 for 1 wig per plan year.*	
Fitness program Renew Active [®] by UnitedHealthcare		<p>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:</p> <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	15% coinsurance	15% coinsurance
	Routine foot care	15% coinsurance, 6 visits per plan year*	15% coinsurance, 6 visits per plan year*

Additional Benefits

		In-Network	Out-of-Network
Home Health Care¹		\$0 copay	\$0 copay
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.	
In-Home Non-Medical Care CareLinx		\$0 copay; Coverage includes 8 hours of in-home, non-medical care per month through provider CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your benefit, contact CareLinx at 1-833-253-5403 8 a.m. - 7 p.m. CT, Monday - Friday & 10 a.m. - 6 p.m. CT, Saturday and Sunday or by visiting www.carelinx.com/uhcgroup .	
Home Delivered Meals Mom's Meals		\$0 copay; Coverage for up to 21 home-delivered meals per year through the provider Mom's Meals. All meals must be ordered in one shipment. Restrictions apply. Contact Mom's Meals for additional details and to place your order: 1-866-224-9485, TTY 711, 7 a.m. - 5 p.m. CT, Monday - Friday or by visiting www.MomsMeals.com/uhc	
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	20% coinsurance	20% coinsurance
	Outpatient individual therapy visit ¹	20% coinsurance	20% coinsurance
Renal Dialysis¹		20% coinsurance	20% coinsurance

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.

*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.

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 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 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 1-866-622-7981 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 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 1-866-622-7981, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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 when necessary.

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.

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.