Summary of Benefits 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): CITY OF ALEXANDRIA
Group Number: 12229
H2001-816-000

Look inside to learn more about the plan and the health and drug services it covers. Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **retiree.uhc.com**

Call toll-free **1-877-714-0178**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare®
Group Medicare Advantage

Y0066_SB_H2001_816_000_2027_M

Summary of Benefits

January 1, 2027 - December 31, 2027

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $3,400 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$100 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$0 copay
	Outpatient surgery	$0 copay
	Outpatient hospital services, including observation	$0 copay
Doctor visits	Primary care provider (PCP)	$15 copay
	Virtual visit	$0 copay

Medical benefits		
		In-network and out-of-network
	Specialist[1]	$15 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- "Welcome to Medicare" preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.
This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care		$50 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$15 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$0 copay
	Lab services[1]	$0 copay

Medical benefits			
		In-network and out-of-network	
	Diagnostic tests and procedures[1]	$0 copay	
	Therapeutic radiology[1]	$15 copay	
	Outpatient X-rays[1]	$0 copay	
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$15 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copay for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $4,000 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $4,000 allowance amount.*
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$15 copay	
	Eyewear after cataract surgery	$0 copay	
	Routine eye exam	$0 copay, 1 exam every 12 months*	
Mental health	Inpatient visit[1]	$100 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$15 copay	
	Outpatient individual therapy visit[1]	$15 copay	
	Outpatient therapy or office visit with a psychiatrist[1]	$15 copay	
	Virtual behavioral visits	$15 copay	
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$15 copay	

Medical benefits		
		In-network and out-of-network
Ambulance[2]		$0 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$0 copay
	Other Part B drugs[1]	$0 copay

Prescription drugs		
Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400 you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing** **30-day supply**	**Mail Order Cost-Sharing** **90-day supply**
Tier 1: Preferred Generic	$10 copay	$10 copay
Tier 2: Preferred Brand ˜	$25 copay	$10 copay
Tier 3: Non-Preferred Drug ˜	$25 copay	$10 copay
Tier 4: Specialty Tier ˜	$25 copay	$10 copay
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.	

˜ You will pay a maximum of $35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your

additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at retiree.uhc.com or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There's no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office



The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

Additional plan benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$15 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$15 copay
 **Diabetes manage-ment**	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.

Additional plan benefits			
		In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	
	Diabetes self-management training[1]	$0 copay	
	Therapeutic shoes or inserts[1]	$0 copay	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$0 copay	
	Prosthetics (e.g., braces, artificial limbs)[1]	$0 copay	
 **Fitness Program** SilverSneakers®, a health and fitness program designed for Medicare plan members. SilverSneakers includes a standard monthly membership at participating fitness locations. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.		$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment[1]	$15 copay	
	Routine foot care	$15 copay, 6 visits per plan year*	

Additional plan benefits			
		In-network and out-of-network	
UnitedHealthcare Healthy at Home Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		$0 copay	90% coinsurance if you use an out-of-network provider
Home health care[1]		$0 copay	
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Home-delivered meals		$0 copay for 21 home-delivered meals one time per year. Restrictions and limitations apply.	
Opioid treatment program services[1]		$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit[1]	$15 copay	
	Outpatient individual therapy visit[1]	$15 copay	
Renal dialysis[1]		$15 copay	

[1]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.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network.

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all U.S. territories.

About providers and network pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **retiree.uhc.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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