

2023 BENEFITS AT A GLANCE



ERICKSON
ADVANTAGE®



BENEFITS	ERICKSON ADVANTAGE Liberty Plan (HMO-POS)	ERICKSON ADVANTAGE Liberty With Drugs Plan (HMO-POS)	ERICKSON ADVANTAGE Freedom Plan (HMO-POS)	ERICKSON ADVANTAGE Signature Plan (HMO-POS)	ERICKSON ADVANTAGE Champion Plan (HMO-POS C-SNP)
Monthly Plan Premium	\$0	\$0	\$68	\$197	\$197
Medical Deductible	\$500	\$0	\$0	\$0	\$0
Part B Premium Rebate	\$25 monthly rebate				
Inpatient Hospital Care	\$300 days 1-7, \$0 days 8+	\$300 days 1-7, \$0 days 8+	\$225 days 1-7, \$0 days 8+	\$0 copay; unlimited days	\$0 copay
Skilled Nursing Care (no prior hospital stay required)	\$0 days 1-20 \$196 days 21-59 \$0 days 60-100	\$0 days 1-20 \$196 days 21-59 \$0 days 60-100	\$0 days 1-20 \$196 days 21-42 \$0 days 43-100	\$0 days 1-100 up to 100 days each benefit period	\$0 days 1-20 \$196 days 21-38 \$0 days 39-100
Home Health Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care - Doctor Visit	\$20 Erickson Health Medical Group copay/\$30 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$50 copay (in network)	\$50 copay (in network)	\$40 copay (in network)	\$0 copay (in network) except psych	\$25 copay
Additional Telehealth Services	Medical/mental health packages—\$0 copay, virtual visit using online technology in network	Medical/mental health packages—\$0 copay, virtual visit using online technology in network	Medical/mental health packages—\$0 copay, virtual visit using online technology in network	Medical/mental health packages—\$0 copay, virtual visit using online technology in network	Medical/mental health packages—\$0 copay, virtual visit using online technology in network
Urgent Care/Emergency Room (copay waived if admitted within 24 hours for the same condition)	\$30 copay/\$90 copay; emergency services covered worldwide	\$30 copay/\$90 copay; emergency services covered worldwide	\$30 copay/\$75 copay; emergency services covered worldwide	\$30 copay/\$75 copay; emergency services covered worldwide	\$30 copay/\$75 copay; emergency services covered worldwide
Ambulance	\$250 copay	\$250 copay	\$225 copay	\$160 copay	\$160 copay
Lab Services and X-Rays	\$0—lab services \$15—x-ray \$60 therapeutic \$0-\$100 diagnostic	\$0—lab services \$15—x-ray \$60 therapeutic \$0-\$105 diagnostic	\$0—lab services \$15—x-ray \$40—therapeutic \$0-\$50—diagnostic	\$0—lab services \$15—x-ray \$30—therapeutic \$0-\$50—diagnostic	\$0—lab services \$15—x-ray \$30—therapeutic \$0-\$50—diagnostic
Part B Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-10% coinsurance	0%-10% coinsurance
Outpatient Hospital	\$0-\$300 copay (in network)	\$0-\$300 copay (in network)	\$0-\$225 copay (in network)	\$0-\$50 copay (in network)	\$0-\$50 copay (in network)
Outpatient Rehabilitation Services	\$40 copay (in network)	\$35 copay (in network)	\$20 copay (in network)	\$0 copay (in network)	\$0 copay (in network)
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay
Diabetes Supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Out-of-Pocket Maximum	\$7,550 in network	\$7,550 in network	\$4,300 in network	\$2,600 in network	\$3,400 in network



