



Insurance guide 2022

What you need to know
about your UnitedHealthcare®
Senior Supplement® Plan



Connecticut Teachers' Retirement Board

UnitedHealthcare Senior Supplement

Group Number: 06802

Effective: January 1, 2022 through December 31, 2022

United
Healthcare



Introducing the Plan

UnitedHealthcare® Senior Supplement® plan

Dear Connecticut Teacher retiree,

The Connecticut Teachers' Retirement Board (TRB) has selected UnitedHealthcare to offer health care coverage for all eligible retirees. As a UnitedHealthcare Senior Supplement plan member, you'll have a team committed to understanding your needs, helping you get the care you need and assist you in managing your health.

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 spend more on what matters to you

In this book you will find:

- A description of these plans and how they work
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

Take advantage of healthy extras with UnitedHealthcare



**Telephonic Nurse
Support**



Gym membership



**Over 67,000
Pharmacies**

Questions? We're here to help.



www.UHCRetiree.com/TRB



Toll-free 1-866-794-3033, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

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

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2022 Plan summary

Connecticut Teachers' Retirement Board

UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company

In New York, Underwritten by UnitedHealthcare Insurance Company of New York

All covered amounts will vary depending on Medicare benefits for any particular year.

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a welcome kit which will include a certificate and schedule of benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the certificate and schedule of benefits before you enroll in the plan, please call customer service at the number located on the back of this booklet (the last page). A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan deductible

\$233 per plan year

Individual out-of-pocket maximum

\$2,233 per plan year

| Covered service | Medicare pays | Senior Supplement pays | You pay |
|--|-----------------------|---|---------------------|
| Inpatient hospital services | | | |
| Medicare Part A hospital—semi-private room and board, general nursing and miscellaneous services and supplies. | | | |
| Days 1–60 | All but \$1,556 | Amount after Medicare pays | \$250 per admission |
| Days 61–90 | All but \$389 per day | Amount after Medicare pays | \$0 |
| Days 91–150 (while using 60 lifetime reserve days) | All but \$778 per day | Amount after Medicare pays | \$0 |
| Days 151–365—lifetime additional reserve days | \$0 | Plan pays remaining after member cost share | \$0 |
| Beyond 365 lifetime additional reserve days | \$0 | Plan pays remaining after member cost share | \$0 |

| Covered service | Medicare pays | Senior Supplement pays | You pay |
|--|--|---|---------------------|
| Skilled nursing facility care | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the hospital. | | | |
| Days 1–20 | All approved amounts | \$0 | \$0 |
| Days 21–100 | All but \$194.50 per day | Amount after Medicare pays | \$250 per admission |
| Days 101 and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints Medicare Part A | \$0 | 100% | \$0 |
| Additional amounts under Medicare Part A | 100% | \$0 | \$0 |
| First 3 pints Medicare Part B | \$0 | 100% | \$0 |
| Next \$233 of Medicare approved amounts under Medicare Part B | \$0 | \$233 (Medicare Part B deductible) ¹ | \$0 |
| Remainder of Medicare approved amounts under Medicare Part B | 80% | 20% | \$0 |
| Hospice services | | | |
| Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | 100% of balance | \$0 |
| Medical services | | | |
| Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests. | | | |
| First \$233 of Medicare approved amounts | \$0 | \$0 | \$233 |
| Remainder of Medicare approved amounts | Generally 80% | Generally 20% | \$0 |
| Physician office visit | Generally 80% | Generally 20% | \$10 |
| Outpatient mental illness—for most outpatient mental illness services | 80% | 20% | \$10 |
| Medicare Part B excess charges (above Medicare approved amounts) | \$0 | \$0 | 100% |

| Covered service | Medicare pays | Senior Supplement pays | You pay |
|---|-------------------------|-------------------------|------------------|
| Preventive healthcare (Medicare covered) | | | |
| Periodic health screenings (please refer to your certificate) | 100% | Balance (if applicable) | \$0 |
| Durable medical equipment | | | |
| First \$233 of Medicare approved amounts | \$0 | \$0 | \$233 |
| Remainder of Medicare approved amounts | 80% of approved amounts | 20% of approved amounts | \$0 |
| Home health care | | | |
| Skilled care services and medical supplies | All approved amounts | Balance (if applicable) | \$0 |
| Preventive healthcare (not covered by Medicare) | | | |
| Annual routine physical exam | \$0 | 100% | \$0 |
| Foreign travel | | | |
| Medically necessary emergency care services beginning during the first six months of each trip outside the United States. | \$0 | \$0 | \$250 deductible |
| First \$250 each plan year | | | |
| Remainder of charges | \$0 | 80% | 20% |

Exclusions and limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the company to be a Medicare eligible expense, unless coverage for the expense or service is specifically provided by a rider to the policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any workers' compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide.
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.
- Medicare Part B excess charges.

