



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.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.

<sup>1</sup>Please refer to your Summary of Benefits for details on your benefit coverage.

<sup>2</sup>Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. 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. The Renew Active program varies by plan/area.

<sup>3</sup>HouseCalls may not be available in all areas.

<sup>4</sup>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.

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

This information is not a complete description of benefits. Call **1-877-714-0178**, TTY **711** for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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# Learn more about the UnitedHealthcare® plans available to Oklahoma Higher Education Employees Interlocal Group (OKHEEI) retirees

## 2021 Plan Year Benefits, Services and Programs

Benefit	New UnitedHealthcare® Group Medicare Advantage (PPO) plan (High Plan)	New UnitedHealthcare® Group Medicare Advantage (PPO) plan (Low Plan)	UnitedHealthcare® Group Senior Supplement plan	UnitedHealthcare® Medicare Rx for Groups (PDP) plan (High plan option)	UnitedHealthcare® Medicare Rx for Groups (PDP) plan (Low plan option)
Network	Any willing Medicare provider	Any willing Medicare provider	Any willing Medicare provider	Network Pharmacies	Network Pharmacies
Annual Medical Out-of-Pocket Maximum	\$0	\$0	\$0	N/A	N/A
<b>Doctor Visits</b>					
Primary Care Provider	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Specialist	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Routine Annual Physical	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Virtual Visits	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Outpatient Services</b>					
Outpatient Hospital & Surgical Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Lab &amp; X-ray Services</b>					
Lab Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Outpatient X-ray Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Diagnostic (MRIs, CT scans)	\$0 copay	\$0 copay	\$50 copay	N/A	N/A
<b>Inpatient Services</b>					
Inpatient hospital care (including mental health)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Emergency Services</b>					
Emergency care (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Urgently needed services (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Additional Benefits and Programs Not Covered Under Medicare</b>					
<b>Hearing Services</b>					
Hearing Aids <sup>1</sup>	\$500 allowance every three years	\$500 allowance every three years	Not covered	N/A	N/A
<b>Other Services</b>					
Fitness Program <sup>2</sup>	Renew Active	Renew Active	Renew Active	N/A	N/A
UnitedHealthcare® HouseCalls <sup>3</sup>	Included	Included	Not covered	N/A	N/A
NurseLine <sup>4</sup>	Included	Included	Included	N/A	N/A
<b>Part D Prescription Drugs</b>					
Prescription Drug Deductible	\$0	\$445		\$0	\$445
Coverage in the Gap	Continue to pay your copay in the coverage gap	25% coinsurance in the gap	N/A	Continue to pay your copay in the coverage gap	25% coinsurance in the gap
Tier 1 Preferred Generic	\$10	25%	N/A	\$10	25%
Tier 2 Preferred Brand	25% up to \$45	25%	N/A	25% up to \$45	25%
Tier 3 Non-Preferred	50% up to \$95	25%	N/A	50% up to \$95	25%
Tier 4 Specialty Drug	50% up to \$95	25%	N/A	50% up to \$95	25%

**Important Note:** This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the Oklahoma Higher Education Employees Interlocal Group (OKHEEI) retirees plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.