

Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum 1		\$3,000
Is Annual Medical Out-of-Pocket Maximum 1 combined for IN and OUT of network?	Yes	Yes
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15	\$15
Specialist Office Visit	\$15	\$15
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period		100 Days
Skilled Nursing Facility Care Day Range 1	\$0 Per Day Days 1 - 20	\$0 Per Day Days 1 - 20
Day Range 2	\$75 Per Day Days 21 - 100	\$75 Per Day Days 21 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		No Benefit Period
Inpatient Mental Health Lifetime Maximum		Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
Outpatient Services		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$15	\$15
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$15	\$15
Occupational Therapy	\$15	\$15
Physical Therapy and Speech/Language Therapy	\$15	\$15
Cardiac Rehabilitation	\$15	\$15
Intensive Cardiac Rehabilitation	\$15	\$15
Pulmonary Rehabilitation	\$15	\$15
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$15	\$15
Kidney Dialysis	\$15	\$15
Medicare-covered Specialist Visits		
Chiropractic Visit	\$15	\$15
Podiatry Visit	\$15	\$15
Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$0	\$0
Dental Services	\$15	\$15
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$15	\$15
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$15	\$15
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	15%	15%
Prosthetics	15%	15%
Orthotics	15%	15%
Diabetic Shoes and Inserts	15%	15%
Medical Supplies	15%	15%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	15%	15%
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$15	\$15
Outpatient X-ray Services	\$15	\$15
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$15	\$15
Diagnostic Radiology Service	\$15	\$15
Therapeutic Radiology Service	\$15	\$15
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0

Preventive Services (Medicare-Covered)			
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0	
Screening for Depression in Adults	\$0	\$0	
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0	
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0	
Screening and Counseling for Obesity	\$0	\$0	
Glaucoma Screening	\$0	\$0	
Kidney Disease Education	\$0	\$0	
Dialysis Training	\$0	\$0	
Hepatitis C Screening	\$0	\$0	
Lung Cancer Screening	\$0	\$0	
Wellness/Clinical Programs			
Fitness Program	Renew Active	Not Included	
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included	Not Included	
Group Retiree Disease Management	Included	Not Included	
Preferred Diabetic Supply Program	Included	Not Included	
HouseCalls Program	Included	Not Included	
Non-Medicare Covered Services			
Routine Podiatry			
Routine Podiatry	\$15	\$15	
Routine Podiatry - Number of visits per year		6 Visits	
Routine Vision			
Routine Eye Exam Refraction- every 12 months	\$0	\$0	
Routine Hearing			
Routine Hearing Exam for Hearing Aids	\$0	\$0	
Routine Hearing Exam Number Of Visits		1 Visits	
Routine Hearing Exam Number Of Years		1 Year	
Per Ear or Combined	Combined		
Number of Hearing Aid Devices	Unlimited		
Routine Hearing Aid benefit Period (years)	3 Years		
Routine Hearing Aid Combined Device Allowance	\$500		
Outpatient Prescription Drug Coverage			
Prescription Drug Plan	Custom Plan		
Pharmacy Network	Standard		
Non-OptumRx Mail Order Network	Included		
Formulary Base	Group Select Formulary H		
Bonus Drug List	List U		
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On		
Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,130		
True Out of Pocket Threshold (TrOOP)	\$6,550		
Catastrophic Coverage over TrOOP	Lesser of ICL		
Copay for generics	\$3.70		
Copay for all other drugs	\$9.20		
OR Coinsurance	5%		
Day Supply			
Retail Days Supply	30		
Retail Days Supply Specialty Tier Only	30		
Mail Order Days Supply	90		
Mail Order Days Supply Specialty Tier Only	90		
Primary Plan - ICL Phase			
Retail Tier 1: Generic	\$5		
Retail Tier 2: Preferred Brand	\$20		
Retail Tier 3: Non-Preferred Brand	\$40		
Retail Tier 4: Specialty Tier	\$40		
Mail Order Tier 1: Generic	\$10		
Mail Order Tier 2: Preferred Brand	\$40		
Mail Order Tier 3: Non-Preferred Brand	\$80		
Mail Order Tier 4: Specialty Tier	\$80		

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

Rate Page Report : RP-04432

Group Name CITY OF HIALEAH

Final Rates for 1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	560	31

Quoted Year: 2021

Rate Components

Net Premium	\$267.42
ACA Insurer Fee	\$0
Total Premium	\$267.42

Details

UAF Type Preliminary	Current Contract H2001
Contract Begin Date 1/1/2021	Quoted PBP 816
Contract End Date 12/31/2021	Current Group Number 13977
Situs State Florida	Market National
Full Replace Slice Slice	Current Membership 560
Emp Contribution 100%	Premium Delay No
Quote Name CITY OF HIALEAH	Rating Method Slice
Product Type NPPO	

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is Florida. While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021. To ensure proper claim adjudication effective 01/01/2021, it is imperative that we have final 01/01/2021 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2020 could be problematic in terms of claim adjudication on 01/01/2021. These rates are quoted assuming our offering is alongside of another offering/another carrier. If competing plans are offered to the retirees alongside our plan, the following predications apply: (i) All competing carriers must be offering a Rx benefit with coverage in gap as comprehensive as or better than UnitedHealth Group. (ii) Premium cost for each retiree must be equal to or lower for our plan than for any other plan. (iii) Our rates and/or plan design may be subject to change pending our final review of all competing carrier offerings. This quote assumes that the employer pays 100% of the premium. If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote. If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates. Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2021. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2021. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required. United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract. Quote assumes \$0.00 PMPM commission level. 31 Pre-65 Medicare eligible retirees are included. The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month