## **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**

Benefit Name	In Network Services	Out of Network Services
nnual Medical Deductible	None	None
nnual Medical Out-of-Pocket Maximum	\$3,450	\$3,450
Annual Medical Out-of-Pocket Maximum combined for IN and OUT of etwork?	Yes	
ysician Services		
rimary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
pecialist Office Visit	\$50	\$50
elemedicine	\$20	\$20
Annual Routine Physical Exam	\$0	\$0
patient 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+
xilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
killed Nursing Facility Care - Benefit Period	100 Days	
killed Nursing Facility Care	\$0 Per Day	\$0 Per Day
ay Range 1	Days 1 - 20	Days 1 - 20
	\$196 Per Day	\$196 Per Day
Pay Range 2	Days 21 - 39	Days 21 - 39
	\$0 Per Day	\$0 Per Day
ay Range 3	Days 40 - 100	Days 40 - 100
patient Mental Health in a Psychiatric Hospital - Benefit Period	190 Days	
patient Mental Health Lifetime Maximum	190	Days
patient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$300 Per Day	\$300 Per Day
ay Range 1	Days 1 - 7	Days 1 - 7
	\$0 Per Day	\$0 Per Day
Pay Range 2	Days 8 - 190	Days 8 - 190

Outpatient Services         \$500         \$500           Outpatient Hospital Services         \$500         \$500           Outpatient Hospital Services         \$500         \$500           Outpatient Hospital Services         \$500         \$40           Outpatient Mental Health/Substance Abuse - Group Visit         \$15         \$15           Outpatient 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/Pulmonary Rehabilitation         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (px)         \$30         \$30           Intensive Cardiac/Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (px)         \$30         \$30           Midney Dialysis         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (px)         \$30         \$30           Medicare Covered Services			
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 Rehabilitation         \$30         \$30           Intensive Cardiac Rehabilitation         \$30         \$30           Pulmonary Rehabilitation         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease         \$30         \$30           Vidiney Dialysis         20%         \$20           Weldicare Covered Services         \$30         \$30           Kidney Dialysis         20%         \$20           Medicare Covered Services         \$20         \$20           Pudiatry Visit         \$50         \$50           Eye Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0	Outpatient Services		
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 Rehabilitation         \$30         \$30           Pulmonary Rehabilitation         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAn)         \$30         \$30           (PAD)         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAn)         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAn)         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAn)         \$30         \$30           Pulmonary Rehabilitation         \$30         \$30         \$30           Pulmonary Rehabilitation         \$30         \$30         \$30           Pulmonary Rehabilitation         \$30 <td< td=""><td>Outpatient Surgery</td><td>\$500</td><td>\$500</td></td<>	Outpatient Surgery	\$500	\$500
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 Rehabilitation         \$30         \$30           Intensive Cardiac Rehabilitation         \$30         \$30           Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (px)         \$30         \$30           (PAD)         \$20         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (px)         \$30         \$30           Kidney Dialysis         \$20         \$20           Kidney Dialysis         \$20         \$20           Kidney Dialysis         \$50         \$50           Kidney Dialysis         \$50         \$50           Kidney Dialysis         \$50         \$50           Kidney Dialysis         \$50         \$50           Podiatry Visit         \$50         \$50	Outpatient Hospital Services	\$500	\$500
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 Rehabilitation         \$30         \$30           Lintensive Cardiac Rehabilitation         \$20         \$20           Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Medicare Covered Services         \$20         \$20           Chriopractic Visit         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Denatal Services         \$15         \$15           Amb	Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Comprehensive Outpatient Rehabilitation Facility (CORF)         \$40         \$40           Occupational Therapy         \$40         \$40           Physical Therapy and Speech/Language Therapy         \$40         \$40           Cardiac/Intensive Cardiac/Pulmonary Rehabilitation         \$30         \$30           Intensive Cardiac Rehabilitation         \$20         \$20           Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAD)         \$30         \$30           (pAD)         \$20         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (pAD)         \$30         \$30           (pAD)         \$20         \$20         \$20           Medicare Covered Services         \$20         \$20           Chriopractic Visit         \$50         \$50           Eye Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Hearing Dam         \$50         \$50           Dental Services         \$1275         \$175           Ambulance Services         \$1275         \$175           Ambulance Services         \$1275         \$120	Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Occupational Therapy         \$40         \$40           Physical Therapy and Speech/Language Therapy         \$40         \$40           Cardiac/Intensive Cardiac Pulmonary Rehabilitation         \$30         \$30           Intensive Cardiac Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Kidney Dialysis         \$20         \$20           Medicare Covered Services         \$20         \$20           Chriopractic Visit         \$20         \$20           Podiatry Visit         \$50         \$50           Eye Exam         \$50         \$50           Eye Exam         \$50         \$50           Eye Exam         \$50         \$50           Bearing Exam         \$50         \$50           Dental Services         \$175         \$175           Ambulance Exercices         \$175         \$175	Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Physical Therapy and Speech/Language Therapy         \$40         \$40           Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET         \$30         \$30           Intensive Cardiac Rehabilitation         \$20         \$20           Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30         \$30           Kidney Dialysis         20%         20%           Medicare Covered Services         \$20         \$20           Chiropractic Visit         \$50         \$50           Podiatry Visit         \$50         \$50           Eye Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Hearing Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Hearing Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Eyemear (Frames and Lenses after cataract surgery)         \$0         \$0           Eyemear (Frames and Lenses after cataract surgery)         \$0         \$0           Emergency Room/Urgent Care         \$10         \$0         \$0 <td>Comprehensive Outpatient Rehabilitation Facility (CORF)</td> <td>\$40</td> <td>\$40</td>	Comprehensive Outpatient Rehabilitation Facility (CORF)	\$40	\$40
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation         \$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         ************************************	Occupational Therapy	\$40	\$40
Intensive Cardiac Rehabilitation	Physical Therapy and Speech/Language Therapy	\$40	\$40
Pulmonary Rehabilitation         \$20         \$20           Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)         \$30           (PAD)         20%         20%           Kidney Dialysis         20%         20%           Medicare Covered Services           Foliatry 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 (Includes Worldwide Coverage)         \$65         \$65           Urgent Care (Includes Worldwide (Admitted within 24 hours)         Yes         Yes           Part B Drugs         20%         20%           Part B Drugs And Blood         \$75         \$75           Part B Chemotherapy Drugs         \$75	Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$30	\$30
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)   20%	Intensive Cardiac Rehabilitation	\$30	\$30
(PAD)         Kidney Dialysis         20%         20%           Medicare Covered Services         S20         \$20           Chiropractic Visit         \$50         \$50           Podiatry Visit         \$50         \$50           Eye Exam         \$50         \$50           Eyewear (Frames and Lenses after cataract surgery)         \$0         \$50           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 (includes Worldwide coverage)         \$65         \$65           Urgent Care (Includes Worldwide Coverage)         \$65         \$65           Urgent B Drugs         \$65         \$65           Part B Drugs And Blood         \$20         \$20           Part B Drugs And Blood         \$20         \$20           Part B Drugs And Blood (3 pint deductible waived)         \$0         \$0           Durable Medical Equipment (DME) And Supplies         \$65         \$65 </td <td>Pulmonary Rehabilitation</td> <td>\$20</td> <td>\$20</td>	Pulmonary Rehabilitation	\$20	\$20
