

Plan Guide 2021

Take advantage of all your TRS-Care Medicare Advantage plan has to offer.

TRS-Care Medicare Advantage

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15725

Effective: January 1, 2021 through December 31, 2021



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2021 TRS-Care Medicare Advantage plan

Dear TRS-Care Participant,

The Teacher Retirement System of Texas (TRS) has selected UnitedHealthcare® to provide health care coverage for all Medicare-eligible retirees and their dependents enrolled in the TRS-Care Medicare Advantage plan, which is a UnitedHealthcare® Group Medicare Advantage (PPO) plan. As a TRS-Care Medicare Advantage participant, you'll have a team committed to understanding your needs, connecting you to care and helping you manage 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 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 – and how much they cost
- What you can expect after your enrollment

Important Information

You will have an annual deductible with this plan. Your annual deductible will be \$500 for in-network and out-of-network services.

How to enroll

You do not need to take any action to enroll in this plan. However, you must continue to pay your Medicare Part B premium. If you stop paying your Part B premium, you risk losing all TRS-Care coverage for you and any covered dependents.

You will be automatically enrolled in this plan unless you submit documentation to TRS that you want to terminate coverage. If you don't want to enroll, please contact TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**), 7 a.m. – 6 p.m., CT Monday – Friday, for information on how to terminate your policy. If you do not take action, you and your Medicare-eligible dependents will stay enrolled in the TRS-Care Medicare Advantage plan insured by UnitedHealthcare.

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

Prior to enrolling in the TRS-Care Medicare Advantage plan, you need to sign up for Medicare. You must enroll in Medicare before the first day of the month in which you turn 65 to enroll in the TRS-Care Medicare Advantage plan. You should enroll in Medicare Part A if you are entitled to premium-free Medicare Part A. However, you must purchase and maintain Medicare Part B coverage in order to be eligible for benefits through TRS-Care. Once you sign up for Medicare, please share your Medicare Beneficiary ID number with TRS so we can verify your Medicare status and enroll you in the TRS-Care Medicare Advantage plan.

You aren't required to enroll in TRS-Care Medicare Advantage, but it is your only medical option through TRS-Care. If you do not want to join this plan, you may only reenter TRS-Care if you have a special enrollment event such as a marriage, adoption or an involuntary loss of comprehensive coverage. If you terminate coverage, you and your eligible dependents won't have any medical or prescription coverage through TRS-Care. You may terminate TRS-Care Medicare Advantage coverage by calling TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**), 7 a.m. – 6 p.m., CT Monday – Friday.

Questions? We're here to help.



www.UHCRetiree.com/TRS-CareMA



Call toll-free **1-866-347-9507**, TTY **711**,
7 a.m. – 6 p.m. CT, Monday – Friday

Plan Information

Benefit Highlights

TRS-Care Medicare Advantage

Effective January 1, 2021 to December 31, 2021

This is a brief description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 each plan year.	
Annual medical out-of-pocket maximum (The most you pay in a year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,500 each plan year.	

Medical Benefits

Benefits covered by Original Medicare and your TRS-Care Medicare Advantage plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$5 copay
	Specialist: \$10 copay	Specialist: \$10 copay
	Virtual Doctor Visits: \$0 copay using Doctor on Demand and AmWell. \$5 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	Virtual Doctor Visits: \$5 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
Preventive services	\$0 copay for Medicare-covered preventive services.	
Inpatient hospital care	\$500 per stay	\$500 per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1–20 \$50 copay per day: days 21–70 \$0 copay per additional day: days 71 and beyond	\$0 copay per day: days 1–20 \$50 copay per day: days 21–70 \$0 copay per additional day: days 71 and beyond
Outpatient surgery	\$250 copay	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$5 copay	\$5 copay

