Prepared Exclusively For: GUILFORD COUNTY NC

Product: NPPO

EGGU00905 Effective: 1/1/2016	Through	12/31/2016							
		lan Design			Alternate Plan D	Alternate Plan Design - Option 2		Alternate Plan Design - Option 3	
	\$22	5.46	\$214	4.00	\$206.07		\$190.80		
BENEFITS AND	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
COVERAGE	Services	Services	Services	Services	Services	Services	Services	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									
	\$2,200 combined	\$2,200 combined	\$1 500 combined	\$1 500 combined	\$1 500 combined	\$1 500 combined	\$1 500 combined	\$1 500 combined	
Annual Medical Out-of-Pocket Maximum 1	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	, ,	7	•	•	•	***	, , , , , , , , , , , , , , , , , , ,	, ,	
Ambulance Services	\$0	\$0	\$50	\$50	\$50	\$50	\$50	\$50	
Emergency Room (MA includes Worldwide coverage)			\$65 waived if	\$65 waived if	\$75 waived if	\$75 waived if	\$75 waived if	\$75 waived if	
	\$0 waived if admitted	\$0 waived if admitted	admitted within 24	admitted within 24	admitted within 24	admitted within 24	admitted within 24	admitted within 24	
	within 24 hours	within 24 hours	hours	hours	hours	hours	hours	hours	
Urgently Needed Care	\$0 for contracted	\$0 for contracted	\$35 for contracted	\$35 for contracted	\$35 for contracted	\$35 for contracted	\$35 for contracted	\$35 for contracted	
		providers, \$0 for non-	providers, \$35 for	providers, \$35 for	providers, \$35 for	providers, \$35 for	providers, \$35 for	providers, \$35 for	
	contracted providers;	contracted providers;	non-contracted	non-contracted	non-contracted	non-contracted	non-contracted	non-contracted	
	waived if admitted	waived if admitted	providers; waived if	providers; waived if	providers; waived if	providers; waived if	providers; waived if	providers; waived if	
	within 24 hours	within 24 hours	admitted within 24	admitted within 24	admitted within 24	admitted within 24	admitted within 24	admitted within 24	
			hours	hours	hours	hours	hours	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	70.00.00	***************************************	V	700101111111	700101111111	700101111111	V • • • • • • • • • • • • • • • • • • •	7 00 1 01 1 101111	
Okined Nationing Facility Odice				40.1.400.405	40.1 400.405	40.1.400.400		40.1 400.40	
	00.14.400	00 1 4 400	\$0 days 1-20; \$25	\$0 days 1-20; \$25	\$0 days 1-20; \$25	\$0 days 1-20; \$25	\$0 days 1-20; \$25	\$0 days 1-20; \$25	
	\$0 days 1-100	\$0 days 1-100	days 21-100	days 21-100	days 21-100	days 21-100	days 21-100	days 21-100	
Inpatient Mental Health / Substance Abuse									
	CO Don Admit	CO Don Admit	¢EO Don Admit	¢EO Don Admit	¢EO Don Admit	¢EO Don Admit	¢EO Don Admit	CEO Don Admit	
	\$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	4.5	A =	4.5	A -2	4-	A -2	A =	A -2	
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		**	405	40.5	40.5	40.5	405	^	
Outpatient Hospital Services	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25	
Outpatient Surgery	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25	
Outration Manual Haalth /Outra		\$0 individual visit /\$0		\$15 individual visit	\$15 individual visit	\$15 individual visit	\$15 individual visit	\$15 individual visit	
Outpatient Mental Health/Substance Abuse	group visit	group visit	/\$10 group visit	/\$10 group visit	/\$10 group visit	/\$10 group visit	/\$10 group 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	\$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	

