

Benefit Highlights

PEEHIP 15506

Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information, or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$233 this plan year.
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$7,550 this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$13 copay
Specialist	\$18 copay
Virtual visits	\$0 copay virtual doctor visits
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$200 copay per day: day 1 \$25 copay per day: days 2-5 \$0 copay per day after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$161 copay per additional day up to 100 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$0 copay
Outpatient mental health	
Group therapy	\$13 copay
Individual therapy	\$18 copay
Virtual visits	\$0 copay
Diagnostic radiology services such as MRIs, CT scans	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$0 copay
Emergency care	\$35 copay (worldwide)
Urgently needed services	\$18 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Chiropractic - routine	20% coinsurance, 18 visits per plan year*
Foot care - routine	\$18 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing - routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$500 allowance (combined for both ears) for hearing aids every 3 years*.
Vision - routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.
Personal Emergency Response System (PERS) Lifeline	\$0 copay for a personal emergency response system.
Rally Coach™ Programs	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program * Refer to your Evidence of Coverage for eligibility requirements.

*Benefits are combined in and out-of-network

Prescription Drugs

Initial Coverage Stage	Your cost		
	Network Retail Pharmacy (up to a 30-day supply of maintenance and non-maintenance drugs)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs*)	Network Retail Pharmacy (61 to 90-day supply of maintenance drugs*)
Tier 1: Preferred Generic Drugs	\$6 copay	\$12 copay	\$12 copay
Tier 2: Preferred Brand Drugs	\$40 copay	\$80 copay	\$120 copay
Tier 3: Non-Preferred Drugs	\$60 copay	\$120 copay	\$180 copay
Tier 4: Specialty Tier Drugs	\$60 copay	N/A	N/A
Coverage gap stage	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost		
Catastrophic coverage stage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage		

* Please see the Additional Drug Coverage for a list of the plan's maintenance drugs.

Required information

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.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-298-2341 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-298-2341, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only.

The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

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 Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.