

Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

Group Name: UC Medicare Choice
Group Number: 15896

H2001-847-000

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



Toll-free **1-866-887-9533**, TTY **711**
8 a.m. - 8 p.m. PT, 7 days a week



www.UHCRetiree.com/uc



Summary of benefits

January 1, 2022 - December 31, 2022

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/uc 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 UC Medicare Choice.

The University of California (UC) has selected UnitedHealthcare® to offer UC Medicare Choice, a UnitedHealthcare® Group Medicare Advantage (PPO) which is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of the University of California (plan sponsor). Our plan is only available to Medicare-eligible retirees who reside in California. You can get services nationwide, but you must continue to live in California to remain a member of the plan.

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

About providers and network pharmacies.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.* If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.UHCRetiree.com/uc to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

*Outpatient licensed behavioral health providers do not need to participate in Medicare.

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator or go to ucnet.universityofcalifornia.edu/oe prior to January 1. After January 1, you can go to ucnet.universityofcalifornia.edu .	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 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, and cost-sharing for your Part D prescription drugs.</p>	

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care¹		\$250 copay per stay	\$250 copay 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)	\$100 copay	\$100 copay
	Outpatient surgery	\$100 copay	\$100 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
Doctor Visits	Primary Care Provider	\$20 copay	\$20 copay
	Virtual Doctor Visits	\$0 copay using Amwell, Doctor on Demand and Teladoc. \$20 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$20 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$20 copay	\$20 copay
Preventive Services	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training	

Benefits

		In-Network	Out-of-Network
		<p>Dialysis training Glaucoma screening Hepatitis C screening HIV screening Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy 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)</p> <hr/> <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 cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	

Benefits

		In-Network	Out-of-Network
<p>Urgently Needed Services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Covered services include urgently needed services obtained at a retail walk-in clinic or an urgent care center. Worldwide coverage for urgently needed services when medical services are needed right away because of an illness, injury, or condition that you did not expect or anticipate, and you can't wait until you are back in our plan's service area to obtain services. There is no additional cost share if you get multiple services in a visit.</p>		<p>\$20 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Urgently Needed Services copay. See the "Inpatient Hospital" section of this booklet for other costs.</p>	
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays</p>	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay
<p>Hearing Services</p>	Exam to diagnose and treat hearing and balance issues ¹	\$20 copay	\$20 copay
	Routine hearing exam	\$20 copay 1 exam per plan year*	\$20 copay, 1 exam per plan year*

Benefits

		In-Network	Out-of-Network
	Hearing Aids	The plan pays up to a \$2,000 allowance (combined for both ears) for hearing aid(s) every 3 years* .	The plan pays up to a \$2,000 allowance (combined for both ears) for hearing aid(s) every 3 years* .
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$20 copay	\$20 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$20 copay, 1 exam every 12 months*	\$20 copay, 1 exam every 12 months*
Mental Health	Inpatient visit (including inpatient substance abuse services) ¹	\$250 copay per stay	\$250 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
	Virtual Behavioral Visits	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day	\$0 copay per day
		Our plan covers unlimited days in a SNF per benefit period.	
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		\$20 copay	\$20 copay
Ambulance²		\$0 copay	

Benefits

		In-Network	Out-of-Network
Post-Discharge Routine Transportation ModivCare		\$0 copay; Post-Discharge Routine Transportation coverage for unlimited rides up to 30 days upon referral from a UnitedHealthcare Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through ModivCare to plan approved, medically related appointments (locations). Restrictions apply. Contact ModivCare for additional details and to schedule your trips: 1-833-219-1182, TTY 1-844-488-9724, 8 a.m.- 5 p.m. Monday - Friday, Local Time, or by visiting www.modivcare.com/BookNow	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

The University of California has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at www.UHCRetiree.com/uc or call Customer Service to have a hard copy sent to you.

The University of California offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Pharmacy Out-of-Pocket Maximum

When **your** total Out-of-Pocket costs (what you pay) reach \$2,000 you will not pay any copay or coinsurance.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage	Retail Cost-Sharing^{†**}	Mail Order or Retail Cost-Sharing^{†**}
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$5 copay	\$10 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$25 copay	\$50 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. Your cost is the same as it was in the Initial Coverage Stage.	

**Stage 4:
Catastrophic
Coverage**

After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,050 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.

†Please see the Additional Drug Coverage for the plan's \$0 copay drugs.

* * Includes UC Medical Center pharmacies

Additional Benefits

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay	\$20 copay
	Routine Acupuncture Services	\$20 copay, up to 24 visits per plan year*	\$20 copay up to 24 visits per plan year*
Chiropractic Services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
	Routine chiropractic services	\$20 copay, up to 24 visits per plan year*	\$20 copay, up to 24 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>	<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>

Additional Benefits

		In-Network	Out-of-Network
	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
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program Renew Active® by UnitedHealthcare		<p>You have access to Renew Active at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind and includes:</p> <ul style="list-style-type: none"> • Free gym membership from our nationwide network, including many premium gyms • On-demand digital workout videos and live streaming classes • Social activities • Online Fitbit® Community • AARP® Staying Sharp® <p>To learn more about Renew Active today visit UHCRenewActive.com. Once you become a member you will need a confirmation code. Sign in to your plan website, go to Health & Wellness and look for Renew Active or call the number on the back of your UnitedHealthcare member ID card to obtain your code.</p>	

Additional Benefits

		In-Network	Out-of-Network
Podiatry Services (Foot care)	Foot exams and treatment ¹	\$20 copay	\$20 copay
	Routine foot care	\$20 copay, 12 visits per plan year*	\$20 copay, 12 visits per plan year*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Post-Discharge Meals Mom's 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 Advocate. Benefit is offered one time per 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. 1-866-204-6111, TTY 711, 7 a.m. - 6 p.m. CT, Monday – Friday or by visiting www.MomsMeals.com/uhc 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>	
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Renal Dialysis¹		\$0 copay	\$0 copay

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 ground and air transportation. Emergency Ambulance does not require authorization.

*Benefits are combined in and out-of-network

Required Information

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

Plans may offer supplemental benefits in addition to Part C and Part D 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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-887-9533 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. PT, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-887-9533, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora del Pacífico, de lunes a viernes.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.