



Learn more about the UnitedHealthcare® plans available to Oklahoma Higher Education Employees Interlocal Group (OKHEEI) retirees

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider.

³Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

⁴HouseCalls may not be available in all areas.

⁵Benefits and features vary by plan/area. Limitations and exclusions apply.

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

This information is not a complete description of benefits. Call 1-877-714-0178, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

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

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2025 plan year benefits, services and programs

Benefit	UnitedHealthcare® Group Medicare Advantage (PPO) plan (High Plan)	UnitedHealthcare® Group Medicare Advantage (PPO) plan (Low Plan)	UnitedHealthcare® Group Senior Supplement plan	UnitedHealthcare® Medicare Rx for Groups (PDP) plan (High plan option)	UnitedHealthcare® Medicare Rx for Groups (PDP) plan (Low plan option)
Network	Any provider (in-network or out-of-network) as long as they participate in Medicare and accept the plan¹	Any provider (in-network or out-of-network) as long as they participate in Medicare and accept the plan¹	Any provider (in-network or out-of-network) as long as they participate in Medicare and accept the plan¹	Network pharmacies	Network pharmacies
Annual medical out-of-pocket maximum	\$0	\$0	\$0	N/A	N/A
Doctor visits					
Primary care provider	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Specialist	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Routine annual physical	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Virtual visits	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Outpatient services					
Outpatient hospital & surgical services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Lab & X-ray services					
Lab services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Outpatient X-ray services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Diagnostic (MRIs, CT scans)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Inpatient services					
Inpatient hospital care (including mental health)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Emergency services					
Emergency care (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Urgently needed services (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Additional benefits and programs not covered under Medicare					
Hearing services					
Hearing aids²	\$500 allowance every three years	\$500 allowance every three years	Not covered	N/A	N/A
Other services					
Fitness program³	SilverSneakers	SilverSneakers	SilverSneakers	N/A	N/A
UnitedHealthcare® HouseCalls⁴	Included	Included	Not covered	N/A	N/A
Virtual Visits⁵	Included	Included	Included	N/A	N/A
Part D prescription drugs					
Prescription drug deductible	\$0	\$590	N/A	\$0	\$590
Tier 1 Preferred Generic	\$10	25%	N/A	\$10	25%
Tier 2 Preferred Brand	25% up to \$45	25%	N/A	25% up to \$45	25%
Tier 3 Non-Preferred	50% up to \$95	25%	N/A	50% up to \$95	25%
Tier 4 Specialty Drug	50% up to \$95	25%	N/A	50% up to \$95	25%

Important Note: This is only a brief summary of benefits. Please refer to the plan’s Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the Oklahoma Higher Education Employees Interlocal Group (OKHEEL) retirees plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.