

# Benefit Highlights

## UnitedHealthcare® Group Medicare Advantage (PPO) Plan

Effective January 1, 2018 to December 31, 2018

### For CalPERS Members

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

## Medical Benefits

### Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Physician: \$10 copay Specialist: \$10 copay	Primary Care Physician: \$10 copay Specialist: \$10 copay
Preventive Services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 copay per admission	\$0 copay per admission
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$10 copay	\$10 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$50 copay (worldwide)	\$50 copay (worldwide)
Urgently needed services	\$25 copay	\$25 copay
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year <sup>1</sup>	\$0 copay; 1 per plan year <sup>1</sup>
Chiropractic care and Acupuncture	\$15 copay Combination of 20 chiropractic and acupuncture visits per plan year <sup>1</sup>	\$15 copay Combination of 20 chiropractic and acupuncture visits per plan year <sup>1</sup>
Foot care – routine	\$10 copay (up to 6 visits per plan year) <sup>1</sup>	\$10 copay (up to 6 visits per plan year) <sup>1</sup>
Hearing – routine exam	\$0 copay (1 exam every 12 months) <sup>1</sup>	\$0 copay (1 exam every 12 months) <sup>1</sup>
Hearing aids	Plan pays up to \$1,000 (every 3 years) <sup>1</sup>	Plan pays up to \$1,000 (every 3 years) <sup>1</sup>
Vision – routine eye exams	\$10 copay (1 exam every 12 months) <sup>1</sup>	\$10 copay (1 exam every 12 months) <sup>1</sup>
Fitness program through SilverSneakers®	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine <sup>SM</sup>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com/calpers">www.UHCRetiree.com/calpers</a> .	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com/calpers">www.UHCRetiree.com/calpers</a> .

## Prescription Drugs

	Your Cost	
Initial coverage stage	Network Pharmacy (30-day supply)	Mail Service Pharmacy (90-day supply)
Tier 1 – Preferred Generic	\$5 copay	\$10 copay
Tier 2 – Preferred Brand	\$20 copay	\$40 copay
Tier 3 – Non-preferred Drug	\$50 copay	\$100 copay
Tier 4 – Specialty Tier	\$20 copay	\$40 copay
Coverage gap stage	After your total drug costs reach \$3,750, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the lesser of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all other drugs or, 5% of the cost	
Annual out-of-pocket maximum (for mail order drugs)	Once you've paid \$1,000 in a plan year for Tier 1, Tier 2, and Tier 4 formulary drugs through the plan's mail service pharmacy, you will pay \$0 for Tier 1, Tier 2, and Tier 4 formulary mail order drugs. Once your yearly out-of-pocket drug costs for retail and mail order drugs reach \$5,000, you pay the copays listed under the Catastrophic coverage stage above until the end of the calendar year	

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication.