



# Plan Guide 2023

**Take advantage of all your  
Medicare Advantage plan has to  
offer**

**Paramount**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number: 16176**

**Effective:** January 1, 2023 through December 31, 2023



**United  
Healthcare**



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# Introducing the Plan

## UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear Paramount Retiree,

We are excited to welcome you to the UnitedHealthcare Group Medicare Advantage (PPO) plan for Medicare-eligible Paramount retirees and their Medicare-eligible dependents. As a UnitedHealthcare Medicare Advantage Group plan member, you'll have a team committed to understanding your needs and helping you get the right care. We believe you should get more than a good health care plan and that's why we have the people, tools and resources in place to help you live a healthier life.

The UnitedHealthcare Group Medicare Advantage (PPO) plan offers:

- A comprehensive medical plan that replaces your traditional Medicare coverage and also provides additional benefits and features under one umbrella
- Straight forward calendar year out-of-pocket maximum of \$1,650 per person
- Fixed dollar amount on many services (copay vs. coinsurance)

Additionally, this plan includes programs and services like **Renew Active® fitness, Virtual Visits, and UnitedHealthcare® HouseCalls where you can get an annual in-home clinical visit from one of the UnitedHealthcare health care practitioners at no additional cost.** More information on these programs and services can be found in the plan details section in this book.

### Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care so you can focus more on what matters to you
- Get access to care when you need it

### In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services
- What you can expect after your enrollment

### Questions? We're here to help.

 [retiree.uhc.com/paramount](https://retiree.uhc.com/paramount)



Call toll-free **1-844-884-1847**, TTY 711  
8 a.m.-8 p.m. local time, 7 days a week

## Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness Experience

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# Plan Information

# Benefit Highlights

## Paramount 16176

Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

## Plan costs

	In-network and out-of-network
<b>Annual medical deductible</b>	No deductible
<b>Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,650 for this plan year.

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Doctor's office visit</b>	
Primary care provider (PCP)	\$35 copay
Specialist	\$50 copay
Virtual visits	\$0 copay
<b>Preventive services</b> Medicare-covered	\$0 copay
<b>Inpatient hospital care</b>	\$230 copay per day: days 1-7 \$0 copay per day after that
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$100 copay per day: days 21-38 \$0 copay per additional day up to 100 days
<b>Outpatient surgery</b>	20% coinsurance
<b>Outpatient rehabilitation</b> Physical, occupational, or speech/ language therapy	20% coinsurance
<b>Outpatient mental health</b>	
Group therapy	\$35 copay
Individual therapy	\$40 copay
Virtual visits	\$40 copay
<b>Diagnostic radiology services</b> such as MRIs, CT scans	20% coinsurance

## Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
<b>Lab services</b>	20% coinsurance
<b>Outpatient X-rays</b>	20% coinsurance
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	20% coinsurance
<b>Ambulance</b>	\$175 copay
<b>Emergency care</b>	\$75 copay (worldwide)
<b>Urgently needed services</b>	\$55 copay (worldwide)

## Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
<b>Routine physical</b>	\$0 copay; 1 per plan year*
<b>Acupuncture - routine</b>	20% coinsurance, 20 visits per plan year*
<b>Chiropractic - routine</b>	20% coinsurance, 25 visits per plan year*
<b>Foot care - routine</b>	\$50 copay, 6 visits per plan year*
<b>UnitedHealthcare Healthy at Home</b>	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
<b>Hearing - routine exam</b>	\$0 copay, 1 exam per plan year*
<b>Hearing aids</b> UnitedHealthcare Hearing	Plan pays a \$800 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
<b>Vision - routine eye exam</b>	\$0 copay, 1 exam every 12 months*
<b>Fitness program</b> Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
<b>Telephonic nurse services</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Personal Emergency Response System (PERS)</b> Lifeline	\$0 copay for a personal emergency response system.

\*Benefits are combined in and out-of-network

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The provider network may change at any time. You will receive notice when necessary.

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# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

Paramount has chosen a UnitedHealthcare Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor, like Paramount. Only eligible retirees of Paramount can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



### Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit [ssa.gov/locator](https://ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

## Medicare Advantage Coverage:



**Medicare Part A**  
Hospital

+



**Medicare Part B**  
Doctor and Outpatient

+



**Extra Programs**  
Beyond Original Medicare

# How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

## ✓ **One plan at a time**

- You may be enrolled in only one Medicare Advantage plan at a time
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan
- If you are disenrolled from the Paramount Medicare Advantage plan and you are covering dependents under any option of the Paramount Retiree Medicare Plan, they will be disenrolled as well

## ✓ **You must have employer group-sponsored coverage**

Your group-sponsored Medicare Advantage plan includes only medical coverage. It does not include prescription drug coverage.

- If you want Medicare Part D coverage, it must also come through a group-sponsored plan
- Your Medicare Part D coverage cannot be an individual prescription drug plan
- If you or your Medicare-eligible dependents enroll in an individual Medicare Part D prescription drug plan, you will be disenrolled from your Paramount group or plan sponsored UnitedHealthcare Group Medicare Advantage (PPO) plan



**Remember:** If you drop or are disenrolled from your Paramount-sponsored retiree coverage, you are not able to re-enroll.

## Questions? We're here to help.



[retiree.uhc.com/paramount](https://retiree.uhc.com/paramount)



Call toll-free **1-844-884-1847**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

## How your medical coverage works

### Your plan is a Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-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.

	In-network	Out-of-network
<b>Can I continue to see my doctor/specialist?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan <sup>1</sup>
<b>What is my copay or coinsurance?</b>	Copays and coinsurance vary by service <sup>2</sup>	Copays and coinsurance vary by service <sup>2</sup>
<b>Do I need to choose a primary care provider (PCP)?</b>	No, but recommended	No, but recommended
<b>Do I need a referral to see a specialist?</b>	No	No
<b>Can I go to any hospital?</b>	Yes	Yes, as long as they participate in Medicare and accept the plan <sup>1</sup>
<b>Are emergency and urgently needed services covered?</b>	Yes	Yes
<b>Do I have to pay the full cost for all doctor or hospital services?</b>	You will pay your standard copay or coinsurance for the services you get <sup>2</sup>	You will pay your standard copay or coinsurance for the services you get <sup>2</sup>
<b>Is there a limit on how much I can spend on medical services each year?</b>	Yes <sup>2</sup>	Yes <sup>2</sup>
<b>Are there any situations when a doctor will balance bill me?</b>	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of or been excluded or precluded from the Medicare Program	

### View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: [retiree.uhc.com/paramount](https://retiree.uhc.com/paramount)

You'll be able to view plan documents, find a provider[,] [locate a pharmacy] and access lifestyle and learning articles, recipes, educational videos and more.

<sup>1</sup>This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

<sup>2</sup>Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

# Getting the health care coverage you may need

## Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network
- Even though it's not required, it's important to have a primary care provider
- With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life

## Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call. We can even help schedule that first appointment. When you call your doctor, tell them you have a Medicare Advantage PPO plan.

### Why use a UnitedHealthcare network doctor?

**A network doctor or health care provider** is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

**An out-of-network provider** does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. You pay your copay or coinsurance according to your plan benefits. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

**If a provider refuses to directly bill us**, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

## Take advantage of UnitedHealthcare's additional support and programs



### Annual Physical and Wellness Visit<sup>1</sup>

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to start your year off and stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward\* for completing and reporting your Annual Wellness Visit.



### In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls<sup>2</sup>, you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

**The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:**

- Review current medications
- Receive health education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular doctor.



### UnitedHealthcare® HouseCalls Video Visit

A HouseCalls video visit uses a computer, tablet or smartphone to connect plan members with a health care practitioner for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education.



### 24/7 Nurse Support

Speak to a registered nurse 24/7 over the phone about your medical concerns at no additional cost to you.



### Chronic Conditions Programs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease or complex health needs. You get personal attention and your doctors get up-to-date information to help them make decisions.



## Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc® (medical visits only) apps.

### Virtual Doctor Visits

You can ask questions, get a diagnosis or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits may be good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

### Virtual Behavioral Health Visits

May be best for:

- Initial evaluation
- Behavioral Health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

### Mental and Behavioral Health

Nothing is more important than your health, which includes your mental health. You have access to many resources that may help improve your emotional and mental health, including:

- Personalized virtual therapy programs with AbleTo
- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare



## Custom-Programmed Hearing Aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+<sup>3</sup> UnitedHealthcare Hearing providers nationwide<sup>4</sup> or delivered to your doorstep with direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.



### **Personal Emergency Response System (PERS)**

With the Personal Emergency Response System (PERS), provided by Lifeline, help is a button push away. The PERS device can quickly connect you to the help you need, 24 hours a day in any situation. It's a lightweight, discreet button that can be worn on your wrist or as a pendant. It's also safe to wear in the shower or bath. Depending on the model you choose, it may even automatically detect falls.



### **UnitedHealthcare Fitness Program**

Renew Active® is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to our nationwide network of gyms and fitness locations. This includes access to many premium gyms, on-demand workout videos and live streaming fitness classes, social activities, an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online brain health program from AARP® Staying Sharp®.



### **And so much more to help you live a healthier life**

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

# Tools and resources to help put you in control



## Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and explore all Renew has to offer based on your interests and goals
- Sign up to get your Explanation of Benefits online



## Live Healthier with Renew

Explore Renew by UnitedHealthcare,<sup>5</sup> our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses and more — all at no additional cost

<sup>1</sup>A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

<sup>2</sup>HouseCalls may not be available in all areas.

<sup>3</sup>Network size varies by market.

<sup>4</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.

<sup>5</sup>Renew by UnitedHealthcare is not available in all plans.

\*Reward offerings will vary by member and terms of participation apply. Rewards are not available in all plans.

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# Summary of Benefits 2023

## UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Paramount

Group Number: 16176

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 **1-844-884-1847**, TTY **711**

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



[retiree.uhc.com/paramount](https://retiree.uhc.com/paramount)

# 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/paramount](https://retiree.uhc.com/paramount) 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

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/paramount](https://retiree.uhc.com/paramount) to search for a network provider using the online directory.

# 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</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,650 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 and out-of-network
<b>Inpatient Hospital Care<sup>1</sup></b>		\$230 copay per day: for days 1-7 \$0 copay per day: for days 8 and beyond
		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)	20% coinsurance
	Outpatient surgery	20% coinsurance
	Outpatient hospital services, including observation	20% coinsurance
<b>Doctor Visits</b>	Primary Care Provider	\$35 copay
	Virtual Doctor Visits	\$0 copay
	Specialists <sup>1</sup>	\$50 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

## Benefits

		In-network and out-of-network
		<p>HIV screening</p> <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>\$75 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>\$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>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	20% coinsurance
	Lab services <sup>1</sup>	20% coinsurance

## Benefits

		In-network and out-of-network
	Diagnostic tests and procedures <sup>1</sup>	20% coinsurance
	Therapeutic radiology <sup>1</sup>	20% coinsurance
	Outpatient X-rays <sup>1</sup>	20% coinsurance
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$50 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$800 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$50 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>	\$230 copay per day: days 1-7 \$0 copay per day: days 8-190
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$35 copay
	Outpatient individual therapy visit <sup>1</sup>	\$40 copay
	Virtual Behavioral Visits	\$40 copay

## Benefits

		In-network and out-of-network
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		\$0 copay per day: days 1-20 \$100 copay per day: days 21-38 \$0 copay per day: days 39-100
		Our plan covers up to 100 days in a SNF per benefit period.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		20% coinsurance
<b>Ambulance<sup>2</sup></b>		\$175 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>	20% coinsurance
	Other Part B drugs <sup>1</sup>	20% coinsurance

## Additional Benefits

		In-network and out-of-network
<b>Acupuncture Services</b>	Medicare-covered acupuncture (for chronic low back pain)	20% coinsurance
	Routine Acupuncture Services	20% coinsurance, 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% coinsurance, up to 25 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>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance
	Wigs Wigs will be covered for hair loss due to chemotherapy.	The plan pays up to a \$500 allowance per plan year.*
<b>Fitness program</b> Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, online classes, brain games and fun social activities. Visit <a href="http://UHCRenewActive.com">UHCRenewActive.com</a> 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 &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$50 copay
	Routine foot care	\$50 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>Personal Emergency Response System (PERS)</b> Lifeline	<p>\$0 copay for a personal emergency response system.</p> <p>Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or <a href="http://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a></p>
<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

## Additional Benefits

		In-network and out-of-network
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>1</sup>	\$35 copay
	Outpatient individual therapy visit <sup>1</sup>	\$40 copay
<b>Renal Dialysis<sup>1</sup></b>		20% coinsurance

<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. 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](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 1-844-884-1847 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 1-844-884-1847, 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.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyanam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

# What's Next

# Here's What You Can Expect Next

## UnitedHealthcare will process your enrollment

**Quick Start Guide and UnitedHealthcare member ID card** We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. **Please note, your member ID card will be attached to the front cover of your guide.**

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**Website access** After you receive your member ID card, you can register online at the website listed below to get access to plan information.

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**Health assessment** In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the website below and take the survey online.

**Start using your plan on your effective date.** Remember to use your UnitedHealthcare member ID card and your CVS/Caremark prescription drug member ID card.

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about the Paramount plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for your doctors and clinics**

## Questions? We're here to help.

 [retiree.uhc.com/paramount](http://retiree.uhc.com/paramount)



Call toll-free **1-844-884-1847**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week



# Statements of Understanding

By enrolling in this plan, I agree to the following:

✓ **This is a Medicare Advantage plan contracted with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

✓ **I can only have one Medicare Advantage plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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Call toll-free **1-844-884-1847**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



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