



Choosing the Medicare plan that's right for you



2022 medical and prescription drug plans

Effective Jan. 1, 2022, the PEBC is offering two different Group Medicare Advantage plans: PPO (MPO) and HMO (PMA).

UnitedHealthcare® Group Medicare Advantage PPO (MPO) plan

How it works

Here are some highlights about this plan. Refer to the plan documents for additional details.

- This is a national plan covering all eligible beneficiaries regardless of where they reside in the U.S., D.C. and five U.S. territories.
- You can visit doctors, specialists and hospitals in or out of the UnitedHealthcare network for the same cost share as long as the provider participates in Medicare and accepts the plan.
- Referrals are not required to see a specialist.
- Part D prescription drug coverage is included.
- Routine vision, hearing, podiatry and many other benefits are included.

See the Summary of Benefits on pages 39-44 or refer to the plan documents for additional details.

Are you eligible?

- Retirees and eligible spouses, ages 65 or older, and enrolled in Medicare Part A and Part B.
- Those under 65 and qualify for Medicare due to disability or other special circumstances.
- You must reside in the United States, District of Columbia or U.S. territories.

UnitedHealthcare® Group Medicare Advantage HMO (PMA) plan

How it works

Here are some highlights about this plan. Refer to the plan documents for additional details.

- You must reside in the one of the Texas counties listed at right to be eligible for this plan.
- You are required to select a primary care provider (PCP) to coordinate your care.
- You must utilize providers participating in the UnitedHealthcare Group Medicare Advantage HMO (PMA) network to receive covered services. Go to **UHCRetiree.com** to find a participating provider.
- Referrals are required to see a specialist.
- Part D prescription drug coverage is included.
- Routine vision, hearing, podiatry and many other benefits are included.

See the Summary of Benefits on pages 39-44 or refer to the plan documents for additional details.

Are you eligible?

- Retirees and eligible spouses, ages 65 or older, and enrolled in Medicare Part A and Part B.
- Those under 65 and qualify for Medicare due to disability or other special circumstances.
- You must reside in one of these Texas counties: Angelina, Atascosa, Bandera, Bee, Bexar, Collin, Comal, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Gregg, Guadalupe, Henderson, Hood, Houston, Hunt, Jim Wells, Johnson, Kaufman, Kendall, Kerr, Kleberg, Medina, Nacogdoches, Navarro, Nueces, Panola, Parker, Polk, Rockwall, Rusk, San Augustine, San Jacinto, San Patricio, Shelby, Smith, Tarrant, Trinity, Tyler, Van Zandt, Victoria, Walker, Wilson and Wise.
- If you are enrolling for the first time, you must complete a UnitedHealthcare Group Medicare Advantage HMO (PMA) Enrollment Request form (included in your enrollment packet) prior to your coverage becoming effective. If you are already enrolled in this group plan, you do not need to complete another Group Medicare Advantage Enrollment Request form.



Prescription drug benefits

Retirees age 65 and older

PEBC's UnitedHealthcare Group Medicare Advantage PPO (MPO) and Medicare Advantage HMO (PMA) plans include prescription drug benefits. During annual enrollment, if you are changing from the PPO plan or HDP to one of the PEBC Medicare Advantage plans and you use a mail order pharmacy, make sure you have a supply of medication on hand to carry you through the month of January. If you use home delivery, mail a new prescription to OptumRx – even if your current CVS prescription is not expired.

UnitedHealthcare Group Medicare Advantage plans

When you enroll in the UnitedHealthcare Medicare Advantage PPO (MPO) and Medicare Advantage HMO (PMA) plans, you are automatically enrolled in a Medicare-approved Part D prescription drug benefit offered through UnitedHealthcare.

No coverage gap or deductible

The PEBC group Medicare Advantage PPO (MPO) and Medicare Advantage HMO (PMA) plans include Part D coverage, but it may not be the same Part D plan offered elsewhere. Your prescription drug benefits are not subject to the coverage gap or deductible. In 2022, your standard copay remains in place until you pay \$7,050 in total drug costs. After that, your copay reduces to \$3.95 for generic and \$9.85 for all other drugs. These amounts are subject to change based on federal Part D requirements.

Spouse and dependent coverage

As long as a retiree enrolls in either UnitedHealthcare Medicare Advantage plan, the non-Medicare spouse and/or dependent(s) can enroll in the PEBC PPO plan. Spouses and dependents enrolled in the PPO plan or HDP use the CVS Caremark National Preferred Formulary.

About diabetic test strips

Only the preferred test strips and meters manufactured by OneTouch and ACCU-CHEK® (listed below) are covered by the plan. If you use a different product, watch your mail for more information or contact Customer Service (the number is on the back of your ID card). You may also want to discuss with your doctor.