Conference Services Service		Current Pl	lan Design	Alternate Plan D	Design - Option 1	Alternate Plan D	esign - Option 2	Alternate Plan D	esign - Option 3	
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Companies \$6 \$9 \$29% \$29% \$90% \$90 \$91 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	BENEFITS AND	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Component Acquisitement September Se	COVERAGE	Services	Services	Services	Services	Services	Services	Services	Services	
Gincel Literatory Services	Kidney Dialysis	\$0	\$0	20%	20%	0%	0%	0%	0%	
Diagnosic Procedure Fase: 50 50 50 50 50 50 50 5	Outpatient X-ray Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Diagnosis Readology Services 50 50 50 50 50 50 50 5	Clinical Laboratory Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Therappack Port College Services \$9 \$9 \$9 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2	Diagnostic Procedure/Test	\$0	\$0	\$25	\$25	\$0	\$0	\$0	\$0	
Engrapsion Risordoxy Services \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Diagnostic Radiology Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Exclaim y valid (Neutran-covered)	Therapeutic Radiology Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Eyer Exem Medicinere-covereid 30 50 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515 515	Chiropractic Visit (Medicare-covered)	\$0	\$0	\$20	\$20	\$20	\$20	\$20	\$20	
Hearing Exam Medicane-covered	Podiatry Visit (Medicare-covered)	\$0	\$0	\$15	\$15	\$15	\$15	\$15	\$15	
Services (Medicane-coveres) S0 S1 S1 S1 S1 S1 S1 S1	Eye Exam (Medicare-covered)	\$0	\$0	\$15	\$15	\$15	\$15	\$15	\$15	
Spring Spring deductible Spring indeductible Spring deductible Spring deduction Spring deductible Spring deductible Spring deduction Spring deduction Spring deductible Spring deductible Spring deduction Spring deductible Spring deduction Spring deduction Spring deduction Spring deductio	Hearing Exam (Medicare-covered)	\$0	\$0	\$15	\$15	\$15	\$15	\$15	\$15	
Social processing Social process S		\$0	\$0	\$15	\$15	\$15	\$15	\$15	\$15	
Preventive Services (Medicare-coveres)	,	\$0; 3 pint deductible	\$0; 3 pint deductible	·		\$0; 3 pint deductible	\$0; 3 pint deductible	\$0; 3 pint deductible	\$0; 3 pint deductible	
Sence Mass Medisturements \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Blood	waived	waived	\$0	\$0	waived			waived	
Bone Mass Mentumments \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Preventive Services (Medicare-covered)									
Colorestal Streening Euroms \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Annual Streening Mammograms \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		•		-		-	\$0			
Early Street Standard Polivic Exams \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		•				1	-			
Erocitate Carneer Streening Exams \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$			·	•		•	•		•	
Cardiovascular Screenings S0 S0 S0 S0 S0 S0 S0 S	1		·			•	•			
Smoking Cessartion Visit	9	•				•	-			
Abdominal Andriux Aneuryam (AAA) Screenings \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	v	· ·		•		·	·			
Diabetes Screening		•	-			-	-			
FIV Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Screening for Depression in Adults S0 S0 S0 S0 S0 S0 S0 S						-			•	
Screening and Behavioral Courseling Interventions in Primary Care to Reduce Alcohol Missus									·	
Screening for Depression in Adults		Ψ-0	40	Ψ*	+0	+		+	Ψ-	
Screening for Depression in Adults		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Screening for Sexually Transmitted Infections \$0										
High Intensity Behavioral Counseling to Prevent STIs and Intensive Eachavioral Therapy for Cardiovascular Disease \$0		•	·	•		-			·	
Sehavioral Therapy for Cardiovascular Disease \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	•	Ψ0	Ψ0	Ψ	Ψ**	+ • • • • • • • • • • • • • • • • • • •	Ψ0	+ + + + + + + + + + + + + + + + + + + +	Ψ	
Screening and Counseling for Obesity \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		¢0	¢0	¢n.	¢0	¢n.	¢0	¢o.	60	
Diabetes - Self-Management Training									* -	
Medical Nutrition Therapy and Counseling \$0		·	·		·	-		•		
Glaucoma Screening										
Kidney Disease Education \$0			·	·	·	·	·	·	·	
Dialysis Training		· · · · · · · · · · · · · · · · · · ·	·	•	·	•	·	•		
Hepatitis C Screening										
Annual Physical Exams										
Wellness Exam and One-time Welcome-to-Medicare Exam (Medicare covered) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Soutine Physical Exam \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Annual Physical Exams									
Source S	Wellness Exam and One-time Welcome-to-Medicare Exam (Medicare	4								
Routine Physical Exam	•		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Immunizations S0	Routine Physical Exam		\$0	\$0		\$0	\$0		\$0	
Durable Medical Equipment \$0 \$0 20% 20% 10% 10% 10% 10% Prosthetics \$0 \$0 20% 20% 10% 10% 10% 10% Orthotics \$0 \$0 20% 20% 10% 10% 10% 10% Diabetic Shoes and Inserts \$0 \$0 20% 20% 10% 10% 10% 10% Medical Supplies \$0 \$0 20% 20% 10% 10% 10% 10% Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Durable Medical Equipment \$0 \$0 20% 20% 10% 10% 10% 10% Prosthetics \$0 \$0 20% 20% 10% 10% 10% 10% Orthotics \$0 \$0 20% 20% 10% 10% 10% 10% Diabetic Shoes and Inserts \$0 \$0 20% 20% 10% 10% 10% 10% Medical Supplies \$0 \$0 20% 20% 10% 10% 10% 10% Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	(Flu, Pneumococcal, Pneumonia, and Hepatitis B Vaccines)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Durable Medical Equipment \$0 \$0 20% 20% 10% 10% 10% 10% Prosthetics \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Orthotics \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Diabetic Shoes and Inserts \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Medical Supplies \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Services (non-Medicare covered) \$0 routine exam \$15 routine exam										
Prosthetics \$0 \$0 20% 20% 10% 10% 10% 10% Orthotics \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Diabetic Shoes and Inserts \$0 \$0 \$0 20% 20% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10%		\$0	\$0	20%	20%	10%	10%	10%	10%	
Orthotics \$0 \$0 20% 20% 10% 10% 10% Diabetic Shoes and Inserts \$0 \$0 20% 20% 10% 10% 10% 10% Medical Supplies \$0 \$0 20% 20% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10%									10%	
Diabetic Shoes and Inserts \$0 \$0 20% 20% 10% 10% 10% Medical Supplies \$0 \$0 \$0 20% 20% 10% 10% 10% 10% Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Services (non-Medicare covered) \$0 routine exam \$15 routine exam									10%	
Medical Supplies \$0 \$0 20% 20% 10% 10% 10% 10% Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
Diabetes Monitoring Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Additional Services (non-Medicare covered) \$0 routine exam \$15 routine ex										
\$0 routine exam \$15 rou		ΨΟ	Ψυ	ΨΟ	Ψυ	ΨΟ	ΨΟ	ΨΟ	Ψ	
	Additional out tions (non-ineclicate covered)	\$0 routine exam	\$0 routine exam	\$15 routine exam	\$15 routine exam	\$15 routine exam	\$15 routine exam	\$15 routine exam	\$15 routine exam	
I every 12 months: I every 12 mo	Vision Services	every 12 months;	every 12 months;	every 12 months;	every 12 months;	every 12 months;	every 12 months;	every 12 months;	every 12 months;	

