Benefit Highlights

UnitedHealthcare® MedicareComplete® Assure (PPO)

This is a short description of your 2019 plan benefits. For complete information please refer to your Summary of Benefits or Evidence of Coverage.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

	With Medicaid cost-share protection	Without Medicaid cost-share protection
Monthly plan premium	$0	$29.20
Annual medical deductible	$0 for Medicare Part B Services	$185 for Medicare Part B Services

Medical Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor's office visit	Primary Care Physician: $0 copay Specialist: $0 copay (no referral needed)	Primary Care Physician: 30% coinsurance Specialist: 30% coinsurance (no referral needed)	Primary Care Physician: $0 copay Specialist: 20% coinsurance (no referral needed)	Primary Care Physician: 30% coinsurance Specialist: 30% coinsurance (no referral needed)
Preventive services	$0 copay	$0 copay	$0 copay	$0 copay
Inpatient hospital care	$0 copay per stay, up to 90 days	30% coinsurance per stay, up to 90 days	$1,300 copay per stay, up to 90 days	30% coinsurance per stay, up to 90 days
Skilled nursing facility (SNF)	$0 copay per day: for days 1–100	30% coinsurance per stay, up to 100 days	$0 copay per day: for days 1–20 $170.50 copay per day: days 21–100	30% coinsurance per admit, up to 100 days

Medical Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient surgery	$0 copay	30% coinsurance Cost sharing for additional plan covered services will apply.	20% coinsurance Cost sharing for additional plan covered services will apply.	30% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	$0 copay for covered brands	30% coinsurance	$0 copay for covered brands	30% coinsurance
Home health care	$0 copay	30% coinsurance	$0 copay	30% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	30% coinsurance	20% coinsurance	30% coinsurance
Diagnostic tests and procedures (non-radiological)	$0 copay	30% coinsurance	20% coinsurance	30% coinsurance
Lab services	$0 copay	$0 copay	$0 copay	$0 copay
Outpatient X-rays	$0 copay	30% coinsurance	20% coinsurance	30% coinsurance
Ambulance	$0 copay for ground $0 copay for air	20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
Emergency care	$0 copay (worldwide)	$0 copay (worldwide)	$90 copay ($0 copay for worldwide coverage)	$90 copay ($0 copay for worldwide coverage)
Urgently needed services	$0 copay (worldwide)	$0 copay (worldwide)	$65 copay ($0 copay for worldwide coverage)	$65 copay ($0 copay for worldwide coverage)
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	$0	$10,000 combined In and Out-of-Network	$6,700 In-Network	$10,000 combined In and Out-of-Network

Explore your Additional Benefits

	With Medicaid cost-share protection		Without Medicaid cost-share protection	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Vision – routine eye exams	$0 copay; 1 every year*	30% coinsurance; 1 every year*	$0 copay; 1 every year*	30% coinsurance; 1 every year*
Vision – eyewear	$0 copay every year; up to $150 for lenses/frames and contacts*			
Dental – preventive	$0 copay for covered services (exam, cleaning, x-rays, fluoride)*			
Dental – comprehensive	$0 copay for covered services*			
Dental – benefit limit	$1,000 limit on all covered dental services*			
Hearing – routine exam	$0 copay; 1 visit per year*	30% coinsurance; 1 visit per year*	$0 copay; 1 visit per year*	30% coinsurance; 1 visit per year*
Hearing aids	$0 copay for each hearing aid provided through hi HealthInnovations®; up to 2 hearing aids per year.			
Fitness program through Renew Active™ Fitness	$0 copay; Standard membership to participating fitness locations with access to group fitness classes — depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com, and click the link in the footer entitled Terms and Conditions.			
Transportation	$0 copay; 48 one-way trips per year to or from approved locations*	75% coinsurance* 48 one-way trips per year to or from approved locations*	$0 copay; 48 one-way trips per year to or from approved locations*	75% coinsurance* 48 one-way trips per year to or from approved locations*
Solutions for caregivers	$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.			
Foot care – routine	$0 copay; 4 visits per year*	30% coinsurance; 4 visits per year*	$0 copay; 4 visits per year*	30% coinsurance; 4 visits per year*
Health Products Benefit	$100 credit per quarter to use on approved health products*			
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.			

* Benefit combined in and out-of-network.

Prescription Drugs

If you qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost
Annual prescription deductible	$0 or $85, depending on the level of "Extra Help" you receive
30-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	$0, $1.25, $3.40 copay, or 15% coinsurance
All other drugs	$0, $3.80, $8.50 copay, or 15% coinsurance

If you don't qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost	
Annual prescription deductible	$415	
Cost-Sharing for Covered Drugs	**Standard Retail (30-day)**	**Mail Order (90-day)**
Initial coverage stage	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach $3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total drug costs reach $5,100, you will pay the greater of $3.40 copay for generic (including brand drugs treated as generic), $8.50 copay for all other drugs, or 5% coinsurance	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on contract renewal with Medicare.
Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.
This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.