

Benefit highlights

UnitedHealthcare® Group Medicare Advantage Edge (PPO)

For CalPERS Members

Effective January 1, 2022 to December 31, 2022

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

	In-network	Out-of-network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	You pay nothing for Medicare-covered services from any provider.	

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network	Out-of-network
Doctor's office visit	\$0 primary care provider	\$0 primary care provider
	\$0 virtual doctor visits	\$0 virtual doctor visits
	\$0 specialist	\$0 specialist
Preventive services Medicare-covered	\$0 copay	
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$0 copay	\$0 copay
Mental health Outpatient and virtual	\$0 group therapy	\$0 group therapy
	\$0 individual therapy	\$0 individual therapy
	\$0 virtual visits	\$0 virtual visits
Diagnostic radiology services such as MRIs, CT scans	\$0 copay	\$0 copay

Medical benefits

Benefits covered by original Medicare and your plan

	In-network	Out-of-network
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay	\$0 copay
Ambulance	\$0 copay	
Emergency care	\$0 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$0 copay (\$0 copay for urgently needed services outside the United States) per visit	

Additional benefits and programs not covered by Original Medicare

	In-network	Out-of-network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic and acupuncture – routine	\$15 copay, 20 visits per plan year*	\$15 copay, 20 visits per plan year*
Foot care – routine	\$0 copay, 6 visits per plan year*	\$0 copay, 6 visits per plan year*
Hearing – routine exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
Hearing aids	The plan pays up to a \$2,000 allowance for hearing aid(s) every 2 years*.	The plan pays up to a \$2,000 allowance for hearing aid(s) every 2 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*
Vision – routine eyewear	Plan pays \$130 for eyeglasses every 12 months. Or, \$100 for contact lenses instead of eyeglasses every 12 months.*	Plan pays \$130 for eyeglasses every 12 months. Or, \$100 for contact lenses instead of eyeglasses every 12 months.*
Fitness program SilverSneakers®	\$0 copay for a standard gym membership at participating locations	
Post-discharge meals	\$0 copay for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by an advocate	
Telephonic nurse services	Receive access to nurse consultations and additional clinical resources at no additional cost.	
In-home non-medical care CareLinx	\$0 copay for 16 hours of personal care services each month.	
Post-discharge routine transportation	\$0 copay for unlimited rides up to 30 days following a hospital or SNF discharge when referred by an advocate.	

	In-network	Out-of-network
Weight management program Real Appeal	\$0 copay online weight loss program.	
Tobacco cessation program Quit For Life®	\$0 copay for 24/7 access to tools and resources to help you quit all types of tobacco use.	

*Benefits are combined in and out-of-network

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The provider network may change at any time. You will receive notice when necessary.