



2016 Summary of **BENEFITS**

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (plan sponsor): University of Arkansas System

Group Number: 13553

H2001-816



Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you 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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Your Health Care Coverage

This plan is offered through your plan sponsor.

You may be able to join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare Prescription Drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other plan sponsor retirement benefits you may currently have. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

For more information please call UnitedHealthcare® Group Medicare Advantage (PPO) at the number listed below.

If you want information 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.

Sections in this booklet

- Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

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 **1-800-533-2743**.

Things to Know About UnitedHealthcare® Group Medicare Advantage (PPO)

Hours of Operation

You can call us 8 a.m. to 8 p.m. local time, 7 days a week

UnitedHealthcare® Group Medicare Advantage (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-457-8506**.

- If you are not a member of this plan, call toll-free **1-800-533-2743**.
- Our website: **www.UHCRetiree.com**

Who can join?

To join UnitedHealthcare® Group Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

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

Which doctors, hospitals, and pharmacies can I use?

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (in-network or out-of-network) that participates in Medicare at the same cost share. Your copays or coinsurance will be the same.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website www.UHCRetiree.com. Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can learn about the complete plan formulary (list of Part D prescription drugs) and any restrictions by calling us.

How will I determine my drug costs?

Our plan groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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.

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
How much is the deductible?	This plan has deductibles for some hospital and medical services. \$500 per year for some in-network and out-of-network services. This plan does not have a deductible for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$1,000 for services you receive from in-network providers.• \$1,000 for services you receive from any provider. Your limit for services received from in-network and out-of-network providers will count 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 and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.

Covered Medical and Hospital Benefits

Outpatient Care and Services

Ambulance	<ul style="list-style-type: none">• In-network: \$100 copay• Out-of-network: \$100 copay
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): <ul style="list-style-type: none">• In-network: \$20 copay• Out-of-network: \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): <ul style="list-style-type: none">• In-network: \$40 copay• Out-of-network: \$40 copay
Diabetes	Diabetes monitoring supplies:

Supplies and Services

- In-network: You pay nothing
- Out-of-network: You pay nothing

Diabetes self-management training:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Therapeutic shoes or inserts:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

For Diabetes monitoring supplies, we only cover blood glucose monitors and test strips from the following brands: OneTouch® Ultra® 2 System, OneTouch® UltraMini®, OneTouch® Verio® Sync, OneTouch® Verio® IQ, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.

Diagnostic Tests, Lab and Radiology Services, and X-Rays

(Costs for services may be different if received in an outpatient surgery setting)

Diagnostic radiology services (such as MRIs, CT scans):

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Diagnostic tests and procedures:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Lab services:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Outpatient x-rays:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Therapeutic radiology services (such as radiation treatment for cancer):

- In-network: 20% of the cost
 - Out-of-network: 20% of the cost
-

Doctor's Office Visits

Primary care physician visit:

- In-network: \$25 copay
- Out-of-network: \$25 copay

Specialist visit:

- In-network: \$40 copay
 - Out-of-network: \$40 copay
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Durable Medical Equipment

(wheelchairs, oxygen, etc.)

- In-network: 20% of the cost
 - Out-of-network: 20% of the cost
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Emergency Care

- \$65 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Foot Care
(podiatry services)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:

- In-network: \$40 copay
- Out-of-network: \$40 copay

Additional benefit not covered by Original Medicare

Routine foot care (for up to 6 visits every year):

- In-network: \$40 copay for each visit
- Out-of-network: \$40 copay for each visit

Benefit is combined in and out-of-network.

Hearing Services

Exam to diagnose and treat hearing and balance issues:

- In-network: \$40 copay
- Out-of-network: \$40 copay

Additional benefit not covered by Original Medicare

Routine hearing exam (for up to 1 every year):

- In-network: You pay nothing for each visit
- Out-of-network: You pay nothing for each visit

Benefit is combined in and out-of-network

Hearing aid:

- In-network: Our plan pays up to a \$500 allowance for hearing aids every 3 years
- Out-of-network: Our plan pays up to a \$500 allowance for hearing aids every 3 years

Benefit is combined in and out-of-network

Home Health Care

- In-network: 20% of the cost
 - Out-of-network: 20% of the cost
-

Mental Health Care

Inpatient visit:

Our plan covers an unlimited number of days for an inpatient hospital stay.

- In-network:
 - \$250 copay per stay
- Out-of-network:
 - \$250 copay per stay

Outpatient group therapy visit:

- In-network: \$25 copay
- Out-of-network: \$25 copay

Outpatient individual therapy visit:

- In-network: \$25 copay
 - Out-of-network: \$25 copay
-

Outpatient Rehabilitation

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Occupational therapy visit:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Physical therapy and speech and language therapy visit:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

**Outpatient
Substance
Abuse**

Group therapy visit:

- In-network: \$25 copay
- Out-of-network: \$25 copay

Individual therapy visit:

- In-network: \$25 copay
- Out-of-network: \$25 copay

**Outpatient
Surgery**

Ambulatory surgical center:

- In-network: \$200 copay
- Out-of-network: \$200 copay

Outpatient hospital:

- In-network: \$200 copay
- Out-of-network: \$200 copay

**Prosthetic
Devices**

(braces, artificial limbs, etc.)

Prosthetic devices:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Related medical supplies:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Renal Dialysis

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

**Urgently
Needed
Services**

- \$50 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.

Vision Services

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):

- In-network: \$0-\$40 copay, depending on the service
- Out-of-network: \$0-\$40 copay, depending on the service

Eyeglasses or contact lenses after cataract surgery:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Additional benefit not covered by Original Medicare

Routine eye exam (for up to 1 every year):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Benefit is combined in and out-of-network.

Preventive Care

- In-network: You pay nothing
- Out-of-network: You pay nothing

Our plan covers many preventive services, including but not limited to:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening 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)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Additional benefit not covered by Original Medicare

Fitness program:

\$0 membership fee.

SilverSneakers® Fitness program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.

SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers fitness center. Member may select one of four kits that best fit their lifestyle and fitness level - general fitness, strength, walking or yoga.

Additional benefit not covered by Original Medicare

NurselineSM:

You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient Care

Inpatient Hospital Care

Our plan covers an unlimited number of days for an inpatient hospital stay.

- In-network:
 - \$450 copay per stay
 - Out-of-network:
 - \$450 copay per stay
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Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Skilled Nursing Facility (SNF)

Our plan covers up to 100 days in a SNF.

- In-network:
 - \$25 copay per day for days 1 through 28
 - You pay nothing per day for days 29 through 100
 - Out-of-network:
 - \$25 copay per day for days 1 through 28
 - You pay nothing per day for days 29 through 100
-

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Other Part B drugs:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Our plan covers Part D prescription drugs and the following charts below further explain your cost sharing.

Initial Coverage

You pay the following until total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Generic)	\$15 copay
Tier 2 (Preferred Brand)	\$45 copay

Tier 3 (Non-Preferred Brand)	\$80 copay
Tier 4 (Specialty Tier)	\$80 copay

Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Generic)	\$30 copay
Tier 2 (Preferred Brand)	\$90 copay
Tier 3 (Non-Preferred Brand)	\$160 copay
Tier 4 (Specialty Tier)	\$160 copay

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310. After you enter the coverage gap, we will continue to pay our share of the cost of your drugs and you pay your share of the cost. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

Tier	Drugs covered	One-month supply
Tier 1 (Generic)	All	\$15 copay
Tier 2 (Preferred Brand)	All	\$45 copay
Tier 3 (Non-Preferred Brand)	All	\$80 copay
Tier 4 (Specialty Tier)	All	\$80 copay

Standard Mail Order Cost-Sharing

Tier	Drugs Covered	Three-month supply
Tier 1 (Generic)	All	\$30 copay
Tier 2 (Preferred Brand)	All	\$90 copay
Tier 3 (Non-Preferred Brand)	All	\$160 copay
Tier 4 (Specialty Tier)	All	\$160 copay

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay:

- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs.

**Non-Formulary
(drugs not
covered under
Medicare Part
D)**

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-533-2743. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-533-2743. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-533-2743。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-533-2743。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-533-2743. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-533-2743. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-533-2743 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-533-2743. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-533-2743번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-533-2743. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 3472-335-008-1 سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-533-2743 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-533-2743. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-533-2743. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-533-2743. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-533-2743. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-533-2743にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

For more information, please contact Customer Service at:



Toll-Free 1-800-533-2743, TTY 711

8 a.m. to 8 p.m. local time, 7 days a week



www.UHCRetiree.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.

A UnitedHealthcare® Medicare Solution

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.

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