



**UnitedHealthcare
Group Medicare Advantage (NPPO)**

2018 Summary for DC Government

Effective 7/1/2018-12/31/2018

Benefit	Covered In or Out of Network
Annual Deductible	\$0
Annual Medical Out of Pocket Maximum*	\$500
Physician Services	
Primary Care OV Copay	\$5
Specialist OV Copay	\$10
Virtual Office Visit Copay	\$0
Inpatient Hospital Services	
Inpatient Hospital Copay	\$100 copayment per Admit
Outpatient Services	
Clinical Laboratory Services	\$5
Diagnostic Radiology Services	\$10
Surgery	\$0
Emergency / Urgent Services	
Emergency room	\$65 per visit
Urgent Care centers	\$5
Ambulance	\$0
Additional benefits and programs not covered by Original Medicare	
Hearing Plan	\$0 copay for routine hearing test; 1 test per 12 months
Hearing Plan (Hardware)	\$500 Allowance every 36 months
Vision - routine exams	\$10 One exam every 12 months**
Foot care - routine	\$10 Up to 6 visits per plan year**
Fitness program through Silver sneakers® Fitness program	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 (no charge)

(over)

* Not all covered services apply to out-of-pocket. Contact plan for details.

** Benefit limitations are combined in and/or out of network

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

Part D Prescription Drug Benefits

Your Cost		
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$10	\$20
Tier 2: Preferred Brand	\$30	\$60
Tier 3: Non-Preferred Brand	\$40	\$80
Tier 4: Specialty Tier	25%	25%
Coverage gap stage	After your total drug costs reach \$3,750, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost as outlined above	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay a \$3.35 copay for generic drugs or \$8.35 copay for all other drugs, OR 5% coinsurance, whichever is greater.	

If you have any questions and would like to speak with a UnitedHealthcare advisor prior to enrolling, please call **877-848-1256**.

We will be happy to help answer any questions you may have about this plan.

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