

Benefits Summary	UHC Group Medicare Advantage (MAPD PPO) What You Pay	UHC Group Medicare Advantage (MAPD HMO) What You Pay	Kaiser Senior Advantage \$10 Plan What You Pay
Medical Out-of-Pocket Maximum	\$2,000/ Individual	\$6,700/ Individual	\$1,000/Individual
Medical Deductible	None	None	None
PCP Office Visit	\$5	\$5	\$10
Specialist Office Visit	\$5	\$5	\$10
Preventative Care	\$0	\$0	\$0
Inpatient Hospital Care	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$10
Urgent Care (office visit only)	\$5	\$5	\$10
Emergency Room (copay waived if admitted)	\$50	\$50	\$50
Ambulance	\$0	\$0	\$0
Short-Term Prescription Drugs <sup>1,2</sup>	Generic: \$5 Preferred: \$20 Non-Preferred: \$40 Specialty: \$40 (up to 30 day supply)	Generic: \$7 Preferred: \$14 Non-Preferred: \$14 Specialty: \$14 (up to 30 day supply)	Generic: \$10 Preferred: \$10 (up to 100 day supply)
Mail Order Prescription Drugs <sup>1,2,3</sup>	Generic: \$10 Preferred: \$40 Non-Preferred: \$80 Specialty: \$80 (up to 90 day supply)	Generic: \$14 Preferred: \$28 Non-Preferred: \$28 Specialty: \$28 (up to 90 day supply)	Generic: \$10 Brand: \$10 (up to 100 day supply)
Mental Health & Substance Abuse Services	Outpatient: \$5 Inpatient: \$0	Outpatient: \$5 Inpatient: \$0	Outpatient: \$10 Inpatient: \$0
Annual Routine Hearing Exam	\$0	\$0	\$10

Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

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 may change each year.

1 Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy— or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

2 The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

3 You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

**Disclaimer:** Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA. This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.