	Current PI	an Design	Alternate Plan D	esign - Option 1	Alternate Plan D	esign - Option 2	Alternate Plan D	esign - Option 3
	\$22	5.46	\$214	4.00	\$206	6.07	\$190.80	
BENEFITS AND	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
COVERAGE	Services	Services	Services	Services	Services	Services	Services	Services
	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12	\$0 exam every 12
	months / \$500	months / \$500						
	Hearing Aid	Hearing Aid						
ļ.,	Allowance for 999	Allowance for 999						
Hearing Services	device Combined	device Combined						
Chiropractic Services								
Routine Dental Services								
A comparations Complete								
Acupuncture Services								
Private Duty Nursing Allowance								
Wigs Coverage (after Chemotherapy treatment)								
Part B Drugs	¢o.	¢ 0	200/	200/	400/	400/	400/	400/
solutions, outpatient injectables	\$0 \$0	\$0 \$0	20%	20%	10%	10%	10%	10%
Chemotherapy Drugs	\$0	\$0	20%	20%	10%	10%	10%	10%
Part D Outpatient Prescription Drugs	Full Coverage		Full Coverage		Full Coverage		Full Coverage	
Part D Gap 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	
True Out of Pocket Threshold	Greater of 0%		Greater of 0%					
	Coinsurance or		Coinsurance or		Greater of 0%		Greater of 0%	
					Coinsurance or \$2.95		Coinsurance or \$2.95	
	\$2.95 for generic		\$2.95 for generic		for generic drugs and		for generic drugs and	
	drugs and \$7.40 for		drugs and \$7.40 for		\$7.40 for all other		\$7.40 for all other	
Catastrophic Coverage Benefit Amounts	all other drugs		all other drugs		drugs		drugs	
Formulan	Standard Formulary H15 (GH Fu							
Formulary Standard Formulary Edits	On		On		On		On	
Standard Formulary Edits	Oil		Oil		Oli		Oil	
Bonus Drug List	List U		List U		List U		List U	
Rx Deductible	List U		List 0		List U		List 0	
TX Deductible								
Part D Retail Copay (up to a 30 day supply)								
and the same of the same and the same of t								
Tier 1 Drugs	\$7.00		\$7.00		\$7.00		\$7.00	
Tier 2 Drugs	\$35.00		\$35.00		\$35.00		\$35.00	
							I 7	
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	
T. 0.D.	470.00		470.00		470.00		470.00	
Tier 2 Drugs	\$70.00		\$70.00		\$70.00		\$70.00	
	4400 55				A			
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	0:1001	Mad In also I al	Ollers = One and the second	Mad In also 1 - 1	Olling "On and and	Mat In also 1 - 1	Oilus - O 1	Mat In also I al
Fitness	SilverSneakers	Not Included						

	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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
COVERAGE	Services	Services	Services	Services	Services	Services	Services	Services
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 Inlouded	Not Included	Not Inlouded	Not Included	Not Inlouded	Not Included	Not Inlouded

* 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.