Medicare Advantage plan with prescription drugs

Summary of benefits 2022

UnitedHealthcare® Assisted Living Plan (HMO-POS I-SNP)
H5253-043-000

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

www.UHCMedicareSolutions.com

United Healthcare

Y0066_SB_H5253_043_000_2022_M

Summary of benefits

January 1st, 2022 - December 31st, 2022

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® Assisted Living Plan (HMO-POS I-SNP) is a Medicare Advantage HMOPOS 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® Assisted Living Plan (HMO-POS I-SNP) is an Institutional Special Needs Plan designed specifically for people who live in a contracted assisted living facility and require an institutional level of care. You can find a list of contracted assisted living facilities at www.uhcassistedlivingplan.com.

Our service area includes these counties in:

North Carolina: Alamance, Buncombe, Cabarrus, Davidson, Durham, Forsyth, Gaston, Guilford, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Wake.

Use network providers and pharmacies.

UnitedHealthcare® Assisted Living Plan (HMO-POS I-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan's service area as described on the cover. If you have any questions, please contact customer service. 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® Assisted Living Plan (HMO-POS I-SNP)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	$35.80	
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.	Unlimited Out-of-Network
	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® Assisted Living Plan (HMO-POS I-SNP)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital[2]		$200 copay per day: for days 1-7 $0 copay per day: for days 8 and beyond	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 $175 copay otherwise	30% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $175 copay otherwise	30% coinsurance
	Outpatient Hospital Observation Services[2]	$175 copay	30% coinsurance
Doctor Visits	Primary Care Provider	$0 copay	30% coinsurance
	Specialists[2]	$15 copay	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 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		$30 copay ($0 copay for emergency care outside the United States) 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		$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	20% coinsurance	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	20% coinsurance	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	30% coinsurance
	Routine hearing exam	$0 copay; 1 per year*	30% coinsurance; 1 per year*
	Hearing aid[2]	$2,000 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.	
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	$2,400 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	30% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay; 1 every year*	30% coinsurance; 1 every year*
	Routine eyewear	$0 copay; up to $200 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]	$200 copay per day: for days 1-7 $0 copay per day: for days 8-90	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$15 copay	30% coinsurance
	Outpatient individual therapy visit[2]	$25 copay	30% coinsurance
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Skilled Nursing Facility (SNF)[2]		$0 copay per day: for days 1-100	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	30% coinsurance

Benefits

		In-Network	Out-of-Network
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$100 copay for ground $100 copay for air	$100 copay for ground $100 copay for air
Routine Transportation		$0 copay for 36 one-way trips to or from approved medically related appointments and pharmacies	Not covered
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	$0 per year for Tier 1, Tier 2 and Tier 3; $200 for Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1: Preferred Generic	$2 copay	$6 copay	$0 copay	$6 copay
Tier 2: Generic[3]	$12 copay	$36 copay	$0 copay	$36 copay
Tier 3: Preferred Brand	$47 copay	$141 copay	$131 copay	$141 copay
Select Insulin Drugs[4]	$35 copay	$105 copay	$95 copay	$105 copay
Tier 4: Non-Preferred Drug	$100 copay	$300 copay	$290 copay	$300 copay
Tier 5: Specialty Tier	29% coinsurance	N/A[5]	N/A[5]	N/A[5]
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,430, 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 $7,050, you pay the greater of: • 5% coinsurance, or • $3.95 copay for generic (including brand drugs treated as generic) and a $9.85 copay for all other drugs.			

[3] Tier includes enhanced drug coverage.

[4] For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage

stages. You will pay a maximum of $35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

[5] Limited to a 30-day supply

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$15 copay	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®, OneTouch® Verio, OneTouch®Ultra 2, 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]	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]	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	30% coinsurance
	Routine foot care	$0 copay; for each visit up to 6 visits every year*	30% coinsurance; for each visit up to 6 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[2]		$0 copay	30% coinsurance
Opioid Treatment Program Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$15 copay	30% coinsurance
	Outpatient individual therapy visit[2]	$25 copay	30% coinsurance
Over-the-Counter (OTC) Products Catalog		$180 credit every quarter to purchase approved health products. Order online, over the phone, or by mail through your Over-the-Counter catalog.	
Renal Dialysis[2]		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

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 1-800-393-0993 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 1-800-393-0993, 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.

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.