

Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

UnitedHealthcare® Nursing Home Plan (HMO-POS I-SNP)
H5253-042-000

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.UHC Medicare Solutions.com

United Healthcare

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® Nursing Home 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® Nursing Home Plan (HMO-POS I-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. You can find a list of contracted institutions at www.uhc nursinghomeplan.com.

Our service area includes these counties in:

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

Use network providers and pharmacies.

UnitedHealthcare® Nursing Home 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. 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® Nursing Home Plan (HMO-POS I-SNP)

Premiums and Benefits

| | In-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) | <p>\$1,800 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-POS I-SNP)

Benefits

| | | In-Network |
|---|---|--|
| Inpatient Hospital² | | \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). Our plan covers 90 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 10% coinsurance otherwise |
| | Outpatient Hospital, including surgery ² | \$0 copay for a diagnostic colonoscopy 10% coinsurance otherwise |
| | Outpatient Hospital Observation Services ² | 10% coinsurance |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive Care | Medicare-covered | \$0 copay |
| | | 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 |

Benefits

| | | In-Network |
|---|---|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <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 those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“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% when you use in-network providers.</p> |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | <p>\$90 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” section of this booklet for other costs.</p> |
| Urgently Needed Services | | \$65 copay |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ² | <p>\$0 copay in a nursing home</p> <p>20% coinsurance outside of a nursing home</p> |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | <p>\$0 copay in a nursing home</p> <p>20% coinsurance outside of a nursing home</p> |
| | Therapeutic Radiology ² | 20% coinsurance |
| | Outpatient X-rays ² | \$0 copay per service |

Benefits

| | | In-Network |
|--|--|---|
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Routine hearing exam | \$0 copay; 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 * |
| | Comprehensive ² | \$0 copay for comprehensive dental services * |
| | Benefit limit | \$3,500 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 |
| Covered in-network and out-of-network. | | |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay; 1 every year |
| | Routine eyewear | \$0 copay; up to \$300 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). |

Benefits

| | | In-Network |
|--|--|--|
| Mental Health | Inpatient visit ² | \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Outpatient individual therapy visit ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | 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 Our plan covers up to 100 days in a SNF. |
| Physical therapy and speech and language therapy visit² | | \$0 copay |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | 20% coinsurance for ground 20% coinsurance for air |
| Routine Transportation | | \$0 copay; 18 one-way trips per year to or from approved locations |
| 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 |
| | Other Part B drugs ² | \$0 copay for allergy antigens 20% 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 | \$480 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 \$4,430, 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 | <p>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:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. | | |

Additional Benefits

| | | In-Network |
|---|---|--|
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| Diabetes Management | Diabetes monitoring supplies ² | 20% coinsurance |
| | Diabetes Self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | 20% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay - 20% coinsurance |
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Routine foot care | \$0 copay; for each visit up to 4 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 Visit² | | \$0 copay |
| Opioid Treatment Program Services² | | \$0 copay |

Additional Benefits

| | | In-Network |
|--|--|--|
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| | Outpatient individual therapy visit ² | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |
| Over-the-Counter (OTC) Products Catalog | | \$480 credit every quarter to purchase approved health products. Order online, over the phone, or by mail through your Over-the-Counter catalog. |
| Renal Dialysis² | | \$0 copay in a nursing home 20% coinsurance outside of a nursing home |

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.