

Summary of Benefits 2021

TRS-Care Medicare
Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): TRS-Care Medicare Advantage

Group Number: 15725

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 **1-866-347-9507**, TTY **711**

7 a.m. – 6 p.m. CT, Monday – Friday



www.UHCRetiree.com/TRS-CareMA



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.UHCRetiree.com/TRS-CareMA 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

TRS-Care Medicare Advantage is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A (if applicable), stay enrolled and continue to pay your Medicare Part B premiums, and live in our service area as listed below. Please refer to the Evidence of Coverage for further eligibility requirements.

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

About providers

TRS-Care Medicare Advantage has a network of doctors, hospitals, and other providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept Medicare and are willing to bill UnitedHealthcare.

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

TRS-Care Medicare Advantage

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	For information concerning your TRS-Care premiums and the amount you will pay, please contact TRS Health and Insurance Benefits. For information about your Medicare Part B premium, contact Social Security.	
Annual Medical Deductible	\$500 per plan year for some in-network and out-of-network services.	
Maximum Out-of-Pocket Amount	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,500 each plan year.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>	

TRS-Care Medicare Advantage

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$500 per stay	\$500 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	\$5 copay	\$5 copay
	Virtual Doctor Visits	\$0 copay using Doctor on Demand and AmWell. \$5 copay using other in-network providers that have the ability and are qualified to offer virtual medical visits.	\$5 copay using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$10 copay	\$10 copay

Benefits

		In-Network	Out-of-Network
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		<p>Abdominal aortic aneurysm screening Alcohol misuse screening and 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 Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy and counseling 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> <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 copay instead of the Emergency copay. See the "Inpatient Hospital" section of this booklet for other costs.</p>	

Benefits

		In-Network	Out-of-Network
Urgently Needed Services There is no additional cost share if you get multiple services in a visit.		\$35 copay (worldwide) 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.	\$35 copay (worldwide) 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.
Diagnostic Tests, Lab and Radiology Services, and X-rays	Diagnostic radiology services (e.g. MRI) (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Diagnostic radiology services (e.g. MRI) performed in a doctor’s office (doctor’s office visit copay will apply) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-rays (continued)	Diagnostic tests and procedures performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay
	Therapeutic Radiology (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Therapeutic radiology services performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay
	Outpatient X-rays (when the service is performed at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) ¹	5% coinsurance	5% coinsurance
	Outpatient X-rays performed in a doctor's office (doctor's office visit copay will apply) ¹	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$10 copay	\$10 copay
	Routine hearing exam	\$0 copay (1 exam every plan year)*	\$0 copay (1 exam every plan year)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids every 3 years (combined for both ears). 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	\$10 copay	\$10 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)*
	Eye wear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every 2 years.*
	Exam for people with diabetes or a diabetic condition present	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
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	\$10 copay	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay	\$10 copay
	Virtual Behavioral Visits	\$10 copay	\$10 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1–20	\$0 copay per day: days 1–20
		\$50 copay per day: days 21–70	\$50 copay per day: days 21–70
		\$0 copay per day: days 71 and beyond	\$0 copay per day: days 71 and beyond
		Our plan covers unlimited days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$5 copay	\$5 copay
Ambulance²		5% coinsurance	5% coinsurance
Routine Transportation		<p>\$0 copay; Routine transportation coverage up to 24 one-way trips per plan year to plan approved medically related appointments (locations) through provider LogistiCare. Restrictions apply.</p> <p>Contact LogistiCare for additional details and to schedule your trips: 1-833-219-1182, TTY: 1-844-488-9724, 8 a.m. – 5 p.m. local time, Monday – Friday, or by visiting www.logisticare.com/BookNow.</p>	
Medicare Part B Drugs	Chemotherapy drugs ¹	5% coinsurance	5% coinsurance
	Other Part B drugs ¹	5% coinsurance	5% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	5% coinsurance	5% coinsurance
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	5% coinsurance	5% coinsurance
	Routine chiropractic care	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*	5% coinsurance per visit for routine chiropractic visits (Up to 20 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>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.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>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.</p>
	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	\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	5% coinsurance	5% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	5% coinsurance	5% coinsurance
	Wigs for hair loss (due to chemotherapy/ medical treatment or medical condition resulting in hair loss)	5% coinsurance An unlimited allowance for wigs/ hairpieces (cranial prosthesis) per plan year.*	5% coinsurance An unlimited allowance for wigs/ hairpieces (cranial prosthesis) per plan year.*
Non-Medicare-Covered Durable Medical Equipment and Related Supplies		\$0 copay	\$0 copay
Includes unlimited coverage of certain compression stockings per plan year.			
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level – general fitness, strength, walking or yoga.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$10 copay	\$10 copay
	Routine foot care*	\$10 copay for each visit (Up to 6 visits per plan year)*	\$10 copay for each visit (Up to 6 visits per plan year)*
FirstLine Essentials+		<p>Members receive \$40 each quarter (\$160 each plan year) to use on approved health care products as shown in the catalog or website. Dollars may be carried over from month to month. To access your benefit please call 1-866-868-2491, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT, Saturday, visit www.ShopFirstLineBenefits.TRS-CareMA.com or refer to the program materials.</p>	
Home Health Care¹		\$0 copay	\$0 copay

Additional Benefits

		In-Network	Out-of-Network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. Hospice is covered by Original Medicare, outside of our plan. (Please see the Evidence of Coverage for more information.)	
In-Home Non-Medical Care		\$0 copay; Coverage includes 8 hours of in-home, non-medical care per month through provider CareLinx. Unused hours do not roll over. Some restrictions and limitations apply. To access your benefit, contact CareLinx at 1-888- 912-9435. 8 a.m. – 9 p.m. CT, Monday – Friday & 10 a.m. – 6 p.m. CT, Saturday and Sunday or by visiting www.carelinx.com/trs-careMA .	
NurseLine		Receive access to nurse consultations and additional clinical resources at no additional cost.	
Occupational Therapy Visit¹		\$5 copay	\$5 copay
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$10 copay	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay	\$10 copay
Personal Emergency Response System (PERS)		<p>\$0 copay; With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS monitoring device can get you help quickly, 24 hours a day at no additional cost.</p> <p>For additional information or to order your in-home device please call 1-855-595-0389, TTY 711, 8 a.m. – 8:30 p.m. ET, Monday – Friday & 9 a.m. – 5:30 p.m. ET, Saturday or by visiting www.lifeline.philips.com/uhcgroup.</p>	

Additional Benefits

	In-Network	Out-of-Network
Post-Discharge Meals	<p>\$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 Clinical Advocate.</p> <p>Benefit is offered one time per plan year through the provider Mom's Meals. Restrictions apply.</p> <p>Contact Mom's Meals for additional details if you have been referred into the program.</p> <p>1-855-428-6667, 7 a.m. – 6 p.m. CT, Monday – Friday</p> <p>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.</p>	
Private Duty Nursing	<p>We cover medically necessary nursing services provided in the hospital or in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. Covered services include nursing services of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) delivered to a covered individual who is confined in the hospital or in the home due to a medical condition. Note: Custodial and domestic services are not covered.</p> <p>20% coinsurance</p> <p>There is no allowance limit per plan year for private duty nursing services.</p>	
Rally Wellness Coaching	<p>\$0 copay; Coverage includes access to clinically validated, expert-led online learning and live coach support across a variety of different topics that promote whole person health such as general wellness, stress management, diabetes lifestyle and more at no additional cost.</p> <p>Get started today at RallyHealth.com/Wellness or call 1-800-478-1057, TTY 711, 7 a.m. – 10 p.m. CT, Monday – Thursday, 7 a.m. – 7 p.m. CT Fridays & 8 a.m. – 4:30 p.m. CT Saturdays.</p>	

Additional Benefits

	In-Network	Out-of-Network
Real Appeal Weight Management Program	<p>\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at uhc.realappeal.com or call 1-844-924-7325, 8 a.m. – 9 p.m. CT, Monday – Friday & 10 a.m. – 6 p.m. CT, Saturday and Sunday.</p> <p><i>*Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care physician before joining the program.</i></p>	
Renal Dialysis¹	\$10 copay	\$10 copay
Quit For Life® Tobacco Cessation Program	<p>\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 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 www.quitnow.net.</p>	

¹Some 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.

²Authorization 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

Some of the websites listed in the chart above will not be live until January 1, 2021.

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.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.