Medicare Covered Services         \$20         \$20           Chiropractic Visit         \$20         \$50           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 Sonyu 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 Copay Waived if Admitted within 24 hours         Yes         Yes           Urgent Care Copay Waived if Admitted within 24 hours         Yes         Yes           Urgent Care Copay Waived if Admitted within 24 hours         Yes         Yes           Part B Drugs And Blood         20%         20%           Part B Chemotherapy Drugs         \$75         \$75           Blood (3 pint deductible waived)         \$0         \$0           Durable Medical Equipment (DME) And Supplies <t< td=""><td></td><td>\$30</td><td>\$30</td></t<>		\$30	\$30
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 Copay Waived if Admitted         No         No           Ambulance Copay Waived if Admitted within 24 hours         \$120         \$120           Emergency Room (includes Worldwide coverage)         \$120         \$120           Emergency Room Wind 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         \$65         \$65           Part B Drugs And Blood         \$75         \$75           Part B Chemotherapy Drugs         \$75         \$75           Blood (3 pint deductible waived)         \$65         \$65           Durable Medical Equipment (DME) And Supplies         \$65         \$65           Orthotics         \$65	Kidney Dialysis	20%	20%
Podiatry Visit         \$50         \$50           Eye Exam         \$50         \$50           Eye exam (Frames and Lenses after cataract surgery)         \$0         \$0           Hearing Exam         \$50         \$50           Dental Services         \$50         \$50           Ambulance/Emergency Room/Urgent Care         ************************************	Medicare Covered Services		
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 Copay Waived if Admitted         No         No           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         **         Yes           Part B Drugs And Blood         \$75         \$75           Part B Chemotherapy Drugs         \$0         \$0           Blood (3) pint deductible waived)         \$0         \$0           Durable Medical Equipment (DME) And Supplies         \$65         \$65           Durable Medical Equipment (DME) And Supplies         \$65         \$65           Orthotics         \$65         \$65           Diabetic Shoes and Inserts <td>Chiropractic Visit</td> <td>\$20</td> <td>\$20</td>	Chiropractic Visit	\$20	\$20
Eyewear (Frames and Lenses after cataract surgery)         \$0         \$0           Hearing Exam         \$50         \$50           Dental Services         \$50         \$50           Ambulance/Emergency Room/Urgent Care         ****         ****           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 (Includes Worldwide coverage)         \$65         \$65           Urgent Brugs And Blood         ***         Yes           Part B Drugs         20%         20%           Part B Chemotherapy Drugs         \$75         \$75           Blood (3) pint deductible waived)         \$0         \$0           Durable Medical Equipment (DME) And Supplies         ***         \$65         \$65           Durable Medical Equipment (DME) And Supplies         \$65         \$65         \$65           Prosthetics         \$65         \$65         \$65           Orthotics         \$65         \$65         \$65           Diabetic Shoes and Inserts         \$65         \$65 </td <td>Podiatry Visit</td> <td>\$50</td> <td>\$50</td>	Podiatry Visit	\$50	\$50
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         20%         20%           Part B Drugs And Blood         \$0         \$0           Part B Chemotherapy Drugs         \$75         \$75           Blood (3 pint deductible waived)         \$0         \$0           Durable Medical Equipment (DME) And Supplies         \$65         \$65           Prosthetics         \$65         \$65           Orthotics         \$65         \$65           Diabetic Shoes and Inserts         \$25         \$25           Medical Supplies         \$65         \$65           Diabetic Monitoring Supplies         \$0         \$0	Eye Exam	\$50	\$50
