Summary of Benefits 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The Board of Pensions of the Presbyterian Church (U.S.A.)
Group Number: 25973
H2001-869-000

Look inside to learn more about the plan and the health services it covers. Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **retiree.uhc.com/pcusa**

Call toll-free **1-844-205-2150**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare®
Group Medicare Advantage

Y0066_SB_H2001_869_000_2027_M

Summary of Benefits

January 1, 2027 - December 31, 2027

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $2,590 for this plan year.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$320 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$100 copay
	Outpatient surgery	$100 copay
	Outpatient hospital services, including observation	$100 copay
Doctor visits	Primary care provider (PCP)	$0 copay
	Virtual visit	$0 copay
	Specialist[1]	$10 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling	

Medical benefits		
		In-network and out-of-network
	• Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • 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) • 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%.	
Emergency care		$100 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$10 copay
	Lab services[1]	$0 copay

Medical benefits			
		In-network and out-of-network	
	Diagnostic tests and procedures[1]	$10 copay	
	Therapeutic radiology[1]	$10 copay	
	Outpatient X-rays[1]	$10 copay	
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$10 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copayment for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.*
Routine dental services See Evidence of Coverage for more details.	Oral exams	$0 copay, 2 procedures per plan year.	
	Routine cleaning	$0 copay, 2 procedures per plan year.	
	Dental bitewing X-rays	$0 copay, 1 procedure per plan year.	
	Minor services (Includes fillings and nitrous oxide)	20% coinsurance	
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance	
	Benefit limit	$50 yearly deductible and $1,000 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$10 copay	
	Eyewear after cataract surgery	$0 copay	
	Routine eye exam	$0 copay, 1 exam every 12 months*	

Medical benefits

		In-network and out-of-network	
	Routine eyewear	Plan pays up to $150 combined allowance for eyeglasses and contact lenses every 12 months.*	
Mental health	Inpatient visit[1]	$320 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$0 copay	
	Outpatient individual therapy visit[1]	$10 copay	
	Outpatient therapy or office visit with a psychiatrist[1]	$10 copay	
	Virtual behavioral visits	$10 copay	
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $40 copay per day: days 21-100 $65 copay per day: days 101-180 Our plan covers up to 180 days in a SNF per benefit period.	
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$10 copay	
Ambulance[2]		$50 copay	
Routine Transportation One-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.		$0 copay	90% coinsurance if you use an out-of-network provider for transportation
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$20 copay	
	Other Part B drugs[1]	$20 copay	

[1]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.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network.

Additional benefits			
		In-network and out-of-network	
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$10 copay	
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$10 copay	
Diabetes manage-ment	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	
	Diabetes self-management training[1]	$0 copay	
	Therapeutic shoes or inserts[1]	$10 copay	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$10 copay	
	Prosthetics (e.g., braces, artificial limbs)[1]	$10 copay	
Fitness Program Renew Active, a health and fitness Fitness program program		$0 copay	90% coinsurance if you use an out-of-network fitness provider

Additional benefits			
		In-network and out-of-network	
designed for Medicare plan members. Renew Active includes a standard monthly membership at participating fitness locations. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.			
Foot care (podiatry services)	Foot exams and treatment[1]	$10 copay	
	Routine foot care	$10 copay, 6 visits per plan year*	
UnitedHealthcare Healthy at Home Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		$0 copay	90% coinsurance if you use an out-of-network provider
Home health care[1]		$0 copay	
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 services[1]		$0 copay	

Additional benefits		
		In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit[1]	$0 copay
	Outpatient individual therapy visit[1]	$10 copay
Renal dialysis[1]		$10 copay

[1]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.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network.

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, 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).

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

About providers

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. 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 can go to **retiree.uhc.com/pcusa** to search for a network provider using the online directory.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) 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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Renew Active® Program and its gym network 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 at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities 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 is 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.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, 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 is 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.

Y0066_SB_H2001_869_000_2027_M UHEX27NP0443031_000