



**Medical Coverage**

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	\$300	\$300
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	
Annual Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$10	\$10
Specialist Office Visit	\$20	\$20
Annual Routine Physical Exam	\$0	\$0
<b>Virtual Services</b>		
Virtual Office Visit	\$0	\$0
Virtual Visits - Behavioral Health	\$0	\$0
Virtual Medical Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$0	N/A
Virtual Behavioral Health Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$0	N/A
<b>Inpatient Services</b>		
Inpatient Hospital Stay	\$0 Per Admit	\$0 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	\$0 Per Day Days 1 - 100	\$0 Per Day Days 1 - 100
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Psychiatric Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0
Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
<b>Medicare Covered Services</b>		
Chiropractic Visit	\$20	\$20
Acupuncture Visit	\$20	\$20
Podiatry Visit	\$20	\$20
Eye Exam	\$20	\$20
Diabetic Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0

## 2026 St. Tammany Parish School Board

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Benefit Name	In Network Services	Out of Network Services
<b>Medicare Covered Services</b>		
Hearing Exam	\$20	\$20
Dental Services	\$20	\$20
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$10	\$10
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	\$0	\$0
Part B Insulin	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
<b>Preventive Services (Medicare-Covered)</b>		
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

## 2026 St. Tammany Parish School Board

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Benefit Name	In Network Services	Out of Network Services
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
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

### Additional Benefits/Non-Medicare Covered Services

#### Hearing (Non-Medicare Covered)

Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits		1 Visit
Hearing Exam - Benefit Period		1 Year
Hearing Aid - Device Allowance	\$500	
Hearing Aid - Allowance Per Ear or Combined	Combined	
Hearing Aid - Number of Devices	Unlimited	
Hearing Aid - Benefit Period	3 Years	

#### Podiatry (Non-Medicare Covered)

Podiatry	\$20	\$20
Podiatry - Number of Visits		6 Visits
Podiatry - Benefit Period		Per Plan Year

#### Vision (Non-Medicare Covered)

Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period		every 12 months

### Wellness / Clinical Programs

**UHC Healthy At Home** - Post-Discharge Program, following each discharge: **Included**

- 12 non-emergency medical rides
- 28 home delivered meals
- 6 hours in-home personal care

**Fitness Program** **Included**

**Member Rewards Program** **Included**

- Reward cards for completing certain health care activities

**Preferred Diabetic Supply Program** **Included**

## 2026 St. Tammany Parish School Board

### Wellness / Clinical Programs

**HouseCalls Program** **Included**

**Let's Move Program** - Wellness program helping retirees move to a healthier lifestyle with resources, tools, and events focused on topics including: **Included**

- Physical activity and nutrition
- Mental health and social connection
- Smoking cessation
- Caregiver well-being
- Financial wellness

**UHC Hearing Aid Discount Program** **Included**  
 - Note: Available services and offerings may be limited in the U.S. Territories

### Outpatient Prescription Drug Coverage

**Benefit Name** **In Network Services**

#### Part D Coverage Stages

True Out of Pocket Threshold (TrOOP) \$2,100  
 Catastrophic Coverage over TrOOP Member cost share is \$0

Part D Retail	Cost Share	Insulin Copay
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#### 1 month supply

Tier 1	Preferred Generic	\$15	\$15
Tier 2	Preferred Brand	\$40	\$35
Tier 3	Non-preferred Drug	\$60	\$35
Tier 4	Specialty Tier (limited to 1 month supply)	\$60	\$35

Part D Retail	Cost Share	Insulin Copay
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#### 3 month supply

Tier 1	Preferred Generic	\$45	\$45
Tier 2	Preferred Brand	\$120	\$105
Tier 3	Non-preferred Drug	\$180	\$105
Tier 4	Specialty Tier (limited to 1 month supply)	N/A	

Part D Mail Order	Cost Share	Insulin Copay
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#### 1 month supply

Tier 1	Preferred Generic	\$15	\$15
Tier 2	Preferred Brand	\$40	\$35
Tier 3	Non-preferred Drug	\$60	\$35
Tier 4	Specialty Tier (limited to 1 month supply)	\$60	\$35

#### 3 month supply

Tier 1	Preferred Generic	\$30	\$30
Tier 2	Preferred Brand	\$80	\$80
Tier 3	Non-preferred Drug	\$120	\$105
Tier 4	Specialty Tier (limited to 1 month supply)	N/A	

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.