Medical Benefits ... at a Glance

	UnitedHealthcare Medicare Advantage **PPO**	UnitedHealthcare Medicare Advantage **HMO**
SERVICE/ FEATURE	**IN NETWORK**	**IN NETWORK ONLY**
Primary care provider (PCP) required?	**No**	**Yes**
Referrals required for specialist care?	**No**	**Yes, for some services**
Out-of-network benefits?	**Yes; same as in-network if provider accepts plan**	**No, except in an emergency**
Lifetime maximum benefit	**Unlimited**	**Unlimited**
Annual medical deductible	**None**	**None**
Annual out-of-pocket maximum	**$2,000**	**$1,500**
Preventive care/immunizations	You pay $0	You pay $0
MNPS Health Care Centers (including EWC clinical) visits	You pay $0 (primary care) You pay $30 (specialist)	You pay $5 (primary care) You pay $10 (specialist)
Office visits (primary care)	You pay $0	You pay $5
Office visits (specialist)	You pay $30	You pay $10
Virtual visits (available 24/7)	You pay $0	You pay $5
Urgent care	You pay $30	You pay $10
Lab/x-ray/radiology	You pay $0 (primary care) You pay $30 (specialist)	You pay $0 (primary care) You pay 10% (specialist)
Chemotherapy	You pay $30 (office visit) You pay $20 (drug)	You pay $10 (office visit) You pay 10% (drug)
Rehabilitation/therapy (physical, occupational, speech)	You pay $0 (primary care) You pay $30 (specialist)	You pay $0 (primary care) You pay 10% (specialist)
Durable medical equipment	You pay $20	You pay 10%
Hospital inpatient	You pay $100/admission	You pay $0
Emergency room (waived if admitted)	You pay $100	You pay $120
Ambulance	You pay $0	You pay $0
Emergency worldwide coverage (no benefit limit)	You pay $30 (urgent care) You pay $100 (ER)	You pay $20 (urgent care) You pay $120 (ER)
Outpatient surgery	You pay $100	You pay $0
Skilled nursing facility	You pay $0 (days 1-20) You pay $92/day (days 21-100)	You pay $0 (days 1-100)
Home health care	You pay $0	You pay $0
Mental health, substance use disorder office and outpatient visits	You pay $0	You pay $0
Mental health, substance use disorder inpatient care	You pay $100/admission	You pay $0

Prescription Drugs ... at a Glance

	UnitedHealthcare Medicare Advantage PPO	UnitedHealthcare Medicare Advantage HMO
	IN NETWORK	**IN NETWORK**
Annual prescription deductible	**$200**	**None**
Annual prescription out-of-pocket maximum	**$1,500**	**$2,400[1]**
Certain preventive drugs (brand and generic)	**$0**	**See retail copays below**
NETWORK RETAIL (30-DAY SUPPLY)		
Tier 1: generic	$2	$2
Tier 2: preferred brand	$30	$5
Tier 3: non-preferred brand	$80	$20
Tier 4: high cost specialty[2]	$80	$20
Out-of-network	See note below[3]	See note below[3]
NETWORK RETAIL (90-DAY SUPPLY)		
Tier 1: generic	$4	$4
Tier 2: preferred brand	$60	$10
Tier 3: non-preferred brand	$160	$40
Tier 4: high cost specialty[2]	N/A	N/A
MAIL ORDER (90-DAY SUPPLY)		
Tier 1: generic	$10	$10
Tier 2: preferred brand	$70	$20
Tier 3: non-preferred brand	$170	$50
Tier 4: high cost specialty[2]	N/A	N/A

[1] *If you spend $2,400 in CMS-defined True Out-of-Pocket prescription costs, you will have entered the Catastrophic Coverage phase of Medicare coverage, and you'll pay $0 for generic and brand name drugs for the rest of the year.*

[2] *Specialty drugs are limited to a 30-day supply per fill.*

[3] *Prescriptions purchased out-of-network are paid at the in-network level, but you're responsible for any difference between the out-of-network pharmacy billed charge and the actual in-network allowable amount. Limited to a 30-day supply.*