Summary of Benefits 2021

Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): Teachers' Retirement System of the State of Kentucky

H2001-817-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.

Toll-free **1-844-518-5877**, TTY **711**
8 a.m. - 8 p.m. local time, Monday - Friday

www.UHCRetiree.com/trs

United Healthcare®

TEACHERS' Retirement System TRS KENTUCKY

Summary of Benefits

January 1, 2021 - December 31, 2021

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/trs 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® 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, be enrolled in Medicare Part B, live in our service area as listed below, 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). If you are not entitled to Medicare Part A, please refer to your plan sponsor's enrollment materials, or contact your plan sponsor directly to determine if you are eligible to enroll in our plan. TRS has made arrangements with us to offer a Medicare Advantage plan even though you aren't entitled to Part A based on former employment. If now, or in the future, you become eligible for Medicare Part A free due to employment and paying Social Security/Medicare Taxes or through a spouse, please contact Social Security to enroll in Medicare Part A.

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

About providers.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. 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 or been excluded or precluded from the Medicare Program.

You can go to www.UHCRetiree.com/trs to search for a network provider using the online directory.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan sponsor to determine your actual premium amount, if applicable.	
Annual Medical Deductible	$150 per year for some in-network and out-of-network services. (See Additional Information About UnitedHealthcare Group Medicare Advantage (PPO) for more information on your plan year deductible)	
Maximum Out-of-Pocket Amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $1,200 each plan year. (The amounts you pay for deductibles, copays and coinsurance for covered services count toward this combined maximum in-network and out-of-network out-of-pocket limit. Expenses for non-emergency care while in a foreign country do not apply toward this limit.)	
	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, if applicable.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital[1]		$200 copay per stay	$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	4% coinsurance	4% coinsurance
	Outpatient surgery	4% coinsurance	4% coinsurance
	Outpatient hospital services, including observation	4% coinsurance	4% coinsurance
Doctor Visits	Primary Care Provider	4% coinsurance	4% coinsurance
	Specialists[1]	4% coinsurance	4% coinsurance
	Virtual Doctor Visits	$0 copay	$0 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 Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

Benefits

		In-Network	Out-of-Network
		Kidney disease education 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 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. This plan covers preventive care screenings and annual physical exams at 100%.	
	Routine physical	$0 copay; 1 per plan year*	$0 copay; 1 per plan year*
Emergency Care		$120 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" section of this booklet for other costs. Your benefit includes Non-emergency world-wide care for 20% coinsurance up to a maximum benefit of $5,000 per year. Non-emergency world-wide care does not apply to your out-of-pocket maximum. A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.	

Benefits

		In-Network	Out-of-Network
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" section of this booklet for other costs.	
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Cost for services may be different if received in an outpatient surgery setting)	Diagnostic radiology services (e.g. MRI)[1]	4% coinsurance	4% coinsurance
	Lab services[1]	$0 copay	$0 copay
	Diagnostic tests and procedures[1]	4% coinsurance	4% coinsurance
	Therapeutic Radiology[1]	4% coinsurance	4% coinsurance
	Outpatient x-rays[1]	4% coinsurance	4% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues[1]	4% coinsurance	4% coinsurance
	Routine hearing exam	$0 copay (1 exam every plan plan year)*	$0 copay (1 exam every plan plan year)*
	Hearing Aids	The plan pays up to a $500 allowance for hearing aid(s) every 3 plan years*.	The plan pays up to a $500 allowance for hearing aid(s) every 3 plan years*.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[1]	4% coinsurance	4% coinsurance
	Eyewear after cataract surgery	$0 copay	$0 copay
	Yearly glaucoma screening	$0 copay	$0 copay

Benefits

		In-Network	Out-of-Network
	Routine eye exams	$0 copay (1 exam every plan year)*	$0 copay (1 exam every plan year)*
Mental Health	Inpatient visit[1]	$200 copay per stay	$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	4% coinsurance	4% coinsurance
	Outpatient individual therapy visit[1]	4% coinsurance	4% coinsurance
	Virtual Behavioral Visits	4% coinsurance	4% coinsurance
Skilled Nursing Facility (SNF)[1]		$0 copay per day: days 1-20 $80 copay per day: days 21-100	$0 copay per day: days 1-20 $80 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period (see the Evidence of Coverage for details on benefit periods).	
Physical Therapy and Speech and Language Therapy Visit[1]		4% coinsurance	4% coinsurance
Ambulance[2]		4% coinsurance	4% coinsurance
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs[1]	4% coinsurance	4% coinsurance
	Other Part B drugs[1]	4% coinsurance We cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.	4% coinsurance We cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	4% coinsurance	4% coinsurance
Cardiac Rehabilitation		4% coinsurance	4% coinsurance
Chiropractic Care	Manual manipulation of the spine to correct subluxation[1]	4% coinsurance	4% coinsurance
Diabetes Management	Diabetes monitoring supplies[1]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, 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.	
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	$0 copay
	Diabetes Self-management training	$0 copay	$0 copay
	Therapeutic shoes or inserts[1]	4% coinsurance	4% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	4% coinsurance	4% coinsurance

Additional Benefits

		In-Network	Out-of-Network
	Prosthetics (e.g., braces, artificial limbs)[1]	4% coinsurance	4% coinsurance
Fitness program through SilverSneakers®		You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a $0 membership fee for a standard, monthly membership at a participating fitness center. To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.	
Foot Care (podiatry services)	Foot exams and treatment[1]	4% coinsurance	4% coinsurance
	Routine foot care	$0 copay for each visit (Up to 6 visits per plan year)*	$0 copay for each visit (Up to 6 visits per plan year)*
Home Health Care[1]		$0 copay	$0 copay
Hospice		If you are entitled to Medicare Part A, 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. If you are not entitled to Medicare Part A, all care related to the terminal illness must be provided by a Medicare-certified Hospice, which is billed directly to the plan. Please refer to the Evidence of Coverage.	

Additional Benefits

		In-Network	Out-of-Network
Post-Discharge Meals		$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Occupational Therapy Visit[1]		4% coinsurance	4% coinsurance
Opioid Treatment Program Services[1]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[1]	4% coinsurance	4% coinsurance
	Outpatient individual therapy visit[1]	4% coinsurance	4% coinsurance
Quit For Life® Tobacco Cessation Program		$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit www.quitnow.net	

Additional Benefits

	In-Network	Out-of-Network
Real Appeal Weight Management Program	$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at uhctrs.realappeal.com or call 1-844-924-7325, 8 a.m. – 9 p.m. CT, Monday – Friday, & 10 a.m. – 6 p.m. CT, Saturday and Sunday *Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care physician before joining the program.	
Renal Dialysis[1]	4% coinsurance	4% coinsurance

[1] These services require in-network providers to submit an authorization. This is not a referral and you will not be negatively impacted or prevented from receiving services if your provider fails to meet this requirement.

[2] Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

*Benefits are combined in and out-of-network

Additional Information About UnitedHealthcare Group Medicare Advantage (PPO)

Your Plan Year Deductible

Your combined in-network and out-of-network deductible is $150. This is the amount you have to pay out-of-pocket before we will pay our share for your covered medical services.

Until you have paid the deductible amount, you must pay the full cost for most of your covered services. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your copayment or coinsurance amount) for the rest of the plan year.

The deductible applies to the following services:
- Acupuncture for Chronic Low Back Pain
- Ambulance Services
- Cardiac Rehabilitation Services
- Diagnostic Procedure/Test
- Diagnostic Radiology Services
- Durable Medical Equipment
- Eye Exam (Medicare-covered)
- Hearing Exam (Medicare-covered)
- Kidney Dialysis
- Medical Supplies
- Occupational Therapy
- Orthotics and Prosthetics
- Outpatient Hospital Services
- Outpatient Mental Health/Substance Abuse
- Outpatient Surgery
- Outpatient X-ray Services
- Part B Drugs
- Physical Therapy and Speech/Language Therapy
- Podiatry Visit (Medicare-covered)
- Primary Care Physician Office Visit
- Specialist Office Visit
- Therapeutic Radiology Service
- Virtual Behavioral Visits

The deductible does not apply to the following services:
- All Medicare Preventive Services
- Chiropractic Services (Medicare-covered)
- Clinical Lab Services
- Diabetes Monitoring Supplies
- Diabetes Self-Management Training
- Emergency Care
- Home Health Care
- Hospice Services
- Inpatient Hospital Care
- Inpatient Mental Health Care
- Medicare-covered eye wear after cataract surgery
- Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and Supplies
- Opioid Treatment Services
- Routine Eye Exam
- Routine Foot Care
- Routine Hearing Exam
- Skilled Nursing Facility
- Urgently Needed Services
- Virtual Doctor Visits

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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服 務。請致電 1-855-814-6894 (TTY: 711).

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.