Summary of Benefits 2025

Erickson Advantage Freedom (HMO-POS)
H5652-006-000

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

EricksonAdvantage.com

Toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

UnitedHealthcare®

Erickson SENIOR LIVING®
ERICKSON ADVANTAGE®

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Summary of Benefits

January 1, 2025 - December 31, 2025

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 Freedom (HMO-POS)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$67	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	$4,300 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	$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 care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$275 copay per day: days 1-7 $0 copay per day: days 8 and beyond	30% coinsurance per stay
Outpatient hospital	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $275 copay otherwise	30% coinsurance

Medical benefits			
		In-network	**Out-of-network**
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $300 copay otherwise	30% coinsurance
	Outpatient hospital observation services[2]	$300 copay	30% coinsurance
Doctor visits	Primary care provider	$0 copay	$0 copay
	Specialists[2]	$50 copay	$75 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*	30% coinsurance, 1 per year*
	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)

- ☐ 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
- ☐ 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 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)

Medical benefits			
		In-network	**Out-of-network**
	☐ 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		$125 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		$50 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	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$45 copay	30% coinsurance
	Therapeutic radiology[2]	20% coinsurance	30% coinsurance
	Outpatient X-rays[2]	$25 copay	$40 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$75 copay
	Routine hearing exam	$0 copay, 1 per year*	$75 copay, 1 per year*
Routine dental benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	

Medical benefits			
		In-network	**Out-of-network**
	Preventive	$0 copay for preventive dental including oral exams, X-rays, routine cleanings and fluoride* ☐ No annual deductible ☐ Access to one of the largest national dental networks ☐ Freedom to see any dentist	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	$75 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay, 1 per year*	$75 copay, 1 per year*
	Routine eyewear	$100 allowance for 1 pair of frames or contacts • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives • Other covered lenses available with copays from $40 – $153 • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA	
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$275 copay per day: days 1-7 $0 copay per day: days 8-90	30% coinsurance per stay
	Outpatient group therapy visit[2]	$0 copay	30% coinsurance
	Outpatient individual therapy visit[2]	$40 copay	30% coinsurance
	Virtual mental health visits	$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits			
		In-network	**Out-of-network**
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	30% coinsurance per stay, up to 100 days
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	20% coinsurance	30% coinsurance
	Occupational Therapy Visit[2]	20% coinsurance	30% coinsurance
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$275 copay for ground $275 copay for air	$275 copay for ground $275 copay for air
Routine transportation		Not covered	Not covered
Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs[2]	20% coinsurance	30% coinsurance
	Part B covered insulin[2]	20% coinsurance, up to $35	30% coinsurance
	Other Part B drugs[2]	$0 copay for allergy antigens 20% coinsurance for all others	$0 copay for allergy antigens 30% coinsurance for all others

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drug payment stages				
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $100 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.			
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage 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]	$10 copay	$30 copay	$0 copay	$30 copay
Tier 3: Preferred Brand	$47 copay	$141 copay	$131 copay	$141 copay
Tier 3: Covered Insulin Drugs [4]	$35 copay	$105 copay	$95 copay	$105 copay
Tier 4: Non-Preferred Drug [5]	$100 copay	N/A	N/A	N/A
Tier 5: Specialty Tier [5]	31% coinsurance	N/A	N/A	N/A
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.			

Prescription drug payment stages

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.

[4] You will pay a maximum of $35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay $0.

[5] Limited to a 30-day supply

Additional benefits

		In-network	Out-of-network
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$20 copay	$75 copay
Diabetes management	Diabetes monitoring supplies[2]	$0 copay	30% coinsurance
	Diabetes self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	30% coinsurance
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	30% coinsurance

Additional benefits			
		In-network	**Out-of-network**
Falls prevention program		$0 copay for support on how to reduce falls, prevent injuries and improve your balance and strength	Not covered
Foot care (podiatry services)	Foot exams and treatment[2]	$20 copay	$75 copay
	Routine foot care	$20 copay, 6 visits per year*	$75 copay, 6 visits per year*
Home health care[2]		$0 copay	30% 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 services[2]		$0 copay	$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$0 copay	30% coinsurance
	Outpatient individual therapy visit[2]	$40 copay	30% coinsurance
Over-the-counter (OTC) credit		$25 credit every quarter for OTC products in-store or online □ Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more □ Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you	
Renal dialysis[2]		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 $54 per month

Optional supplemental benefits

The Platinum Dental Rider includes preventive and comprehensive dental benefits. It can be purchased to replace any dental benefits that may already be offered within your Medicare Advantage Plan.

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 Freedom (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 and pharmacies

Erickson Advantage Freedom (HMO-POS) 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 Freedom (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 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 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.

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 $100-450 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.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.