

	UnitedHealthcare Medicare Advantage PPO
DEDUCTIBLES	
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum \$3,750/individual
PREVENTIVE CARE	
Routine Physical	\$0 co-pay
Immunizations and Inoculations	\$0 co-pay
Well Woman Exam and Family Planning	\$0 co-pay
Routine Pre/Post-Partum Care	Cost share per type and location of service
PHYSICIAN AND PROVIDER CARE	
Office and Home Visits	\$5 co-pay PCP; \$15 co-pay specialist
Hospital Visits	\$150 co-pay per admission
PRESCRIPTION DRUGS	
Pharmacy: Generic Drugs (Tier 1)	\$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	\$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	\$45 co-pay 30-day supply
Mail Order: Generic Drugs (Tier 1)	\$10 co-pay 90-day supply
Mail Order: Brand-Name Drugs (Tier 2)	\$40 co-pay 90-day supply
Mail Order: Non-Preferred Brand Drugs (Tier 3)	\$90 co-pay 90-day supply
Specialty Drugs (Tier 4)	\$20 co-pay retail pharmacy up to 30-day supply \$40 co-pay mail order pharmacy up to 90-day supply
OUTPATIENT SERVICES	
Diagnostic X-ray and Laboratory	\$0 co-pay
EMERGENCY	
Hospital Emergency Room	\$65 co-pay
Urgent Care Facility	\$20 co-pay
HOSPITAL/SURGERY	
Inpatient	\$150 co-pay per admission
Outpatient	\$100 co-pay

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REHABILITATIVE	
Physical/Occupational Therapy	\$20 co-pay
Acupuncture/Chiropractic	\$15 co-pay 24 visits of each max per plan year
GENDER DYSPHORIA	
Office Visits and Outpatient Surgery	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT	
Home Medical Equipment	\$15 co-pay
Prosthetics/Orthotics	\$15 co-pay
Diabetic Monitoring Supplies	\$0 co-pay
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each
MENTAL HEALTH	
Inpatient Hospitalization	\$150 co-pay per admission
Outpatient Treatment	\$5 co-pay group \$15 co-pay individual
Inpatient Detox	\$150 co-pay per admission
Residential Rehabilitation	\$150 co-pay per admission
EXTENDED and END-OF-LIFE CARE	
Skilled Nursing Facility	No charge up to 100 days/benefit period; no custodial care
Hospice	Covered by Original Medicare
OUTSIDE SERVICE AREA	
Care Access and Limitations	Nationwide coverage provided. Services obtained outside of the United States and UnitedHealthcare covered United States territories will only be authorized in the case of urgently needed services or in the case of emergency.