



2017 Summary of BENEFITS

Classic Retiree Plan (HMO-POS)

Your Medicare coverage as a Member of Administrators' and Professional-technical Employees' Welfare Trust ("Trust")

H2931-801

Our service area includes these counties in Nevada: Esmeralda, Lyon, Mineral, Clark, Nye.

Our service area includes these parts of counties in Nevada: Washoe the following zip codes only: 89431, 89432, 89433, 89434, 89435, 89436, 89441, 89442, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599

This is a summary of drug coverages and health services provided by Classic Retiree Plan (HMO-POS)

Plan Year 2017

For more information, please contact Customer Service at:



Toll-Free 1-800-279-4863, TTY 711

October 1 through February 14: 8 a.m. to 8 p.m. local time, 7 days a week. February 15 through September 30: 8 a.m. to 8 p.m. local time, Monday through Friday



www.SeniorDimensions.com



Summary of Benefits

January 1, 2017 – December 31, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of services and drugs we cover, it's just an overview. To get a complete list, call customer service with any questions.

About this plan.

Classic Retiree Plan (HMO-POS) is a Medicare Advantage HMO-POS plan with a Medicare contract.

To join Classic Retiree Plan (HMO-POS) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, 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 (plan sponsor). If you are not entitled to Medicare Part A, please refer to your plan sponsor's enrollment materials, or contact your plan sponsor directly to determine if you are eligible to enroll in our plan. Some plan sponsors have made arrangements with us to purchase Medicare Part A on your behalf.

What's inside?

Plan Premiums and Benefits

See plan costs including the monthly plan premium and maximum out-of-pocket limit.

Classic Retiree Plan (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy. For some services you can use providers that are not in our network.

You can search for a network provider or pharmacy in the online directories at www.SeniorDimensions.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.SeniorDimensions.com.

Classic Retiree Plan (HMO-POS)

Premiums and Benefits	In-Network Tier I	Expanded Network Tier II	Out-of-Network Tier III
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.		
Annual Medical Deductible	No deductible	\$75 annual deductible	\$75 annual deductible
Maximum Out-of-pocket Amount (does not include prescription drugs)	\$2,500 when using Tier I providers	\$1,500 per individual/\$4,500 per family when using Tier II providers	\$3,000 per individual/\$9,000 per family when using Tier III providers
<p>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 plan year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, if applicable.</p>			

Classic Retiree Plan (HMO-POS)

Benefits		In-Network Tier I	Expanded Network Tier II	Out-of-Network Tier III
Inpatient Hospital Coverage		\$0 co-pay per admit Our plan covers an unlimited number of days for an inpatient hospital stay.	20% of the cost per stay Our plan covers an unlimited number of days for an inpatient hospital stay.	20% of the cost per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits	Primary Care Provider	\$5 co-pay	\$10 co-pay	20% of the cost
	Specialists	\$10 co-pay	\$20 co-pay	20% of the cost
Preventive Care	Medicare-covered	\$0 co-pay	Please see the Evidence of Coverage	Please see the Evidence of Coverage
	Routine physical	\$0 co-pay; 1 per plan year*	Not covered	Not covered
Emergency Care		\$50 co-pay	Not covered	Not covered
Urgently Needed Services		\$20 co-pay	\$20 co-pay	Not covered
Diagnostic Tests, Lab and Radiology Services, and X-rays	Diagnostic radiology services (e.g., MRI)	\$0 co-pay	20% of the cost	20% of the cost
	Lab services	0% to 25% of the cost	\$0 co-pay	20% of the cost
	Diagnostic tests and procedures	\$0 co-pay	\$0 co-pay	20% of the cost
	Therapeutic Radiology	\$10 co-pay	20% of the cost	20% of the cost
	Outpatient x-rays	\$0 co-pay	\$0 co-pay	20% of the cost

Benefits		In-Network Tier I	Expanded Network Tier II	Out-of-Network Tier III
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$10 co-pay	20% of the cost	20% of the cost
	Hearing Aid	\$0 co-pay	\$0 co-pay	30% coinsurance
	Hearing aids are limited to a combined maximum benefit of \$5,000 per member per calendar year and further limited to a single purchase			
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$10 co-pay	\$20 co-pay	20% of the cost
	Eyewear after cataract surgery	\$10 co-pay	20% of the cost	20% of the cost
Mental Health Care	Inpatient visit	\$0 co-pay per admit	\$0 co-pay per admit	\$0 co-pay per admit
	Our plan covers an unlimited number of days for an inpatient hospital stay.			
	Outpatient group therapy visit	\$5 co-pay	\$10 co-pay	20% of the cost
	Outpatient individual therapy visit	\$10 co-pay	\$10 co-pay	20% of the cost
Skilled Nursing Facility (SNF)		\$0 co-pay per stay	20% of the cost per admit	20% of the cost per admit
	Our plan covers up to 100 days in a SNF.			

