



Plan Guide 2024

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

TRS-Care Medicare Advantage

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15727

Effective: January 1, 2024 through December 31, 2024



**United
Healthcare®**
Group Medicare Advantage



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2024 TRS-Care Medicare Advantage plan

Dear TRS-Care Participant,

UnitedHealthcare provides medical 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:

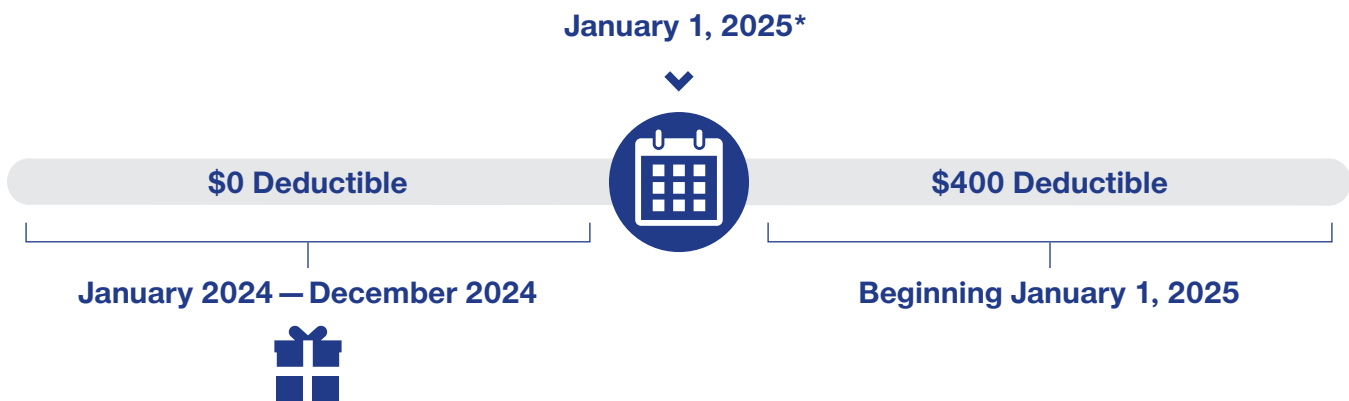
- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care so you can focus more on what matters to you
- Get access to care when you need it

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 not have an annual deductible through the end of this plan year, December 31, 2024, as long as TRS receives your Medicare information on time. Beginning January 1, 2025, your annual deductible will be \$400 for in-network and out-of-network services.



For example: If your birthday is in July 2024, you will have a \$0 deductible through the end of the 2024 plan year, (July — December 2024). Beginning January 1, 2025 you will have a \$400 deductible.

* For illustration only

Take advantage of no cost healthy extras with UnitedHealthcare



HouseCalls



Gym Membership



Health & Wellness Experience

How to enroll

Prior to enrolling in the TRS-Care Medicare Advantage plan, you need to sign up for Medicare. You must enroll in Medicare no later than one month before 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 at **1-888-237-6762** (TTY: **711**), 7 a.m.–6 p.m. CT, Monday–Friday.

We encourage you to carefully consider your decision before you leave the program. Please note that you and any of your covered dependents won't have any TRS-Care coverage if you opt-out. You also have the option to terminate your TRS-Care Medicare Advantage coverage any time throughout the year.

Questions? We're here to help.



retiree.uhc.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, 2024 to December 31, 2024

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 and out-of-network
Annual medical deductible	You will not have an annual deductible through December 31, 2024. Beginning January 1, 2025, your annual deductible will be \$400 for in-network and out-of-network services.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,500 for this plan year. Services with an asterisk in the Medical Benefits Chart of the Evidence of Coverage do not count toward this amount.

Medical benefits

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

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$5 copay
Specialist	\$10 copay
Virtual visits	\$0 copay using Amwell, Doctor on Demand and Teladoc \$5 copay using other providers that have the ability and are qualified to offer virtual medical visits
Preventive services Medicare-covered	\$0 copay for Medicare-covered preventive services.
Inpatient hospital care	\$500 copay 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
Outpatient surgery	\$250 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$5 copay
Outpatient mental health Group therapy	\$10 copay

Medical benefits

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

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

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Chiropractic – routine	5% coinsurance, 20 visits per plan year*
Foot care – routine	\$10 copay, 6 visits per plan year*

