



Summary of Benefits 2024

Erickson Advantage Liberty no Rx (HMO-POS)

H5652-002-000

Look inside to learn more about the plan and the health services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-774-9671**, TTY **711**

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



EricksonAdvantage.com

**United
Healthcare®**

 **Erickson**
SENIOR LIVING®
ERICKSON ADVANTAGE®

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myUHCMedicare.com or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

Erickson Advantage Liberty no Rx (HMO-POS)

Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium	
Part B premium reduction	Up to \$25	
Annual medical deductible	Your medical deductible is \$500 for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	No deductible
Maximum out-of-pocket amount	\$7,300 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$10,000 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from out-of-network providers.

Medical benefits			
		In-network	Out-of-network
Inpatient hospital care²		\$325 copay per day: days 1-7	40% coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.		\$0 copay per day: days 8 and beyond	
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$325 copay otherwise	40% coinsurance
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$325 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$325 copay	40% coinsurance
	Doctor visits	Primary care provider	\$20 copay
	Specialists ²	\$50 copay	\$85 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
	<ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening 	<ul style="list-style-type: none"> □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Hepatitis C screening □ HIV screening 	

Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> □ 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) 	<ul style="list-style-type: none"> □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for 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% when you use in-network providers.

Emergency care

\$100 copay (\$0 copay for emergency care outside the United States) per visit. 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.



Urgently needed services

\$30 copay (\$0 copay for urgently needed services outside the United States) per visit


Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$150 copay otherwise	40% coinsurance
Lab services ²	\$0 copay	\$0 copay
Diagnostic tests and procedures ²	\$0 copay	40% coinsurance
Therapeutic radiology ²	\$60 copay	40% coinsurance
Outpatient X-rays ²	\$15 copay	\$30 copay

Medical benefits


		In-network	Out-of-network
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$85 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$85 copay, 1 per year*
	Hearing aids ²	Copays from \$99 to \$1,249 for a broad selection of OTC and brand-name hearing aids* <ul style="list-style-type: none"> • Access to one of the largest national networks of hearing professionals with more than 7,000 locations • Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period 	
 Routine dental benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	Preventive and comprehensive ²	\$500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns 50% coinsurance for bridges and dentures <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Medicare Advantage's largest national dental network <input type="checkbox"/> Freedom to see any dentist <input type="checkbox"/> If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay 	

Medical benefits

		In-network	Out-of-network
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$85 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	\$85 copay, 1 per year*
	Routine eyewear	\$100 allowance for frames or contacts* <ul style="list-style-type: none"> • Access to one of Medicare Advantage’s largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating • Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more 	
Mental health	Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$325 copay per day: days 1-5 \$0 copay per day: days 6-90	40% coinsurance per stay
	Outpatient group therapy visit ²	\$0 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$0 copay - \$30 copay	40% coinsurance
	Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled nursing facility (SNF)² Our plan covers up to 100 days in a SNF.	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	40% coinsurance per stay, up to 100 days	

Medical benefits			
		In-network	Out-of-network
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$40 copay	\$85 copay
	Occupational Therapy Visit ²	\$0 copay - \$40 copay	\$85 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance²		\$275 copay for ground \$275 copay for air	\$275 copay for ground \$275 copay for air
Your provider must obtain prior authorization for non-emergency transportation.			
Routine transportation		\$0 copay; 24 one-way trips per year to or from approved locations.	Not covered
Medicare Part B prescription drugs	Chemotherapy drugs ²	20% coinsurance	40% coinsurance
	Part B covered insulin ²	20% coinsurance, up to \$35	40% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others	\$0 copay for allergy antigens 40% coinsurance for all others
In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.			

Additional benefits			
		In-network	Out-of-network
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$15 copay	\$85 copay
Diabetes management	Diabetes monitoring supplies ²	\$0 copay	40% coinsurance
	Diabetes self-management training	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	40% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	20% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	40% coinsurance
Falls prevention program		\$0 copay for support on how to reduce falls, prevent injuries and improve your balance and strength	Not covered

Additional benefits			
		In-network	Out-of-network
 Fitness program		\$0 copay for Renew Active® <ul style="list-style-type: none"> • A free gym membership at a gym near you • Access to the largest national network of gyms and fitness locations • Access to many premium gyms and fitness locations • An annual personalized fitness plan • Members who need help can bring a workout assistant to the gym • Access to thousands of on-demand workout videos and live streaming fitness classes • Social activities at local health and wellness classes, clubs and events • Online Fitbit® Community for Renew Active – no Fitbit device needed • Access to the AARP® Staying Sharp® App 	
	Foot care (podiatry services)	Foot exams and treatment ²	\$50 copay
	Routine foot care	\$50 copay, 6 visits per year*	\$85 copay, 6 visits per year*
	Home health care²	\$0 copay	40% coinsurance
	Hospice	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.	
	Opioid treatment program services²	\$0 copay	\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ²	\$0 copay	40% coinsurance
	Outpatient individual therapy visit ²	\$30 copay	40% coinsurance
	Renal Dialysis²	20% coinsurance	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

* Benefits are combined in and out-of-network

Optional supplemental benefits

Platinum Dental Rider premium

Additional \$50 per month

The Platinum Dental Rider includes preventive and comprehensive dental benefits

Member discounts



As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

Plan deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is \$500 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network

List of applicable services

Inpatient hospital

- Inpatient hospital
- Inpatient mental health

Outpatient hospital

- Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient hospital observation services

Skilled nursing facility (SNF)

About this plan

Erickson Advantage Liberty no Rx (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in:

Colorado: Douglas;

Florida: Collier;

Kansas: Johnson;

Maryland: Baltimore, Montgomery, Prince George's;

Massachusetts: Essex, Plymouth;

Michigan: Oakland;

New Jersey: Monmouth, Morris, Union;

North Carolina: Mecklenburg;

Pennsylvania: Bucks, Delaware;

Texas: Collin, Harris;

Virginia: Fairfax, Goochland, Loudoun.

Use network providers

Erickson Advantage Liberty no Rx (HMO-POS) has a network of doctors, hospitals, and other providers. For some services you can use providers that are not in our network. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider.

You can go to **[EricksonAdvantage.com](https://www.EricksonAdvantage.com)** to search for a network provider using the online directory.

Required Information

Erickson Advantage Liberty no Rx (HMO-POS) 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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at 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.

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UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-314-8188, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. 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. 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. Gym network size is based on comparison of competitor's website data as of May 2023.

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used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

The provider network may change at any time. You will receive notice when necessary.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.