	In-Network	Out-of-Network
Mental health (outpatient and virtual)	Group therapy: \$10 copay	Group therapy: \$10 copay
	Individual therapy: \$10 copay	Individual therapy: \$10 copay
	Virtual visits: \$10 copay	Virtual visits: \$10 copay
Diagnostic radiology services (such as MRIs, CT scans) (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	5% coinsurance	5% coinsurance
Diagnostic radiology services (such as MRIs, CT scans) performed in a doctor's office (doctor's office visit copay will apply)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	5% coinsurance	5% coinsurance
Outpatient x-rays performed in a doctor's office (doctor's office visit copay will apply)	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer) (when the service is performed at a hospital, outpatient facility or a free-standing facility imaging or diagnostic center)	5% coinsurance	5% coinsurance
Therapeutic radiology services (such as radiation treatment for cancer) performed in a doctor's office (doctor's office visit copay will apply)	\$0 copay	\$0 copay
Ambulance	5% coinsurance	5% coinsurance

	In-Network	Out-of-Network
Emergency care	\$65 copay (worldwide)	
Urgently needed services There is no additional cost share if you get multiple services in a visit.	\$35 copay (worldwide)	\$35 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic care	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*
Foot care – routine	\$10 copay (Up to 6 visits per plan year)*	\$10 copay (Up to 6 visits per plan year)*
Hearing – routine exam	\$0 copay (1 exam every plan year)*	\$0 copay (1 exam every plan year)*
Hearing aids	Through UnitedHealthcare Hearing, the plan pays up to a \$500 allowance for hearing aids every 3 years (combined for both ears). Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Private duty nursing	20% coinsurance No allowance limit per plan year for private duty nursing services.	
Vision – routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Vision – eyewear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Receive access to nurse consultations and additional clinical resources at no additional cost.	

*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

2021 TRS-Care Medicare Advantage

The Teacher Retirement System (TRS) has chosen UnitedHealthcare® as the health care insurer for the TRS-Care Medicare Advantage plan beginning January 1, 2021. This is a unique plan available only to eligible TRS-Care retirees, surviving spouses and eligible dependents.

“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 should enroll in Medicare Part A if you are entitled to premium-free Medicare Part A. You must also stay enrolled in Medicare Part B to be in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with the Social Security Administration. Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- You must continue paying your Medicare Part B premium to be eligible for coverage under the TRS-Care Medicare Advantage plan. If you stop paying your Medicare Part B premium, you risk losing all TRS-Care coverage.

Medicare Advantage coverage:



Medicare Part A
Hospital



Medicare Part B
Doctor and outpatient



Extra Programs
Beyond Original Medicare

How your TRS-Care Medicare Advantage plan works

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

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- In 2021, UnitedHealthcare® will administer your TRS-Care Medicare Advantage medical benefits. SilverScript Inc. will continue to administer your TRS-Care Medicare Rx prescription drug benefits.
- The plan you enroll in last is the plan that 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 risk losing all TRS-Care coverage.
- Any currently covered dependents may also risk losing coverage from this TRS-Care Medicare Advantage plan. This means that you and your family may not have hospital/medical coverage through TRS.

✓ You must have employer group-sponsored coverage

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

- You may have Medicare Part D coverage through the TRS-Care Medicare Rx plan that is administered through SilverScript.
- If you want Medicare Part D coverage, it must also come through a TRS-sponsored plan.
- Your Medicare Part D coverage cannot be an individual prescription drug plan.
- If you enroll in an individual Part D prescription drug plan, you will be terminated from the TRS-Care Medicare Advantage plan.



Remember: If you do not want to join this plan, you may only re-enter TRS-Care if you have a special enrollment event such as a marriage, adoption, or involuntary loss of coverage. If a TRS retiree or surviving spouse terminates coverage or is no longer eligible for the TRS-Care Medicare Advantage plan, dependents may not remain on any TRS-Care plan beyond the plan termination date.

If you decide to terminate coverage, TRS encourages you to carefully consider your decision before you choose to leave the program.

Questions? We're here to help.



www.UHCRetiree.com/TRS-CareMA



Call toll-free **1-866-347-9507**, TTY **711**,
7 a.m. – 6 p.m. CT, Monday – Friday

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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 Medicare and are willing to bill UnitedHealthcare.