	In-network and out-of-network
Over-the-counter (OTC) card Healthy Benefits Plus	\$0 copay \$40 credit each quarter (\$160 a year) to purchase approved OTC items from network retail locations or through the OTC catalog.
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and Skilled Nursing Facility discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing’s nationwide network are not covered.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Vision – routine eyewear	Plan pays \$70 for eyeglasses or \$105 for contact lenses instead of eyeglasses, every 12 months.*
Private duty nursing	20% coinsurance The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Custodial and domestic services are not covered. No allowance limit per plan year for private duty nursing services.
Fitness program SilverSneakers®	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Non-medical personal care CareLinx	\$0 copay for 8 hours of non-medical personal care services each month.
Routine transportation ModivCare	\$0 copay for 24 one-way trips to approved medically related appointments and the pharmacy.
Personal emergency response system (PERS) Lifeline	\$0 copay for a personal emergency response system.

	In-network and out-of-network
Rally Coach™ programs	<p>\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>*Refer to your Evidence of Coverage for eligibility requirements.</p>
Steady Together	<p>\$0 copay for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:</p> <ul style="list-style-type: none"> • 8 hours per month of in-home personal care for 6 months following program enrollment • Access to an advanced care planning tool up to 12 months following program enrollment <p>*Coverage is offered through a special supplemental benefit. Not all members will qualify.</p>

*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

TRS-Care Medicare Advantage

UnitedHealthcare serves as the health care insurer for the TRS-Care Medicare Advantage medical plan. 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 Social Security
- 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 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
- UnitedHealthcare will administer your TRS-Care Medicare Advantage medical benefits. Express Scripts (ESI) will administer your TRS-Care Medicare Rx prescription drug benefits
- 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 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 Express Scripts (ESI)
- 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.



retiree.uhc.com/TRS-CareMA



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

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 can 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: retiree.uhc.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 participate in the Medicare Program. 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). 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 specialist, just give us a call. We can even help schedule that first appointment. To see if your provider is part of the UnitedHealthcare network, go to retiree.uhc.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 contracted 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. 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



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 Doctor On Demand™, Amwell® or Teladoc™ Health (medical visits only). To learn more about TRS Virtual Health, go to 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

May be best for:

- Initial evaluation
- Medication management
- Addiction and 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 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.* To report your Annual Wellness Visit you can register and log in to your member website after your plan's effective date at retiree.uhc.com/TRS-CareMA or by calling **1-866-347-9507**, TTY **711**, 7 a.m.–6 p.m. CT, Monday–Friday.



24/7 Nurse Support²

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



Quick access to help in any situation

With the Personal Emergency Response System (PERS), help is a button press away. The PERS wearable device can quickly connect you to the help you need, 24 hours a day in any situation. It's lightweight, water-resistant button that can be worn on your wrist or as a pendant. Depending on the model you choose it may even automatically detect falls.



Virtual coaching programs to help you start living a healthier life

Rally Coach™ programs can help you start living a healthier, happier life. These virtual coaching programs are available to you at no additional cost and include the following:

- Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results, one step at a time (includes a diabetes prevention program for those who qualify)
- Rally Wellness Coaching, which helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support via online chat or phone calls
- A tobacco cessation program, which gives you the support you need to quit all types of tobacco use



Enjoy a preventive care visit in the privacy of your own home from UnitedHealthcare® HouseCalls

With UnitedHealthcare HouseCalls², you get a yearly in-home visit from one of our licensed 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.

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

- Review medications
- Receive 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 a personalized checklist and send a summary of the visit to your regular doctor.



UnitedHealthcare® HouseCalls Video Visit

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



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, bathing, medication reminders or even transportation around your community. **CareLinx** provides a network of pre-screened, professional caregivers you can trust, which can give you greater peace of mind with non-medical personal care support services at no additional cost.



Hear the moments that matter most with custom-programmed hearing aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national³ network of 7,000+⁴ hearing providers. Plus, a wide variety of prescription hearing aid models to choose from including a selection of non-prescription hearing aids at **UHChearing.com**. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you — 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.



Stay healthy at home

UnitedHealthcare Healthy at Home provides you with the support you need to recover from all hospital and skilled nursing facility stays. After you have been discharged, you are eligible to receive home-delivered meals (28 meals — two meals per day for two weeks), additional transportation to medical appointments and non-medical personal care to assist with daily activities, all at no cost to you.



