



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

UnitedHealthcare® Group Medicare Advantage (PPO)

Group name (Plan sponsor): NOKIA

Group number: 15334

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 **1-888-980-8117**, TTY **711**

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



www.UHCRetiree.com/nokia

United
Healthcare

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/nokia 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 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 www.UHCRetiree.com/nokia 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	Out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Annual medical deductible	\$290 per year for some in-network and out-of-network services.	
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,190 each plan year.</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, and cost-sharing for your Part D prescription drugs.</p>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-network	Out-of-network
Inpatient hospital¹		\$200 copay per day: for days 1–5 \$0 copay per day: for days 6 and beyond	\$200 copay per day: for days 1–5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ¹	20% coinsurance	20% coinsurance
	Outpatient surgery ¹	20% coinsurance	20% coinsurance
	Outpatient hospital services, including observation ¹	20% coinsurance	20% coinsurance
Doctor visits	Primary care provider	\$15 copay	\$15 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
	Specialists ¹	20% coinsurance	20% coinsurance

Benefits

		In-network	Out-of-network
Preventive care	Medicare-covered	\$0 copay	\$0 copay
		<p>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 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> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>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 (\$60 copay for emergency care outside the United States) per visit</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>	

Benefits

		In-network	Out-of-network
Urgently needed services		\$30 copay (\$30 copay for urgently needed services outside the United States) per visit 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.	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g., MRI) ¹	20% coinsurance	20% coinsurance
	Lab services ¹	20% coinsurance	20% coinsurance
	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	20% coinsurance	20% coinsurance
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	20% coinsurance	20% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
Mental health	Inpatient visit ¹	20% coinsurance per stay, up to 190 days	20% coinsurance per stay, up to 190 days
		Our plan covers 190 days for an inpatient hospital stay.	
	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.	
Physical therapy and speech and language therapy visit¹		20% coinsurance	20% coinsurance

Benefits

		In-network	Out-of-network
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 http://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

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 www.UHCRetiree.com/nokia 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 34-day supply as a 34-day supply at a retail pharmacy.

Stage 1: Annual prescription (Part D) deductible	\$480	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail cost-sharing 34-day supply	Mail order cost-sharing 90-day supply
Tier 1: Preferred generic	\$15 copay	\$30 copay
Tier 2: Preferred brand	\$30 copay	\$60 copay
Tier 3: Non-preferred drug	\$50 copay	\$100 copay
Tier 4: Specialty tier	\$65 copay	\$130 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, 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.	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

Additional benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture (for chronic low back pain)	20% coinsurance	20% coinsurance
	Routine acupuncture	20% coinsurance, up to 30 visits per plan year*	20% coinsurance, up to 30 visits per plan year*
Chiropractic services	Medicare-covered chiropractic services (manual manipulation of the spine to correct subluxation) ¹	20% coinsurance	20% coinsurance
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
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance	20% coinsurance

Additional benefits

		In-Network	Out-of-Network
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 \$300 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	20% coinsurance	20% coinsurance
Home health care¹		\$0 copay	\$0 copay

Additional benefits

		In-Network	Out-of-Network
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 http://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 http://www.MomsMeals.com/uhc	
Telephonic nurse services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational therapy visit¹		20% coinsurance	20% coinsurance
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

¹Some 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.

²Authorization 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 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).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.

Benefits, features and/or devices vary by plan/area.

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 ten 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.

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.