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

View your plan information online

Once you receive your TRS-Care Medicare Advantage member ID card, you can create your secure online account at: www.UHCRetiree.com/TRS-CareMA

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

¹This 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.

²Refer 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 providers (in-network or out-of-network) as long as they accept Medicare and are willing to bill UnitedHealthcare. You pay the same share of cost in- and out-of-network.
- Even though it's not required it's important to have a primary care provider (PCP). A PCP is a physician, nurse practitioner or physician assistant working in family practice, general practice or internal medicine that acts as your partner to help you attain your best health. Your PCP will get to know your medical history and identify health problems before they become serious issues. They help advise you on the right treatment options and educate you on your health conditions.
- With your TRS-Care 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 a specialist, just give UnitedHealthcare a call. We can even help schedule that first appointment. To see if your provider is part of the UnitedHealthcare network, go to www.UHCRetiree.com/TRS-CareMA and click on "Look up a provider now."

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 TRS-Care Medicare Advantage (PPO) plan you can see any out-of-network provider that accepts Medicare and will bill UnitedHealthcare. You pay your plan's copay or coinsurance. 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 says they won't accept the plan, call UnitedHealthcare. We will contact them on your behalf and explain how the plan works.

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 at no additional cost



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 from your computer, tablet or smartphone – anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Doctor on Demand or AmWell apps. To learn more about TRS Virtual Health go to www.trs.texas.gov.

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 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

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to 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 your Annual Wellness Visit through Renew Rewards*.



NurseLine

Receive access 24/7 to nurse consultations and additional clinical resources at no extra cost to you.

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

*Renew Rewards is not available in all plans with Renew by UnitedHealthcare.



Rally Wellness Coaching

Rally Wellness Coaching provides personal coaching, online learning, and support for a variety of different topics that promote whole person health. Wellness Coaching offers a comprehensive solution to address your physical, mental, social and emotional needs. Wellness Coaching includes the option to select a program topic of interest, work with a coach, set an action plan, engage with online learning modules and digital tools at your own pace.



Enjoy a preventive care visit in the privacy of your own home

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

What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education.
- You can talk about health concerns and ask questions that you haven't had time to ask before.
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health.
- HouseCalls may not be available in all areas. To learn more, call toll-free at **1-866-347-9507**, TTY 711, 7 a.m. – 6 p.m. CT, Monday – Friday.



Special programs for people with chronic or complex health needs

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



Trusted care at home when you need it

What would make your day easier? Maybe it's having some extra help in your home with things like making meals, light housekeeping tasks, medication reminders or even transportation around your community. **CareLinx** provides a network of pre-screened, professional caregivers you can trust, giving you greater peace of mind with in-home care support services at no additional cost.



Personal Emergency Response System (PERS)

With the Personal Emergency Response System, help is a button push away.

- Quick access to help in any situation whether an emergency or just need a helping hand
- Gives member confidence and independence



Stop smoking

With Quit for Life® you can get the support and help you need from a Quit Coach to stop smoking once and for all.



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 be able to choose from hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide¹ or through home delivery — so you'll get the care you need to hear better and live life to the fullest.



Get to health-related appointments easier

Our transportation program gives you a lift to and from medically-related visits such as doctors' appointments, pharmacy trips and more. The program offers a fixed number of rides at no extra cost to you.



Post discharge meals

Our post-discharge meal delivery program provides freshly-made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate.



Real Appeal®

Real Appeal is a simple, step-by-step online program that helps make losing weight fun. The program offers tools that may help you lose weight, reduce your risk of developing or help you manage your serious health conditions, gain energy and achieve your long-term health goals, at no additional cost.

When you enroll in Real Appeal you receive:

- A Transformation Coach who leads weekly online group sessions
- Online tools to help you track your food, activity and weight loss progress
- A Success Kit with food and weight scales, recipes, workout DVDs and more — shipped directly to your door.



