



Summary of Benefits 2024

Erickson Advantage Guardian (HMO-POS I-SNP)

H5652-003-000

Look inside to learn more about the plan and the health and drug 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
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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 Guardian (HMO-POS I-SNP)

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	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$500 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.
	Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	

Medical benefits			
		In-network	Out-of-network
Inpatient hospital care²		\$0 copay per stay	30% coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay	30% coinsurance
	Outpatient hospital, including surgery ²	\$0 copay	30% coinsurance
	Outpatient hospital observation services ²	\$0 copay	30% coinsurance
Doctor visits	Primary care provider	\$0 copay	\$0 copay
	Specialists ²	\$0 copay	\$35 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*	\$0 copay, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 30% 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 □ Cervical and vaginal cancer screening 		<ul style="list-style-type: none"> □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Hepatitis C screening □ HIV screening □ Lung cancer with low dose computed tomography (LDCT) screening 	

Medical benefits



	In-network	Out-of-network
	<ul style="list-style-type: none"> □ Medical nutrition therapy services □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling 	<ul style="list-style-type: none"> □ 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		\$0 copay 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		\$0 copay	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay	30% coinsurance
	Therapeutic radiology ²	\$0 copay	30% coinsurance
	Outpatient X-rays ²	\$0 copay	30% coinsurance

Medical benefits

		In-network	Out-of-network
 Hearing services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$35 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$35 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	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	\$35 copay
	Eyewear after cataract surgery	\$0 copay	\$35 copay
	Routine eye exam	\$0 copay, 1 per year*	\$35 copay, 1 per year*
	Routine eyewear	\$250 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	\$0 copay per stay	30% coinsurance per stay
	Outpatient group therapy visit ²	\$0 copay	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% 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		\$0 copay per day: days 1-100	30% coinsurance per stay, up to 100 days
Our plan covers up to 100 days in a SNF.			

Medical benefits			
		In-network	Out-of-network
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit ²	\$0 copay	\$35 copay
	Occupational Therapy Visit ²	\$0 copay	\$35 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance²		\$0 copay for ground \$0 copay for air	\$0 copay for ground \$0 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	\$0 copay	30% coinsurance
	Part B covered insulin ²	\$0 copay	30% coinsurance
	Other Part B drugs ²	\$0 copay	\$0 copay for allergy antigens 30% coinsurance for all others

Prescription drug payment stages

Annual Prescription Deductible This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.

Initial Coverage In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.

Tier Drug Coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply [^]	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic ³	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$28 copay	\$84 copay	\$74 copay	\$84 copay
Tier 3: Covered Insulin Drugs	\$28 copay	\$84 copay	\$74 copay	\$84 copay
Tier 4: Non-Preferred Drug	\$70 copay	\$210 copay	\$200 copay	\$210 copay
Tier 5: Specialty Tier	33% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵

Coverage Gap (Donut hole) In this stage, the plan pays its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.

Catastrophic Coverage After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)


[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³ Tier includes enhanced drug coverage.

⁵ Limited to a 30-day supply

Additional benefits			
		In-network	Out-of-network
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay	\$35 copay
Diabetes management	Diabetes monitoring supplies ²	\$0 copay	30% coinsurance
	Diabetes self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	\$0 copay	30% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen) ²	\$0 copay	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay	30% coinsurance
Foot care (podiatry services)	Foot exams and treatment ²	\$0 copay	\$35 copay
	Routine foot care	\$0 copay, 6 visits per year*	\$35 copay, 6 visits per year*
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	30% coinsurance
	Outpatient individual therapy visit ²	\$0 copay	30% coinsurance

Additional benefits

	In-network	Out-of-network
 Over-the-Counter (OTC) Credit	<p>\$205 credit every quarter for OTC products like pain relievers, cold remedies and vitamins in-store or online</p> <ul style="list-style-type: none"><input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more<input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you	
Renal Dialysis²	\$0 copay	\$0 copay

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

* Benefits are combined in and out-of-network

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.

About this plan

Erickson Advantage Guardian (HMO-POS I-SNP) 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.

Erickson Advantage Guardian (HMO-POS I-SNP) is an Institutional Special Needs Plan designed specifically for people who live in a contracted institution (like a nursing home) for 90 days or longer. You can find a list of contracted institutions at myUHCMedicare.com.

Our service area includes these counties in:

Colorado: Douglas;

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, Loudoun.

Use network providers and pharmacies

Erickson Advantage Guardian (HMO-POS I-SNP) has a network of doctors, hospitals, pharmacies 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. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to EricksonAdvantage.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

Erickson Advantage Guardian (HMO-POS I-SNP) 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 and Part D 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 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. Please contact our Customer Service number at 1-866-314-8188 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

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.

Over-the-Counter (OTC) Credit

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. 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 five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

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.