Dental Services\$50\$50Ambulance/Emergency Room/Urgent CareAmbulance Services\$175\$175Ambulance Copay Waived if AdmittedNoNoEmergency Room (includes Worldwide coverage)\$120\$120Emergency Room Copay Waived if Admitted within 24 hoursYesYesUrgent Care (Includes Worldwide Coverage)\$65\$65Urgent Care Copay Waived if Admitted within 24 hoursYesYesPart B Drugs And BloodPart B Drugs20%20%Part B Chemotherapy Drugs\$75\$75Blood (3 pint deductible waived)\$0\$0Durable Medical Equipment (DME) And Supplies\$65\$65Durable Medical Equipment (DME) And Supplies\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$65\$65Diabetic Monitoring Supplies\$65\$65Home HealthCare Agency & Hospice\$0\$0Home HealthCare Agency & Hospice\$0\$0	Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Ambulance/Emergency Room/Urgent Care  Ambulance Services \$175 \$175  Ambulance Copay Waived if Admitted No No No  Emergency Room (includes Worldwide coverage) \$120 \$120  Emergency Room Copay Waived if Admitted within 24 hours Yes 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 And Blood  Part B Drugs Shard Blood  Part B Chemotherapy Drugs \$75 \$75  Blood (3 pint deductible waived) \$9 \$0  Durable Medical Equipment (DME) And Supplies  Durable Medical Equipment (DME) and Supplies  Prosthetics \$65 \$65  Orthotics \$65 \$65  Diabetic Shoes and Inserts \$25 \$65  Diabetic Shoes and Inserts \$9 \$65  Diabetic Monitoring Supplies \$65 \$65  Diabetic Monitoring Supplies \$65 \$65  Home Health Services \$9 \$65 \$65	Hearing Exam	\$50	\$50
Ambulance Services \$175 \$175 Ambulance Copay Waived if Admitted No 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 Urgent Care Copay Waived if Admitted within 24 hours Yes Yes  Part B Drugs And Blood Part B Drugs And Blood Part B Chemotherapy Drugs \$75 \$75 Blood (3 pint deductible waived) \$0 \$0  Durable Medical Equipment (DME) And Supplies Durable Medical Equipment (DME) And Supplies  Prosthetics \$65 \$65 Orthotics \$65 \$65 Orthotics \$65 \$65 Diabetic Shoes and Inserts \$25 \$25 Medical Supplies \$65 \$65 Diabetic Monitoring Supplies \$65 \$65 Diabetic Monitoring Supplies \$65 \$65 Home Health Services \$0 \$65 \$65	Dental Services	\$50	\$50
Ambulance Copay Waived if Admitted No No No Emergency Room (includes Worldwide coverage) \$120 \$120 \$120 \$120 \$120 \$120 \$120 \$120	Ambulance/Emergency Room/Urgent Care		
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 (DME) And Supplies  Drosthetics \$65 \$65 Orthotics \$65 Orthotics \$65 Diabetic Shoes and Inserts \$25 Medical Supplies \$65 Diabetic Monitoring Su	Ambulance Services	\$175	\$175
Emergency Room Copay Waived if Admitted within 24 hoursYesYesUrgent Care (Includes Worldwide Coverage)\$65\$65Urgent Care Copay Waived if Admitted within 24 hoursYesYesPart B Drugs And BloodPart B Drugs20%20%Part B Chemotherapy Drugs\$75\$75Blood (3 pint deductible waived)\$0\$0Durable Medical Equipment (DME) And SuppliesDurable Medical Equipment\$65\$65Prosthetics\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & HospiceHome Health Services\$0\$0	Ambulance Copay Waived if Admitted	No	No
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 Part B Drugs Part B Drugs Part B Chemotherapy Drugs \$75 \$75 Blood (3 pint deductible waived) \$0 \$0  Purable Medical Equipment (DME) And Supplies  Durable Medical Equipment (DME) And Supplies  Durable Medical Equipment \$65 \$65 Prosthetics \$65 \$65 Orthotics \$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 \$0	Emergency Room (includes Worldwide coverage)	\$120	\$120
Urgent Care Copay Waived if Admitted within 24 hoursYesYesPart B Drugs And Blood20%20%Part B Drugs20%20%Part B Chemotherapy Drugs\$75\$75Blood (3 pint deductible waived)\$0\$0Durable Medical Equipment (DME) And SuppliesVDurable Medical Equipment\$65\$65Prosthetics\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & Hospice\$0\$0	Emergency Room 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 Orthotics \$65 \$65 Diabetic Shoes and Inserts \$25 \$25 Medical Supplies \$65 \$65 Diabetic Monitoring Supplies \$65 \$65 Houselin Pumps and Supplies \$65 \$65 Home Healthcare Agency & Hospice  Home Health Services \$9 \$0 \$0	Urgent Care (Includes Worldwide Coverage)	\$65	\$65
Part B Drugs20%20%Part B Chemotherapy Drugs\$75\$75Blood (3 pint deductible waived)\$0\$0Durable Medical Equipment (DME) And SuppliesDurable Medical Equipment (Equipment (DME) And Supplies\$65\$65Prosthetics\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & Hospice\$0\$0Home Health Services\$0\$0	Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
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 \$65 \$65  Diabetic Monitoring Supplies \$65 \$65  Home Health Care Agency & Hospice  Home Health Services \$0 \$0 \$0	Part B Drugs And Blood		