Over-the-Counter care at no cost to you

FirstLine Essentials+ is an OTC benefit that gives you credits to spend on over-the-counter care. Shop toothpaste, pain relief, vitamins, cough drops, and more. It's all included with the UnitedHealthcare health plan.



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.

¹Please refer to your Summary of Benefits for details regarding your benefit coverage.

Tools and resources to put you in control



Be active and have fun with a gym membership

SilverSneakers® is a fitness benefit included with your health plan at no additional cost. SilverSneakers includes:

- Memberships to thousands of locations¹ nationwide
- Group exercise classes² designed for all abilities
- Fun activities held outside the gym²



Go beyond the plan benefits to help you live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.³ Renew, our participant-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website at www.UHCRetiree.com/TRS-CareMA.



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 sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online

¹Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

²Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

³Renew by UnitedHealthcare is not available in all plans. *Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Summary of Benefits 2021

TRS-Care Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): TRS-Care Medicare Advantage

Group Number: 15725

H2001-817-000

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



Toll-free **1-866-347-9507**, TTY **711**

7 a.m. – 6 p.m. CT, Monday – Friday



www.UHCRetiree.com/TRS-CareMA



Summary of Benefits

January 1st, 2021 – December 31st, 2021

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/TRS-CareMA 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

TRS-Care Medicare Advantage is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A (if applicable), stay enrolled and continue to pay your Medicare Part B premiums, and live in our service area as listed below. Please refer to the Evidence of Coverage for further eligibility requirements.

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers

TRS-Care Medicare Advantage has a network of doctors, hospitals, and other providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept Medicare and are willing to bill UnitedHealthcare.

You can go to www.UHCRetiree.com/TRS-CareMA to search for a network provider using the online directory.

TRS-Care Medicare Advantage

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	For information concerning your TRS-Care premiums and the amount you will pay, please contact TRS Health and Insurance Benefits. For information about your Medicare Part B premium, contact Social Security.	
Annual Medical Deductible	\$500 per plan year for some in-network and out-of-network services.	
Maximum Out-of-Pocket Amount	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,500 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.</p>	

TRS-Care Medicare Advantage

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$500 per stay	\$500 per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$250 copay	\$250 copay
	Outpatient surgery	\$250 copay	\$250 copay
	Outpatient hospital services, including observation	\$250 copay	\$250 copay
Doctor Visits	Primary Care Provider	\$5 copay	\$5 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell. \$5 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$5 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$10 copay	\$10 copay

