



**Medical Coverage**

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,000	\$3,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
Specialist Office Visit	\$20	\$20
Virtual Office Visit	\$20	\$20
- with Providers: <b>AmWell, Doctor on Demand, or Teladoc</b>	\$0	
Telemedicine	\$20	\$20
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day Days 1 - 100	\$0 Per Day Days 1 - 100
Inpatient Mental Health Lifetime Maximum	Unlimited	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$20	\$20
Outpatient Mental Health/Substance Abuse - Group Visit	\$20	\$20
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0
Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
<b>Medicare Covered Services</b>		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$20	\$20
Eye Exam	\$20	\$20
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$20	\$20
Dental Services	\$20	\$20

## Group Medicare Advantage (PPO) MAPD

### Medical Coverage

Benefit Name	In Network Services	Out of Network Services
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$0	\$0
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0

## Group Medicare Advantage (PPO) MAPD

### Medical Coverage

Benefit Name	In Network Services	Out of Network Services
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

### Additional Benefits/Non-Medicare Covered Services

#### Routine Podiatry

Routine Podiatry	\$20	\$20
Routine Podiatry - Number of visits per year		6 Visits

#### Routine Vision

Routine Eye Exam Refraction - Every 12 months	\$0	\$0
Vision Hardware - Eyeglasses and Contact Lens Copay	\$0	\$0
Vision Hardware - Allowance for Eyeglasses - OR - Contact Lenses (in lieu of Eyeglasses)		\$100
Vision Hardware - Benefit Period		Every 12 Months

#### Routine Hearing

Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits		1 Visit
Routine Hearing Exam - Benefit Period		1 Year
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Routine Hearing Aid - Number of Devices	Unlimited	N/A
Routine Hearing Aid - Benefit Period	3 Years	N/A
Routine Hearing Aid - Device Allowance	\$500	N/A

#### Wigs

Wigs (after Chemotherapy treatment)	\$0	\$0
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### Wellness/Clinical Programs

#### UHC Healthy At Home - Post-Discharge Program, following each discharge:

- 12 non-emergency medical rides
- 28 home delivered meals
- 6 hours in-home personal care

**Included**

#### Fitness Program

**Included**

**Personal Emergency Response System** - Benefit includes a lightweight device (worn on the wrist or as a pendant) that provides 24/7 access to emergency care.

**Included**

#### HouseCalls Program

**Included**

## Group Medicare Advantage (PPO) MAPD

Wellness/Clinical Programs	
<b>Rally Coach including:</b> <ul style="list-style-type: none"> <li>• <b>Wellness Coaching</b> blended model of personal coaching, self-paced online learning and digital support across a variety of wellbeing topics such as healthy eating, sleep management, and more.</li> <li>• <b>Quit For Life tobacco cessation program</b> using an evidence-based combination of physical, psychological and behavioral strategies to help members overcome their addiction to tobacco.</li> <li>• <b>Real Appeal:</b> two digital weight loss programs: Real Appeal Weight Loss Support and Real Appeal Diabetes Prevention.</li> </ul>	<b>Included</b>
<b>Case and Disease Management, including:</b> <ul style="list-style-type: none"> <li>- High Risk Members</li> <li>- Heart Failure</li> <li>- Respiratory Illness</li> <li>- Kidney Disease</li> <li>- Diabetes</li> <li>- Behavioral Health</li> <li>- Nurse Support - 24/7</li> </ul>	<b>Included</b>
<b>Preferred Diabetic Supply Program</b>	<b>Included</b>
<b>UHC Hearing Aid Discount Program</b> <ul style="list-style-type: none"> <li>- Note: Available services and offerings may be limited in the U.S. Territories</li> </ul>	<b>Included</b>
<b>Member Rewards Program</b> <ul style="list-style-type: none"> <li>- Reward cards for completing certain health care activities</li> </ul>	<b>Included</b>

## Outpatient Prescription Drug Coverage

### Part D Retail Copay

Tier 1: Preferred Generic (Most generic drugs)	\$10
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$25
Tier 3: Non-Preferred Drug (Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$40
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	\$40

### Part D Mail Order Copay

Tier 1: Preferred Generic (Most generic drugs)	\$20
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$50
Tier 3: Non-Preferred Drug (Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$80
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	\$80