UnitedHealthcare

UnitedHealthcare Group Medicare Advantage (PPO)

Plan: 2022 San Antonio Water Systems PPO Plus

San Antonio Water System

1/ 1/2022 - 12/31/2022

Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	$300	$300
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	Yes
Annual Medical Out-of-Pocket Maximum	$2,550	
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	Yes
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	$20	$20
Specialist Office Visit	$40	$40
Virtual Office Visit	$0	$0
Telemedicine	$0	$0
Annual Routine Physical Exam	$0	$0
Inpatient Services		
Inpatient Hospital Stay	20% Per Admit	20% Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	20% Per Day	
Day Range 1	Days 1 - 100	Days 1 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	No Benefit Period	
Inpatient Mental Health Lifetime Maximum	Unlimited	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	20% Per Admit	20% Per Admit
Outpatient Services		
Outpatient Surgery	20%	20%
Outpatient Hospital Services	20%	20%
Outpatient Mental Health/Substance Abuse - Individual Visit	$40	$40
Outpatient Mental Health/Substance Abuse - Group Visit	$20	$20
Partial Hospitalization (Mental Health Day Treatment) per day	$55	$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	$20	$20
Occupational Therapy	$20	$20
Physical Therapy and Speech/Language Therapy	$20	$20
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	$20	$20
Intensive Cardiac Rehabilitation	$20	$20
Pulmonary Rehabilitation	$20	$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	$20	$20
Kidney Dialysis	20%	20%
Medicare-covered Specialist Visits		
Chiropractic Visit	$20	$20
Podiatry Visit	$40	$40
Eye Exam	$40	$40
Eyewear (Frames and Lenses after cataract surgery)	$0	$0
Hearing Exam	$40	$40
Dental Services	$40	$40
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	20%	20%
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	$65	$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	$40	$40
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	20%	20%
Blood (3 pint deductible waived)	$0	$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	20%	20%
Prosthetics	20%	20%
Orthotics	20%	20%
Diabetic Shoes and Inserts	20%	20%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	$0	$0
Insulin Pumps and Supplies	20%	20%
Home Healthcare Agency & Hospice		
Home Health Services	$0	$0
Hospice (Medicare-covered)	$0	$0
Procedures		
Clinical Laboratory Services	$0	$0
Outpatient X-ray Services	$0	$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	$0	$0
Diagnostic Radiology Service	20%	20%
Therapeutic Radiology Service	20%	20%
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	$0	$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	$0	$0
Pap Smears and Pelvic Exams	$0	$0
Prostate Cancer Screening	$0	$0
Colorectal Cancer Screenings	$0	$0
Bone Mass Measurement (Bone Density)	$0	$0
Mammography	$0	$0
Diabetes - Self-Management Training	$0	$0
Medical Nutrition Therapy and Counseling	$0	$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	$0	$0
Smoking Cessation Visit	$0	$0
Abdominal Aortic Aneurysm (AAA) Screenings	$0	$0
Diabetes Screening	$0	$0
HIV Screening	$0	$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	$0	$0

Preventive Services (Medicare-Covered)		
Screening for Depression in Adults	$0	$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	$0	$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	$0	$0
Screening and Counseling for Obesity	$0	$0
Glaucoma Screening	$0	$0
Kidney Disease Education	$0	$0
Dialysis Training	$0	$0
Hepatitis C Screening	$0	$0
Lung Cancer Screening	$0	$0
Wellness/Clinical Programs		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included	Not Included
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

Non-Medicare Covered Services

Routine Podiatry		
Routine Podiatry	$40	$40
Routine Podiatry - Number of visits per year	6 Visits	
Routine Vision		
Routine Eye Exam Refraction - every 12 months	$40	$40
Routine Hearing		
Routine Hearing Exam for Hearing Aids	$0	$0
Routine Hearing Exam - Number of Visits	1 Visits	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	$500	

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan		
Pharmacy Network	Standard		
Non-OptumRx Mail Order Network	Included		
Formulary Base	Group Select Formulary H		
Bonus Drug List	List U		
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On		
Benefit Name	**In Network Services**	**Minimum**	**Maximum**
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	$4,430		
True Out of Pocket Threshold (TrOOP)	$7,050		
Catastrophic Coverage over TrOOP	Custom		
Copay for generics	$3.95		
Copay for all other drugs	$9.85		
<->OR<-> Coinsurance	0%		
Day Supply			
Retail Day Supply	30		
Retail Day Supply Tier 4 Limit	30		
Mail Order Day Supply	90		
Mail Order Day Supply Tier 4 Limit	90		
Primary Plan - ICL Phase			
Retail Tier 1	$10		
Retail Tier 2	30%		45
Retail Tier 3	45%		75
Retail Tier 4	$60		
Mail Order Tier 1	$25		
Mail Order Tier 2	$62.50		
Mail Order Tier 3	$100		
Mail Order Tier 4	$150		

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

Footnotes

Name	Code	Status	Category	Footnote
FN-07168	F534	Active	Medical	IP Acute coinsurance Voluntary Plan MOOP. 6 day max and 10 day max are capped at CMS limits. 60 day max is capped at N/A. Refer to Call Letter.
FN-07172	F538	Active	Medical	IP Mental Health coinsurance Voluntary Plan MOOP. 15 day max and 60 day max are capped at CMS limits. Refer to Call Letter.
FN-07176	F542	Active	Medical	SNF coinsurance amount with a Voluntary Plan MOOP days 1-20 and days 21+ at CMS Limits; Professional Fees covered 100% by plan. Refer to Call Letter.
FN-06672	F340	Active	Ancillary	Includes post-discharge meal delivery benefit 3 meals per day for a 4 week period totaling 84 meals immediately following an inpatient hospital or skilled nursing facility discharge when referred by a case manager. Offered through Mom's Meals.
FN-08990	F633	Active	Ancillary	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.