

UnitedHealthcare®
Group Medicare Advantage
High Option HMO Plan 18409
&
Low Option HMO Plan 18410



UnitedHealthcare® Group Medicare Advantage High Option HMO Plan 18409

Benefits and Coverage	Member's Cost
Physician Services/Basic Health Services Consultation, Diagnosis and Treatment, Primary Care Physician Specialist	\$10 copayment per office visit \$20 copayment per office visit
Annual Physical Examination (Includes Pap smears)	\$0 Primary Care Physician
Immunizations Flu Shots, Pneumococcal Vaccine and Hepatitis B Injections All other Medicare-approved Immunizations	Covered in Full Covered in Full
Hospitalization	\$250 copayment per admission*
Non-network/Out-of-Area Urgent Care	\$25 copayment
Ambulance Services Medically Necessary Ambulance Transport	\$50 copayment
Outpatient Surgical Services Certified Ambulatory Surgical Center Outpatient Hospital Facility	\$125 copayment \$125 copayment
Outpatient Mental Health Care/Outpatient Substance Abuse Treatment	\$20 copayment
Inpatient Psychiatric Care/ Inpatient Substance Abuse Treatment	\$250 copayment per admission, up to 190 days lifetime maximum in a psychiatric hospital
Emergency Services You may go to any emergency room if you reasonably believe you need emergency care	Covered worldwide \$50 copayment, waived if admitted to hospital within 24 hours for the same condition
Prescription Drugs - Retail (up to 30-day supply)	\$10 generic; \$20 brand name; \$40 non-formulary
Prescription Drugs - Mail Order (90-day supply)	\$20 generic; \$40 brand name; \$80 non-formulary
Renal Dialysis	\$20 at network facility or Medicare facility
Radiation Therapy	\$20 copayment
Radiology Services Standard X-ray Films Specialized Scanning & Imaging Procedures: CT, SPECT, PET, MRI (with or without contrast media)	Covered in Full
Skilled Nursing Facility Care	Covered \$0/day for Days 1-20; \$50/day for Days 21-100; up to 100 days per benefit period** in a Medicare-certified Skilled Nursing Facility
Vision Care Examination for Eyeglasses (Refraction)	\$10 per visit for Medicare-covered eye exams \$20 Specialist copayment per office visit
Hearing Services Routine Hearing Examination	Medicare diagnostic hearing examinations - \$20 Specialist copayment per office visit
Chiropractic Services	\$10 copayment per office visit; Medicare benefit only

* Inpatient Hospital copayments are not charged on a per-admission or daily basis. **Original Medicare hospital benefit periods do not apply.** For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.

** A benefit period begins the day you go to a hospital. The period ends when you have not received care in a hospital or skilled nursing facility for 60 consecutive days. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the skilled nursing facility care copayment, if applicable, for each benefit period. There is no limit to the number of benefit periods you can have.

UnitedHealthcare® Group Medicare Advantage Low Option HMO Plan 18410

Benefits and Coverage	Member's Cost
Physician Services/Basic Health Services Consultation, Diagnosis and Treatment, Primary Care Physician Specialist	\$15 copayment per office visit \$25 copayment per office visit
Annual Physical Examination (Includes Pap smears)	Covered in Full
Immunizations Flu Shots, Pneumococcal Vaccine and Hepatitis B Injections All other Medicare-approved Immunizations	Covered in Full Covered in Full
Hospitalization	\$500 copayment per admission*
Non-network/Out-of-Area Urgent Care	\$25 copayment
Ambulance Services Medically Necessary Ambulance Transport	\$50 copayment
Outpatient Surgical Services Certified Ambulatory Surgical Center Outpatient Hospital Facility	\$250 copayment \$250 copayment
Outpatient Mental Health Care/Outpatient Substance Abuse Treatment	\$25 copayment
Inpatient Psychiatric Care/ Inpatient Substance Abuse Treatment	\$500 copayment per admission, up to 190 days lifetime maximum in a psychiatric hospital
Emergency Services You may go to any emergency room if you reasonably believe you need emergency care	Covered worldwide \$50 copayment, waived if admitted to hospital within 24 hours for the same condition
Prescription Drugs - Retail (up to 30-day supply)	\$15 generic; \$25 brand-name; \$40 non-formulary
Prescription Drugs - Mail Order (90-day supply)	\$30 generic; \$50 brand-name; \$80 non-formulary
Renal Dialysis	\$25 at network facility or Medicare facility
Radiation Therapy	\$25 copayment
Radiology Services Standard X-ray Films Specialized Scanning & Imaging Procedures: CT, SPECT, PET, MRI (with or without contrast media)	\$15 Primary Care Physician \$25 Specialist copayment, per office visit
Skilled Nursing Facility Care	Covered \$0/day for Days 1-20; \$50/day for Days 21-100; up to 100 days per benefit period** in a Medicare-certified Skilled Nursing Facility
Vision Care Examination for Eyeglasses (Refraction)	\$25 per visit for Medicare-covered eye exams
Hearing Services Routine Hearing Examination	\$25 per visit for Medicare-covered eye exams
Chiropractic Services	\$25 copayment per office visit; Medicare benefit only

* Inpatient Hospital copayments are not charged on a per-admission or daily basis. **Original Medicare hospital benefit periods do not apply.** For Inpatient Hospital, you are covered for an unlimited number of days as long as they hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.

** A benefit period begins the day you go to a hospital. The benefit period ends when you have not received hospital or skilled care (in a SNF) for 60 consecutive days. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the skilled nursing facility care copayment, if applicable, for each benefit period. There is no limit to the number of benefit periods you can have.