This plan summary is a highlight of benefits only and is not all inclusive of the plan's benefits, services, or exclusions and limitations.

Questions?



1-866-794-3033, TTY 711

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



www.UHCRetiree.com/TRB

¹Once \$233 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the plan year.

Plan details

UnitedHealthcare® Senior Supplement®

Let's start with a quick look at how your plan works. Medicare only covers about 80% of your expenses. Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs Medicare Parts A and B don't cover. Plus, your plan includes programs that go beyond Original Medicare Part A and Part 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 the Social Security office
- Visit www.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

There are multiple coverage options:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Senior Supplement
Covers some or all of the costs not paid by Parts A and B

Senior Supplement plan basics

Choosing UnitedHealthcare means you're working with a national health care leader. We'll help you get the care you need and we'll be with you every step of the way. We can also help you with the following:



Stay within your budget

This Senior Supplement plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don't cover.



Visit the doctors you want

You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.



Additional support and programs

You get health and wellness programs at no additional cost.



Don't worry about paperwork

With this plan, you have virtually no claim forms to file.

Additional support and programs



Annual Wellness Visit¹ and preventive services at \$0 copay

An Annual Wellness Visit with your doctor 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.



Telephonic Nurse Support²

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



UnitedHealthcare fitness program

Renew Active^{®3} 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 the largest Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit[®] Community for Renew Active and access to an online brain health program from AARP[®] Staying Sharp[®]. (No Fitbit device is needed.)



Hear the moments that matter most with 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+ UnitedHealthcare Hearing providers nationwide⁴ or delivered to your doorstep with Right2You 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.



Virtual Doctor Visits

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor — any time, day or night. 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 are 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, medication management
- Addiction, depression
- Stress or anxiety

Tools and resources to put you in control



Get valuable plan information online

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 member ID card and request a new one
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals

¹A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

²The Telephonic Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

³Participation 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, discounts, 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. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March 2021. 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. Renew Active premium gym and fitness location network only available with certain plans.

⁴Please refer to your Certificate of Coverage for details regarding your benefit coverage.

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

Premium and/or copayments/coinsurance may change each plan/benefit year.

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UnitedHealthcare® Senior Supplement hearing care benefit rider

(For benefits not covered by Medicare)

UnitedHealthcare Insurance Company

(Herein called we, our, us and the company)

This rider is issued as part of the policy and any certificate to which it is attached. This rider is subject to all the terms and provisions of the policy, except as stated below. In consideration of any additional premium, we will provide the coverage described in this rider.

Benefits

The company will pay a hearing care benefit for covered expenses incurred by a covered person for covered services described below in the hearing care schedule of benefits, subject to the exclusions and limitations described in this rider, which do not exceed any applicable maximum shown in the certificate.

Hearing care schedule of benefits. Benefits will not exceed the limits set forth below:

| Hearing care schedule of benefits | |
|---|----------------|
| Hearing screening: Benefits limited to 1 examination per 12 months | Copayment: \$0 |
| Hearing aid maximum benefit: \$5,000 per 24-month period | |

Covered services

Covered services are limited to those services that are:

1. For the care of a hearing impairment or loss
2. Provided by a physician or licensed or certified therapist

Hearing care benefit maximum

The Hearing care benefit maximum per covered person for all covered expenses is the amount shown above in the hearing care benefit schedule of benefits. It applies separately to each covered person.



Definitions

| | |
|---------------------------|--|
| Calendar year | January 1, 12 a.m. to December 31, 11:59 p.m. of the same year. |
| Hearing aid | An electronic amplifying device designed to bring sound more effectively into the covered person's ear. A hearing aid consists of a microphone, amplifier, and receiver. |
| Hearing impairment | A reduction in the ability to perceive sound and may range from slight to complete deafness. |
| Hearing screening | An examination by a physician, or licensed or certified therapist for the purpose of fitting a hearing aid for the treatment of hearing impairment. |
| Plan year | Any consecutive 12 month period beginning on the effective date shown in the policy. |

Hearing care benefit rider

Exclusions and limitations

Unless provided for in this Rider, Hearing Care Benefits are not payable for expenses excluded by the Certificate or for the following expenses:

1. Care or treatment for a hearing impairment due to a functional nervous disorder
 2. Services or supplies covered in whole or in part under any other portion of the policy or under any other medical expense benefits for hearing benefits provided by the employer
 3. Medical or surgical treatment of hearing impairment
 4. Outpatient prescription drugs, or other medications to treat hearing impairment
 5. Any treatment or services caused by or arising out of the course of employment, or covered under any public liability insurance, including but not limited to workers' compensation programs
 6. Hearing aids and hearing screenings prescribed by a physician prior to the covered person's effective date under the policy, or after the covered person's termination of coverage under the policy
 7. Hearing aids prescribed by a physician while the covered person is covered under the policy, but delivered to the covered person more than thirty (30) days after the covered person's termination of coverage under the policy
 8. Hearing aids and hearing screenings for which the covered person is not obligated to pay, or for which no charge would be made in the absence of hearing aid and/or hearing screening coverage under the policy
 9. Hearing aids and hearing screenings which are not medically necessary or not prescribed by a physician
 10. Hearing aids and hearing screenings that do not meet professionally accepted standards or practice, including hearing aids and hearing screenings which are for experimental and/or investigational treatment
 11. Hearing aids and hearing screenings provided by any governmental agency or that are obtained by the covered person without cost
 12. Charges for the completion of any benefit request forms
- Payment of hearing care benefits is subject to all of the terms of the policy that are not inconsistent with these provisions, including, but not limited to, the policy exclusions and limitations.

Effective date

This rider is effective on the effective date of the group health insurance policy and certificate to which it is attached. This rider terminates at the same time as the group health insurance policy and certificate. This rider does not change, waive or extend any part of the policy and certificate other than as stated herein.

UnitedHealthcare Insurance Company of New York.



William J. Golden, President

Questions?



1-866-794-3033, TTY 711

8 a.m. to 8 p.m. local time, Monday–Friday



www.UHCRetiree.com/TRB

UnitedHealthcare® Senior Supplement vision care benefit rider

(For benefits not covered by Medicare)

UnitedHealthcare Insurance Company

(Herein called we, our, us and the company)

This rider is issued as part of the policy and any certificate to which it is attached. This rider is subject to all the terms and provisions of the policy, except as stated below. In consideration of any additional premium, we will provide the coverage described in this rider.

Benefits

The company will pay a vision care benefit for covered expenses incurred by a covered person for covered services described below in the vision care schedule of benefits, subject to the exclusions and limitations described in this rider, which do not exceed any applicable maximum shown in the certificate.

Vision care schedule of benefits. Benefits will not exceed the limits set forth below:

| Vision care schedule of benefits | |
|---|-----------------------------------|
| Eye examination for eyeglasses or contact lenses (refraction): Benefits limited to 1 eye examination every 12-month period | Copayment: \$0 |
| Lenses and frames or contact lenses: Unlimited pair of lenses and frames or contact lenses per 24-month period | See eyewear maximum benefit below |
| Eyewear maximum benefit: \$240 per 24-month period | |

Covered services

Covered services are limited to those vision care services which are provided by a physician, an optometrist or optician for an eye examination and eyewear to the covered person.

Vision care benefit maximum

The vision care benefit maximum per covered person for all covered expenses is the amount shown above in the vision care benefit schedule of benefits. It applies separately to each covered person.

Definitions

| | |
|----------------------|---|
| Calendar year | January 1, 12 a.m. to December 31, 11:59 p.m. of the same year. |
| Eyewear | Frames, single vision, bifocal, trifocal, and lenticular lenses and contact lenses. |
| Plan year | Any consecutive 12 month period beginning on the effective date shown in the policy. |
| Vision care | Those services prescribed by a physician, an optometrist or optician for the care and treatment of the covered person's vision. |

Vision care benefit rider

Exclusions and limitations

Unless provided for in this rider, vision care benefits are not payable for the following expenses:

1. Medical or surgical treatment of the eye
2. Outpatient prescription drugs or other medications for the eyes
3. Experimental and/or investigational treatment
4. Care or treatment for any sickness or injury arising out of or in the course of employment, or for which benefits are payable under any workers' compensation act or similar legislation, or services provided by a government agency
5. Charges for completion of insurance or other claim forms, or charges for missed or rescheduled appointments
6. Lenses which do not require a prescription written by a physician, including eyeglasses or lenses which provide no visual correction or are for cosmetic use
7. Duplicate eyeglass lenses or frames
8. Two (2) pairs of eyeglasses in lieu of bifocals; three (3) pairs of eyeglasses in lieu of trifocals

Effective date

This rider is effective on the effective date of the group health insurance policy and certificate to which it is attached. This rider terminates at the same time as the group health insurance policy and certificate. This rider does not change, waive or extend any part of the policy and certificate other than as stated herein.

Signed on behalf of UnitedHealthcare Insurance Company of New York.



William J. Golden, President

Questions?



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www.UHCRetiree.com/TRB

Here's what you can expect next

UnitedHealthcare will process your enrollment

This chart shows you how we will be contacting you after your enrollment

| | |
|--|--|
| UnitedHealthcare member ID card | Watch for your UnitedHealthcare member ID card in the mail. |
| Quick Start Guide | Once you're enrolled, you will receive a Quick Start Guide in the mail to help you start using your new plan. |
| Website access | After you receive your UnitedHealthcare member ID card, you can register online at the website listed below to get access to plan information. |

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID card.

We're here for you

When you call, it will be helpful to have:

- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for doctors, hospitals and specialists**
- ✓ **List of current health conditions and treatments**

Questions? We're here to help.



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NOTES

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