



# Summary of Benefits 2023

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): NMRHCA PLAN II

Group Number: 13650

H2001-816-000

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



Toll-free **1-866-622-8014**, TTY **711**

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



**[retiree.uhc.com/NMRHCA](https://retiree.uhc.com/NMRHCA)**

# United Healthcare

# Summary of Benefits

## January 1, 2023 - December 31, 2023

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/NMRHCA](https://retiree.uhc.com/NMRHCA) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## 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 and network pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, 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. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to [retiree.uhc.com/NMRHCA](https://retiree.uhc.com/NMRHCA) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Premiums and Benefits

	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 (does not include prescription drugs)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,800 for this plan year.
	<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, and cost-sharing for your Part D prescription drugs.</p>

# UnitedHealthcare® Group Medicare Advantage (PPO)

## Benefits

		In-network and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay
	Outpatient surgery	\$100 copay
	Outpatient hospital services, including observation	\$100 copay
<b>Doctor Visits</b>	Primary Care Provider	\$5 copay
	Virtual Doctor Visits	\$0 copay
	Specialists <sup>1</sup>	\$25 copay
<b>Preventive Services</b>	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

## Benefits

		In-network and out-of-network
		<p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“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*
<b>Emergency Care</b>		<p>\$50 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 Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		<p>\$20 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>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$25 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$25 copay

## Benefits

		In-network and out-of-network
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.*
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$25 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>	\$250 copay per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$20 copay
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay
	Virtual Behavioral Visits	\$20 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.

## Benefits

		In-network and out-of-network
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$10 copay
<b>Ambulance<sup>2</sup></b>		\$100 copay
<b>Medicare Part B Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>1</sup>	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay

## Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at [retiree.uhc.com/NMRHCA](http://retiree.uhc.com/NMRHCA) or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,660, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs.</li> </ul>	

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



## Additional Benefits

		In-network and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
	Routine Acupuncture Services	\$15 copay, up to 20 visits per plan year*
<b>Chiropractic Services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$20 copay
	Routine chiropractic services	\$20 copay, up to 36 visits per plan year*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>1</sup>	<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 <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay

## Additional Benefits

		In-network and out-of-network
	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
<b>Fitness program</b> SilverSneakers®		<p>\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at a participating fitness center plus online classes, workshops and more.</p> <p>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-423-4362, TTY 711 or SilverSneakers.com.</p>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*

## Additional Benefits

		In-network and out-of-network
<b>UnitedHealthcare</b> 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"> <li>□ 28 home-delivered meals from Mom’s Meals when referred by a UnitedHealthcare Engagement Specialist. * For questions regarding home-delivered meals call 1-866-204-6111, TTY 711</li> <li>□ 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by a UnitedHealthcare Engagement Specialist. * Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or visit <a href="http://Modivcare.com/BookNow">Modivcare.com/BookNow</a></li> <li>□ 6 hours of in-home personal care services through CareLinx—a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. Call or go online to receive non-medical in-home care services. 1-844-383-0411 or visit <a href="http://Carelinx.com/UHC-retiree-post-discharge">Carelinx.com/UHC-retiree-post-discharge</a></li> </ul> <p>*Call Customer Service to request a referral for each discharge.</p>
<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>Telephonic Nurse Services</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid Treatment Program Services<sup>1</sup></b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$20 copay
	Outpatient individual therapy visit <sup>1</sup>	\$20 copay
<b>Renal Dialysis<sup>1</sup></b>		\$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 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 and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D 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 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 1-866-622-8014 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 1-866-622-8014, 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.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or 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.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.