

# UnitedHealthcare Group Medicare Advantage (PPO) City of Hialeah

2023 City of Hialeah Medicare Advantage Plan

1/ 1/2023 - 12/31/2023

Final Rates for: 1/1/2023 - 12/31/2023

Plan Year: 2023

Rate Page Report: RP-17043

Quoted Membership	Members Under Age 65	Rate Components	
629	24	Net Premium	\$268.62
		ACA Insurer Fee	\$0
		<b>Total Premium</b>	<b>\$268.62</b>

## Details

<b>UAF Type</b>	Preliminary	<b>Market</b>	National
<b>Situs State</b>	Florida	<b>Current Membership</b>	629
<b>Full Replace Slice</b>	Slice	<b>Premium Delay</b>	No
<b>Emp Contribution</b>	100%	<b>Rating Method</b>	
<b>Standard Medical Plan</b>	Custom	<b>Product Combination</b>	MAPD
<b>Contract</b>	<b>PBP</b>	<b>Quoted Group Number</b>	
H2001	816	13977	

## Stipulations

- 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 2023

## Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,000	\$3,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?		Yes
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15	\$15
Specialist Office Visit	\$15	\$15
Virtual Office Visit	\$0	\$0
- with Providers: <b>AmWell, Doctor on Demand, or Teladoc</b>	\$0	
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
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	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
	\$75 Per Day	\$75 Per Day
Day Range 2	Days 21 - 100	Days 21 - 100
Inpatient Mental Health Lifetime Maximum		Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit

<b>Outpatient Services</b>		
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/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$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
<b>Medicare Covered Services</b>		
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
<b>Ambulance/Emergency Room/Urgent Care</b>		
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
<b>Part B Drugs And Blood</b>		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
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%
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0

<b>Procedures</b>		
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
<b>Preventive Services (Medicare-Covered)</b>		
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
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
<b>Additional Benefits/Non-Medicare Covered Services</b>		
<b>Routine Podiatry</b>		
Routine Podiatry	\$15	\$15
Routine Podiatry - Number of visits per year		6 Visits
<b>Routine Vision</b>		
Routine Eye Exam Refraction - every 12 months	\$0	\$0
<b>Routine Hearing</b>		
Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits		1 Visit
Routine Hearing Exam - Benefit Period		1 Year
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Routine Hearing Aid - Number of Devices	Unlimited	N/A
Routine Hearing Aid - Benefit Period	3 Years	N/A
Routine Hearing Aid - Device Allowance	\$500	N/A

## Wellness/Clinical Programs

UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included
- 12 non-emergency medical rides	
- 28 home delivered meals	
- 6 hours in-home personal care	
Fitness Program	Included
Case and Disease Management, including:	Included
- High Risk Members	
- Heart Failure	
- Respiratory Illness	
- Kidney Disease	
- Diabetes	
- Behavioral Health	
- Nurse Support - 24/7	
Preferred Diabetic Supply Program	Included
UHC Hearing Aid Discount Program	Included
- Note: Available services and offerings may be limited in the U.S. Territories	
HouseCalls Program	Included
Member Rewards Program	Included
- Reward cards for completing certain health care activities	

## Additional Benefit Details

Code	Description
F633	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.
F531	Includes PERS medical alert device. Administered through Phillips LifeLine, no claims impact.

## Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom
Formulary	Standard Formulary H (Group Select Formulary)
Bonus Drug List	List U
Custom Drug List	Custom
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

### Benefit Name In Network Services

#### Part D Gap Coverage

Part D Gap Coverage	Full Coverage
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#### Custom OOP, ICL, Catastrophic

Initial Coverage Limit	\$4,660
True Out of Pocket Threshold (TrOOP)	\$7,400
Catastrophic Coverage over TrOOP	Lesser of ICL Member's cost share is lesser of CMS Standard benefit (as shown below) or ICL cost shares
Copay for generics	\$4.15
Copay for all other drugs	\$10.35
- OR - Coinsurance	5%

#### Day Supply Information

**Note: 90 day retail supply is available for 3x copay amount**

Retail Day Supply	30
Retail Day Supply Tier 4 Limit	30
Mail Order Day Supply	90
Mail Order Day Supply Tier 4 Limit	90

#### Part D Retail Copay

Tier 1: Preferred Generic (All covered generic drugs)	\$5
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$20
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$40
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	\$40

#### Part D Mail Order Copay

Tier 1: Preferred Generic (All covered generic drugs)	\$10
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$40
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$80
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	\$80

## Additional Rx Benefit Details

Code	Description
Rx075	90 Day Supply at Retail is 2x Retail Copay
Rx187	Catastrophic Phase Cost Share: Lesser of CMS standard CAT copays and ICL copays

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.