

Medical Questions: UnitedHealthcare (UHC)

What kind of health plan is TRS-Care Medicare Advantage?

TRS-Care Medicare Advantage is a National Preferred Provider Organization (PPO) plan. That means you may see providers in- and out-of-network for the same cost if the provider accepts Medicare and will bill UnitedHealthcare. To find out if your provider is in the UnitedHealthcare network, visit [TRS-Care Medicare Advantage by UnitedHealthcare](#) (select **Find a Provider**).

What is a UCard?

Your TRS-Care Medicare Advantage ID card, or UCard, combines all cards in one, including your Medical ID card, over the counter (OTC) benefits, and all earned rewards. Use your UCard when you visit your doctor and buy over-the-counter items.

Will I benefit from using an in-network provider instead of an out-of-network provider?

A network doctor or health care provider is one who contracts with the TRS-Care Medicare Advantage medical insurer, UnitedHealthcare, to provide services to TRS-Care Medicare Advantage participants. You pay your copay or coinsurance according to your TRS-Care Medicare Advantage benefits. Your provider will bill UnitedHealthcare for the rest.

An out-of-network provider does not have a contract with UnitedHealthcare. With TRS-Care Medicare Advantage (PPO), you can see any out-of-network provider that accepts Medicare and will bill UnitedHealthcare.

You pay the TRS-Care Medicare Advantage copay or coinsurance. UnitedHealthcare 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 tells you they do not accept TRS-Care Medicare Advantage, call UnitedHealthcare. They will contact the provider on your behalf to explain how the plan works.

How do I know if my doctor will take UnitedHealthcare?

TRS-Care Medicare Advantage is a National Preferred Provider Organization (PPO) plan. This means you may see providers both in- and out-of-network for the same cost if the provider accepts Medicare and will bill UnitedHealthcare.

Ask your provider if they accept the plan or call UnitedHealthcare at 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri. They can reach out to your provider to explain how TRS-Care Medicare Advantage works.

Where is the closest 24-hour urgent care, emergency room or hospital covered by UnitedHealthcare?

Find the closest in-network facilities at [TRS-Care Medicare Advantage by UnitedHealthcare](#) (select **Find a Provider**) or call UnitedHealthcare at **1-866-347-9507**, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri.

Is prior authorization required if I go out of network?

No. Prior authorization is not required if the out-of-network provider accepts Medicare and will bill UnitedHealthcare.

To learn more about plan deductibles, coinsurance and maximum out-of-pocket limits, visit [TRS-Care Medicare Advantage by UnitedHealthcare](#) (select **Coverage and Benefits**) to download copies of the plan guide and Evidence of Coverage.

Is there a limit to what UnitedHealthcare will pay for my covered medical benefits?

When you reach your maximum out of pocket, there is no dollar amount limit for TRS-Care Medicare Advantage covered medical expenses. However, certain benefits may have visit limits such as your routine eye exam, which is limited to one exam every 12 months.

Can a provider balance bill me?

As a TRS-Care Medicare Advantage participant, an important protection for you is that after you meet any deductibles, you pay only your cost-sharing amount when you get services covered by our plan.

Providers may not add additional separate charges, called “balance billing.” This protection applies even if we pay the provider less than the provider charges for a service and even if there is a dispute and we don’t pay certain provider charges.

Here’s how this protection works:

- If your cost-sharing is a copayment (a set amount of dollars, for example, \$15) then you pay only that amount for covered services from a network provider.
- If your cost-sharing is coinsurance (a percentage of the total charges), then you never pay more than that percentage. However, your cost depends on which type of provider you see:
 - If you get the covered services from a network provider, you pay the coinsurance percentage multiplied by the plan’s reimbursement rate (as determined in the contract between the provider and the plan).
 - If you get the covered services from an out-of-network provider who participates with Medicare, you pay the coinsurance percentage multiplied by the Medicare payment rate for participating providers.

- If you get the covered services from an out-of-network provider who does not participate with Medicare, you pay the coinsurance percentage multiplied by the Medicare payment rate for non-participating providers.

Is TRS-Care Medicare Advantage a supplement to existing insurance?

TRS-Care Medicare Advantage is not a supplemental plan. It gives you original Medicare coverage, plus added benefits Medicare does not cover. If you're enrolled in TRS-Care Medicare Advantage, you don't need to buy a separate medical supplemental plan.

Will UnitedHealthcare coordinate benefits with TRICARE?

