

Benefit Highlights

EAST CENTRAL COLLEGE 12856

Effective January 1, 2019 to December 31, 2019

This is a short description of your 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 Provider: \$10 copay	Primary Care Provider: \$35 copay
	Specialist: \$35 copay	Specialist: \$60 copay
Preventive services	\$0 copay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$200 copay per day: days 1-8 \$0 copay per day after that	40% coinsurance per day
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$100 copay per additional day up to 100 days	\$175 copay per day up to 100 days
Outpatient surgery	\$200 copay	40% coinsurance
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	5% coinsurance	40% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	5% coinsurance	40% coinsurance
Lab services	5% coinsurance	\$13 copay
Outpatient x-rays	5% coinsurance	40% coinsurance
Therapeutic radiology services (such as radiation treatment for cancer)	5% coinsurance	40% coinsurance
Ambulance	\$150 copay	\$150 copay
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$35 copay (worldwide)	\$35 copay (worldwide)
Annual medical out-of-pocket maximum	\$4,000	\$10,000
	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$10,000 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*	40% coinsurance; 1 per plan year*
Foot care - routine	\$35 copay (Up to 6 visits per plan year)*	\$60 copay (Up to 6 visits per plan year)*

	In-Network	Out-of-Network
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
Vision - routine eye exams	\$35 copay (1 exam every 12 months)*	\$60 copay (1 exam every 12 months)*
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$15 copay	\$30 copay
Tier 2: Generic	\$15 copay	\$30 copay
Tier 3: Preferred brand	\$47 copay	\$94 copay
Tier 4: Non-preferred Drug	\$100 copay	\$200 copay
Tier 5: Specialty tier	\$100 copay	\$200 copay
Coverage gap stage	After your total drug costs reach \$3,820, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 37% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,100, you will pay the greater of \$3.40 copay for generic (including brand drugs treated as generic), \$8.50 copay for all drugs, or 5% coinsurance	

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.