



# Insurance guide 2022

What you need to know  
about your UnitedHealthcare®  
Senior Supplement® Plan



**ARLINGTON PUBLIC SCHOOLS**

UnitedHealthcare Senior Supplement

**Group Number:** 07002

**Effective:** January 1, 2022 through December 31, 2022

United  
Healthcare

# Introducing the plan

## UnitedHealthcare® Senior Supplement® plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer UnitedHealthcare® Senior Supplement®, UnitedHealthcare® MedicareRx for Groups (PDP) and UnitedHealthcare® RxSupplement® plans. You will find your prescription drug plan information in the other guide included in this packet. We believe you should get more than a good plan, and that's why we have the people, tools and resources in place to help you live a healthier life.

### Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care, so you can spend more on what matters to you

### In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services—and how much they cost
- Details on how to enroll
- What you can expect after your enrollment

### How to enroll:

To enroll in a UnitedHealthcare Senior Supplement plan:

- 1 Find the Enrollment Request Form in the “Enrollment” section of this book.
- 2 Fill out completely—make sure you sign and date the form.
- 3 Return your completed form in the enclosed envelope before your enrollment deadline.

## Take advantage of healthy extras with UnitedHealthcare



**Telephonic Nurse  
Support**



**Gym membership**



**Virtual Visits**

## Questions? We're here to help.



[www.UHCRetiree.com](http://www.UHCRetiree.com)



Call toll-free **1-800-698-0822**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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.

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

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# 2022 Plan summary

## Plan N

### UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company

In New York, Underwritten by UnitedHealthcare Insurance Company of New York

All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for year 2022 benefits. Amounts may change for the year 2023.

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a welcome kit which will include a certificate and schedule of benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the certificate and schedule of benefits before you enroll in the plan, please call customer service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered service	Medicare pays	Senior Supplement pays	You pay
<b>Emergency and urgent care services</b>			
If not admitted, Medicare Part B deductible applies			
Per visit	80%	20% after copayment per visit	\$50 copayment (waived if admitted)
<b>Inpatient hospital services</b>			
Medicare Part A hospital – semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1–60	All but \$1,556	\$1,556 (Medicare Part A deductible)	\$0
Days 61–90	All but \$389 per day	\$389 per day	\$0
Days 91–150 (while using 60 lifetime reserve days)	All but \$778 per day	\$778 per day	\$0
Days 151–365 – lifetime additional reserve days	\$0	100% of Medicare eligible expenses	\$0
Beyond 365 lifetime additional reserve days	\$0	\$0	All costs

Covered service	Medicare pays	Senior Supplement pays	You pay
<b>Skilled nursing facility care</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the hospital.			
Days 1-20	All approved amounts	\$0	\$0
Days 21-100	All but \$194.50 per day	Up to \$194.50 per day	\$0
Days 101 and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints Medicare Part A	\$0	100%	\$0
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	\$0
Next \$233 of Medicare approved amounts under Medicare Part B	\$0	\$0	\$233 (Medicare Part B deductible) <sup>1</sup>
Remainder of Medicare approved amounts under Medicare Part B	80%	20%	\$0
<b>Hospice services</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of balance	\$0
<b>Medical services</b>			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$233 of Medicare approved amounts	\$0	\$0	\$233 (Medicare Part B deductible) <sup>1</sup>
Physician office visit	\$0	\$0	\$20 copayment per office visit
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Outpatient mental illness — for most outpatient mental illness services	80%	20% after copayment	\$20 copayment per visit
Medicare Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs

Covered service	Medicare pays	Senior Supplement pays	You pay
<b>Preventive healthcare (Medicare covered)</b>			
Periodic health screenings (please refer to your certificate)	100%	Balance (if applicable)	\$0
<b>Durable medical equipment</b>			
First \$233 of Medicare approved amounts	\$0	\$0	\$233 (Medicare Part B deductible) <sup>1</sup>
Remainder of Medicare approved amounts	80% of approved amounts	20% of approved amounts	\$0
<b>Home health care</b>			
Skilled care services and medical supplies	All approved amounts	Balance (if applicable)	\$0
<b>Preventive healthcare (not covered by Medicare)</b>			
Annual routine physical exam	\$0	100%	\$0
<b>Foreign travel</b>			
Medically necessary emergency care services beginning during the first six months of each trip outside the United States. First \$250 each calendar year	\$0	\$0	\$250 deductible
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and all amounts over the \$50,000 lifetime maximum

## Exclusions and limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the company to be a Medicare eligible expense, unless coverage for the expense or service is specifically provided by a rider to the policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any workers' compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide.
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Medicare Part B deductible.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.
- Medicare Part B excess charges.

