Summary of Benefits 2025

Erickson Advantage Liberty no Rx (HMO-POS)
H5652-002-000

Look inside to learn more about the plan and the health 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

United Healthcare®

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 Liberty no Rx (HMO-POS)

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	
Part B premium reduction	$25 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	
Annual medical deductible	Your medical deductible is $750 for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	No deductible
Maximum out-of-pocket amount	$6,750 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	$9,450 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.		$375 copay per day: days 1-7 $0 copay per day: days 8 and beyond	40% coinsurance per stay
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $325 copay otherwise	40% coinsurance
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $375 copay otherwise	40% coinsurance
	Outpatient hospital observation services[2]	$375 copay	40% coinsurance
Doctor visits	Primary care provider	$0 copay	$50 copay
	Specialists[2]	$60 copay	$85 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*	40% coinsurance, 1 per year*
	Medicare-covered	$0 copay	$0 copay - 40% 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

Medical benefits			
		In-network	**Out-of-network**
		☐ 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% 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 $225 copay otherwise	40% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$50 copay	40% coinsurance
	Therapeutic radiology[2]	20% coinsurance	40% coinsurance
	Outpatient X-rays[2]	$25 copay	$40 copay

Medical benefits			
		In-network	**Out-of-network**
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	$85 copay
	Routine hearing exam	$0 copay, 1 per year*	$85 copay, 1 per year*
	Hearing aids[2]	$99 - $829 copay for each OTC hearing aid. $199 - $1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year. □ A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids □ Access to one of the largest national networks of hearing professionals with more than 7,000 locations □ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period	
Routine dental benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	
	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	$85 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay, 1 per year*	$85 copay, 1 per year*

Medical benefits			
		In-network	**Out-of-network**
	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	$375 copay per day: days 1-6 $0 copay per day: days 7-90	40% coinsurance per stay
	Outpatient group therapy visit[2]	$0 copay	40% coinsurance
	Outpatient individual therapy visit[2]	$30 copay	40% 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] Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-20 $203 copay per day: days 21-100	40% coinsurance per stay, up to 100 days
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	20% coinsurance	40% coinsurance
	Occupational Therapy Visit[2]	20% coinsurance	40% coinsurance
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits			
		In-network	**Out-of-network**
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	40% coinsurance
	Part B covered insulin[2]	20% coinsurance, up to $35	40% coinsurance
	Other Part B drugs[2]	$0 copay for allergy antigens 20% coinsurance for all others	$0 copay for allergy antigens 40% coinsurance for all others

Additional benefits			
		In-network	**Out-of-network**
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$20 copay	$85 copay
Diabetes management	Diabetes monitoring supplies[2]	$0 copay	40% coinsurance
	Diabetes self-management training	$0 copay	40% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	40% coinsurance
Durable medical equipment (DME)	DME (e.g., wheelchairs, oxygen)[2]	20% coinsurance	40% coinsurance

Additional benefits			
		In-network	**Out-of-network**
and related supplies	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	40% coinsurance
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]	$45 copay	$85 copay
	Routine foot care	$45 copay, 6 visits per year*	$85 copay, 6 visits per year*
Home health care[2]		$0 copay	40% 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	40% coinsurance
	Outpatient individual therapy visit[2]	$30 copay	40% coinsurance
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 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.

Plan deductible

Your plan has a deductible for certain services. 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 Evidence of Coverage (EOC) provides a complete list of services we cover. The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified

Annual medical deductible

Your deductible is $750 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network
List of applicable services

Inpatient hospital

- ☐ Inpatient hospital
- ☐ Inpatient mental health

Outpatient hospital

- ☐ Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient hospital observation services

Skilled nursing facility (SNF)

About this plan

Erickson Advantage Liberty no Rx (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

Erickson Advantage Liberty no Rx (HMO-POS) has a network of doctors, hospitals, 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.

You can go to **EricksonAdvantage.com** to search for a network provider using the online directory.

Required Information

Erickson Advantage Liberty no Rx (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.

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 $100-450 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.

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

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.