

UnitedHealthcare
Group Medicare Advantage PPO
Prepared For: NIAGARA FALLS SCHOOL DISTRICT

Effective: 1/1/2018 through 12/31/2018		
Benefits And Coverage	In-Network Services	Out-of-Network Services
Annual Medical Out-of-Pocket Maximum	\$1,500	\$1,500
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
PHYSICIAN SERVICES		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$5	\$5
Specialist Office Visit	\$10	\$10
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
INPATIENT SERVICES		
Inpatient Hospital Stay - Per Admission	\$25	\$25
Skilled Nursing Facility Care - prior hospital stay requirement waived?	Yes	
Skilled Nursing Facility Care	\$0 days 1-20 \$15 days 21-Unlimited	\$0 days 1-20 \$15 days 21-Unlimited
Skilled Nursing Facility Care - Benefit Period (In days)	999	
Inpatient Mental Health in a Psychiatric Hospital / Inpatient Substance Abuse - Per Admission	\$25	\$25
Inpatient Mental Health Lifetime Maximum number of days	190	
OUTPATIENT SERVICES		
Outpatient Surgery	\$15	\$15
Outpatient Hospital Services	\$15	\$15
Outpatient Mental Health/Substance Abuse - Individual Visit	\$10	\$10
Outpatient Mental Health/Substance Abuse - Group Visit	\$5	\$5
Partial Hospitalization (Mental Health Day Treatment) per day	\$25	\$25
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Pulmonary Rehabilitation	\$0	\$0
Kidney Dialysis	\$10	\$10
Observation Stay	\$15	\$15
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$10	\$10
Podiatry Visit (Medicare-covered)	\$10	\$10
Eye Exam (Medicare-covered)	\$10	\$10
Eyewear (Medicare-covered Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$10	\$10
Dental Services (Medicare-covered)	\$10	\$10
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	\$25	\$25
Emergency Room (Includes Worldwide Coverage) waived if admitted within 24 hours	\$30	\$30
Urgent Care (Includes Worldwide Coverage) waived if admitted within 24 hours	\$15	\$15
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	\$10	\$10
Chemotherapy Drugs	\$10	\$10
Blood 3 pint deductible waived	\$0	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	\$10	\$10
Prosthetics	\$10	\$10
Orthotics	\$10	\$10

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Diabetic Shoes and Inserts	\$10	\$10
Medical Supplies	\$10	\$10
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps & Supplies	\$10	\$10
HOME HEALTHCARE AGENCY & HOSPICE		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs (Medicare-covered)	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk (Medicare-covered)	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0
ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)		
Routine Podiatry	\$10	\$10
Routine Podiatry - Number of visits per year	6	
Routine Vision Exam every 12 months	\$10	\$10
Routine Hearing Exam for Hearing Aids 1 visits; every 1 years	\$0 per visit	\$0 per visit
Hearing Aid Allowance - includes Digital Hearing Aids	\$500	
Benefit per Ear or combined	Combined	

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Number of Hearing Aids	Unlimited	
Hearing Aid period in years	3	
Annual Routine Physical Exam	\$0	\$0
WELLNESS/CLINICAL PROGRAMS		
Fitness	SilverSneakers	Not Included
Caregiver	Standard	Not Included
NurseLine	Included	Not Included
Access Support	Included	Not Included
Condition Management - Chronic Heart Failure (CHF)	Included	Not Included
Condition Management - Coronary Artery Disease (CAD) / Diabetes	Included	Not Included
Condition Management - End Stage Renal Disease (ESRD)	Included	Not Included
Group Retiree Case Management	Included	Not Included
Advanced Illness Care Management	Included	Not Included
Preferred Diabetic Supply Program	Included	Not Included
Hi Health Hearing Aid Discount Program	Included	Not Included
HouseCalls Program	Included	Not Included
Outpatient Prescription Drug Coverage		
Prescription Drug Plan	Custom	
Pharmacy Network	Standard	
Part D Gap Coverage	Full Coverage	
Formulary	18MAPD H Full Edit	
Non-OptumRx Mail Order Network	Included	
Bonus Drug List	List U	
Formulary Edits (step therapy, quantity limits, prior authorization)	On	
Part D Retail Copay (up to a 30 day supply)		
Tier 1: Generic	\$3.00	
Tier 2: Preferred Brand	\$3.00	
Tier 3: Non-Preferred Brand	\$3.00	
Tier 4: Specialty Tier	\$3.00	
Part D Preferred Mail Order Copay (up to a 90 day supply)		
Tier 1: Generic	\$6.00	
Tier 2: Preferred Brand	\$6.00	
Tier 3: Non-Preferred Brand	\$6.00	
Tier 4: Specialty Tier	\$6.00	
Initial Coverage Limit	\$3,750	
True Out of Pocket Threshold (TrOOP)	\$5,000	
Catastrophic Coverage over TrOOP (greater amount of)	Custom	
Copay for generics	\$3.35	
Copay for all other drugs	\$8.35	
OR Coinsurance	0%	

* 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.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.