Benefits		In-Network Tier I	Expanded Network Tier II	Out-of-Network Tier III
Rehabilitation Services	Occupational therapy visit	\$3 co-pay	20% of the cost	20% of the cost
	Physical therapy and speech and language therapy visit	\$3 co-pay	20% of the cost	20% of the cost
Ambulance		\$0 co-pay	\$0 co-pay	\$0 co-pay
Foot Care (podiatry services)	Foot exams and treatment	\$10 co-pay	\$20 co-pay	20% of the cost
	Routine foot care* (for up to 4 visits every plan year)	\$20 co-pay	\$20 co-pay	20% of the cost
Medical Equipment/Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 to \$20 co-pay	\$0 to \$20 co-pay	20% of the cost
	Prosthetics (e.g., braces, artificial limbs)	\$200 co-pay	20% of the cost	20% of the cost
Wellness Programs	Fitness benefit through Fit for Life Club and SilverSneakers® Fitness Program	\$0 membership fee. Access participating fitness locations, exercise classes and equipment.	Not covered	Not covered
Medicare Part B Drugs	Chemotherapy drugs	\$10 co-pay	20% of the cost	20% of the cost
	Other Part B drugs	\$10 co-pay	20% of the cost	20% of the cost

Prescription Drugs

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.

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing For a one-month (30-day) supply	Mail Order Cost-Sharing For a three-month (100-day) supply
Tier 1: Generic	\$5 co-pay	\$5 co-pay
Tier 2: Brand	\$10 co-pay	\$10 co-pay
Stage 3: Coverage gap stage	After your total drug costs reach \$3,700, 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 \$4,950 you pay the greater of: 5% of the cost or \$3.30 co-pay for generic (including brand drugs treated as generic) and \$8.25 co-pay for all other drugs	

Benefits		In-Network Tier I	Expanded Network Tier II	Out-of-Network Tier III
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$10 co-pay	\$20 co-pay	20% of the cost
Diabetes Management	Diabetes monitoring supplies	\$0 to \$5 co-pay	\$0 to \$5 co-pay	20% of the cost
	Diabetes Self-management training	\$0 co-pay	\$10 co-pay	20% of the cost
	Therapeutic shoes or inserts	\$200 co-pay	20% of the cost	20% of the cost
Home Health Care		\$0 co-pay Restrictions apply	20% of the cost Restrictions apply	
Nursing Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.		
Outpatient Surgery		Ambulatory surgical center: \$25 co-pay Outpatient hospital: \$50 co-pay	Ambulatory surgical center: 20% of the cost Outpatient hospital: 20% of the cost	Ambulatory surgical center: 20% of the cost Outpatient hospital: 20% of the cost
Outpatient Substance Abuse	Group therapy visit	\$5 co-pay	\$10 co-pay	20% of the cost
	Individual therapy visit	\$5 co-pay	\$10 co-pay	20 of the cost
Renal Dialysis		\$10 co-pay	\$10 co-pay	\$10 co-pay
Virtual Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.SeniorDimensions.com		

*Benefit is combined in and out-of-network.

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

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

Benefits, premium and/or co-payments/co-insurance may change at the beginning of each plan year.

You must continue to pay your Medicare Part B premium.

You are not required to use OptumRx home delivery for a 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 1-866-394-7218. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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.

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 <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.

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 1-800-279-4863.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-279-4863 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-279-4863 (TTY: 711).

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 1-800-279-4863. 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 1-800-279-4863. 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 1-800-279-4863。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: 對我們的健康或藥物保險可能存有疑問，此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-279-4863。我們講中文的人員將樂意提供幫助。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 1-800-279-4863. 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 1-800-279-4863. 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 1-800-279-4863 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 1-800-279-4863. 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 1-800-279-4863 번으로 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 1-800-279-4863. 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 3684-972-008-1 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 1-800-279-4863 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 1-800-279-4863. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-800-279-4863. 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 1-800-279-4863. 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 1-800-279-4863. 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、1-800-279-4863 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。