

## 2019 Plan Year Benefits, Services and Programs

	New UnitedHealthcare® Group Medicare Advantage (PPO) plan (High Plan)	New UnitedHealthcare® Group Medicare Advantage (PPO) plan (Low Plan)	UnitedHealthcare® Group Senior Supplement plan	UnitedHealthcare® Medicare Rx <sup>SM</sup> for Groups (PDP) plan (High plan option)	UnitedHealthcare® Medicare Rx <sup>SM</sup> for Groups (PDP) plan (Low plan option)
Network	Any willing Medicare provider	Any willing Medicare provider	Any willing Medicare provider	Network Pharmacies	Network Pharmacies
Annual Medical Out-of-Pocket Maximum	\$0	\$0	\$0	N/A	N/A
<b>Doctor Visits</b>					
Primary Care Provider	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Specialist	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Routine Annual Physical	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Virtual Visits	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Outpatient Services</b>					
Outpatient Hospital & Surgical Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Lab &amp; X-ray Services</b>					
Lab Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Outpatient X-ray Services	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Diagnostic (MRIs, CT scans)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Inpatient Services</b>					
Inpatient hospital care (including mental health)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Emergency Services</b>					
Emergency care (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
Urgently needed services (waived if admitted)	\$0 copay	\$0 copay	\$0 copay	N/A	N/A
<b>Additional Benefits and Programs Not Covered Under Medicare</b>					
<b>Hearing Services</b>					
Hearing Aids <sup>1</sup>	\$500 allowance every three years	\$500 allowance every three years	Not covered	N/A	N/A
<b>Other Services</b>					
Fitness Program <sup>2</sup>	SilverSneakers®	SilverSneakers®	SilverSneakers®	N/A	N/A
Solutions for Caregivers <sup>3</sup>	Included	Included	Included	N/A	N/A
UnitedHealthcare® HouseCalls <sup>4</sup>	Included	Included	Not covered	N/A	N/A
NurseLine <sup>5</sup>	Included	Included	Included	N/A	N/A
<b>Part D Prescription Drugs</b>					
Prescription Drug Deductible	\$0	\$415		\$0	\$415
Coverage in the Gap	Continue to pay your copay in the coverage gap	37% Tier 1 coinsurance/25% coinsurance Tier 2-4 in the gap	N/A	Continue to pay your copay in the coverage gap	37% Tier 1 coinsurance/25% coinsurance Tier 2-4 in the gap
Tier 1 Preferred Generic	\$10	37%	N/A	\$10	37%
Tier 2 Preferred Brand	25% up to \$45	25%	N/A	25% up to \$45	25%
Tier 3 Non-Preferred	50% up to \$95	25%	N/A	50% up to \$95	25%
Tier 4 Specialty Drug	50% up to \$95	25%	N/A	50% up to \$95	25%

**Important Note:** This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the University of Central Oklahoma retiree plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.