Benefits

		In-Network	Out-of-Network
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		<p>Abdominal aortic aneurysm screening Alcohol misuse screening and 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 and counseling 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 flu shots, hepatitis B shots, pneumococcal shots "Welcome to Medicare" preventive visit (one-time)</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay 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 There is no additional cost share if you get multiple services in a visit.		\$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.	\$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay 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) (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Diagnostic radiology services (e.g. MRI) performed in a doctor’s office (doctor’s office visit copay will apply) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-rays (continued)	Diagnostic tests and procedures performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay
	Therapeutic Radiology (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Therapeutic radiology services performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay
	Outpatient X-rays (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Outpatient X-rays performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$10 copay	\$10 copay
	Routine hearing exam	\$0 copay (1 exam every plan year)*	\$0 copay (1 exam every plan year)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids every 3 years (combined for both ears). Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$10 copay	\$10 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Eye wear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*
	Exam for people with diabetes or a diabetic condition present	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Mental Health	Inpatient visit ¹	\$500 copay per stay	\$500 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$10 copay	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay	\$10 copay
	Virtual Behavioral Visits	\$10 copay	\$10 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1–20 \$50 copay per day: days 21–70 \$0 copay per day: days 71 and beyond	\$0 copay per day: days 1–20 \$50 copay per day: days 21–70 \$0 copay per day: days 71 and beyond
		Our plan covers unlimited days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$5 copay	\$5 copay
Ambulance²		5% coinsurance	5% coinsurance
Routine Transportation		<p>\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to plan approved medically related appointments (locations) through provider LogistiCare. Restrictions apply.</p> <p>Contact LogistiCare for additional details and to schedule your trips: 1-833-219-1182, TTY: 1-844-488-9724, 8 a.m. – 5 p.m. local time, Monday – Friday, or by visiting www.logisticare.com/BookNow.</p>	
Medicare Part B Drugs	Chemotherapy drugs ¹	5% coinsurance	5% coinsurance
	Other Part B drugs ¹	5% coinsurance	5% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	5% coinsurance	5% coinsurance
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	5% coinsurance	5% coinsurance
	Routine chiropractic care	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. 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	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	5% coinsurance	5% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	5% coinsurance	5% coinsurance
	Wigs for hair loss (due to chemotherapy/ medical treatment or medical condition resulting in hair loss)	5% coinsurance An unlimited allowance for wigs/ hairpieces (cranial prosthesis) per plan year.*	5% coinsurance An unlimited allowance for wigs/ hairpieces (cranial prosthesis) per plan year.*
Non-Medicare-Covered Durable Medical Equipment and Related Supplies		\$0 copay	\$0 copay
Includes unlimited coverage of certain compression stockings per plan year.			
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level – general fitness, strength, walking or yoga.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$10 copay	\$10 copay
	Routine foot care*	\$10 copay for each visit (Up to 6 visits per plan year)*	\$10 copay for each visit (Up to 6 visits per plan year)*
FirstLine Essentials+		<p>Members receive \$40 each quarter (\$160 each plan year) to use on approved health care products as shown in the catalog or website. Dollars may be carried over from month to month. To access your benefit please call 1-866-868-2491, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT, Saturday, visit www.ShopFirstLineBenefits.TRS-CareMA.com or refer to the program materials.</p>	
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. Hospice is covered by Original Medicare, outside of our plan. (Please see the Evidence of Coverage for more information.)	
In-Home Non-Medical Care		\$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 1-888- 912-9435. 8 a.m. – 9 p.m. CT, Monday – Friday & 10 a.m. – 6 p.m. CT, Saturday and Sunday or by visiting www.carelinx.com/trs-careMA .	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$5 copay	\$5 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$10 copay	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay	\$10 copay
Personal Emergency Response System (PERS)		<p>\$0 copay; With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS monitoring device can get you help quickly, 24 hours a day at no additional cost.</p> <p>For additional information or to order your in-home device please call 1-855-595-0389, TTY 711, 8 a.m. – 8:30 p.m. ET, Monday – Friday & 9 a.m. – 5:30 p.m. ET, Saturday or by visiting www.lifeline.philips.com/uhcgroup.</p>	

Additional Benefits

	In-Network	Out-of-Network
Post-Discharge Meals	<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate.</p> <p>Benefit is offered one time per plan year through the provider Mom's Meals. Restrictions apply.</p> <p>Contact Mom's Meals for additional details if you have been referred into the program.</p> <p>1-855-428-6667, 7 a.m. – 6 p.m. CT, Monday – Friday</p> <p>Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	
Private Duty Nursing	<p>We cover medically necessary nursing services provided in the hospital or in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the hospital or in the home due to a medical condition. Note: Custodial and domestic services are not covered.</p> <p>20% coinsurance</p> <p>There is no allowance limit per plan year for private duty nursing services.</p>	
Rally Wellness Coaching	<p>\$0 copay; Coverage includes access to clinically validated, expert-led online learning and live coach support across a variety of different topics that promote whole person health such as general wellness, stress management, diabetes lifestyle and more at no additional cost.</p> <p>Get started today at RallyHealth.com/Wellness or call 1-800-478-1057, TTY 711, 7 a.m. – 10 p.m. CT, Monday – Thursday, 7 a.m. – 7 p.m. CT Fridays & 8 a.m. – 4:30 p.m. CT Saturdays.</p>	

Additional Benefits

	In-Network	Out-of-Network
Real Appeal Weight Management Program	<p>\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at uhc.realappeal.com or call 1-844-924-7325, 8 a.m. – 9 p.m. CT, Monday – Friday & 10 a.m. – 6 p.m. CT, Saturday and Sunday.</p> <p><i>*Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care physician before joining the program.</i></p>	
Renal Dialysis¹	\$10 copay	\$10 copay
Quit For Life® Tobacco Cessation Program	<p>\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day, 7 days a week, or visit www.quitnow.net.</p>	

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

Some of the websites listed in the chart above will not be live until January 1, 2021.

