

Guilford County Government

2022 Medicare Renewal from UHC

| Benefits | UHC Medicare Advantage Plan | | | |
|--|--|--|--|---------------------------------|
| | 2020 | 2021 | Renewal 2022 | |
| Annual Deductible | | | | |
| Individual | \$200 | \$200 | \$200 | |
| Family | | | | |
| Out of Pocket Maximum (excludes ded.) | | | | |
| Individual | \$2,200 | \$2,200 | \$2,200 | |
| Family | | | | |
| Physician Services | | | | |
| Primary Care Office Visits | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Specialist Office Visits | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Preventive Care | \$0 copay In / Out | \$0 copay In / Out | \$0 copay In / Out | |
| Eye Exam | \$0 copay In / Out | \$0 copay In / Out | \$0 copay In / Out | |
| Routine Hearing Screening | \$0 copay In / Out | \$0 copay In / Out | \$0 copay In / Out | |
| Outpatient Hospital Services | | | | |
| Emergency Room | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Urgent Care | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Ambulance Services | \$0 copay In / Out | \$0 copay In / Out | \$0 copay In / Out | |
| Surgery | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Physical, Speech Therapy | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Chiropractic Services | \$0 Copay In / Out | \$0 Copay In / Out | \$0 Copay In / Out | |
| Inpatient Hospital Services | | | | |
| Room/Board | \$0 per stay In / Out | \$0 per stay In / Out | \$0 per stay In / Out | |
| Mental Health Services | | | | |
| Inpatient Mental Health | \$0 per stay In / Out | \$0 per stay In / Out | \$0 per stay In / Out | |
| Outpatient Mental Health | \$0 copay In / Out | \$0 copay In / Out | \$0 copay In / Out | |
| Part D Outpatient Prescriptin Drugs | | | | |
| Part D Coverage Gap | Full Coverage | Full Coverage | Full Coverage | |
| Initial Coverage Limit | \$4,020 | \$4,130 | \$4,430 | |
| Out of Pocket that triggers Catastrophic | \$6,350 | \$6,550 | \$7,050 | |
| Catastrophic Coverage Benefit Amounts | Greater of 5% coinsurance or \$3.40 copay for generic & \$8.50 copay for all other drugs | Greater of 5% coinsurance or \$3.60 copay for generic & \$8.95 copay for all other drugs | Greater of 5% coinsurance or \$3.95 copay for generic & \$9.85 copay for all other drugs | |
| Formulary | Full / Bonus Drug List | Full / Bonus Drug List | Full / Bonus Drug List | |
| Prescription Drug Services (30 days retail) | | | | |
| Tier 1 | \$7 copay | \$7 copay | \$7 copay | |
| Tier 2 | \$35 copay | \$35 copay | \$35 copay | |
| Tier 3 | \$50 copay | \$50 copay | \$50 copay | |
| Specialty | \$65 copay | \$65 copay | \$65 copay | |
| Mail-Order | | | | |
| Tier 1 | \$14 Copay | \$14 Copay | \$14 Copay | |
| Tier 2 | \$70 Copay | \$70 Copay | \$70 Copay | |
| Tier 3 | \$100 Copay | \$100 Copay | \$100 Copay | |
| Specialty | \$130 Copay | \$130 Copay | \$130 Copay | |
| Other Services | | | | |
| Hearing Aids | \$500 Allowance | \$500 Allowance | \$500 Allowance | |
| Vision Eyewear Reimbursement | Not Covered | Not Covered | Not Covered | |
| Fitness Benefit | Silver Sneakers Covered | Silver Sneakers Covered | Silver Sneakers Covered | |
| Resources for Living | | | | |
| | 2020 Rates | 2021 Rates | Renewal Rates | Negotiated Renewal Rates |
| | 2020 | 2021 | 2022 | 2022 |
| Net Monthly Premium: | \$225.02 | \$231.80 | \$233.53 | \$231.80 |
| ACA Insurer Fee: | \$32.53 | | | |
| Total Monthly Premium: | \$257.55 | \$231.80 | \$233.53 | \$231.80 |
| Total Monthly Premium: | \$254,975 | \$229,482 | \$231,195 | \$229,482 |
| Total Annual Premium: | \$3,059,694 | \$2,753,784 | \$2,774,336 | \$2,753,784 |
| \$ Increase/Decrease over Current Annual Premium: | | -\$305,910 | \$20,552 | \$0 |
| % Increase/Decrease over Current Annual Premium: | | -10.0% | 0.7% | 0.0% |

Enrollment Assumptions: 990

Please note: rates are preliminary & subject to change based upon actual enrollment and medical conditions in the group. This is only an outline - actual rates and contract provision will be determined by specific carrier.