

UnitedHealthcare Group Medicare Advantage (PPO)

Archdiocese of St. Louis - Lay Personnel

2024 Archdiocese of St Louis NPPO Plus v1_Renewal Plan

1/ 1/2024 - 12/31/2024

Proprietary and Confidential

Medical Coverage		
Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,450	\$3,450
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
Specialist Office Visit	\$50	\$50
Telemedicine	\$20	\$20
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$350 Per Day	\$350 Per Day
Day Range 1	Days 1 - 6	Days 1 - 6
	\$170 Per Day	\$170 Per Day
Day Range 2	Days 7 - 10	Days 7 - 10
	\$0 Per Day	\$0 Per Day
Day Range 3	Days 11+	Days 11+
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	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
	\$196 Per Day	\$196 Per Day
Day Range 2	Days 21 - 39	Days 21 - 39
	\$0 Per Day	\$0 Per Day
Day Range 3	Days 40 - 100	Days 40 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	190 Days	
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$300 Per Day	\$300 Per Day
Day Range 1	Days 1 - 7	Days 1 - 7
	\$0 Per Day	\$0 Per Day
Day Range 2	Days 8 - 190	Days 8 - 190

Outpatient Services		
Outpatient Surgery	\$500	\$500
Outpatient Hospital Services	\$500	\$500
Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$40	\$40
Occupational Therapy	\$40	\$40
Physical Therapy and Speech/Language Therapy	\$40	\$40
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$30	\$30
Intensive Cardiac Rehabilitation	\$30	\$30
Pulmonary Rehabilitation	\$20	\$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$30	\$30
Kidney Dialysis	20%	20%
Medicare Covered Services		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$50	\$50
Eye Exam	\$50	\$50
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$50	\$50
Dental Services	\$50	\$50
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$175	\$175
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$120	\$120
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$65	\$65
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	\$75	\$75
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$65	\$65
Prosthetics	\$65	\$65
Orthotics	\$65	\$65
Diabetic Shoes and Inserts	\$25	\$25
Medical Supplies	\$65	\$65
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$65	\$65
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0

Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$65	\$65
Diagnostic Radiology Service	\$60	\$60
Therapeutic Radiology Service	\$60	\$60
Preventive Services (Medicare-Covered)		
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
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		
Hearing (Non-Medicare Covered)		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	
Hearing Exam - Benefit Period	1 Year	
Hearing Aid - Allowance Per Ear or Combined	Combined	
Hearing Aid - Cost Share	\$0	
Hearing Aid - Number of Devices	Unlimited	
Hearing Aid - Benefit Period	3 Years	
Hearing Aid - Device Allowance	\$500	
Podiatry (Non-Medicare Covered)		
Podiatry	\$50	\$50
Podiatry - Number of Visits	6	

Vision (Non-Medicare Covered)		
Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period	Every 12 Months	
Wellness/Clinical Programs		
UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included	
- 12 non-emergency medical rides		
- 28 home delivered meals		
- 6 hours in-home personal care		
Fitness Program	Included	
Case and Disease Management, including:	Included	
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
- Nurse Support - 24/7		
HouseCalls Program	Included	
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program	Included	
- Note: Available services and offerings may be limited in the U.S. Territories		
Let's Move Program	Included	
- A wellness program helping retirees explore ways to eat well, be active, improve mental health, stay connected, and build financial literacy.		

Additional Benefit Details	
Code	Description
F633	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.

Outpatient Prescription Drug Coverage		
Prescription Drug Plan		Standard NPPO Plus Rx
Pharmacy Network		Broad Network
Formulary		Standard Formulary Group Performance
Formulary Edits (step therapy, quantity limits, prior authorization)		Standard: Edits On
Benefit Name		In Network Services
Custom OOP, ICL, Catastrophic		
Initial Coverage Limit		\$5,030
True Out of Pocket Threshold (TrOOP)		\$8,000
Catastrophic Coverage over TrOOP		CMS Standard Member pays greater of:
Copay for generics		\$0
Copay for all other drugs		\$0
- OR - Coinsurance		0%
Day Supply Information		
Note: 90 day retail supply is available for 3x copay amount		
Retail 1 month supply		30
Retail 2 month supply		60
Retail 3 month supply		90
Mail Order 1 month supply		30
Mail Order 2 month supply		60
Mail Order 3 month supply		90
Part D Gap Coverage		
Part D Gap Coverage		Min CMS Coverage
Tier Definitions		
Tier 1 - Preferred Generic	Lower-cost, commonly used generic drugs.	
Tier 2 - Generic	Many generic drugs.	
Tier 3 - Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.	
Tier 4 - Non-preferred Drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 4.	
Tier 5 - Specialty Tier	Unique and/or very high-cost brand and generic drugs.	
Part D Retail		
1 month supply		
Tier 1	Preferred Generic	\$15
Tier 2	Generic	\$15
Tier 3	Preferred Brand	\$47
Tier 4	Non-preferred Drug	\$100
Tier 5	Specialty Tier	\$100
Part D Mail Order		
3 month supply		
Tier 1	Preferred Generic	\$30
Tier 2	Generic	\$30
Tier 3	Preferred Brand	\$94
Tier 4	Non-preferred Drug	\$200
Tier 5	Specialty Tier	\$200

UnitedHealthcare Group Medicare Advantage® Plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.