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare 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, 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.

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 Nurseline service 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.

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

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 LUU 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)**, udostępniliśmy 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 kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh 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.

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What's Next

Here's What You Can Expect Next

This chart shows you how we will be contacting you through the plan's transition to UnitedHealthcare.®

Quick Start Guide and Member ID Card

You will get a Quick Start Guide and a TRS-Care Medicare Advantage member ID card from UnitedHealthcare in the mail prior to your effective date to help you start using your new plan.

Website Access

After you receive your TRS-Care Medicare Advantage member ID card, you can register online at the website listed below to get access to plan information.

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 optional 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 TRS-Care Medicare Advantage member ID card. Be sure to keep your Medicare card in a secure place.

We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about the TRS-Care Medicare Advantage 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 doctors and clinics**

Questions? We're here to help.



www.UHCRetiree.com/TRS-CareMA



Call toll-free **1-866-347-9507**, TTY **711**,
7 a.m. – 6 p.m. CT, Monday – Friday

Statements of Understanding

By enrolling in the TRS-Care Medicare Advantage plan, I agree to the following:

- ✓ **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and/or 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. Please refer to the Evidence of Coverage for further eligibility requirements.

- ✓ **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 have only one Medicare Advantage plan and only one Prescription Drug plan at a time.**

- Enrolling in the TRS-Care Medicare Advantage plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will risk losing all TRS-Care coverage for myself and any covered dependents.
- You may have Medicare Part D coverage through the TRS-Care Medicare Rx plan that is administered through SilverScript.
- If you enroll in an individual Part D prescription drug plan, you will be terminated from the TRS-Care Medicare Advantage plan.

- ✓ **If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.**

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.

- ✓ **I will receive information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

- ✓ **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.



1-866-347-9507, TTY 711
7 a.m. - 6 p.m. CT, Monday - Friday



www.UHCRetiree.com/TRS-CareMA





Helpful information when you go to the doctor and other health care providers

With the TRS-Care Medicare Advantage plan, which is a UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any provider (in-network or out-of-network) at the same cost share, as long as they accept Medicare and are willing to bill UnitedHealthcare. You'll find helpful tips to share with your doctor on the back side of this page.

Going to an in-network doctor or health care provider

What is an in-network doctor?

An in-network doctor or health care provider is one who contracts with UnitedHealthcare to provide services to Medicare-eligible members.

What do I pay?

You pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill UnitedHealthcare for the rest of the cost of your service(s).

Can a network doctor refuse to see me?

If you are an existing patient, the doctor or health care provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and if they are not accepting any **new** Medicare patients.

How is the doctor paid?

The doctor or health care provider is paid according to their contract with UnitedHealthcare.

Going to an out-of-network doctor or health care provider

Out-of-network health care providers who are eligible to participate in Medicare can treat and receive payment for UnitedHealthcare-covered patients with this plan. UnitedHealthcare pays providers according to the Original Medicare fee schedule less any member plan responsibility.

What is an out-of-network doctor?

An out-of-network doctor or health care provider does not have a contract with UnitedHealthcare.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill UnitedHealthcare.

What do I pay?

You pay your plan's copay or coinsurance. You have the same cost share for both in- and out-of-network benefits. UnitedHealthcare will pay for the rest of the cost of your covered service(s) including any excess charges up to the limit set by Medicare.

Will the doctor bill UnitedHealthcare?

If a doctor or hospital refuses to directly bill UnitedHealthcare, they may ask that you pay the full allowable amount. In that case, you can pay the doctor and then submit your claim to UnitedHealthcare. You will be reimbursed for the cost of the claim less your copay or coinsurance.