**This plan summary is a highlight of benefits only and is not all inclusive of the plan's benefits, services, or exclusions and limitations.**

## Questions?



**1-800-698-0822, TTY 711**

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



**[www.UHCRetiree.com](http://www.UHCRetiree.com)**

<sup>1</sup>Once \$233 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.

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# Plan details

## UnitedHealthcare® Senior Supplement®

Let's start with a quick look at how your plan works. Medicare only covers about 80% of your expenses. Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs Medicare Parts A and B don't cover — like copays and deductibles. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.



### Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with the Social Security office
- Visit [www.ssa.gov/locator](http://www.ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday or call your local office
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

## There are multiple coverage options:



**Medicare Part A**  
Hospital

+



**Medicare Part B**  
Doctor and outpatient

+



**Senior Supplement**  
Covers some or all of the costs not paid by Parts A and B

# Senior Supplement plan basics

Choosing UnitedHealthcare means you're working with a national health care leader. We'll help you get the care you need and we'll be with you every step of the way. We can also help you with the following:



## **Stay within your budget**

This Senior Supplement plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don't cover.



## **Visit the doctors you want**

You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.



## **Additional support and programs**

You get health and wellness programs at no additional cost.



## **Don't worry about paperwork**

With this plan, you have virtually no claim forms to file.



## **Be covered by a trusted leader**

UnitedHealthcare has the largest Medicare Advantage provider network,\* with top doctors and health care professionals. We make it easier for you to get the care, tests and treatment you need at the right time.

\*Network size varies by market

## Additional support and programs



### **Annual Wellness Visit<sup>1</sup> and preventive services at \$0 copay**

An Annual Wellness Visit with your doctor is one of the best ways to start your year off and stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns.



### **Telephonic Nurse Support<sup>2</sup>**

Speak to a registered nurse 24/7 about your medical concerns at no additional cost to you.



### **UnitedHealthcare fitness program**

Renew Active<sup>®3</sup> is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit<sup>®</sup> Community for Renew Active and access to an online brain health program from AARP<sup>®</sup> Staying Sharp<sup>®</sup>. (No Fitbit device is needed.)



### **Hear the moments that matter most with custom-programmed hearing aids**

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 7,000+ UnitedHealthcare Hearing providers nationwide<sup>4</sup> or delivered to your doorstep with Right2You direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.



### **Virtual Doctor Visits**

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor — any time, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

#### **Virtual Doctor Visits are good for minor health concerns like:**

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

# Tools and resources to put you in control



## Get valuable plan information online

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary member ID card and request a new one
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals

<sup>1</sup>A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

<sup>2</sup>The Telephonic Nurse Support 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.

<sup>3</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 and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, 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 are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March 2021. 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. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

<sup>4</sup>Please refer to your Certificate of Coverage for details regarding your benefit coverage.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Premium and/or copayments/coinsurance may change each plan/benefit year.

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# Here's what you can expect next

## UnitedHealthcare will process your enrollment

This chart shows you how we will be contacting you after your enrollment

<b>UnitedHealthcare member ID card</b>	Watch for your UnitedHealthcare member ID card in the mail.
<b>Quick Start Guide</b>	Once you're enrolled, you will receive a Quick Start Guide in the mail to help you start using your new plan.
<b>Website access</b>	After you receive your UnitedHealthcare member ID card, you can register online at the website listed below to get access to plan information.

