



Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Teachers' Retirement System of the State of Kentucky

H2001-820-000

Look inside to learn about the plan and the health services it covers.
Contact us for more information about the plan.



retiree.uhc.com/trs



Toll-free **1-844-518-5877**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday

United
Healthcare®
Group Medicare Advantage



Summary of Benefits

January 1, 2025 - December 31, 2025


This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits

	In-network and out-of-network
Monthly plan premium	Contact your group plan sponsor to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$150 each plan year. (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 for this 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 for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits

		In-network and out-of-network
Inpatient hospital care¹		\$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	4% coinsurance
Cost sharing for additional plan covered services will apply.	Outpatient surgery	4% coinsurance
	Outpatient hospital services, including observation	4% coinsurance
 Doctor visits	Primary care provider (PCP)	4% coinsurance
	Virtual visit	\$0 copay
	Specialist ¹	4% coinsurance
Preventive services	Routine physical	\$0 copay; 1 per plan year
	Medicare-covered	\$0 copay
		<ul style="list-style-type: none"> <input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Diabetes – Self-Management training <input type="checkbox"/> Dialysis training <input type="checkbox"/> Glaucoma screening <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening <input type="checkbox"/> Kidney disease education <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services

Medical benefits

In-network and out-of-network

- | | |
|---|--|
| <ul style="list-style-type: none">□ 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 | <ul style="list-style-type: none">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%.

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 care copay. See the “Inpatient Hospital Care” 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.

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.

Medical benefits

In-network and out-of-network

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, CT scan)¹ 4% coinsurance

Lab services¹ \$0 copay

Diagnostic tests and procedures¹ 4% coinsurance

Therapeutic radiology¹ 4% coinsurance

Outpatient X-rays¹ 4% coinsurance

Hearing services

Exam to diagnose and treat hearing and balance issues¹ 4% coinsurance

Routine hearing exam \$0 copay, 1 exam per plan year

Hearing Aids The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.



Vision services

Exam to diagnose and treat diseases and conditions of the eye¹ 4% coinsurance

Eyewear after cataract surgery \$0 copay

Yearly glaucoma screening \$0 copay

Routine eye exam \$0 copay, 1 exam per plan year
If you are diagnosed with a medical condition during a routine eye exam, you may owe a 4% coinsurance for an exam to diagnose conditions of the eye.

Medical benefits



		In-network and out-of-network
Mental health	Inpatient visit ¹	\$200 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	4% coinsurance
	Outpatient individual therapy visit ¹	4% coinsurance
	Outpatient therapy or office visit with a psychiatrist ¹	4% coinsurance
	Virtual behavioral visits	4% coinsurance
Skilled nursing facility (SNF)¹		\$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).
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		4% coinsurance
Ambulance²		4% coinsurance
Routine transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs ¹	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.

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Additional benefits

		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	4% coinsurance
Cardiac rehabilitation		4% coinsurance
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	4% coinsurance
 Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	4% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	4% coinsurance

Additional benefits

		In-network and out-of-network
	Prosthetics (e.g., braces, artificial limbs) ¹	4% coinsurance
	Fitness program Renew Active® by UnitedHealthcare	<p>\$0 copay for Renew Active by UnitedHealthcare, the gold standard in Medicare fitness programs. It includes a gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities.</p> <p>Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	4% coinsurance
	Routine foot care	\$0 copay, 6 visits per plan year
	UnitedHealthcare Healthy at Home Post-discharge program	<p>\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals, referral required <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required <input type="checkbox"/> 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required <p>Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.</p>

Additional benefits

In-network and out-of-network

Diabetes support program premium
Formerly known as Healthy at home plus

\$0 copay for the following services if you qualify for the diabetes support program and complete the required health care activities:

A choice of 1 of the following:

- 1-time pest control service treatment
- 12 hours of non-medical personal care
- 1 housekeeping service

The benefits mentioned are a part of a special supplemental benefit. To be eligible, you must have a qualifying condition, such as diabetes, and who also meet all applicable plan coverage criteria. Contact us for details (see the Evidence of Coverage for eligibility details).



Home health care¹

\$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.

Personal emergency response system (PERS)

\$0 copay

Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or lifeline.com/uhcgroup

Opioid treatment program services¹

\$0 copay

Additional benefits

	In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit ¹ 4% coinsurance
	Outpatient individual therapy visit ¹ 4% coinsurance
Diabetes Prevention and Weight Management Program	<p>\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.</p> <p>Call or go online to get started today. 1-844-924-7325, TTY 711 or uhctrs.realappeal.com</p> <p>*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 provider (PCP) before joining the program.</p>
Renal dialysis¹	4% coinsurance
Steady Together	<p>\$0 copay for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:</p> <ul style="list-style-type: none"><input type="checkbox"/> You can get up to 8 hours per month of in-home personal care for 6 months following program enrollment<input type="checkbox"/> Enrollment into the program can be done at any point during the plan year<input type="checkbox"/> Benefits must be utilized by December 31, 2025<input type="checkbox"/> Unused benefits do not roll over<input type="checkbox"/> All benefits are provided through our participating vendors.<input type="checkbox"/> The benefits mentioned are a part of a special supplemental benefit. To be eligible, you must have a qualifying condition, such as dementia, and also meet all applicable plan coverage criteria. Contact us for details.

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 air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

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:

- 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:

- Acupuncture for Chronic Low Back Pain
- 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 Continuous Glucose Monitors (CGMs) and Supplies
- Medicare diabetes prevention program
- Non-emergency worldwide coverage
- Opioid Treatment Services
- Routine Eye Exam
- Routine Foot Care
- Routine Hearing Exam
- Skilled Nursing Facility
- Urgently Needed Services
- Virtual Doctor Visits

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 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 retiree.uhc.com/trs to search for a network provider using the online directory.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is 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 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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.