What if my doctor says they will not accept the plan?

We will be happy to contact your doctor on your behalf to explain how the plan works. Usually, that is all that is needed.



We're here to help

If you have questions or need help finding a new doctor, please give us a call toll-free at **1-866-347-9507**, TTY **711**, 7 a.m. – 6 p.m. CT, Monday – Friday.

Help for your providers

Helpful tips for your doctor can be found on the back side of this page.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

UnitedHealthcare® Group Medicare Advantage (PPO) Plan

We look forward to working with you as you deliver care to UnitedHealthcare® Group Medicare Advantage (PPO) plan members.

Providing Care to Members

Preferred provider organization (PPO) plans offer members access to a network of contracted local physicians and hospitals, but also allow them the flexibility to seek covered services from outside of the contracted network. Members do not need a referral for care.

Members of this plan can see any care provider, even those not participating in the UnitedHealthcare network, as long as the care provider:

- Participates in Medicare
- Accepts the plan
- Hasn't opted out of Medicare
- Isn't on the excluded or precluded list for Medicare

UnitedHealthcare® Group Medicare Advantage

UnitedHealthcare® Group Medicare Advantage plans are only offered to groups such as employers, unions and government sub-entities. These plans provide group retiree Medicare beneficiaries with a variety of health care benefit plan choices, often with more benefits than those provided by Original Medicare. Plan members are still covered under the Medicare program and have federally regulated rights and protections.

More Resources

You can find an administrative guide, tools and resources to help you better understand the UnitedHealthcare benefit plans in your area at UHCprovider.com/plans > choose your state > Medicare > Group Medicare Advantage Plans. Thank you.





888.237.6762
www.trs.texas.gov

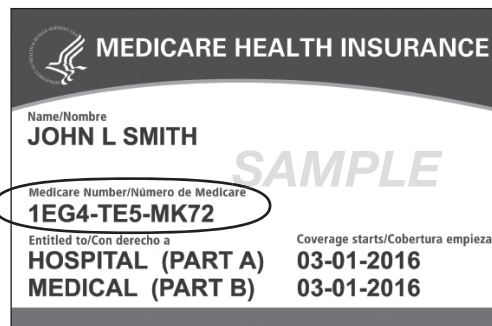
Brian K. Guthrie
Executive Director
1000 Red River St.
Austin, Texas 78701

Dear Participant,

ACTION REQUIRED: Send TRS Your Medicare Information

This is important required information regarding your Medicare ID Number.

Remember to give TRS
your Medicare number. →



Once you receive your Medicare card, please complete the enclosed form and return it to TRS or call TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**) Monday – Friday, 7 a.m. – 6 p.m., Central time. If you do not provide your Medicare Beneficiary ID number to TRS, you risk delaying or not having any medical or prescription drug coverage through TRS-Care.

Federal rules governing Medicare Advantage require UnitedHealthcare® to have your Medicare number on file.

If you're adding dependents to your TRS-Care coverage, you'll still need to complete the application that TRS sends in a packet to you.

Thank you for your prompt attention to this matter.

Sincerely,

TRS Health and Insurance Benefits

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call 1-888-237-6762 (TTY: 711).

Please complete the form below and return by mail or fax or calling TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**) Monday – Friday 7 a.m. – 6 p.m., Central time.

TRS Health and Insurance Benefits
1000 Red River Street
Austin, TX 78701-2698

or

Fax: 512-542-6575

Last Name:		First Name:	
Residential Address (Not a P.O. Box):		Phone Number:	
City:	State:	Zip:	
Medicare Beneficiary ID Number:		Medicare Part A & B Effective Date(s):	
Signature:		Date:	

Please complete the form below for Medicare-eligible spouse/dependent, if applicable.

Last Name:		First Name:	
Residential Address (Not a P.O. Box):		Phone Number:	
City:	State:	Zip:	
Medicare Beneficiary ID Number:		Medicare Part A & B Effective Date(s):	
Signature:		Date:	