

Benefit Highlights

UnitedHealthcare Group Medicare Advantage (PPO) Plan
 Effective January 1, 2016 to December 31, 2016
 For CalPERS Members

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

Plan costs	In-Network	Out-of-Network
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year	

Medical Benefits	In-Network	Out-of-Network
Benefits covered by Original Medicare and your plan		
Doctor's office visit	Primary Care Provider: \$10 co-pay Specialist: \$10 co-pay	Primary Care Provider: \$10 co-pay Specialist: \$10 co-pay
Preventive services	\$0 co-pay for Medicare-covered preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 co-pay per admission	\$0 co-pay per admission
Skilled nursing facility (SNF)	\$0 co-pay per day up to 100 days	\$0 co-pay per day up to 100 days
Outpatient surgery	\$0 co-pay	\$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 co-pay	\$0 co-pay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$10 co-pay	\$10 co-pay
Lab services	\$0 co-pay	\$0 co-pay
Outpatient X-rays	\$0 co-pay	\$0 co-pay

Medical Benefits	In-Network	Out-of-Network
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 co-pay	\$0 co-pay
Ambulance	\$0 co-pay	\$0 co-pay
Emergency care	\$50 co-pay (worldwide)	\$50 co-pay (worldwide)
Urgently needed services	\$25 co-pay	\$25 co-pay
Additional benefits and programs not covered by Original Medicare		
Routine physical	\$0 co-pay; 1 per plan year	\$0 co-pay; 1 per plan year
Chiropractic care and Acupuncture	\$15 co-pay Combination of 20 chiropractic and acupuncture visits per plan year*	\$15 co-pay Combination of 20 chiropractic and acupuncture visits per plan year*
Foot care – routine	\$10 co-pay (up to 6 visits per plan year)*	\$10 co-pay (up to 6 visits per plan year)*
Hearing – routine exam	\$0 co-pay (1 exam every 12 months)*	\$0 co-pay (1 exam every 12 months)*
Hearing aids	Plan pays up to \$1,000 (every 3 years)*	Plan pays up to \$1,000 (every 3 years)*
Vision – routine eye exam	\$10 co-pay (1 exam every 12 months)*	\$10 co-pay (1 exam every 12 months)*
Fitness program through SilverSneakers®	Stay active with a basic membership at a participating location with a \$0 co-pay.	Stay active with a basic membership at a participating location with a \$0 co-pay.
NurseLineSM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week with a \$0 co-pay.	Speak with a registered nurse (RN) 24 hours a day, 7 days a week with a \$0 co-pay.

*Benefits are combined in-network 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 co-pay	\$10 co-pay
Tier 2 – Preferred brand	\$20 co-pay	\$40 co-pay
Tier 3 – Non-preferred brand	\$50 co-pay	\$100 co-pay
Tier 4 – Specialty tier	\$20 co-pay	\$40 co-pay
Coverage gap stage	After your total drug costs reach \$3,310, 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 \$4,850, you will pay the lesser of \$2.95 co-pay for generic (including brand drugs treated as generic), \$7.40 co-pay for all other drugs or, 5% of the cost	
Annual out-of-pocket maximum (for mail order drugs)	Once you've paid \$1,000 in a plan year for Tier 1, Tier 2, and Tier 4 formulary drugs through the plan's mail service pharmacy, you will pay \$0 for Tier 1, Tier 2, and Tier 4 formulary mail order drugs. Once your yearly out-of-pocket drug costs for retail and mail order drugs reach \$4,850, you pay the co-pays listed under the Catastrophic coverage stage above until the end of the calendar year	

Nurseline 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. The service is not an insurance program and may be discontinued at any time.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. SilverSneakers® is a registered trademark of Healthways, Inc. © 2014 Healthways, Inc.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay

amounts may be higher. Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx to obtain a 90 or 100-day supply of your maintenance medications. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filed. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply.

Benefits, premium and/or co-payments/co-insurance may change each plan year.

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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