

UnitedHealthcare
Group Medicare Advantage PPO
Prepared For: IBEW 375 SUPPLEMENT HEALTHCARE

Effective: 1/1/2020 through 12/31/2020

Benefits And Coverage	In-Network Services	Out-of-Network Services
Annual Medical Deductible	--None--	--None--
Annual Medical Out-of-Pocket Maximum	\$0	\$0
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)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
INPATIENT SERVICES		
Inpatient Hospital Stay - Per Admission	\$0	\$0
Skilled Nursing Facility Care - prior hospital stay requirement waived?	Yes	
Skilled Nursing Facility Care	\$0 days 1-20 \$0 days 21-100	\$0 days 1-20 \$0 days 21-100
Skilled Nursing Facility Care - Benefit Period (In days)	100	
Inpatient Mental Health in a Psychiatric Hospital / Inpatient Substance Abuse - Per Admission	\$0	\$0
Inpatient Mental Health Lifetime Maximum number of days	190	
OUTPATIENT SERVICES		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac, Intensive Cardiac & Pulmonary Rehabilitation, incl. Supervised Exercise Therapy	\$0	\$0
Kidney Dialysis	\$0	\$0
Observation Stay	\$0	\$0
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$0	\$0
Podiatry Visit (Medicare-covered)	\$0	\$0
Eye Exam (Medicare-covered)	\$0	\$0
Eyewear (Medicare-covered Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$0	\$0
Dental Services (Medicare-covered)	\$0	\$0
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	\$0	\$0
Emergency Room (Includes Worldwide Coverage) waived if admitted within 24 hours	\$0	\$0
Urgent Care (Includes Worldwide Coverage) waived if admitted within 24 hours	\$0	\$0
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	\$0	\$0
Chemotherapy Drugs	\$0	\$0
Blood 3 pint deductible waived	\$0	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0

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Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps & Supplies	\$0	\$0
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	\$0	\$0
Routine Podiatry - Number of visits per year	6	
Routine Vision Exam every 12 months	\$0	\$0
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	\$500
Benefit per Ear or combined	Combined	Combined
Number of Hearing Aids	Unlimited	Unlimited
Hearing Aid period in years	3	3
Annual Routine Physical Exam	\$0	\$0

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* 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.