TRS-Care Medicare Advantage will pay its share first. The claim then goes to TRICARE, and TRICARE will reimburse TRS beneficiaries' copayments for services covered by TRICARE. TRICARE will not pay for Medicare Advantage plan premiums, routine dental care, eyeglasses, hearing aids or any other services not covered by TRICARE.

What are the copays for covered benefits under TRS-Care Medicare Advantage?

As a member, you are encouraged to read your plan's Evidence of Coverage (EOC), including appeals and grievance rights, which you can find by logging into the member portal at retiree.uhc.com/TRS-CareMA. Your EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.

Select **Coverage and Benefits** on the member portal to find covered benefits information or call UnitedHealthcare at **1-866-347-9507**, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri.

Do I need a referral to see a specialist?

TRS-Care Medicare Advantage does not require a referral to see a specialist.

Are routine vision services covered?

You pay a \$0 copay for an annual routine eye exam (one exam every 12 months). The plan pays up to a \$70 eyewear allowance every 12 months or up to a \$105 contact lens allowance in lieu of eyewear allowances every 12 months.

Before you make your routine eye exam appointment, ask your vision provider if they will bill TRS-Care Medicare Advantage for the exam and eyewear. If they won't, call UnitedHealthcare at **1-866-347-9507**, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri. Contact the number on your member ID Card to find a participating vision provider in the UHC network.

Does TRS-Care Medicare Advantage cover hearing aids?

Yes. Through UnitedHealthcare Hearing, you can get a broad selection of name-brand and private-labeled hearing aids custom-programmed for your hearing loss. A select number of brands are available over the counter. Hearing aids can be fit in person or delivered to your home (select products only).

To access your hearing aid benefits, you must **call UnitedHealthcare Hearing at 1-888-547-1374**, TTY 711. The plan pays up to a \$500 allowance for hearing aids (combined both ears) every three years. You must use a UnitedHealthcare Hearing provider. Some hearing aids come with warranties for repairs.

If you're enrolled in TRS-Care Medicare Advantage, read [Comparing TRS-Care Medicare Advantage \(UHC\) and TRS-Care Vision \(MetLife\) Benefits](#) to help you decide to also enroll in [TRS-Care Vision by MetLife](#), which includes [hearing benefits](#).

Are dental services covered?

TRS-Care offers dental and vision plans to eligible retirees and their families. See [TRS-Care Dental and TRS-Care Vision](#) to learn more.

Your TRS-Care Medicare Advantage medical plan covers only Medicare-covered nonroutine dental services, which are services from a physician or dental professional for treatment of primary medical conditions such as jaw surgery due to radiation treatments.

TRS-Care Medicare Advantage plan does not cover routine dental services or services that are dental in nature, such as cleanings, exams or x-rays.

Are chiropractor visits covered?

The plan covers Medicare-covered chiropractic services at 5% coinsurance after you meet the \$400 deductible. Coverage is limited to manual manipulation of the spine to correct subluxation.

The plan covers routine chiropractic services at 5% coinsurance after you meet the \$400 deductible. The plan limits the number of visits to a chiropractor to 20 visits per year. This plan provides more chiropractic coverage than typical Medicare coverage.

Are preventive care services covered?

Yes. For more information on preventive care services, visit [TRS-Care Medicare Advantage at UnitedHealthcare](#) (select **Coverage and Benefits**) to download a copy of your plan guide or Evidence of Coverage.

Where can I get more information about what the plan covers?

For more information on your covered benefits, visit [TRS-Care Medicare Advantage by UnitedHealthcare](#) (select **Coverage and Benefits**) to download a copy of your Evidence of Coverage. If you have more questions, call UnitedHealthcare at 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri.

What is the difference between preventive care and diagnostic care?

The purpose of a preventive care service is to prevent certain illnesses and diseases. The purpose of a diagnostic service is to identify the nature and cause of an illness or other medical concern, along with the method of treatment.

What is the difference between an Annual Physical and an Annual Wellness Visit?

Your Annual Physical is your yearly chance to get labs and tests that measure your health. Your Annual Wellness Visit is your chance to talk with your primary care physician about options for preventive care, screenings and exams. You can schedule your Annual Wellness Visit anytime in the year. But many people choose to combine their Annual Physical and Annual Wellness Visit to allow for a longer visit with their doctor. This visit is free — but a copay or coinsurance may apply if you get services that are not part of the Annual Wellness Visit or Routine Physical.

Do I have to wait 365 days (one year) until my next Annual Wellness Visit?

You can get your Annual Wellness Visit anytime during the calendar year. You don't have to wait 365 days for your next Annual Wellness Visit. For example, if your last visit was in November this year, you can have your next visit in April next year.