Over-the-counter (OTC) care at no cost to you

With Healthy Benefits Plus, you'll get one pre-paid debit card at the start of the plan year to purchase eligible OTC items at participating retail locations, online, over the phone or by mail through your OTC Catalog.



Be active and have fun with a gym membership

SilverSneakers® is a health and fitness program designed for Medicare plan members. It's available to you at no added cost and includes a standard monthly membership and group exercise classes at a participating fitness center. You can also enjoy online classes and workshops and fun activities held outside the gym. Classes, equipment, facilities and services vary by location.



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 member site 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



Live healthier with Renew

Explore Renew by UnitedHealthcare,⁵ 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 added cost

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

²HouseCalls may not be available in all areas.

³Network size varies by market.

⁴Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁵Renew 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 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

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

Group Number: 15727

H2001-817-000

Look inside to learn more about the plan and the health services it covers.
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



retiree.uhc.com/TRS-CareMA

**United
Healthcare®**
Group Medicare Advantage

Summary of Benefits

January 1, 2024 - December 31, 2024

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/TRS-CareMA 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.

TRS-Care Medicare Advantage

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	For information concerning your TRS-Care premiums and the amount you will pay, please contact TRS Health at 1-888-237-6762. For information about your Medicare Part B premium, contact Social Security.
Annual medical deductible	You will not have an annual deductible through December 31, 2024. Beginning January 1, 2025, your annual deductible will be \$400 for 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 for this plan year. Services with an asterisk in the Medical Benefits Chart of the EOC do not count toward this amount.</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>

Medical benefits		
	In-network and out-of-network	
Inpatient hospital care¹		\$500 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$250 copay
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$250 copay
	Outpatient hospital services, including observation	\$250 copay
Doctor visits	Primary care provider	\$5 copay
	Virtual doctor visits	\$0 copay using Amwell, Doctor on Demand and Teladoc. \$5 copay using other providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$10 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> □ 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 	

Medical benefits

In-network and out-of-network

- 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 those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

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%.

Emergency care

\$65 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

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 Care” section of this booklet for other costs.

Medical benefits		In-network and out-of-network
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance
	Diagnostic radiology services (e.g. MRI) performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay
	Lab services ¹	\$0 copay for Medicare-covered lab services
	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
	Diagnostic tests and procedures performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay

Medical benefits		In-network and out-of-network
	Therapeutic Radiology (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance
	Therapeutic radiology services performed in a doctor's office (doctor's office visit copay will apply) ¹	\$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
	Outpatient X-rays performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$10 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*

Medical benefits		In-network and out-of-network
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$10 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$70 for eyeglasses, or up to \$105 for contact lenses instead of eyeglasses, every 12 months.*
	Exam for people with diabetes or a diabetic condition	\$0 copay
Mental Health	Inpatient visit ¹	\$500 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay
	Virtual behavioral visits	\$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 Our plan covers unlimited days in a SNF per benefit period.

Medical benefits		
		In-network and out-of-network
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$5 copay
Ambulance²		5% coinsurance
Routine transportation ModivCare		\$0 copay for 24 one-way rides to medically related appointments and the pharmacy with ModivCare. Restrictions apply. Call or go online to schedule your trip. 1-833-219-1182, TTY 1-844-488-9724 or modivcare.com/BookNow
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ¹	5% coinsurance
	Other Part B drugs ¹	\$0 copay

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	5% coinsurance
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	5% coinsurance
	Routine chiropractic services	5% coinsurance, 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.</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 Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay

Additional benefits		
		In-network and out-of-network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	5% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	5% coinsurance
	Wigs	5% coinsurance for wigs for hair loss due to chemotherapy, medical treatment, or a medical condition. Does not count towards maximum out-of-pocket amount
Fitness program SilverSneakers®		\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at a participating fitness center plus online classes, workshops and more. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-423-4632, TTY 711 or SilverSneakers.com/StartHere.
Foot care (podiatry services)	Foot exams and treatment ¹	\$10 copay
	Routine foot care	\$10 copay, 6 visits per plan year*
Over-the-counter (OTC) card Healthy Benefits Plus		\$0 copay \$40 credit each quarter (\$160 a year) to purchase approved OTC items from network retail locations or through the OTC catalog. Credits expire at the end of the year. Shop in store, call or go online. 1-833-216-6709, TTY 711, visit HealthyBenefitsPlus.com/UHCRetiree, or download the Healthy Benefits Plus app.

