

# UnitedHealthcare — Medicare Advantage PPO



Benefit Description	Group Medicare Advantage (PPO)	
	In-Network	Out-of-Network <sup>1</sup>
<b>Eligible Providers</b>	Medicare Advantage Network Providers	Any Licensed Medicare Provider
	<b>Member Pays:</b>	
<b>Calendar Year Deductible</b>	None	
<b>Calendar Year Medical Out-of-Pocket Maximum</b>	\$2,500 per individual	
<b>Preventive Care</b>	Covered in full per Medicare guidelines	Covered in full per Medicare guidelines
<b>Inpatient Care:</b>		
<ul style="list-style-type: none"> <li>• Inpatient Hospital Care</li> <li>• Skilled Nursing Facility</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 copay/day; \$300 max. per admit</li> <li>• \$0 copay per day up to 100 days</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 copay/day; \$300 max. per admit</li> <li>• \$0 copay per day up to 100 days</li> </ul>
<b>Outpatient Care:</b>		
<ul style="list-style-type: none"> <li>• Physician Office Visits</li> <li>• Specialist Office Visits<sup>2</sup></li> <li>• Outpatient Surgery</li> <li>• Ambulance (air-ground)</li> <li>• Emergency Services</li> <li>• Urgent Care</li> <li>• DME<sup>3</sup></li> <li>• Lab Test</li> <li>• X-ray</li> <li>• Diagnostic Procedures (CT/MRI/PET)</li> <li>• OT/PT/ST Therapies<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay</li> <li>• \$20 copay</li> <li>• \$125 copay</li> <li>• \$50 copay</li> <li>• \$65 copay</li> <li>• \$20 copay</li> <li>• 20%</li> <li>• \$0 copay</li> <li>• 10%</li> <li>• 10%</li> <li>• \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay</li> <li>• \$20 copay</li> <li>• \$125 copay</li> <li>• \$50 copay</li> <li>• \$65 copay</li> <li>• \$20 copay</li> <li>• 20%</li> <li>• \$0 copay</li> <li>• 10%</li> <li>• 10%</li> <li>• \$20 copay</li> </ul>

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

Benefit Description	Group Medicare Advantage (PPO)	
	In-Network	Out-of-Network
<b>Other Services:</b>		
<ul style="list-style-type: none"> <li>• Chiropractic Care<sup>5</sup></li> <li>• Acupuncture<sup>6</sup></li> <li>• Hearing Exam/Aid Hardware<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$20 copay</li> <li>• \$20 copay</li> <li>• Routine exam: Covered in full; Hardware (aids): \$2400 allowance per year</li> <li>• Routine exam: \$20 copay; Hardware: \$200 combined allowance every 24 months for lenses, frames and contacts</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 copay</li> <li>• \$20 copay</li> <li>• Routine exam: Covered in full; Hardware (aids): not covered</li> <li>• Routine exam: \$20 copay; Hardware: \$200 combined allowance every 24 months for lenses, frames and contacts</li> </ul>
<ul style="list-style-type: none"> <li>• Vision</li> </ul>		
<b>Calendar Year Pharmacy Out-of-Pocket Maximum</b>	\$5,000 per individual	
<b>Pharmacy<sup>8</sup>:</b>	This is a Medicare Part D Prescription Drug Plan	
<ul style="list-style-type: none"> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 4</li> <li>• Tier 5</li> </ul>	<ul style="list-style-type: none"> <li>• Up to an \$8 copay per 31-day supply</li> <li>• Up to a \$15 copay per 31-day supply</li> <li>• 40% to \$250 max per script/31-day supply</li> <li>• 40% to \$250 max per script/31-day supply</li> <li>• 40% to \$250 max per script/31-day supply</li> </ul>	
<b>Rates (per member, per month):</b>		
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Child</li> </ul>	<ul style="list-style-type: none"> <li>• \$273.57</li> <li>• \$220.04</li> </ul>	

<sup>1</sup> Out-of-network Medicare providers are paid up to the Medicare limiting charge.

<sup>2</sup> Referrals not required.

<sup>3</sup> Applies to Medicare approved supplies/equipment only and may require pre-authorization. Some diabetic supplies are covered in full.

<sup>4</sup> Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy.

<sup>5</sup> Medicare covered chiropractic services only.

<sup>6</sup> Acupuncture for low back pain per Medicare guidelines; up to 12 visits in 90 days are covered if specific circumstances are met. Prior authorization is not required.

<sup>7</sup> Combined ear allowance. In-network coverage only.

<sup>8</sup> See Health Plan EOC for more details on each tier. EOC may contain expanded language.