



Ready to take advantage?

Discover what a Group Medicare Advantage plan has to offer.

United
Healthcare

Benefit highlights

Institute for Advanced Study 15311

Effective January 1, 2022 to December 31, 2022

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	You pay nothing for Medicare-covered services from any provider	

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Doctor's office visit	\$0 Primary care provider (PCP)	\$0 Primary care provider (PCP)
	\$0 Virtual doctor visits	\$0 Virtual doctor visits
	\$0 Specialist	\$0 Specialist
Preventive services Medicare-covered	\$0 copay	
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$0 copay	\$0 copay
Mental health outpatient and virtual	\$0 Group therapy	\$0 Group therapy
	\$0 Individual therapy	\$0 Individual therapy
	\$0 Virtual visits	\$0 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay	\$0 copay
Ambulance	\$0 copay	
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Foot care - routine	\$0 copay, 6 visits per plan year*	\$0 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.	
Hearing - routine exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$500 allowance (combined for both ears) for hearing aids every 3 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$35 copay	\$70 copay
Tier 4: Specialty Tier	\$35 copay	\$70 copay

Prescription Drugs

	Your Cost
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
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance

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

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Take advantage of a plan you won't find anywhere else

As a UnitedHealthcare® Group Medicare Advantage plan member, that means you get all the benefits we have to offer, including some great extras.



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to 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.



UnitedHealthcare® HouseCalls

Get a yearly check-in with a member of our licensed medical staff who will:

- Perform a head-to-toe exam, health screenings and answer your health questions
- Review your history and medications
- Send a summary of your visit to you and your primary care provider

A HouseCalls visit is designed to support, but not take the place of your doctor's care.

HouseCalls may not be available in all areas.



NurseLine²

NurseLine was designed specifically to help make your health decisions simple and convenient by providing immediate answers to your health questions any time, anywhere — 24 hours a day, 7 days a week — at no additional cost.

When you call, a registered nurse can help you:

- Choose where to go for care — whether that's self-care, a doctor visit or urgent care
- Find a doctor or hospital that meets your needs and preferences
- Understand your diagnosis and explore treatment options



Renew by UnitedHealthcare^{®3}

Renew offers health and wellness resources and activities that include:

- Brain games, healthy recipes, learning courses and fitness activities
- Health topic library including articles, videos and health news
- Interactive quizzes and tools, fun activities and music playlists



Renew Active^{™4}

Renew Active[™] is the gold standard in Medicare fitness programs for body and mind. Available with UnitedHealthcare[®] Medicare Advantage plans — at no additional cost.

- A free gym membership
- Personalized fitness plan
- An online brain health program from AARP[®] Staying Sharp, including a brain health assessment and exclusive content for Renew Active members
- Social activities at local health and wellness classes and events, and through the Online Fitbit[®] Community for Renew Active. No Fitbit device is needed.



Virtual Doctor and Behavioral Health Visits

With Virtual Doctor Visits, you can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. Virtual Behavioral Health Visits may be best for initial evaluation, medication management, addiction, depression, stress or anxiety.



UnitedHealthcare Hearing

Your hearing health is important to your overall well-being and can help you stay connected to those around you. Get access to hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide⁵ or through home delivery.



Chronic condition care

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.

Go ahead, take advantage.



1-877-714-0178, TTY 711

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



www.UHCRetiree.com

For more details, please review your Evidence of Coverage (EOC). Your Quick Start Guide, which you will receive once you are enrolled, will include instructions on how to access your EOC.

¹ A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

² 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.

³ Renew by UnitedHealthcare is not available in all plans. Resources may vary.

⁴ 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, caregiver access 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. 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. Renew Active premium gym and fitness location network only available with certain plans.

⁵ Please refer to your Summary of Benefits for details on your benefit coverage.

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.



UnitedHealthcare Healthy at Home



With UnitedHealthcare® Healthy at Home, you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:



28 home-delivered meals through Mom's Meals®* when referred by a UnitedHealthcare Advocate. Contact Mom's Meals for additional details and to place your meal orders if you have been referred into the program: **1-866-204-6111**, TTY **711**, 7 a.m.–6 p.m. CT, Monday–Friday.



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Advocate. Contact ModivCare™** for additional details and to schedule your trip* once you have been referred into the program: **1-833-219-1182**, TTY **1-844-488-9724**, 8 a.m.–5 p.m. CT, Monday–Friday, or by visiting www.modivcare.com/BookNow.



6 hours of in-home personal care provided through a CareLinx® professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required. To access your in-home personal care benefit, contact CareLinx at **1-844-383-0411**, TTY **711**, 8 a.m.–7 p.m. CT, Monday–Friday and 10 a.m.–6 p.m. CT, Saturday and Sunday, or by visiting www.carelinx.com/UHC-retiree-post-discharge.



Questions? Or recently discharged and need a referral?

Call **1-800-457-8506**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday, or visit www.UHCRetiree.com



Helpful information when you go to the doctor and other health care providers

With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see doctors and other health care providers that are in and out of our network at the same cost share as long as they participate in Medicare and accept the plan. You'll find helpful tips to share with your doctor on the back side of this page.

Going to a network doctor or health care provider

What is a network doctor?

A 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

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. 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 doctor, call Customer Service at the number on the back of your member ID card.

Help for your providers

Helpful tips for your doctor can be found on the back side of this page.

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. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number on the back of your member ID card 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) Guide to Care for Health Care Providers

We've created this Guide to Care to help you understand how the UnitedHealthcare Group Medicare Advantage (PPO) plan differs from individual Medicare plans or Medicare Supplement plans in which your patients may be enrolled. Members of this plan can see any care provider who participates in Medicare and accepts the plan, and hasn't opted out of or been excluded or precluded from Medicare, whether or not the care provider participates in the UnitedHealthcare network.

The UnitedHealthcare Group Medicare Advantage (PPO) plan works differently than other types of Medicare Advantage plans:

- It's a Group Medicare Advantage plan. It's been designed exclusively for these members by their former employer or plan sponsor. This isn't an individual Medicare Advantage plan or Medicare Supplement plan.
- This is a preferred provider organization (PPO) plan and members can use in-network or out-of-network care providers for, in most cases, the same copay or coinsurance, as long as the care providers accept the plan and haven't opted out of or been excluded or precluded from Medicare.
- No referrals are required.

Frequently Asked Questions

Do I need a contract with UnitedHealthcare to see members of this plan?

No, you do not need a contract with UnitedHealthcare to see and treat members of the Group Medicare Advantage (PPO) plan. If you're not in our UnitedHealthcare Group Medicare Advantage network, but you participate in Medicare and haven't opted out of or been excluded or precluded from Medicare, you may bill UnitedHealthcare up to the Medicare allowable charge. Please don't balance bill the patient. UnitedHealthcare will pay any excess charges up to the Medicare allowable amount.

What do members pay for services?

Members pay their appropriate copay or coinsurance.

Are prior authorizations required?

For doctors and care providers not contracted with UnitedHealthcare, prior authorization or notification requests are not needed to provide services to UnitedHealthcare Group Medicare Advantage (PPO) plan members.

Online Resources for All Care Providers

We have online tools and resources available to you for secure transactions such as checking member eligibility and benefits, managing claims, and viewing policies, protocols and reference guides. To learn more, visit UHCprovider.com.

Claims and Payments

You may submit claims in the following ways:

- Go to UHCprovider.com. To access the claimsLink tool, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
- Use the clearinghouse of your choice with UnitedHealthcare payer ID **87726**.
- Mail paper claims to the address on the member's ID card.

For more information about claims and payment, visit UHCprovider.com > Menu > Claims, Billing and Payments.

Join Our Network

If you wish to join our network, please call Provider Services at 877-842-3210. Select "Other Provider Services," then "Credentialing."

We're Here to Help



If you have questions about the UnitedHealthcare Group Medicare Advantage (PPO) plan, please call Provider Services at **877-842-3210**.