

# Benefit highlights

Lee County Board of County Commissioners 12554  
Effective January 1, 2017 to December 31, 2017

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

| Plan Costs   | In-Network  | Out-of-Network  |
|--|---|---|
| Annual out-of-pocket maximum   | Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year                                      |   |
| Medical Benefits   | In-Network  | Out-of-Network  |
| Benefits covered by Original Medicare and your plan                            |   |   |
| Doctor's office visit  | Primary Care Physician: \$10 copay<br>Specialist: \$35 copay  | Primary Care Physician: \$10 copay<br>Specialist: \$35 copay                |
| Preventive services  | \$0 copay for Medicare-covered in-network preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information. |   |
| Inpatient hospital care  | \$500 copay per admission   | \$500 copay per admission   |
| Skilled nursing facility (SNF)   | \$25 copay per day: days 1-5<br>\$0 copay per additional day up to 100 days   | \$25 copay per day: days 1-5<br>\$0 copay per additional day up to 100 days |
| Outpatient surgery   | \$200 copay   | \$200 copay   |
| Outpatient rehabilitation (physical, occupational, or speech/language therapy) | \$35 copay  | \$35 copay  |
| Diagnostic radiology services (such as MRIs, CT scans)                         | \$50 copay  | \$50 copay  |
| Lab services   | \$35 copay  | \$35 copay  |
| Outpatient x-rays  | \$35 copay  | \$35 copay  |
| Therapeutic radiology services (such as radiation treatment for cancer)        | \$35 copay  | \$35 copay  |
| Ambulance  | \$0 copay   | \$0 copay   |
| Emergency care   | \$65 copay (worldwide)  |   |
| Urgent care  | \$50 copay  | \$50 copay  |
| Additional benefits and programs not covered by Original Medicare              |   |   |
| Routine physical   | \$0 copay; 1 per plan year*   | \$0 copay; 1 per plan year*   |
| Foot care - routine  | \$35 copay<br>(Up to 6 visits per plan year)*   | \$35 copay<br>(Up to 6 visits per plan year)*                               |
| Hearing - routine exam   | \$0 copay<br>(1 exam every 12 months)*  | \$0 copay<br>(1 exam every 12 months)*                                      |
| Hearing aids   | Plan pays up to \$500<br>(every 3 years)*   | Plan pays up to \$500<br>(every 3 years)*                                   |

| Medical Benefits  | In-Network  | Out-of-Network                          |
|---|---|---|
| Vision - routine eye exams                              | \$35 copay<br>(1 exam every 12 months)*   | \$35 copay<br>(1 exam every 12 months)* |
| Fitness program through SilverSneakers® Fitness program | Stay active with a basic membership at a participating location at no extra cost to you |   |
| NurseLine <sup>SM</sup>                                 | Speak with a registered nurse (RN) 24 hours a day, 7 days a week                        |   |

\*Benefits are combined in and out-of-network

| Prescription Drugs          | Your Cost   |  |
|-----------------------------|---|--|
| Initial coverage stage      | Network Pharmacy<br>(30-day retail supply)  | Mail Service Pharmacy<br>(90-day supply) |
| Tier 1: Generic             | \$10 copay  | \$0 copay                                |
| Tier 2: Preferred brand     | \$20 copay  | \$40 copay                               |
| Tier 3: Non-preferred brand | \$35 copay  | \$70 copay                               |
| Tier 4: Specialty tier      | \$35 copay  | \$70 copay                               |
| Coverage gap stage          | After your total drug costs reach \$2,960, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost |  |
| Catastrophic coverage stage | After your total out-of-pocket costs reach \$4,700, you will pay \$2.65 copay for generic, \$6.60 copay for brand name                      |  |

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change each plan year.