

Prepared Exclusively For: LEE COUNTY BOCC

Product: NPPO United HealthCare

EGLE00796

Effective: 1/1/2017 Through 12/31/2017

This is a highlight of benefits only and is Not all inclusive of the Plan's benefits, services, limitations or exclusions.

BENEFITS AND COVERAGE				In-Network Services	Out-of-Network Services
Annual Deductible					
Annual Deductible					
Annual Deductible Combined for In and Out-of-Network					
Out-of-Pocket Maximum					
Annual Out-of-Pocket Maximum				\$1,500	\$1,500
Annual Out-of-Pocket Max Combined for In and Out-of-Network				Yes	
Physician Services					
Primary Care Physician				\$10	\$10
Specialist				\$35	\$35
Emergency Department Services					
Includes Worldwide Coverage (waived if admitted to the hospital within 24 hours for the same condition)				\$65	\$65
Urgently Needed Care					
Urgently Needed Care (Contracted Providers) (Waived if admitted to the hospital within 24 hours for the same condition).				\$50	\$50
Urgently Needed Care (with Non-Contracted Providers) (includes Worldwide coverage - waived if admitted to the hospital within 24 hours for the same condition)				\$50	\$50
Ambulance Services				\$0	\$0
Inpatient Hospital Care					
Per Day or Per Admit				Per Admit	Per Admit
Cost Share Per Admit				\$500	\$500
Copayment per Day (INN)-		through			
(OON)-		through			
Copayment per Day (INN)-		through			
(OON)-		through			
Copayment per Day (INN)-		through			
(OON)-		through			
Skilled Nursing Facility Care					
Copayment per Day (INN)-	1	through	5	\$25	
(OON)-	1	through	5		\$25
Copayment per Day (INN)-	6	through	100	\$0	
(OON)-	6	through	100		\$0
Copayment per Day (INN)-		through			
(OON)-		through			
Inpatient Mental Health Care					
Per Day or Per Admit				Per Admit	Per Admit
Cost Share Per Admit				\$500	\$500
Copayment per Day (INN)-		through			
(OON)-		through			
Copayment per Day (INN)-		through			
(OON)-		through			
Copayment per Day (INN)-		through			
(OON)-		through			
Home Healthcare Agency					
Home Care Visits				\$0	\$0
Outpatient Services (including observation, medical and surgical care)					
Outpatient Hospital Services				\$200	\$200
Outpatient Surgery				\$200	\$200
Physical/Speech/Occupational Therapy				\$35	\$35
Outpatient X-ray Services				\$35	\$35
Clinical Laboratory Services				\$35	\$35
Chiropractic Visit (Medicare-covered)				\$10	\$10
Podiatry Visit (Medicare-covered)				\$35	\$35

Blood first 3 pints	\$0	\$0
Preventive Services (Medicare-covered)		
Bone Mass Measurements	\$0	\$0
Colorectal Screening Exams	\$0	\$0
Annual Screening Mammograms	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Annual Prostate Cancer Screening Exams	\$0	\$0
Cardiovascular Screenings	\$0	\$0
Smoking Cessation Visit	\$0	\$0
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	\$0	\$0
High Intensity Behavioral Counseling to Prevent STIs and Intensive Behavioral Therapy for Cardiovascular Disease	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Physical Exams		
Annual Wellness Exam and One-time Welcome-to-Medicare Exam. (Medicare-covered)	\$0	\$0
Immunizations		
(Flu, Pneumococcal, Pneumonia, and Hepatitis B Vaccines)	\$0	\$0
Durable Medical Equipment		
Durable Medical Equipment	\$0	\$0
Medical Supplies	\$0	\$0
Vision Services		
Eye Exam (Medicare-covered)	\$35	\$35
Routine Eye Exam refraction every 12 months	\$35	\$35
Routine Eyewear Materials Copayment		
Routine Eyeglasses and Contacts Combined Allowance		
Routine Eyeglasses Allowance		
Routine Contact Lenses Allowance		
Routine Eyewear Period in Months		
Hearing Services		
Routine Hearing Exam - every 12 months	\$0.00	\$0.00
Hearing Aid Allowance - includes Digital hearing aids	\$500	\$500
Benefit per ear or combined	Combined	Combined
# of Hearing Aids	999	999
Hearing Aid period in months	36	36
Chiropractic Services		
Routine Chiro Cost Share		
Number of Visits per Year		
Dental Services		
Routine Dental Plan		
Part B Drugs		
Part B drugs - Immunosuppressives, anti-nausea, inhalation solutions, outpatient injectables	20%	20%
Chemotherapy Drugs	20%	20%
Outpatient Prescription Drugs		
Part D Gap Coverage	Full Coverage	
Formulary	Standard Formulary H15 (GH Full Edit)	
Bonus Drug List		
Standard Formulary Edits	On	
Rx Deductible		
Part D Retail		
Retail Day Supply	30	
Tier 1 Drugs	\$10	
Tier 2 Drugs	\$20	
Tier 3 Drugs	\$35	
Tier 4 Drugs	\$35	
Tier 5 Drugs		

Tier 6 Drugs		
Part D Mail Service		
Mail Order Day Supply	90	
Tier 1 Drugs	\$0	
Tier 2 Drugs	\$40	
Tier 3 Drugs	\$70	
Tier 4 Drugs	\$70	
Tier 5 Drugs		
Tier 6 Drugs		
Wellness/Clinical Programs		
Fitness	SilverSneakers	Not Included
Caregiver	Standard	Not Included
NurseLine	Included	Not Included
Treatment Decision Support	Not Included	Not Included
Access Support	Included	Not Included
Disease Management - Chronic Heart Failure (CHF)	Included	Not Included
Disease Management - Coronary Artery Disease (CAD)/Diabetes	Included	Not Included
Disease Management - End Stage Renal Disease (ESRD)	Included	Not Included
Group Retiree Case Management	Included	Not Included
Advanced Illness Care Management	Included	Not Included
Hi Health Discount Program	Included	Not Included
<p>* 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.</p>		
<p>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.</p>		