

**UnitedHealthcare**  
**Group Medicare Advantage PPO**  
**Prepared For: OK HGH ED EMP INTER GRP**

Effective: 1/1/2021 through 12/31/2021

Benefits And Coverage	In-Network Services	Out-of-Network Services
Annual Medical Deductible	--None--	--None--
Annual Medical Out-of-Pocket Maximum	\$0	\$0
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)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit	\$0	\$0
Virtual Office Visit with Preferred Providers: Doctor on Demand or AmWell	\$0	\$0
Telemedicine	\$0	\$0
<b>INPATIENT SERVICES</b>		
Inpatient Hospital Stay - Per Admission	\$0	\$0
Skilled Nursing Facility Care - prior hospital stay requirement waived?	Yes	
Skilled Nursing Facility Care	\$0 days 1-20 \$0 days 21-100	\$0 days 1-20 \$0 days 21-100
Skilled Nursing Facility Care - Benefit Period (In days)	100	
Inpatient Mental Health in a Psychiatric Hospital / Inpatient Substance Abuse - Per Admission	\$0	\$0
Inpatient Mental Health Lifetime Maximum number of days	190	
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Hospital Observation Stay	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Virtual 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 Rehabilitation	\$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 SPECIALIST VISITS</b>		
Chiropractic Visit (Medicare-covered)	\$0	\$0
Podiatry Visit (Medicare-covered)	\$0	\$0
Eye Exam (Medicare-covered)	\$0	\$0
Eyewear (Medicare-covered Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$0	\$0
Dental Services (Medicare-covered)	\$0	\$0
<b>AMBULANCE/EMERGENCY ROOM/URGENT CARE</b>		
Ambulance Services	\$0	\$0
Emergency Room (Includes Worldwide Coverage) waived if admitted within 24 hours	\$0	\$0
Urgent Care (Includes Worldwide Coverage) waived if admitted within 24 hours	\$0	\$0
<b>PART B DRUGS AND BLOOD</b>		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	\$0	\$0
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

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Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps & 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 Vaccines)	\$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
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 (Medicare-covered)	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk (Medicare-covered)	\$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
<b>ADDITIONAL BENEFITS/PROGRAMS (NON MEDICARE-COVERED)</b>		
Routine Podiatry	\$0	\$0
Routine Podiatry - Number of visits per year		6
Routine Eye Exam Refraction - every 12 months	\$0	\$0
Routine Hearing Exam for Hearing Aids 1 visits; every 1 years	\$0	\$0
Hearing Aid Allowance - includes Digital Hearing Aids	\$500	
Benefit per Ear or combined	Combined	
Number of Hearing Aids	Unlimited	
Hearing Aid period in years	3	
Annual Routine Physical Exam	\$0	\$0
<b>WELLNESS/CLINICAL SUPPORT &amp; PROGRAMS</b>		
Caregiver Support		Included

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Case & Disease Management for High Risk & Chronic Conditions, including: <ul style="list-style-type: none"> <li>- High Risk Members</li> <li>- Heart Failure</li> <li>- Respiratory Illness</li> <li>- Kidney Disease</li> <li>- Diabetes</li> <li>- Behavioral Health</li> </ul>		Included
Fitness Program		Included
Health Navigators		Included
HouseCalls Program		Included
NurseLine Support - 24/7		Included
Palliative Care Support		Included
Preferred Diabetic Supply Program		Included
Transitional Care Program		Included
Transplant Program		Included
UHC Hearing Aid Discount Program - Note: Available services and offerings may be limited in U.S. Territories		Included
OUTPATIENT PRESCRIPTION DRUG COVERAGE		
Prescription Drug Plan		Custom
Pharmacy Network		Standard
Part D Gap Coverage		Min CMS Coverage
Formulary		Standard Formulary G
Non-OptumRx Mail Order Network		Included
Formulary Edits (step therapy, quantity limits, prior authorization)		On
Rx Deductible		\$445 applies to all tiers
Part D Retail Copay		
<b>Note: 90 day retail supply is available for 3X copay amount</b>		
Tier 1: Preferred Generic - up to 30 day supply (Most generic drugs)		25%
Tier 2: Preferred Brand - up to 30 day supply (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)		25%
Tier 3: Non-Preferred Brand - up to 30 day supply (Non-preferred generic and non-preferred brand name drugs)		25%
Tier 4: Specialty Tier - up to 30 day supply (Unique and/or very high-cost drugs)		25%
Part D Preferred Mail Order Copay (up to a 90 day supply)		
Tier 1: Preferred Generic - up to 90 day supply (Most generic drugs)		25%
Tier 2: Preferred Brand - up to 90 day supply (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)		25%
Tier 3: Non-Preferred Brand - up to 90 day supply (Non-preferred generic and non-preferred brand name drugs)		25%
Tier 4: Specialty Tier - up to 90 day supply (Unique and/or very high-cost drugs)		25%
Initial Coverage Limit		\$4,130
True Out of Pocket Threshold (TrOOP)		\$6,550
Catastrophic Coverage over TrOOP (greater amount of)		Custom
Copay for generics		\$0.00
Copay for all other drugs		\$0.00
OR Coinsurance		0%
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.		