Additional benefits	
	In-network and out-of-network
UnitedHealthcare 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"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral after each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care ¹	\$0 copay
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.)
Non-medical personal care CareLinx	\$0 copay for 8 hours every month of non-medical personal care like companionship, meal prep, medication reminders and more with a CareLinx professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply. Call or go online to get non-medical personal care services. 1-888-912-9435 or carelinx.com/trs-careMA .
Personal emergency response system (PERS) Lifeline	<p>\$0 copay for a personal emergency response system.</p> <p>Help is only a button press away. A PERS wearable 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. 1-855-595-0389, TTY 711 or lifeline.com/uhcgroup</p>
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

Additional benefits		
		In-network and out-of-network
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay
Private duty nursing¹		<p>We cover medically necessary skilled 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. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home or hospital.</p> <p>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.</p> <p>The face-to-face evaluation must occur no more than 90 days prior to the service request. The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>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>

Additional benefits	
	In-network and out-of-network
Rally Coach™ Programs	<p>\$0 copay for Rally Coach™ programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>Call or go online to get started today. rallyhealth.com/retiree</p> <ul style="list-style-type: none"> • Real Appeal 1-844-924-7325, TTY 711 • Rally Wellness Coaching 1-800-478-1057, TTY 711 • Tobacco Cessation 1-866-784-8454, TTY 711 <p>* Refer to your Evidence of Coverage for eligibility requirements</p>
Renal Dialysis¹	\$10 copay
Steady Together	<p>\$0 copay for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:</p> <ul style="list-style-type: none"> • 8 hours per month of in-home personal care for 6 months following program enrollment • Access to an advanced care planning tool up to 12 months following program enrollment <p>* Coverage is offered through a special supplemental benefit. Not all members will qualify.</p>

¹ 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.

² Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

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 retiree.uhc.com/TRS-CareMA to search for a network provider using the online directory.

Required Information

TRS-Care Medicare Advantage (PPO) is 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 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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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.

24/7 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.

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.

Civil Rights Notice

The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libheng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libheng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्च का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell’opuscolo. Una persona che parla italiano potrà fornire l’assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

What's next

Here's What You Can Expect Next

TRS and UnitedHealthcare will process your enrollment

Quick Start Guide and TRS-Care Medicare Advantage member ID card You will get a Quick Start Guide and a TRS-Care Medicare Advantage member ID card from UnitedHealthcare in the mail 7–10 days after your enrollment is approved. **Please note, your member ID card will be attached to the front cover of your guide.**

Member site access After you receive your TRS-Care Medicare Advantage member ID card, you can register online at the member site 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 health survey. You can also go to the website below and take the survey online.

Welcome webinar Join us for a webinar to welcome you to your plan. We will review common questions from newly enrolled participants, explore covered benefits and outline what you can expect in the first 90–120 days of enrolling in the TRS-Care Medicare plan. Look for more information on the website listed below.

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 your doctors and clinics**

Questions? We're here to help.

 retiree.uhc.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 contracted with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A (if applicable) and Part B, and continue to pay my Medicare Part B premium, and if applicable Part A premium, if my premiums are not paid for by Medicare 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 only have one Medicare Advantage plan at a time.**
 - Enrolling in the TRS-Care Medicare Advantage plan will automatically disenroll me from any other Medicare health plan.
 - If I enroll in a different Medicare Advantage plan, I will risk losing all TRS-Care coverage for myself and any covered dependents.
 - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- ✓ **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.
- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**

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



retiree.uhc.com/TRS-CareMA

**United
Healthcare[®]**
Group Medicare Advantage





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

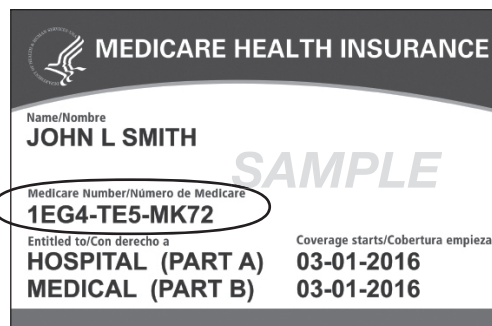
Brian K. Guthrie
Executive Director
1000 Red River St.
Austin, Texas 78701

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:	