

Benefit Highlights

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

This is a short description of your 2020 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	\$42
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Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$6,700 In-Network	\$6,700 combined In and Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$20 copay
	Specialist: \$45 copay (no referral needed)	Specialist: \$45 copay (no referral needed)
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$390 copay per day: for days 1-5 \$0 copay per day for unlimited days after that	\$390 copay per day: for days 1-5 \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100	\$0 copay per day: days 1-20 \$160 copay per day: days 21-62 \$0 copay per day: days 63-100
Outpatient hospital, including surgery	\$0 - \$390 copay Cost sharing for additional plan covered services will apply.	\$0 - \$390 copay Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	20% coinsurance
Home health care	\$0 copay	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$150 copay	\$0 - \$150 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay	\$20 copay
Lab services	\$10 copay	\$10 copay
Outpatient x-rays	\$14 copay	\$14 copay
Ambulance	\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air

Medical Benefits

	In-Network	Out-of-Network
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$30 - \$40 copay (\$90 copay for worldwide coverage)	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year*	\$0 copay; 1 per year*
Vision - routine eye exams	\$0 copay; 1 every year*	\$0 copay; 1 every year*
Vision - eyewear	\$0 copay every 2 years; up to \$100 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*	50% coinsurance every 2 years; up to \$100 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.*
Hearing - routine exam	\$0 copay; 1 per year*	\$20 copay; 1 per year*
Hearing aids	\$375 - \$2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.*	Hearing aids available nationwide through mail order from UnitedHealthcare Hearing.*
Foot care - routine	\$45 copay; 6 visits per year*	\$45 copay; 6 visits per year*
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at amwell.com	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$4 copay	\$0 copay
Tier 2: Generic Drugs	\$12 copay	\$0 copay

Prescription Drugs

	Your Cost	
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance	

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Contact the plan for more information.