Summary of Benefits 2021

Medicare Advantage Plan with Prescription Drugs

UnitedHealthcare® Medicare Advantage Assure (PPO)
H0271-007-000

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 **1-844-723-6473**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.UHCMedicareSolutions.com

United Healthcare® Medicare Advantage

Y0066_SB_H0271_007_000_2021_M

Summary of Benefits

January 1st, 2021 - December 31st, 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.UHCMedicareSolutions.com 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® Medicare Advantage Assure (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 within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

New Hampshire: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan.

Use network providers and pharmacies.

UnitedHealthcare® Medicare Advantage Assure (PPO) 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 www.UHCMedicareSolutions.com 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® Medicare Advantage Assure (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	$29.10	
Annual Medical Deductible	Your deductible is $198 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$7,550 annually for Medicare-covered services you receive from in-network providers.	$11,300 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® Medicare Advantage Assure (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital[2]		$0 copay - $1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less).	30% coinsurance per stay
		Our plan covers an unlimited number of 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 $0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital Observation Services[2]	$0 copay - 20% coinsurance	30% coinsurance
Doctor Visits	Primary Care Provider	$0 copay - 20% coinsurance	30% coinsurance
	Specialists[2]	$0 copay - 20% coinsurance	30% coinsurance
	Virtual Medical Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive Care	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	

Benefits

		In-Network	Out-of-Network
		Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) 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 flu shots, hepatitis B shots, pneumococcal shots “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*	$0 copay; 1 per year*
Emergency Care		$0 copay - $90 copay ($0 copay for worldwide coverage) per visit 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.	
Urgently Needed Services		$0 copay - $65 copay ($0 copay for worldwide coverage)	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $0 copay - 20% coinsurance otherwise	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$0 copay - 20% coinsurance	30% coinsurance
	Therapeutic Radiology[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient X-rays[2]	$0 copay - 20% coinsurance	30% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay - 20% coinsurance	30% coinsurance
	Routine hearing exam	$0 copay; 1 per year*	30% coinsurance; 1 per year*
	Hearing aid[2]	$1,100 allowance for hearing aids, up to 2 hearing aids every 2 years.*	$1,100 allowance for home-delivered hearing aids available nationwide through UnitedHealthcare Hearing (select products only)*
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	$2,000 limit on all covered dental services*	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	30% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay; 1 every year*	30% coinsurance; 1 every year*
	Eyewear	$0 copay every 2 years; up to $200 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*	$0 copay; up to $200 for home-delivered eyewear available nationwide only through UnitedHealthcare Vision. (select products only)*
Mental Health	Inpatient visit[2]	$0 copay - $1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less).	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	

Benefits

		In-Network	Out-of-Network
Skilled Nursing Facility (SNF)[2] (Stay must meet Medicare coverage criteria)		You pay the Original Medicare cost sharing amount for 2021 which will be set by CMS in the fall of 2020. These are 2020 cost sharing amounts and may change for 2021. Our plan will provide updated rates as soon as they are released. $0 copay up to: $0 copay per day: for days 1-20 $176 copay per day: for days 21-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit[2]		$0 copay - 20% coinsurance	30% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay - 20% coinsurance for ground $0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Routine Transportation		$0 copay; 24 one-way trips per year to or from approved locations*	75% coinsurance*
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs[2]	$0 copay - 20% coinsurance	20% coinsurance
	Other Part B drugs[2]	$0 copay - 20% coinsurance	20% coinsurance

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	$445 per year for Part D prescription drugs.		
Cost-sharing for covered drugs	**Retail**		**Mail Order**
	30-day supply	**90-day supply**	**90-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 $4,130, 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 $6,550, you pay the greater of: □ 5% coinsurance, or □ $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copay for all other drugs.		

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture[2]	$0 copay - 20% coinsurance for services provided by a primary care physician $0 copay - 20% coinsurance for services provided by a specialist	30% coinsurance for services provided by a primary care physician 30% coinsurance for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation[2]	$0 copay - 20% coinsurance	30% coinsurance
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	30% coinsurance
	Diabetes Self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts[2]	$0 copay - 20% coinsurance	30% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	$0 copay - 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay - 20% coinsurance	30% coinsurance
Fitness program through Renew Active™		Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.	
Foot Care (podiatry services)	Foot exams and treatment[2]	$0 copay - 20% coinsurance	30% coinsurance
	Routine foot care	$0 copay; for each visit up to 4 visits every year*	30% coinsurance; for each visit up to 4 visits every year*
Home Health Care[2]		$0 copay	30% coinsurance
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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit[2]		$0 copay - 20% coinsurance	30% coinsurance
Opioid Treatment Program Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay - 20% coinsurance	30% coinsurance

Additional Benefits

	In-Network	Out-of-Network
Over-the-Counter (OTC) Products Catalog	$130 credit per quarter to use on approved OTC products. Order online, over the phone, or by mail through your Health & Wellness Products Catalog.	
Personal Emergency Response System	Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost.	
Renal Dialysis[2]	$0 copay - 20% coinsurance	20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Plan Deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is $198 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of–network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network List of applicable services	Out-of-Network List of applicable services
Outpatient Hospital ☐ Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy ☐ Outpatient Hospital, including surgery, excluding diagnostic colonoscopy ☐ Outpatient Hospital Observation Services	**Outpatient Hospital** ☐ Ambulatory Surgical Center (ASC) ☐ Outpatient Hospital, including surgery ☐ Outpatient Hospital Observation Services
Doctor Visits ☐ Primary ☐ Specialists	**Doctor Visits** ☐ Primary ☐ Specialists
Diagnostic Tests, Lab and Radiology Services, and X-Rays ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram ☐ Lab services ☐ Diagnostic tests and procedures ☐ Therapeutic radiology ☐ Outpatient X-rays	**Diagnostic Tests, Lab and Radiology Services, and X-Rays** ☐ Diagnostic radiology services (e.g. MRI) ☐ Lab services ☐ Diagnostic tests and procedures ☐ Therapeutic radiology ☐ Outpatient X-rays
Hearing Services	**Hearing Services**

☐ Exam to diagnose and treat hearing and balance issues	☐ Exam to diagnose and treat hearing and balance issues
Vision Services ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery	**Vision Services** ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery
Mental Health ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Mental Health** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Physical Therapy and Speech and Language Therapy Visit	**Physical Therapy and Speech and Language Therapy Visit**
Ambulance (All Non-emergency)	**Ambulance (All Non-emergency)**
Medicare Part B Drugs ☐ Chemotherapy drugs ☐ Other Part B drugs	**Medicare Part B Drugs** ☐ Chemotherapy drugs ☐ Other Part B drugs
Acupuncture ☐ Medicare-covered acupuncture	**Acupuncture** ☐ Medicare-covered acupuncture
Chiropractic Care ☐ Manual manipulation of the spine to correct subluxation	**Chiropractic Care** ☐ Manual manipulation of the spine to correct subluxation
Diabetes Management ☐ Diabetes monitoring supplies ☐ Therapeutic shoes or inserts	**Diabetes Management** ☐ Diabetes monitoring supplies ☐ Diabetes self-management training ☐ Therapeutic shoes or inserts
Durable Medical Equipment (DME) and Related Supplies ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen) ☐ Prosthetics (e.g., braces, artificial limbs)	**Durable Medical Equipment (DME) and Related Supplies** ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen) ☐ Prosthetics (e.g., braces, artificial limbs)
Foot Care ☐ Foot exams and treatment	**Foot Care** ☐ Foot exams and treatment
Occupational Therapy Visit	**Occupational Therapy Visit**
Opioid Treatment Program Services	**Opioid Treatment Program Services**
Outpatient Substance Abuse ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Outpatient Substance Abuse** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Renal Dialysis	**Renal Dialysis**
	Inpatient Services ☐ Inpatient hospital ☐ Inpatient mental health

Skilled Nursing Facility (SNF)
Home Health Care

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✔ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✔ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✔ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✔ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✔ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✔ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

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 these plans 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 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.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions 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 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 1-877-266-4832, TTY 711.

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.

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.