

Prepared Exclusively For: GUILFORD COUNTY NC								
Product: NPPO								
EGGU00905 Effective: 1/1/2016 Through 12/31/2016								
	Current Plan Design		Alternate Plan Design - Option 1		Alternate Plan Design - Option 2		Alternate Plan Design - Option 3	
	\$225.46		\$214.00		\$206.07		\$190.80	
BENEFITS AND COVERAGE	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services
Annual Deductible								
Annual Medical Deductible 1	\$200 combined with out-of-network	\$200 combined with in-network					\$200	\$200
Annual Medical Deductible 2								
Out-of-Pocket Maximum								
Annual Medical Out-of-Pocket Maximum 1	\$2,200 combined with out-of-network	\$2,200 combined with in-network	\$1,500 combined with out-of-network	\$1,500 combined with in-network	\$1,500 combined with out-of-network	\$1,500 combined with in-network	\$1,500 combined with out-of-network	\$1,500 combined with in-network
Annual Medical Out-of-Pocket Maximum 2								
Physician Services								
Primary Care Physician	\$0	\$0	\$10	\$10	\$20	\$20	\$20	\$20
Specialist	\$0	\$0	\$15	\$15	\$35	\$35	\$35	\$35
Emergency Department \ Urgently Needed Care \ Ambulance								
Ambulance Services	\$0	\$0	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room (MA includes Worldwide coverage)	\$0 waived if admitted within 24 hours	\$0 waived if admitted within 24 hours	\$65 waived if admitted within 24 hours	\$65 waived if admitted within 24 hours	\$75 waived if admitted within 24 hours	\$75 waived if admitted within 24 hours	\$75 waived if admitted within 24 hours	\$75 waived if admitted within 24 hours
Urgently Needed Care	\$0 for contracted providers, \$0 for non-contracted providers; waived if admitted within 24 hours	\$0 for contracted providers, \$0 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours	\$35 for contracted providers, \$35 for non-contracted providers; waived if admitted within 24 hours
Inpatient Services								
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit
Skilled Nursing Facility Care	\$0 days 1-100	\$0 days 1-100	\$0 days 1-20; \$25 days 21-100	\$0 days 1-20; \$25 days 21-100	\$0 days 1-20; \$25 days 21-100	\$0 days 1-20; \$25 days 21-100	\$0 days 1-20; \$25 days 21-100	\$0 days 1-20; \$25 days 21-100
Inpatient Mental Health / Substance Abuse	\$0 Per Admit	\$0 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit	\$50 Per Admit
Home Healthcare Agency								
Home Care Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospice (Medicare-covered)	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare
Outpatient Services (including observation, medical and surgical								
Outpatient Hospital Services	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
Outpatient Surgery	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
Outpatient Mental Health/Substance Abuse	\$0 individual visit /\$0 group visit	\$0 individual visit /\$0 group visit	\$15 individual visit /\$10 group visit	\$15 individual visit /\$10 group visit	\$15 individual visit /\$10 group visit	\$15 individual visit /\$10 group visit	\$15 individual visit /\$10 group visit	\$15 individual visit /\$10 group visit
Partial Hospitalization (Mental Health Day Treatment per day)	\$0	\$0	\$55	\$55	\$55	\$55	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Occupational Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical/Speech/Language Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac/Pulmonary Rehabilitation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

[illegible]

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Hearing Services	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined	\$0 exam every 12 months / \$500 Hearing Aid Allowance for 999 device Combined
Chiropractic Services								
Routine Dental Services								
Acupuncture Services								
Private Duty Nursing Allowance								
Wigs Coverage (after Chemotherapy treatment)								
Part B Drugs								
solutions, outpatient injectables	\$0	\$0	20%	20%	10%	10%	10%	10%
Chemotherapy Drugs	\$0	\$0	20%	20%	10%	10%	10%	10%
Part D Outpatient Prescription Drugs								
Part D Gap Coverage	Full Coverage		Full Coverage		Full Coverage		Full Coverage	
Initial Coverage Limit	\$3,310		\$3,310		\$3,310		\$3,310	
True Out of Pocket Threshold	\$4,850		\$4,850		\$4,850		\$4,850	
Catastrophic Coverage Benefit Amounts	Greater of 0% Coinsurance or \$2.95 for generic drugs and \$7.40 for all other drugs		Greater of 0% Coinsurance or \$2.95 for generic drugs and \$7.40 for all other drugs		Greater of 0% Coinsurance or \$2.95 for generic drugs and \$7.40 for all other drugs		Greater of 0% Coinsurance or \$2.95 for generic drugs and \$7.40 for all other drugs	
Formulary	Standard Formulary H15 (GH Fu		Standard Formulary H15 (GH Fu		Standard Formulary H15 (GH Fu		Standard Formulary H15 (GH Fu	
Standard Formulary Edits	On		On		On		On	
Bonus Drug List	List U		List U		List U		List U	
Rx Deductible								
Part D Retail Copay (up to a 30 day supply)								
Tier 1 Drugs	\$7.00		\$7.00		\$7.00		\$7.00	
Tier 2 Drugs	\$35.00		\$35.00		\$35.00		\$35.00	
Tier 3 Drugs	\$50.00		\$50.00		\$50.00		\$50.00	
Tier 4 Drugs	\$65.00		\$65.00		\$65.00		\$65.00	
Part D Preferred Mail Order Copay (up to a 90 day supply)								
Tier 1 Drugs	\$14.00		\$14.00		\$14.00		\$14.00	
Tier 2 Drugs	\$70.00		\$70.00		\$70.00		\$70.00	
Tier 3 Drugs	\$100.00		\$100.00		\$100.00		\$100.00	
Tier 4 Drugs	\$130.00		\$130.00		\$130.00		\$130.00	
Wellness/Clinical Programs								
Fitness	SilverSneakers	Not Included	SilverSneakers	Not Included	SilverSneakers	Not Included	SilverSneakers	Not Included

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Caregiver	Standard	Not Included	Standard	Not Included	Standard	Not Included	Standard	Not Included
NurseLine	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Access Support	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Condition Management - Chronic Heart Failure (CHF)	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Condition Management - Coronary Artery Disease (CAD)/Diabetes	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Condition Management - End Stage Renal Disease (ESRD)	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Group Retiree Case Management	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Advanced Illness Care Management	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Preferred Diabetic Supply Program	Not Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
Hi Health Discount Program	Included	Not Included	Included	Not Included	Included	Not Included	Included	Not Included
HouseCalls Program	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
* Inpatient Hospital copayments are charged on a per admission or daily basis. Original Medicare hospital benefit periods do not apply. For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.								
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.								