Can I earn Rewards on this plan?

Yes. Eligible members can earn a reward by completing a specific health-related activity, such as an Annual Physical or Annual Wellness Visit. You must self-report that you completed the health activity by the end of the calendar year in which you completed the activity.

Will I get \$40 every quarter to spend on over-the-counter products?

Yes. You'll get a \$40 credit each quarter to order over the counter (OTC) supplies from the Healthy Benefits+ catalog. You can shop online, on the app, and from network retail locations.

You can shop for toothpaste, pain relief, vitamins, cough drops and more. **Credits roll over each quarter but don't roll over annually.** To find participating stores or check your balance:

- Call 1-833-818-8694 (TTY 711);
- Visit healthybenefitsplus.com/TRSCareMA; or

- Download the Healthy Benefits+ app at [Healthy Benefits+ App \(Apple Store\)](#) or [Healthy Benefits+ App \(Google Store\)](#).

Is SilverSneakers® included in this plan?

Yes. Enrolling in SilverSneakers gives you a standard monthly gym membership to over 15,000 fitness locations across the country at no added cost to you. You have access to exercise equipment, classes and more. And you can use more than one location. Go to [SilverSneakers](#) to search for participating locations near you.

What is an Optum® HouseCalls visit? How do I schedule one?

HouseCalls is an optional program that includes a **yearly home visit** to support the care you get from your primary care provider.

HouseCalls work in conjunction with your primary care visit. It's a great chance to ask questions you didn't ask your primary care physician (PCP). The HouseCalls practitioner will help create a checklist of topics you can discuss with your PCP, which allows you to get more holistic care in your home and at your doctor's office.

To schedule a HouseCalls visit, call UnitedHealthcare and one of our Advocates will help you set up a visit. Call 1-866-347-9507, TTY 711, 7 a.m.–6 p.m. CT, Mon–Fri. HouseCalls may not be available in all areas.

Does the plan cover a medical alert device?

Yes. Your plan includes a Personal Emergency Response System (PERS), which is a medical alert device. The PERS in-home monitoring device provides fast, simple access to help 24 hours per day, 365 days per year, with the simple push of a button. Members choose the product that best fits their lifestyle and get their device at no added cost.

What is the transportation benefit?

The routine transportation program helps you travel to health-related appointments easier at no added cost to you. If you don't have a way to get to your health care appointments, we can help.

You have 24 one-way rides each year to and from medically related appointments and the pharmacy for a \$0 copayment. For more information and to schedule your trips, call SafeRide at 1-844-876-6177. Some restrictions apply.

Does the plan cover in-home caregiver services?

Yes. You're eligible to get services from CareLinx®, an in-home caregiver service, at no added cost. CareLinx has a network of over 300,000 background-checked professional caregivers. The plan matches you with a caregiver who meets your needs and schedule.

Once matched, your caregiver can provide services such as **companionship, preparing meals, bathing, medication reminders, providing transportation around your community and more.**

This benefit includes eight hours of in-home, non-medical care per month. Unused hours don't roll over. You must schedule caregiver hours in two-hour increments. The plan typically pairs you with a caregiver in five business days. Some restrictions and limitations apply. To access your benefit, call CareLinx at 1-888-912-9435 8 a.m.–7p.m. CT, Mon–Fri; 10 a.m.–6 p.m. CT, Sat–Sun; or visit [CareLinx for TRS-Care Medicare Advantage](#).

What help can I get after I am discharged from the hospital?

We know that an inpatient stay can cause a lot of stress and worry. The Healthy at Home program gives you support that goes beyond traditional medical care to help you successfully recover at home after inpatient admission or a skilled nursing facility stay. Benefits include:

- 28 home-delivered meals when a UnitedHealthcare Engagement Specialist refers you;
- 12 one-way rides to medically related appointments and to the pharmacy when a UnitedHealthcare Engagement Specialist refers you; and
- Six hours of in-home personal care from a CareLinx professional caregiver to perform tasks like preparing meals, bathing, medication reminders and more. A referral is not required for in-home personal care.

You're eligible for the benefits up to 30 days following inpatient and skilled nursing facility discharges. The plan requires a referral after every discharge to provide your meal and transportation benefit through the Healthy at Home program.

What coverage is available worldwide?

The TRS-Care Medicare Advantage plan covers worldwide emergency and urgently needed services outside the United States under the following circumstances:

- emergency services, including emergency or urgently needed care; and
- emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility.

Transportation back to the United States from another country is not covered. Prescheduled, preplanned treatments (including dialysis for an ongoing condition) and/or elective procedures are not covered.