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Hearing Aid Benefit (UnitedHealthcare Hearing)	\$175-\$1,225 copay for each hearing aid device; 2 devices every year	\$175-\$1,225 copay for each hearing aid device; 2 devices every year	\$175-\$1,225 copay for each hearing aid device; 2 devices every year	\$175-\$1,225 copay for each hearing aid device; 2 devices every year	\$175-\$1,225 copay for each hearing aid device; 2 devices every year
Eyewear Allowance (UnitedHealthcare Vision)	Exam \$0 copay, 1 per year Eyewear \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year	Exam \$0 copay, 1 per year Eyewear \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year	Exam \$0 copay, 1 per year Eyewear \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year	Exam \$0 copay, 1 per year Eyewear \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year	Exam \$0 copay, 1 per year Eyewear \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year
Routine Transportation (to plan approved location)	\$0 copay per trip up to 24 one-way trip(s)/year	\$0 copay per trip up to 24 one-way trip(s)/year	\$0 copay per trip up to 24 one-way trip(s)/year	\$0 copay per trip up to 24 one-way trip(s)/year	\$0 copay per trip up to 24 one-way trip(s)/year
Falls Prevention Program	Covered for assessment/ subsequent instruction	Covered for assessment/ subsequent instruction	Covered for assessment/ subsequent instruction	Covered for assessment/ subsequent instruction	Covered for assessment/ subsequent instruction
Dental Benefit (UnitedHealthcare Dental)	\$0 preventive & diagnostic \$0 comprehensive, for up to \$500 per year for covered preventive and comprehensive dental services	\$0 preventive & diagnostic \$0 comprehensive, for up to \$500 per year for covered preventive and comprehensive dental services	\$0 preventive & diagnostic \$0 comprehensive, for up to \$1,000 per year for covered preventive and comprehensive dental services	\$0 preventive & diagnostic \$0 comprehensive, for up to \$1,500 per year for covered preventive and comprehensive dental services	\$0 copay preventive exam, cleaning, x-ray
Podiatry Services	\$50 copay up to 6 visits per year	\$50 copay up to 6 visits per year	\$20 copay up to 6 visits per year	\$0 copay up to 6 visits per year	\$0 copay for unlimited routine visits every year
Fitness	RENEW ACTIVE® benefit	RENEW ACTIVE® benefit	RENEW ACTIVE® benefit	RENEW ACTIVE® benefit	RENEW ACTIVE® benefit
Prescription 30/90-Day Preferred Generic Drugs	Not covered	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible
Nonpreferred Generic Drugs		\$0 copay/\$0 copay	\$0 copay/\$0 copay	\$0 copay/\$0 copay	\$0 copay/\$0 copay
Preferred Brand Drugs		\$15 copay/\$0 copay	\$10 copay/\$0 copay	\$5 copay/\$0 copay	\$5 copay/\$0 copay
Nonpreferred Brand Drugs		\$45 copay/\$125 copay	\$45 copay/\$125 copay	\$45 copay/\$125 copay	\$45 copay/\$125 copay
Specialty Drugs		\$100 copay/\$290 copay	\$85 copay/\$245 copay	\$85 copay/\$245 copay	\$85 copay/\$245 copay
		33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

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Support Services for Erickson Advantage® Members

Member Service Representative

All Erickson Advantage® members have access to a dedicated member service representative who is available to answer questions about benefits or any health plan paperwork.

Nurse Care Coordinator

The nurse care coordinator provides members with information and education on a variety of conditions and health-related issues. The nurse care coordinator can answer health-related questions and help prepare our members for upcoming medical procedures.

The nurse care coordinator also assists members during admissions and discharges from the hospital and/or a skilled nursing stay. Unlike Original Medicare, the Erickson Advantage plans do not require a three-day hospital stay before skilled nursing services will be covered in the long-term care setting.*

If you have prescription drug coverage through an employer, talk with your benefits administrator before you join this plan.

*Copays and coinsurances may apply.

Prescription Drug Coverage

To view the list of drugs our plan covers, visit [EricksonAdvantage.com](https://www.EricksonAdvantage.com).

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

You are not required to use OptumRx home delivery for a 90-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 1-877-889-6358. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

Plans are 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.

Benefits, features and/or devices vary by plan/area. © 2022 United Healthcare Services, Inc. All rights reserved.