

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Nursing Home Plan (HMO SNP)

H5253-042

Look inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.



Toll-Free **1-888-834-3721**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHC MedicareSolutions.com



Our service area includes these counties in:

North Carolina: Alamance, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, Johnston, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Sampson, Stokes, Union, Wake, Wilkes, Yadkin.

Summary of Benefits

January 1st, 2018 - December 31st, 2018

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 with questions you may have. You get an EOC when you enroll in the plan.

About this plan.

UnitedHealthcare® Nursing Home Plan (HMO SNP) is a Medicare Advantage HMO 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 inside the cover, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare® Nursing Home Plan (HMO 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.

Use network providers and pharmacies.

UnitedHealthcare® Nursing Home Plan (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-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 formulary (drug list) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare® Nursing Home Plan (HMO SNP)

Premiums and Benefits	In-Network
Monthly Plan Premium	\$30.20
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$5,000 annually for Medicare-covered services you receive from in-network providers.</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 year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

UnitedHealthcare® Nursing Home Plan (HMO SNP)

Benefits		In-Network
Inpatient Hospital		You pay the 2018 Original Medicare cost-sharing amount, which will be determined by Medicare in the fall of 2017. The 2017 cost sharing is: \$1,316 deductible for days 1 to 60; \$329 copay each day for days 61 to 90; \$658 copay each day for days 91 to 150 (lifetime reserve days)
		Our plan covers 90 days for an inpatient hospital stay.
Outpatient Hospital, Including Observation		20% coinsurance
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Preventive Care	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> 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) 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)

Benefits

In-Network

		<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 flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <hr/> <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% when you use in-network providers.</p>
Emergency Care		<p>\$80 copay per visit</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 Care” section of this booklet for other costs.</p>
Urgently Needed Services		<p>\$65 copay</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	<p>\$0 copay per service in a nursing home</p> <p>20% coinsurance outside of a nursing home</p>
	Lab services	<p>\$0 copay</p>
	Diagnostic tests and procedures	<p>\$0 copay per service in a nursing home</p> <p>20% coinsurance outside of a nursing home</p>
	Therapeutic Radiology	<p>20% coinsurance</p>
	Outpatient X-rays	<p>\$0 copay per service</p>
Hearing Services	Exam to diagnose and treat hearing and balance issues	<p>\$0 copay in a nursing home</p> <p>20% coinsurance outside of a nursing home</p>
	Routine hearing exam	<p>\$0 copay; 1 per year</p>
	Hearing aid	<p>\$1,600 allowance every 2 years</p>

Benefits		In-Network
Routine Dental Services		Not covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every 2 years
	Eyewear	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts
Mental Health	Inpatient visit	You pay the 2018 Original Medicare cost-sharing amount, which will be determined by Medicare in the fall of 2017. The 2017 cost sharing is: \$1,316 deductible for days 1 to 60; \$329 copay each day for days 61 to 90; \$658 copay each day for days 91 to 150 (lifetime reserve days)
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
	Outpatient individual therapy visit	\$0 copay in a nursing home. 20% coinsurance outside of a nursing home
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit		\$0 copay
Ambulance		20% coinsurance
Routine Transportation		\$0 copay; 12 one-way trips per year to or from approved locations

Benefits**In-Network**

Medicare Part B Drugs	Chemotherapy drugs	20% coinsurance
	Other Part B drugs	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 Deductible	\$405 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	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap.		
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 		

Additional Benefits**In-Network**

Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay in a nursing home. 20% coinsurance outside of a nursing home.
Diabetes Management	Diabetes monitoring supplies	20% coinsurance
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay - 20% coinsurance.
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay in a nursing home. 20% coinsurance outside of a nursing home.
	Routine foot care	\$0 copay; for each visit up to 2 visits every 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.
Occupational Therapy Visit		\$0 copay

Additional Benefits

In-Network

Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
	Outpatient individual therapy visit	\$0 copay in a nursing home 20% coinsurance outside of a nursing home
Outpatient Surgery		20% coinsurance
Health Products Benefit		\$145 credit per quarter to use on approved health products.
Renal Dialysis		\$0 copay in a nursing home 20% coinsurance outside of a nursing home

Required Information

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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.

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 contract renewal with Medicare. This plan is available to anyone living in a contracted nursing home.

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 <https://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.

Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare® Nursing Home Plan (HMO SNP).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com
Hearing Aids	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com
Vision Care	Plan network providers in your service area	1-800-393-0993, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week
Routine Transportation (Limited to ground transportation only)	On-site contractor provider - Contact Information	1-800-393-0993, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCMedicareSolutions.com
Health Products Benefit	FirstLine Medical®	1-800-933-2914, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday www.HealthProductsBenefit.com