

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare® Group Medicare Advantage (PPO)
H2001-816
Group Name (Plan Sponsor): CalPERS

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



Toll-Free 1-888-867-5581, TTY 711
7 a.m. – 8 p.m. local time, 7 days a week



www.UHCRetiree.com/calpers



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

Summary of Benefits

January 1, 2018 – December 31, 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.UHCRetiree.com/calpers, or you can call Customer Service with questions you may have.

About this plan.

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, live within our service area as listed inside the cover, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Use network providers and pharmacies.

You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of Medicare.

You can go to www.UHCRetiree.com/calpers 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® Group Medicare Advantage (PPO)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum Out-of-pocket Amount (does not include prescription drugs)	<p>\$1,500 annually for Medicare-covered services you receive from any provider.</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, if applicable, and cost-sharing for your Part D prescription drugs.</p>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital Care		\$0 copay per admission	\$0 copay per admission
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital, including observation		\$0 copay	\$0 copay
Doctor Visits	Primary	\$10 copay	\$10 copay
	Specialists	\$10 copay	\$10 copay
Preventive Care	Medicare-covered	\$0 copay	\$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 Lung cancer screenings 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 flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered.	
		These plans cover preventive care screenings and annual physical exams at 100%.	
	Routine Physical	\$0 copay; 1 per plan year*	

Benefits

		In-Network	Out-of-Network
Emergency Care		\$50 copay (worldwide) 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.	
Urgently Needed Services		\$25 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 Care” section of this booklet for other costs.	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g., MRI)	\$0 copay	\$0 copay
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay	\$0 copay
	Therapeutic radiology	\$0 copay	\$0 copay
	Outpatient x-rays	\$0 copay	\$0 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$10 copay	\$10 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Hearing aids	Plan pays up to \$1,000 (every 3 plan years)*	Plan pays up to \$1,000 (every 3 plan years)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$10 copay	\$10 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$10 copay (1 exam every 12 months)*	\$10 copay (1 exam every 12 months)*

Benefits

		In-Network	Out-of-Network
Mental Health	Inpatient visit	\$0 copay per admission, up to 190 days	\$0 copay per admission, up to 190 days
	Our plan covers 190 days for an inpatient hospital stay.		
	Outpatient group therapy visit	\$10 copay	\$10 copay
	Outpatient individual therapy visit	\$10 copay	\$10 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1 – 100	\$0 copay per day: for days 1 – 100
		Our plan covers up to 100 days in a SNF	
Physical Therapy · Speech Therapy		\$10 copay	\$10 copay
Ambulance		\$0 copay	\$0 copay
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay	\$0 copay
	Other Part B drugs	\$0 copay	\$0 copay

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the "Certificate of Coverage" with more information about this supplemental drug coverage.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Initial Coverage	Retail Cost-Sharing One-month supply	Mail Order Cost-Sharing Three-month supply
Tier 1: Preferred Generic	\$5 copay	\$10 copay
Tier 2: Preferred Brand	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug	\$50 copay	\$100 copay
Tier 4: Specialty Tier	\$20 copay	\$40 copay
Stage 2: Coverage Gap Stage	After your total drug costs reach \$3,750, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 3: Catastrophic Coverage	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 lesser of: <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.	

Annual Mail Order Drug Out-of-Pocket Maximum

Once you've paid \$1,000 in a plan year for Tier 1, Tier 2 and Tier 4 formulary drugs through the plan's mail service pharmacy, you will pay \$0 for Tier 1, Tier 2 and Tier 4 formulary mail order drugs. Once your yearly out-of-pocket drug costs for retail and mail order drugs reach \$5,000, you pay the copays listed under the Catastrophic Coverage above until the end of the calendar year.

Additional Benefits

		In-Network	Out-of-Network
Acupuncture		\$15 copay for each acupuncture visit (up to 20 visits each year). Visits are combined with routine chiropractic care benefit.	\$15 copay for each acupuncture visit (up to 20 visits each year). Visits are combined with routine chiropractic care benefit.
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$10 copay	\$10 copay
	Routine chiropractic care	\$15 copay for each chiropractic visit (up to 20 visits each year). Visits are combined with routine acupuncture care benefit.	\$15 copay for each chiropractic visit (up to 20 visits each year). Visits are combined with routine acupuncture care benefit.
Diabetes Management	Diabetes monitoring supplies	\$0 copay	\$0 copay
		<p>We only cover blood glucose monitors and test strips from the following brands:</p> <p>OneTouch® Ultra® 2, OneTouch® UltraMini®, OneTouch® Verio®, OneTouch® Verio® IQ, OneTouch® Verio® Flex™, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Connect</p>	
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay	\$0 copay
Durable Medical Equipment	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Monthly basic membership for SilverSneakers® Fitness Program through network fitness centers.</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>	

Additional Benefits

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment	\$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)*
Home Health Care		\$0 copay Restrictions apply	\$0 copay Restrictions apply
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.	
NurseLineSM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Outpatient Surgery		\$0 copay	\$0 copay
Occupational therapy		\$10 copay	\$10 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$10 copay	\$10 copay
	Outpatient individual therapy visit	\$10 copay	\$10 copay
Renal Dialysis		\$0 copay	\$0 copay
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com/calpers	

*Benefit is combined in and out-of-network.

Required Information

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, 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 copayments/coinsurance may change at the beginning of each plan year.

You must continue to pay your Medicare Part B premium.

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 <http://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.

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. 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 and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-867-5581.