

Summary of Benefits 2021

Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The University of Missouri System Enhanced Plan

Group Number: 13760

H2001-817-000

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



Toll-free **1-866-899-5903**, TTY **711**

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



www.UHCRetiree.com/umsystem



Summary of Benefits

January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/umsystem or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare® Group Medicare Advantage (PPO) 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 your former employer, union group or trust administrator (plan sponsor).

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

About providers.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, 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.

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

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum Out-of-Pocket Amount	\$0 for Medicare-covered services from any provider	
	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 year.	
	Please note that you will still need to pay your monthly premiums, if applicable.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$0 copay per stay	\$0 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)	\$0 copay	\$0 copay
	Outpatient surgery	\$0 copay	\$0 copay
	Outpatient hospital services, including observation	\$0 copay	\$0 copay
Doctor Visits	Primary Care Provider	\$0 copay	\$0 copay
	Specialists ¹	\$0 copay	\$0 copay
	Virtual Doctor Visits	\$0 copay	\$0 copay
Preventive Care	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 Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

Benefits

		In-Network	Out-of-Network
		<p>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 flu shots, hepatitis B shots, pneumococcal shots “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>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	<p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology	Diagnostic radiology services (e.g. MRI) ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Services, and X-Rays	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
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay (1 exam per plan year)*	\$0 copay (1 exam per plan year)*
	Hearing Aids	Through UnitedHealthcare Hearing, the plan pays up to a \$500 allowance for hearing aid(s) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay
	Virtual Behavioral Visits	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100	\$0 copay per day: days 1-20 \$0 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Physical Therapy and speech and language therapy visit¹		\$0 copay	\$0 copay
Ambulance²		\$0 copay	\$0 copay
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	\$0 copay	\$0 copay
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay	\$0 copay
	Routine chiropractic care	\$0 copay (Up to 12 visits per plan year)*	\$0 copay (Up to 12 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®, 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®, 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 Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
	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 through RenewActive™		<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. It includes a gym membership at a fitness location you select from our nationwide network.</p> <p>To get started, log in to your plan website, go to Health & Wellness and look for Renew Active. You can also call the number on the back of your UnitedHealthcare member ID card.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$0 copay	\$0 copay
	Routine foot care	\$0 copay for each visit (Up to 6 visits per plan year)*	\$0 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		<p>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.</p>	
NurseLine		<p>Receive access to nurse consultations and additional clinical resources at no additional cost.</p>	
Occupational Therapy Visit¹		\$0 copay	\$0 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 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. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

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

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

Benefits, premium and/or copayments/coinsurance may change each plan year.

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

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

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

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. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. 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.