

This plan is a Preferred Provider Organization (PPO). PPO plans provide care through a network of doctors and hospitals, and give you the option to receive care out-of-network for covered services, generally at a higher cost to you. With a PPO you do not need a referral to see specialists. PPO plans may be a good fit for someone looking for predictable cost shares and benefits above Original Medicare.

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Monthly plan premium	<b>\$0</b>	
Deductible	None	
<b>Medical Coverage</b>		
Annual physical	<b>\$0</b> copay	<b>\$30</b> copay
Preventive services (Medicare-covered)	<b>\$0</b> copay	<b>30%</b> coinsurance
Immunizations (pneumonia and flu)	<b>\$0</b> copay	<b>\$0</b> copay
Primary Care Physician (PCP) office visit	<b>\$15</b> copay	<b>\$30</b> copay
Specialist office visit	<b>\$35</b> copay (No Referral Needed)	<b>\$50</b> copay
Inpatient hospitalization	<b>\$320</b> copay per day: days 1-5. <b>\$0</b> thereafter.	<b>\$425</b> copay per day: days 1-21. <b>\$0</b> thereafter.
Outpatient surgery and hospital services	<b>20%</b> coinsurance	<b>30%</b> coinsurance
Urgently needed care	<b>\$30</b> copay	<b>\$40</b> copay
Emergency care	<b>\$50</b> copay	<b>\$50</b> copay
Ambulance services	<b>\$200</b> copay	<b>\$200</b> copay
Home health care	<b>\$0</b> copay	<b>30%</b> coinsurance
Skilled nursing facility (SNF) care	<b>\$50</b> copay per day: days 1-20.	<b>\$175</b> copay per day: days 1-51.
Lab services:		
HIV & cardiovascular screenings	<b>\$0</b> copay	<b>\$0 - \$10</b> copay
All other lab services	<b>\$10</b> copay	<b>\$10</b> copay
Diagnostic testing:		
EKG & AAA screenings	<b>0% - 20%</b> coinsurance	<b>30%</b> coinsurance
All other diagnostic tests	<b>20%</b> coinsurance	<b>30%</b> coinsurance
X-rays	<b>\$16</b> copay	<b>\$21</b> copay
Annual out-of-pocket maximum	<b>\$4400</b>	<b>\$8800</b> combined
<b>Prescription Drugs</b>		
Prescription drug deductible	<b>\$0</b>	
Initial coverage stage	31-day retail supply	90-day mail order supply
■ Tier 1:	<b>\$6</b>	<b>\$12</b>
■ Tier 2:	<b>\$45</b>	<b>\$125</b>
■ Tier 3:	<b>\$85</b>	<b>\$245</b>
■ Tier 4:	<b>33%</b>	<b>33%</b>
Coverage gap stage (after prescription costs paid reach \$2840)	No Coverage	
Catastrophic coverage stage (after you have paid \$4550 out-of-pocket)	The greater of <b>\$2.50</b> for generic, <b>\$6.30</b> for brand-name, or <b>5%</b>	

To verify your provider is in the plan's network or for additional plan information

Also included in this plan	In-Network	Out-of-Network
Foot care	<b>\$35</b> copay for 6 visits per year*	<b>\$50</b> copay for 6 visits per year*
Vision services	<b>\$0</b> copay for Medicare-covered glaucoma screening <b>\$35</b> copay for routine exams; 1 per year*	<b>\$50</b> copay for Medicare-covered glaucoma screening <b>\$50</b> copay for routine exams; 1 per year*
Hearing services	<b>\$35</b> copay for annual hearing test* <b>\$300</b> hearing aids allowance every 2 years*	<b>\$50</b> copay for annual hearing test* <b>\$300</b> hearing aids allowance every 2 years*
UnitedHealth Passport® Program	Included in this plan. See the Passport brochure in this booklet for more information.	
Nurseline <sup>SM</sup>	Speak with a registered nurse (RN) 24 hours a day	
Optional additional plan coverage		
Fitness Rider	<b>\$13</b> additional monthly premium See the “Additional Information” section for more information	

\* Benefit combined in and out-of-network

The benefit information provided here in is a brief summary, not a comprehensive description of benefits. For more information contact the plan or review the Summary of Benefits provided within this booklet for more benefit information.