Summary of Benefits 2023

UnitedHealthcare® Nursing Home Plan (PPO I-SNP)
H0710-026-000

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 **1-855-544-4342**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

UHC.com/Medicare

United Healthcare

Y0066_SB_H0710_026_000_2023_M

Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at **myUHCMedicare.com** or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® Nursing Home Plan (PPO I-SNP) 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 within our service area listed below, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare® Nursing Home Plan (PPO I-SNP) is an Institutional Special Needs Plan designed specifically for people who live in a contracted institution (like a nursing home) for 90 days or longer. You can find a list of contracted institutions at **www.uhcnursinghomeplan.com**.

Our service area includes these counties in:

Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham;
Maine: Cumberland, Franklin, Kennebec, Oxford, Penobscot, Somerset, York;
New Hampshire: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan;
New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren.

Use network providers and pharmacies

UnitedHealthcare® Nursing Home Plan (PPO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. 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 **UHC.com/Medicare** 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® Nursing Home Plan (PPO I-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	$35.30	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$1,800 annually for Medicare-covered services you receive from in-network providers.	$5,100 annually for Medicare-covered services you receive 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 and share of the cost for your Part D prescription drugs.	

UnitedHealthcare® Nursing Home Plan (PPO I-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care[2]		$1,556 copay per stay	$1,556 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital Observation Services[2]	20% coinsurance	30% coinsurance
Doctor Visits	Primary Care Provider	$0 copay	30% coinsurance
	Specialists[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Virtual Medical Visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive Services	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)
		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)	

Benefits

		In-Network	Out-of-Network
		Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening 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)	
		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% when you use in-network providers.	
	Routine physical	$0 copay, 1 per year*	30% coinsurance, 1 per year*
Emergency Care		$90 copay per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Urgently Needed Services		$40 copay	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Therapeutic radiology[2]	20% coinsurance	30% coinsurance
	Outpatient X-rays[2]	$0 copay per service	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Routine hearing exam	$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Hearing aids[2]	Plan pays up to $2,000 every year for 2 hearing aids through UnitedHealthcare Hearing.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Routine Dental Benefits	Preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive[2]	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
	Benefit limit	$3,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Routine eyewear	$0 copay Plan pays up to $300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Mental Health	Inpatient visit[2]	$1,556 copay per stay	$1,556 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Virtual Mental Health Visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled Nursing Facility (SNF)[2]		$0 copay per day: days 1-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	

Benefits

		In-Network	Out-of-Network
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit[2]	$0 copay	30% coinsurance
	Occupational Therapy Visit[2]	$0 copay	30% coinsurance
	Virtual Visit	$0 copay	30% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		$0 copay; 36 one-way trips per year to or from approved locations; additional unlimited trips for dialysis.*	75% coinsurance*
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[2]	20% coinsurance	30% coinsurance
	Other Part B drugs[2]	$0 copay for allergy antigens 20% coinsurance for all others	$0 copay for allergy antigens 30% coinsurance for all others

Prescription Drugs

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

Stage 1: Annual Prescription (Part D) Deductible	$505 per year for Part D prescription drugs.		
Cost-sharing for covered drugs	**Retail**		**Mail Order**
	30-day supply	**100-day supply**	**100-day supply**
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	25% coinsurance	25% coinsurance Some covered drugs limited to a 30-day supply	25% coinsurance Some covered drugs limited to a 30-day supply
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: □ 5% coinsurance, or □ $4.15 copay for generic (including brand drugs treated as generic) and a $10.35 copay for all other drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your Part D deductible.

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
Diabetes Management	Diabetes monitoring supplies[2]	20% coinsurance	30% coinsurance
	Diabetes self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	30% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay - 20% coinsurance	30% coinsurance
Foot Care (podiatry services)	Foot exams and treatment[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Routine foot care	$0 copay, 8 visits per year*	30% coinsurance, 8 visits per year*
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.	
Opioid Treatment Program Services[2]		$0 copay	$0 copay

Additional Benefits

		In-Network	Out-of-Network
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
Over-the-counter (OTC) credit		$275 credit every quarter to buy covered OTC products. Shop at network retail locations or get home delivery by ordering online, by phone or by mail through your OTC catalog.	
Renal Dialysis[2]		$0 copay in a nursing home 20% coinsurance outside of a nursing home	20% coinsurance

[2] May require your provider to get prior authorization from the plan for in-network benefits.

*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 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 1-800-711-0646 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

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 1-800-711-0646, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 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 five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.