

2019 PLAN GUIDE

What you need to know about your Medicare Advantage Plan.

CS VEBA

UnitedHealthcare® Group Medicare Advantage (PPO)

Effective: January 1, 2019 through December 31, 2019

Group Number: 13696



Benefit Highlights

CS VEBA 13696

Effective January 1, 2019 to December 31, 2019

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

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$5 copay	Primary Care Provider: \$5 copay
	Specialist: \$5 copay	Specialist: \$5 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$5 copay	\$5 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$5 copay (worldwide)	\$5 copay (worldwide)
Annual medical out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$6,700 each plan year	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic care	\$5 copay (Up to 12 visits per plan year)*	\$5 copay (Up to 12 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*

	In-Network	Out-of-Network
Hearing aids	Plan pays up to \$1,000 (every 3 years)*	Plan pays up to \$1,000 (every 3 years)*
Vision - routine eye exams	\$5 copay (1 exam every 12 months)*	\$5 copay (1 exam every 12 months)*
Vision - eyewear	Plan pays up to \$130 eyewear allowance every 2 years. Plan pays up to \$175 contact lens allowance in lieu of eyewear allowance every 2 years.*	Plan pays up to \$130 eyewear allowance every 2 years. Plan pays up to \$175 contact lens allowance in lieu of eyewear allowance every 2 years.*
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$5 copay	\$10 copay
Tier 2: Preferred brand	\$20 copay	\$40 copay
Tier 3: Non-preferred drug	\$40 copay	\$80 copay
Tier 4: Specialty tier	\$40 copay	\$80 copay
Coverage gap stage	After your total drug costs reach \$3,820, 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 total out-of-pocket costs reach \$5,100, you will pay a \$3.40 copay for generic (including brand drugs treated as generic), and a \$8.50 copay for brand name	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more 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.

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.