

# UnitedHealthcare Group Medicare Advantage (PPO)

## City of Sacramento

MAPD PPO

1/ 1/2024 - 12/31/2024

### Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,400	\$3,400
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)	\$15	\$15
Specialist Office Visit	\$15	\$15
Virtual Office Visit	\$0	\$0
Virtual Visits - Medical - Preferred Provider	\$0	
Virtual Visits - Behavioral Health	\$15	\$15
Telemedicine	\$0	\$0
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	\$0 Per Day
Day Range 1	Days 1 - 100	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	\$15	\$15
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
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	\$15	\$15
Podiatry Visit	\$15	\$15
Eye Exam	\$15	\$15
Diabetic Eye Exam	\$15	\$15
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0

Hearing Exam	\$15	\$15
Dental Services	\$0	\$0
<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)	\$20	\$20
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
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
<b>Additional Benefits/Non-Medicare Covered Services</b>		
<b>Chiropractic (Non-Medicare Covered)</b>		
Chiropractic	\$5	\$5
Chiropractic - Number of Visits	Unlimited	Unlimited
Chiropractic - Benefit Period	1 Year	1 Year
Chiropractic Combined with Acupuncture	No	No
<b>Hearing (Non-Medicare Covered)</b>		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	1
Hearing Exam - Benefit Period	1 Year	1 Year
Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Hearing Aid - Number of Devices	Unlimited	N/A
Hearing Aid - Benefit Period	3 Years	
Hearing Aid - Device Allowance	\$500	
<b>Personal Emergency Response System</b>		
Personal Emergency Response System (PERS)	Included	
<b>Podiatry (Non-Medicare Covered)</b>		
Podiatry	\$15	\$15
Podiatry - Number of Visits	12	12
<b>Vision (Non-Medicare Covered)</b>		
Vision Plan Type	Exam Only- 1 exam/year Materials not covered	
Eye Exam Refraction - Every 12 months	\$0	\$0
Eye Exam Refraction - Benefit Period	Every 12 Months	Every 12 Months
Vision Hardware - Allowance for Eyeglasses	\$365	
- OR - Contact Lenses (in lieu of Eyeglasses)	\$100	
Vision Hardware - Benefit Period	Every 12 Months	
<b>Dental (Non-Medicare Covered)</b>		
Dental - Plan Type	PPO Low Custom	PPO Low Custom
Dental - Reimbursement Schedule	MAC	MAC
<b>Wellness/Clinical Programs</b>		
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	
Member Rewards Program	Included
- Reward cards for completing certain health care activities	

## Additional Benefit Details

Code	Description
F531	Includes PERS medical alert device. Administered through Phillips LifeLine, no claims impact.
F873	NMC Post-discharge Bundle. Includes: 28 meals via Roots Food Group, 12 one-way rides via ModivCare, 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	Custom
Pharmacy Network	Broad Network
Formulary	Standard Formulary H (Group Select Formulary)
Bonus Drug List	List U
Custom Drug List	Custom
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	Full Coverage
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#### Tier Definitions

Tier 1 - Preferred Generic	All covered generic drugs
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands
Tier 3 - Non-preferred Drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 3.
Tier 4 - Specialty Tier	Unique and/or very high-cost brand drugs

#### Part D Retail

##### 1 month supply

Tier 1	Preferred Generic	\$10
Tier 2	Preferred Brand	\$20
Tier 3	Non-preferred Drug	\$50
Tier 4	Specialty Tier	25%

#### Part D Mail Order

##### 3 month supply

Tier 1	Preferred Generic	\$20
Tier 2	Preferred Brand	\$40
Tier 3	Non-preferred Drug	\$100
Tier 4	Specialty Tier	25%

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.