

# 2018 SUMMARY OF BENEFITS



## Overview of your plan

UnitedHealthcare® Nursing Home Plan (PPO SNP)

H0710-034

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](http://www.UHC MedicareSolutions.com)**



Our service area includes these counties in:

**North Carolina:** Alamance, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Edgecombe, Forsyth, Gaston, Guilford, Harnett, Haywood, Henderson, Iredell, Johnston, Lee, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Sampson, Stokes, Union, Wayne, Wilkes, Wilson, 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](http://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 (PPO 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 inside the cover, and be a United States citizen or lawfully present in the United States.

UnitedHealthcare® Nursing Home Plan (PPO 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 (PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-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 an in-network pharmacy.

You can go to [www.UHCMedicareSolutions.com](http://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 (PPO SNP)

Premiums and Benefits	In-Network	Out-of-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)	\$5,000 annually for Medicare-covered services you receive from in-network providers.	\$10,000 annually for Medicare-covered services you receive from any provider.
	<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 (PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).	\$1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).
		Our plan covers 90 days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		20% coinsurance	30% coinsurance
Doctor Visits	Primary	\$0 copay	30% coinsurance
	Specialists	\$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
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 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	Out-of-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>	
<b>Emergency Care</b>		<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>	
<b>Urgently Needed Services</b>		\$65 copay	
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 copay per service in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Therapeutic Radiology	20% coinsurance	30% coinsurance
	Outpatient X-rays	\$0 copay per service	30% coinsurance

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$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 aid	\$1,600 allowance every 2 years*	\$1,600 allowance every 2 years*
<b>Routine Dental Services</b>		Not covered	
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$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 Up to 1 every 2 years*	30% coinsurance Up to 1 every 2 years*
	Eyewear	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts*	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts*
<b>Mental Health</b>	Inpatient visit	\$1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).	\$1,300 copay per admit (or the 2018 Original Medicare amount, whichever is less).
		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	30% coinsurance
Outpatient individual therapy visit	\$0 copay in a nursing home. 20% coinsurance outside of a nursing home	30% coinsurance	

<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Skilled Nursing Facility (SNF)</b>		\$0 copay per day: for days 1-100	30% coinsurance per admit, up to 100 days
		Our plan covers up to 100 days in a SNF.	
<b>Physical therapy and speech and language therapy visit</b>		\$0 copay	30% coinsurance
<b>Ambulance</b>		20% coinsurance	20% coinsurance
<b>Routine Transportation</b>		\$0 copay; 12 one-way trips per year to or from approved locations*	75% coinsurance 12 one-way trips per year to or from approved locations*
<b>Medicare Part B Drugs</b>	Chemotherapy drugs	20% coinsurance	30% coinsurance
	Other Part B drugs	20% coinsurance	30% 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.

<b>Stage 1: Annual Prescription Deductible</b>	\$405 per year for Part D prescription drugs.		
<b>Cost-sharing for covered drugs</b>	<b>Retail</b>		<b>Mail Order</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	25% coinsurance	25% coinsurance	25% coinsurance
<b>Stage 3: Coverage Gap Stage</b>	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.		
<b>Stage 4: Catastrophic Coverage</b>	<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"> <li>• 5% coinsurance, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.</li> </ul>		

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay in a nursing home.  20% coinsurance outside of a nursing home.	30% coinsurance
<b>Diabetes Management</b>	Diabetes monitoring supplies	20% coinsurance	30% coinsurance
	Diabetes Self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts	20% coinsurance	30% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay - 20% coinsurance.	30% coinsurance
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay in a nursing home.  20% coinsurance outside of a nursing home.	30% coinsurance
	Routine foot care	\$0 copay; for each visit up to 2 visits every year*	30% coinsurance; for each visit up to 2 visits every year*
<b>Hospice</b>		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.	
<b>Occupational therapy visit</b>		\$0 copay	30% coinsurance

<b>Additional Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
	Outpatient individual therapy visit	\$0 copay in a nursing home 20% coinsurance outside of a nursing home	30% coinsurance
<b>Outpatient Surgery</b>		20% coinsurance	30% coinsurance
<b>Health Products Benefit</b>		\$100 credit per quarter to use on approved health products.	
<b>Renal Dialysis</b>		\$0 copay in a nursing home  20% coinsurance outside of a nursing home	20% coinsurance

\*Benefits are combined in and out-of-network

## 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.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more 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 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 (PPO SNP).

Benefit Type	Vendor Name	Contact Information
<b>Hearing Exams</b>	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
<b>Hearing Aids</b>	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
<b>Vision Care</b>	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
<b>Routine Transportation (Limited to ground transportation only)</b>	On-site contractor provider - Contact Information	1-800-393-0993, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week <a href="http://www.UHCMedicareSolutions.com">www.UHCMedicareSolutions.com</a>
<b>Health Products Benefit</b>	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 <a href="http://www.HealthProductsBenefit.com">www.HealthProductsBenefit.com</a>