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 \$0	Part B Drugs	20%	20%
Durable Medical Equipment (DME) And SuppliesDurable Medical Equipment\$65\$65Prosthetics\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & Hospice\$0\$0Home Health Services\$0\$0	Part B Chemotherapy Drugs	\$75	\$75
Durable Medical Equipment\$65\$65Prosthetics\$65\$65Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & HospiceHome Health Services\$0\$0	Blood (3 pint deductible waived)	\$0	\$0
Prosthetics \$65 \$65 Orthotics \$65 \$65 Diabetic Shoes and Inserts \$25 \$25 Medical Supplies \$65 \$65 Diabetic Monitoring Supplies \$0 \$65 Insulin Pumps and Supplies \$65 \$65 Home Healthcare Agency & Hospice Home Health Services \$0 \$0 \$0	Durable Medical Equipment (DME) And Supplies		
Orthotics\$65\$65Diabetic Shoes and Inserts\$25\$25Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Healthcare Agency & HospiceHome Health Services\$0\$0	Durable Medical Equipment	\$65	\$65
Diabetic Shoes and Inserts \$25 \$25  Medical Supplies \$65 \$65  Diabetic Monitoring Supplies \$0 \$0  Insulin Pumps and Supplies \$65  Home HealthCare Agency & Hospice  Home Health Services \$0 \$0  \$0 \$0	Prosthetics	\$65	\$65
Medical Supplies\$65\$65Diabetic Monitoring Supplies\$0\$0Insulin Pumps and Supplies\$65\$65Home Health Care Agency & HospiceHome Health Services\$0\$0	Orthotics	\$65	\$65
Diabetic Monitoring Supplies \$0 \$0 \$0 Insulin Pumps and Supplies \$65 \$65 \$65 \$65 \$65 \$65 \$65 \$65 \$65 \$65	Diabetic Shoes and Inserts	\$25	\$25
Insulin Pumps and Supplies \$65 \$65  Home Healthcare Agency & Hospice Home Health Services \$0 \$0	Medical Supplies	\$65	\$65
Home Health Care Agency & Hospice Home Health Services \$0 \$0	Diabetic Monitoring Supplies	\$0	\$0
Home Health Services \$0 \$0	Insulin Pumps and Supplies	\$65	\$65
Home Health Services \$0 \$0	Home Healthcare Agency & Hospice		
Hospice (Medicare-covered) \$0 \$0		\$0	\$0
	Hospice (Medicare-covered)	\$0	\$0

Clinical Laboratory Services Outpatient X-ray Services Diagnostic Procedure/Test (includes non-radiological diagnostic services) Diagnostic Radiology Service	\$0 \$0	\$0 \$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)  Diagnostic Radiology Service		\$0
Diagnostic Radiology Service	¢cr.	T =
	\$65	\$65
TI I D I' I C I	\$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 Yea	r
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 N	Months	
Wellness/Clinical Program	ıs		
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		
Case and Disease Management, including:  - 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 - Note: Available services and offerings may be limited in the U.S. Territories	Included		
Let's Move Program - A wellness program helping retirees explore ways to eat well, be active, improve mental health, stay connected, and build financial literacy.	Included		

## **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.

Outpatien	t Prescription	Drug Coverage	
Prescription	Drug Plan	Standard NPPO Plus Rx	
Pharmacy N	letwork	Broad Network	
Formulary		Standard Formulary Group Performance	
Formulary Edits (step therapy, quantity limits, prior authorization)		rior authorization) Standard: Edits On	
Benefit Nam	ne	In Network Services	
Custom OOF	P, ICL, Catastroph	ic Control of the Con	
Initial Cove	Initial Coverage Limit \$5,030		
True Out o	f Pocket Threshol	d (TrOOP) \$8,000	
Catastroph	Catastrophic Coverage over TrOOP CMS Standard  Member pays greater of:		
Copay for g	generics	\$0	
Copay for a	all other drugs	\$0	
- OR - Coi	nsurance	0%	
Day Supply			
		available for 3x copay amount	
Retail 1 month supply		30	
Retail 2 month supply		60	
Retail 3 month supply 90		90	
	1 month supply	30	
	2 month supply	60	
	3 month supply	90	
		30	
Part D Gap (	_		
Part D Gap	Coverage	Min CMS Coverage	
Tier Definitio	ns		
Tier 1 - Prefer		Lower-cost, commonly used generic drugs.	
Tier 2 - Gener		Many generic drugs.	
Tier 3 - Prefer	rred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.	
Tier 4 - Non-n	referred Drug	Non-preferred generic and non-preferred brand name drugs. In	
- · <b>,</b>	- 0	addition, Part D eligible compound medications are covered in tier 4.	
Tier 5 - Specia		Unique and/or very high-cost brand and generic drugs.	
Part D Retai			
1 month su Tier 1	u <b>pply</b> Preferred Gen	eric \$15	
Tier 2	Generic	\$15	
Tier 3	Preferred Brar		
Tier 4	Non-preferred		
Tier 5	Specialty Tier	\$100	
Part D Mail			
3 month su			
Tier 1	Preferred Gen	eric \$30	
Tier 2	Generic	\$30	
Tier 3	Preferred Brar		
Tier 4	Non-preferred		
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.