

Benefit highlights

UnitedHealthcare® Group Medicare Advantage (PPO)

Public Education Employees' Health Insurance Plan

Group number: 15500

Effective January 1, 2017 to December 31, 2017

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 medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$166 each plan year	

Medical Benefits	In-Network	Out-of-Network
Benefits covered by Original Medicare and your plan		
Doctor's office visit	Primary Care Physician: \$13 co-pay Specialist: \$18 co-pay	Primary Care Physician: \$13 co-pay Specialist: \$18 co-pay
Preventive services	\$0 co-pay for Medicare covered preventive services.	
Inpatient hospital care	\$200 co-pay per day: day 1; \$25 co-pay per day: days 2–5; \$0 co-pay per day after that	\$200 co-pay per day: day 1; \$25 co-pay per day: days 2–5; \$0 co-pay per day after that
Skilled nursing facility (SNF)	\$0 co-pay per day: days 1–20; \$161 co-pay per additional day up to 100 days	\$0 co-pay per day: days 1–20; \$161 co-pay per additional day up to 100 days
Outpatient surgery	\$0 co-pay	\$0 co-pay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 co-pay	\$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 co-pay	\$0 co-pay
Lab services	\$0 co-pay	\$0 co-pay

Medical Benefits	In-Network	Out-of-Network
Outpatient X-rays	\$0 co-pay	\$0 co-pay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 co-pay	\$0 co-pay
Ambulance	\$0 co-pay	\$0 co-pay
Emergency care	\$35 co-pay (worldwide)	
Urgently needed services	\$18 co-pay	\$18 co-pay
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$6,700 each plan year	
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*
Routine chiropractic care	20% co-insurance per visit up to 18 visits per plan year*	20% co-insurance per visit up to 18 visits per plan year*
Foot care – routine	\$18 co-pay (up to 6 visits per plan year)*	\$18 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	\$500 allowance (every 3 years)*	\$500 allowance (every 3 years)*
Vision – routine eye exams	\$18 co-pay (1 exam every 12 months)*	\$18 co-pay (1 exam every 12 months)*
Fitness program through SilverSneakers®	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com/peehip .	

* Benefits are combined in and out-of-network.

Prescription Drugs	Your Costs			
	Non-maintenance Drugs	Maintenance Drugs		
	Network Retail Pharmacy (up to a 30-day supply of non-maintenance drugs)	Network Retail Pharmacy (up to a 30-day supply of maintenance drugs**)	Network Retail Pharmacy (31 to 60-day supply of maintenance drugs**)	Network Retail Pharmacy (61 to 90-day supply of maintenance drugs**)
Tier 1: Generic	\$6 co-pay	\$6 co-pay	\$12 co-pay	\$12 co-pay
Tier 2: Preferred brand	\$40 co-pay	\$40 co-pay	\$80 co-pay	\$120 co-pay
Tier 3: Non-preferred drug	\$60 co-pay	\$60 co-pay	\$120 co-pay	\$180 co-pay
Tier 4: Specialty Tier	\$60 co-pay	\$60 co-pay	\$120 co-pay	\$180 co-pay
Coverage gap stage	After your total drug costs reach \$3,700, the plan continues to pay its share of the costs of your drugs and you pay your share of the cost.			
Catastrophic coverage stage	<p>During this stage, the plan will pay most of the cost for your drugs.</p> <ul style="list-style-type: none"> Your share of the cost for a covered drug will be either co-insurance or a co-pay, whichever is the lesser amount between: <ul style="list-style-type: none"> — either — Your normal tier co-pay — or — 5% co-insurance on the cost of the drug OR a co-pay of \$3.30 for a generic drug or a drug that is treated like a generic and \$8.25 for all other drugs, whichever is the larger amount. Our plan pays the rest of the cost. 			

** Please see the Additional Drug Coverage for a list of the plan's maintenance drugs. Your first fill of a new prescription for a maintenance drug is limited to a 30-day supply. After the first fill, you can receive up to a 90-day supply when the prescription is written for up to 90-days and no more than 130 days have lapsed between fills.

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.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. 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.