

Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): State of Washington Public Employees Benefits Board
(PEBB) Program

Group Number: 15993

H2001-816-000

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 **1-855-873-3268**, TTY **711**

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



www.UHCRetiree.com/wapebb



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/wapebb 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 PEBB Balance 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 and network pharmacies.

UnitedHealthcare PEBB Balance 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/wapebb 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.

UnitedHealthcare PEBB Balance 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.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year. 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. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.	

UnitedHealthcare PEBB Balance Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care¹		\$500 copay per stay	\$500 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)	\$250 copay	\$250 copay
	Outpatient surgery	\$250 copay	\$250 copay
	Outpatient hospital services, including observation	\$250 copay	\$250 copay
Doctor Visits	Primary Care Provider	\$15 copay	\$15 copay
	Virtual Doctor Visits	\$0 copay using Amwell, Doctor on Demand and Teladoc. \$15 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$15 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$30 copay	\$30 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	

Benefits

		In-Network	Out-of-Network
		<p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Diabetes – Self-Management training</p> <p>Dialysis training</p> <p>Glaucoma screening</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <p>Kidney disease education</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the Emergency Care copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$15 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>	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$30 copay	\$30 copay
	Lab services ¹	\$15 copay	\$15 copay
	Diagnostic tests and procedures ¹	\$15 copay	\$15 copay
	Therapeutic Radiology ¹	\$30 copay	\$30 copay
	Outpatient x-rays ¹	\$15 copay	\$15 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$30 copay	\$30 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing Aids	You pay any amount over \$2,500 for hearing aids (combined for both ears) every 5 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	\$30 copay	\$30 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*

Benefits

		In-Network	Out-of-Network
	Routine eyewear	You pay any amount over \$300 for eyeglasses and contact lenses every 24 months.	You pay any amount over \$300 for eyeglasses and contact lenses every 24 months.
Mental Health	Inpatient visit ¹	\$500 copay per stay	\$500 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$15 copay	\$15 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$30 copay
	Virtual Behavioral Visits	\$30 copay	\$30 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		\$15 copay	\$15 copay
Ambulance²		\$100 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

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.

Your plan sponsor 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.

Stage 1: Annual Prescription (Part D) Deductible	\$0 for Tier 1; \$100 for Tier 2, Tier 3 and Tier 4.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	10% coinsurance, with a \$25 copay maximum	10% coinsurance, with a \$75 copay maximum
Tier 2: Preferred Brand	30% coinsurance, with a \$47 copay maximum	30% coinsurance, with a \$141 copay maximum
Tier 3: Non-preferred Drug	50% coinsurance	50% coinsurance
Tier 4: Specialty Tier	50% coinsurance, with a \$100 copay maximum	50% coinsurance, with a \$100 copay maximum (limited to a 30-day supply)
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.	
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.	

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.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

Additional Benefits

		In-Network	Out-of-Network
Acupuncture Services	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay	\$15 copay
Chiropractic Services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
Chiropractic and Acupuncture Services	Routine chiropractic and acupuncture services	\$15 copay, up to 20 total visits per plan year*	\$15 copay, up to 20 total 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	\$20 copay	\$20 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$20 copay	\$20 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$20 copay	\$20 copay
	Wigs	You pay any amount over \$100 per plan year for wigs for hair loss due to chemotherapy, medical treatment, or a medical condition.	
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
Foot Care (podiatry services)	Foot exams and treatment ¹	\$30 copay	\$30 copay
	Routine foot care	\$30 copay, 6 visits per plan year*	\$30 copay, 6 visits per plan year*
Over-the-counter care FirstLine Medical		\$0 copay; You receive \$40 each quarter to purchase over the counter personal health care items as shown in the FirstLine Essentials website or catalog. Credits expire the last day of each quarter. To access your benefit please call 1-800-933-2914, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits.com or refer to the program materials.	
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		\$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. 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.	
Telephonic Nurse Services		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Opioid Treatment Program Services¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$15 copay	\$15 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$30 copay
Tobacco Cessation Program Quit for Life [®]		\$0 copay; With the Quit for Life [®] Tobacco Cessation Program you will have access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit rallyhealth.com/quitforlife	
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 1-855-873-3268 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 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 1-855-873-3268, 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 local, 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.