**Start using your plan on your effective date.** Remember to use your UnitedHealthcare member ID card.

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for doctors, hospitals and specialists**
- ✓ **List of current health conditions and treatments**

## Questions? We're here to help.



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Underwritten by  
**UnitedHealthcare Insurance Company**

**Required Information**

Plan Sponsor Name:  
 ARLINGTON PUBLIC SCHOOLS

Group #: 07002	GPS Employer ID #: 23747
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GPS Branch #:  
001

**Enrollment Form**

**THIS IS NOT AN APPLICATION FOR A MEDICARE SUPPLEMENT POLICY**

Please complete the entire form. Incomplete information can delay the enrollment process.  
 (Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)

**1. Personal Information**

Applicant Last Name	Applicant First Name	MI	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Effective Date <b>MM-DD-YYYY</b>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow				Date of Birth <b>MM-DD-YYYY</b>
Name of Retiree		Applicant's Relation to Retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Applicant's Medicare Claim #	Part A Effective Date <b>MM-DD-YYYY</b>	Part B Effective Date <b>MM-DD-YYYY</b>	Part D Effective Date <b>MM-DD-YYYY</b>	
Are you currently on COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Qualifying Event		COBRA Qualifying Event Effective Date <b>MM-DD-YYYY</b>		
Permanent Residence Street Address (P.O. Box is not allowed)		City	State	Zip
Mailing Address (only if different from your Permanent Residence Address)		City	State	Zip
Home Telephone Number ( ) -	Alternate Telephone Number ( ) -	Email Address		
In the future, would you be willing to receive materials through electronic means? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I prefer to receive materials in the following language: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese (Spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin) <input type="checkbox"/> Other _____				

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TEAR HERE

Last Name First Name Medicare Claim Number

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the following information. Providing this information will not affect your enrollment in the plan.

Form with fields: Institution Name, Date of Admission (MM-DD-YYYY), Telephone Number, Address, City, State, Zip, Attending Physician's Name, Attending Physician's Telephone Number.

2. Benefit Coordination/Other Insurance Carrier Information

1. Do you have other health insurance? Yes No. If Yes, complete Section 1a. - 1d. below.

Table with 4 columns: 1a. Insurance Company Name, 1b. Policy #, 1c. Effective Date (MM-DD-YYYY), 1d. Other Employer Name and Address.

2. Are you permanently disabled? Yes No. If Yes, complete the following: 2a. Date disability began: MM-DD-YYYY

3. Do you have a disability affecting your ability to communicate or read? Yes No

4. Do you currently work or plan to work? Yes No

5. Are you currently a State Medicaid recipient? Yes No. If yes, please provide your State Medicaid number:

FOR OFFICE USE ONLY

Form with fields: Retiree Yes No, Dependent Yes No, Group #, Plan Code, Verification (Initial), Date (MM-DD-YYYY).

FOR EMPLOYER USE ONLY

Form with fields: Enrollee is eligible for retiree coverage, Effective Date (MM-DD-YYYY), Initial.

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Last Name

First Name

Medicare Claim Number

**3. Terms and Conditions**

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Policy offered through my former employer. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any material omission or intentional misrepresentation in answering the questions on the Enrollment Form may result in the denial of benefits and the termination of my coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. All statements and descriptions in this Enrollment Form are deemed to be representations and not warranties.

This is not a Medicare supplement plan. This is an employer group retiree plan and may provide coverages that are different from a Medicare supplement plan. If you have a Medicare supplement plan, you may not need both the Medicare supplement plan and the employer group retiree plan. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

I agree and understand that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA, between myself and UnitedHealthcare Insurance Company or any of its parents, subsidiaries or affiliates shall be determined by submission to non-binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the Federal Arbitration Act provides for the judicial review of arbitrations proceedings, until or unless first submitted to and reviewed through the non-binding arbitration process.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:

Today’s Date:

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## Questions?



If reply envelope is missing, mail this form to:

UnitedHealthcare®  
P.O. Box 30769  
Salt Lake City, UT 84130-0769



Or fax this form to:

**1-888-950-1169**



You may also enroll by calling:

**1-800-698-0822, TTY 711**

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









Call toll-free **1-800-698-0822**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



[www.UHCRetiree.com](http://www.UHCRetiree.com)

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