

# 2019 PLAN GUIDE

What you need to know about your Medicare Advantage Plan.

## **CS VEBA: CORONA-NORCO USD**

UnitedHealthcare® Group Medicare Advantage (HMO)

**Effective:** January 1, 2019 through December 31, 2019

**Group Number:** 900144



# Benefit Highlights

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This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

## Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network
Doctor's office visit	Primary Care Provider: \$10 copay Specialist: \$20 copay
Preventive services	\$0 copay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	\$500 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days
Outpatient surgery	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/ language therapy)	\$25 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$25 copay
Lab services	\$10 copay
Outpatient x-rays	\$10 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$25 copay
Ambulance	\$100 copay
Emergency care	\$50 copay (worldwide)
Urgently needed services	\$35 copay (worldwide)
Annual medical out-of-pocket maximum	\$2,400

## Additional benefits and programs not covered by Original Medicare

	In-Network
Routine physical	\$0 copay; 1 per plan year
Foot care - routine	\$20 copay (Up to 6 visits per plan year)
Hearing - routine exam	\$0 copay (1 exam every 12 months)
Hearing aids	Plan pays up to \$500 (every 3 years)
Vision - routine eye exams	\$20 copay (1 exam every 12 months)

	In-Network
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a> .
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a> .

### Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$10 copay	\$20 copay
Tier 2: Preferred brand (includes some generic)	\$20 copay	\$40 copay
Tier 3: Non-preferred drug (includes some generic)	\$35 copay	\$70 copay
Tier 4: Specialty tier	\$35 copay	\$70 copay
Coverage gap stage	After your total drug costs reach \$3,820, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$5,100 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. 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, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.