Glucose meters: OneTouch® Verio Flex, OneTouch® Verio Reflect, Accu-Chek® Guide Me, Accu-Chek® Guide

Test strips: OneTouch® Verio, OneTouch® Ultra, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView



Summary of Benefits Public Employee Benefits Cooperative (PEBC)

Effective: Jan. 1, 2022, through Dec. 31, 2022

Overview of your plans		UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Monthly plan premium		Contact your group plan benefit administrator to determine your actual premium amount, if applicable	
Plan eligibility	General requirements	You must be entitled to Medicare Part A, be enrolled in Medicare Part B, 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.	
	Area of residence	Includes the 50 United States, the District of Columbia and all U.S. territories	You must reside in these counties in Texas: Angelina, Atascosa, Bandera, Bee, Bexar, Collin, Comal, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Gregg, Guadalupe, Henderson, Hood, Houston, Hunt, Jim Wells, Johnson, Kaufman, Kendall, Kerr, Kleberg, Medina, Nacogdoches, Navarro, Nueces, Panola, Parker, Polk, Rockwall, Rusk, San Augustine, San Jacinto, San Patricio, Shelby, Smith, Tarrant, Trinity, Tyler, Van Zandt, Victoria, Walker, Wilson and Wise
	Network	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 are not required to select a primary care provider (PCP) from the network.	You must use network providers. This health plan requires you to select a primary care provider (PCP) from the network. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP.

Summary of Benefits Public Employee Benefits Cooperative (PEBC) (continued)

Overview of your plans		UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Benefits and coverage		Network and out of network	Network only
Annual medical deductible		None	None
Annual medical out-of-pocket maximum (does not include prescription drugs)		None	\$6,700
Inpatient hospital stay*	Per admission. Covers an unlimited number of days for an inpatient hospital stay.	\$0	\$250
Outpatient hospital*	Ambulatory Surgical Center (ASC)	\$0	\$125
	Outpatient surgery	\$0	\$125
	Outpatient hospital services, including observation	\$0	\$125
Doctor visits	PCP office visit (includes non-MD office visits)	\$0	\$20
Preventive care (Medicare-covered)	Specialist office visit*	\$0	\$40
	Cardiovascular screenings	\$0	\$0
	Immunizations (flu, pneumococcal, hepatitis B vaccines)	\$0	\$0
	Pap smears and pelvic exams	\$0	\$0
	Prostate cancer screening	\$0	\$0
	Colorectal cancer screenings	\$0	\$0
	Bone mass measurement (bone density)	\$0	\$0
	Mammography	\$0	\$0
	Diabetes – self-management training	\$0	\$0
	Medical nutrition therapy and counseling	\$0	\$0
	Annual wellness exam and one-time welcome-to-Medicare exam	\$0	\$0

*Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan-covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

Overview of your plans		UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Benefits and coverage		Network and out of network	Network only
Preventive care (Medicare-covered)	Smoking cessation visit	\$0	\$0
	Abdominal Aortic Aneurysm (AAA) screenings	\$0	\$0
	Diabetes screening	\$0	\$0
	HIV screening	\$0	\$0
	Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	\$0	\$0
	Screening for depression in adults	\$0	\$0
	Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs (Medicare-covered)	\$0	\$0
	Intensive behavioral therapy to reduce cardiovascular disease risk (Medicare-covered)	\$0	\$0
	Screening and counseling for obesity	\$0	\$0
	Glaucoma screening	\$0	\$0
	Kidney disease education	\$0	\$0
	Dialysis training	\$0	\$0
	Hepatitis C screening	\$0	\$0
	Lung cancer screening	\$0	\$0
	Routine physical	\$0, 1 per plan year	\$0, 1 per plan year
Emergency room (includes worldwide coverage)	If you are admitted to the hospital within 24 hours, you pay the inpatient Hospital copay instead of the Emergency copay	\$0	\$50

Summary of Benefits Public Employee Benefits Cooperative (PEBC) (continued)

Overview of your plans		UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Benefits and coverage		Network and out of network	Network only
Urgent care (includes worldwide coverage)	If you are admitted to the hospital within 24 hours, you pay the Inpatient Hospital copay instead of the Urgently Needed Services copay	\$0	\$20
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g., MRI)*	\$0	\$0
	Lab services*	\$0	\$0
	Diagnostic tests and procedures*	\$0	\$0
	Therapeutic radiology*	\$0	\$0
	Outpatient X-rays*	\$0	\$0
Hearing services	Exam to diagnose and treat hearing and balance issues*	\$0	\$40
	Routine hearing exam (1 exam every 12 months)	\$0	\$0
	Hearing aid allowance	\$500	\$500
	Hearing aid period in years	3	3
Vision services	Exam to diagnose and treat diseases and conditions of the eye*	\$0	\$40
	Eyewear after cataract surgery	\$0	\$0
	Routine eye exam (1 exam every 12 months)	\$0	\$40

*Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan-covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

Overview of your plans		UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Benefits and coverage		Network and out of network	Network only
Mental health	Inpatient Visit, up to 190 days*	\$0	\$250 copay per stay
	Outpatient Group Therapy Visit*	\$0	\$40
	Outpatient Individual Therapy Visit*	\$0	\$40
Skilled Nursing Facility (SNF)*		\$0	\$0 days 1-20; \$50 days 21-100
Physical therapy and speech and language therapy visit*		\$0	\$40
Ambulance services**		\$0	\$50
Meal delivery program	Includes post-discharge meal delivery of 2 meals per day for a 2-week period immediately following all inpatient or skilled nursing facility discharges when referred by a UnitedHealthcare advocate	Included	Included
Post-discharge routine transportation	Includes 12 rides to and from medically related appointments and pharmacies up to 30 days following inpatient or skilled nursing facility discharges	Included	Included
In-home personal care	Includes up to 6 hours of personal care post-discharge, provided by a CareLinx professional caregiver; this may include grocery shopping, meal preparation, light housekeeping, personal care, medication reminders and more	Included	Included
Medicare Part B drugs	Chemotherapy drugs*	\$0	\$0
	Other Part B drugs*	\$0	\$0
Chiropractic visit	Manual manipulation of the spine to correct subluxation*	\$0	50%
Podiatry visit	Foot exams and treatment*	\$0	\$40

*Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan-covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

**Authorization is required for non-emergency, Medicare-covered ambulance ground and air transportation. Emergency ambulance does not require authorization.

Summary of Benefits Public Employee Benefits Cooperative (PEBC) (continued)

Overview of your plans	UnitedHealthcare Group Medicare Advantage PPO (MPO)	UnitedHealthcare Group Medicare Advantage HMO (PMA)
Benefits and coverage	Network and out of network	Network only
Outpatient prescription drug coverage		
Stage 1: Annual prescription deductible	Since you have no deductible, this payment stage doesn't apply	
Stage 2: Initial coverage	Part D Retail Copay up to 30-day supply	
Tier 1: Preferred Generic (most generic drugs)	\$10	\$10
Tier 2: Preferred Brand (many common brand-name drugs, called preferred brands, and some higher-cost generic drugs)	\$20	\$20
Tier 3: Non-Preferred Brand (non-preferred generic and non-preferred brand-name drugs)	\$35	\$40
Tier 4: Specialty Tier (unique and/or very-high-cost drugs)	\$35	\$40
Stage 2: Initial coverage	Part D Preferred Mail-Order Copay (up to a 90-day supply)	
Tier 1: Preferred Generic (most generic drugs)	\$10	\$20
Tier 2: Preferred Brand (many common brand-name drugs, called preferred brands, and some higher-cost generic drugs)	\$20	\$40
Tier 3: Non-Preferred Brand (non-preferred generic and non-preferred brand-name drugs)	\$70	\$80
Tier 4: Specialty Tier (unique and/or very-high-cost drugs)	\$70	\$80
Stage 3: Coverage gap stage	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Stage 4: Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay a \$3.95 copay for generic drugs (including brand-name drugs treated as generic), and a \$9.85 copay for all other drugs	
Evidence of Coverage (EOC)	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 EOC provides a complete list of services we cover. You can see it online at UHCRetiree.com or you can call Customer Service for help. When you enroll in the plan, you will get information that tells you where you can go online to view your EOC.	
UnitedHealthcare Customer Service (Medicare-eligible retirees)	Toll-free 1-866-519-3813 , TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week	Toll-free 1-877-714-0178 , TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week

Additional benefits included with the Group Medicare Advantage PPO (MPO) and HMO (PMA) plans, not covered by Medicare

Fitness program

Renew Active is the gold standard in Medicare fitness programs for body and mind. And it's available with your Medicare Advantage PPO (MPO) and Medicare Advantage HMO (PMA) plan at no additional cost.

Stay fit

Work out where you want, whether that's at a gym or fitness location or from your home.

- A free gym membership
- Access to our extensive, nationwide network of gyms and fitness locations. It's the largest of all Medicare fitness programs¹
- A personalized fitness plan
- Allows you to bring your caregiver to the gym with you at no additional cost
- Access to thousands of workout videos with Fitbit Premium™ – no Fitbit® device is needed

Stay focused

An online brain health program from AARP® Staying Sharp® with exclusive content for Renew Active members.

- Online brain health assessment
- Brain health content and tools
- The Brain Health Staycation and Find Your Calm guides

Stay connected

Connect with other health-minded members.

- Social activities at local health and wellness classes and events
- Step challenges with other members through the Fitbit Community for Renew Active – no Fitbit device is needed.

Participating locations

Stay active with a free gym membership at a gym or fitness location you select from our extensive, nationwide network. It's the largest of all Medicare fitness programs and includes many premium gyms and fitness locations.¹

To find your closest location, visit [UHCRenewActive.com](https://www.uhc.com/renewactive) or call Customer Service at the number on your health plan ID card.

Members can request to have a new gym added to our extensive network of partnering gyms and fitness locations by nominating facilities on the Renew Active website or by calling the Customer Service number found on their health plan ID card.

Your code is key



Every Renew Active member has a unique confirmation code to access your gym membership, create an account on AARP Staying Sharp, join the Fitbit Community for Renew Active and gain access to Fitbit Premium. How to find your unique Renew Active confirmation code:

1. Sign in to your plan website at [UHCRetiree.com](https://www.uhc.com/retiree).
2. Click "Health & Wellness" in the upper-right-hand corner.
3. Look for Renew Active on the right side of the page.
4. Your Renew Active Confirmation Code will start with a letter, followed by nine digits. You will see it at the bottom of the screen.
5. If you are unable to log in to your plan website or if you have any questions, please call Customer Service at the number on your health plan ID card.

¹Renew Active gym and fitness location network size, based on internal market research conducted June 2020. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of September 2020.

UnitedHealthcare Healthy at Home

We are excited to introduce UnitedHealthcare Healthy at Home, a new program that is now included in your benefits at no additional cost, designed to help retirees safely transition back home after being discharged from a hospital or skilled nursing facility.

Designed to help members transition back home after an inpatient admission or a convalescent stay, this new, unique post-discharge support program delivers needed support, care and measurable results to the members we serve. Our market-leading program UnitedHealthcare Healthy at Home provides a combination of meal delivery, transportation and in-home personal care benefits to members in an easy-to-use, comprehensive program:

- Our Post-Discharge Meal Delivery benefit administered through Mom's Meals® includes two meals per day for two weeks for members following all inpatient or skilled nursing facility discharges when referred by a UnitedHealthcare advocate.
- Our Post-Discharge Transportation benefit includes 12 rides to and from medically related appointments and pharmacies for our members up to 30 days following inpatient or skilled nursing facility discharges.
- Our In-home Personal Care benefit administered through our national partner CareLinx and offered exclusively to UnitedHealthcare Group Medicare Advantage members includes up to six hours of personal care post-discharge, provided by a CareLinx professional caregiver. This may include grocery shopping, meal preparation, light housekeeping, personal care, medication reminders and more. CareLinx is our national vendor providing a network of over 300,000 background-checked professional caregivers.

Hearing aids

As part of your health plan, you have a \$500 allowance every three years to use toward the maintenance and purchase of hearing aids through UnitedHealthcare Hearing. With a large selection of private-labeled and name-brand hearing aids and convenient home delivery or in-person care options, you can choose what works best for your hearing loss needs. Call **1-855-523-9355**, TTY 711, or visit **UHChearing.com** to learn more.

Voluntary programs for people with chronic or complex health needs

Your medical plan includes no-additional-cost programs to help members who are living with chronic conditions like diabetes or heart disease. If you qualify, you get personal attention, and your doctors get up-to-date information to help make care decisions.

Health & Wellness Experience

Renew by UnitedHealthcare® can be your guide to living a healthier, happier life. Renew, our members-only Health & Wellness Experience, includes inspiring lifestyle tips, coloring pages, a recipe library, streaming music, interactive quizzes and tools, learning courses, health news, articles and videos, a health topic library and rewards.

As a UnitedHealthcare member, you can explore all that Renew has to offer by logging in to UHCRetiree.com.

UnitedHealthcare® HouseCalls

Enjoy a preventive care visit in the privacy of your own home.

With the HouseCalls program, you can get an annual in-home preventive care visit from one of our health

care practitioners at no extra cost. A HouseCalls visit is designed to support but not take the place of your regular doctor's care. What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education.
- You can talk about health concerns and ask questions you haven't had time to ask before.
- HouseCalls will send a summary of the visit to you and your primary care provider so you have this additional information regarding your health.
- You may even be eligible for a reward when you complete a HouseCalls visit.

