

UnitedHealthcare® Group Medicare Advantage (PPO)

2012 Plan Comparison for County of Henrico Retirees.

A comparison of some of the medical and prescription drug plan copayments for the two health plans available to you as an UnitedHealthcare Group Medicare Advantage (PPO) member. If you are interested in changing plans, please call Customer Service at 1-800-457-8506, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week, for assistance.

Effective January 01, 2012 to December 31, 2012

Medical Benefits	Low Option	High Option
Annual deductible	\$0	\$0
Annual out-of-pocket maximum ¹	\$1,500	\$1,000
Physician Services		
Primary care physician office visit	\$20 copay	\$0 copay
Specialist office visit	\$20 copay	\$0 copay
Inpatient Care		
Inpatient hospital care	\$200 copay per day, days 1–4 per admission; \$0 per day, days 5 and beyond	\$0 copay per admission for unlimited days
Skilled Nursing Facility (SNF) care	\$0 copay for 1–100 days	\$0 copay for 1–100 days
Outpatient Services²		
Clinical laboratory services	\$0 copay	\$0 copay
Diagnostic radiology service (specialized scans)	\$0 copay	\$0 copay
Surgery and Observation	\$100 copay per surgery	\$0 copay per surgery
Emergency Services		
Emergency care	\$50 copay	\$0 copay
Urgently needed care	\$50 copay	\$0 copay
Ambulance services	\$0 copay	\$0 copay
Additional Benefits		
Podiatry: 6 routine visits per year	\$20 copay	\$0 copay
Vision plan	\$20 routine vision exam copay; 1 exam per 12 months	\$20 routine vision exam copay; 1 exam per 12 months
Vision plan (Hardware)	Not Covered	Either \$100 allowance for eyewear (frames/lenses) or \$100 allowance for contact lenses every 12 months
Hearing plan	\$0 copay for routine hearing test; 1 test per 12 months	\$0 copay for routine hearing test; 1 test per 12 months
Hearing plan (Hardware)	\$500 allowance every 36 months	\$500 allowance every 36 months

Continued on back.



Part D Prescription Drug Benefits

Retail (for up to 31-day supply)

Tier 1 - Preferred Generic	\$10 copay	\$10 copay
Tier 2 - Preferred Brand	\$30 copay	\$30 copay
Tier 3 - Nonpreferred	\$55 copay	\$55 copay
Tier 4 - Specialty Drug	\$55 copay	\$55 copay
Coverage in the Gap	Yes	Yes

Mail Order (for up to 90-day supply)

Tier 1 - Preferred Generic	\$10 copay	\$10 copay
Tier 2 - Preferred Brand	\$60 copay	\$60 copay
Tier 3 - Nonpreferred	\$165 copay	\$165 copay
Tier 4 - Specialty Drug	\$165 copay	\$165 copay
Formulary	Formulary G (with bonus drugs)	Formulary G (with bonus drugs)

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. For additional details, please refer to Section 4 in the Evidence of Coverage (EOC).

Questions?



Call Customer Service:

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8 a.m. – 8 p.m. local time, 7 days a week

A UnitedHealthcare® Medicare Solution

¹ Not all covered services apply to out-of-pocket. Contact plan for details.

² Other copayments may apply.

UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract.