Benefit Highlights

ARBenefits Group Medicare Advantage 13582
Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan Costs

	In-network and out-of-network
Annual medical deductible	No deductible
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	You pay nothing for Medicare-covered services from any provider

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay
Virtual visits	$0 Virtual doctor visits
Preventive services Medicare-covered	$0 copay
Inpatient hospital care	$0 copay per stay
Skilled nursing facility (SNF)	$0 copay per day up to 100 days
Outpatient surgery	$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	$0 copay
Mental health outpatient and virtual	$0 Group therapy
	$0 Individual therapy
	$0 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Therapeutic radiology services such as radiation treatment for cancer	$0 copay

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-network and out-of-network
Ambulance	$0 copay
Emergency care	$0 copay (worldwide)
Urgently needed services	$0 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	$0 copay; 1 per plan year*
Acupuncture – routine	$0 copay, 12 visits per plan year*
Chiropractic - routine	$0 copay, 15 visits per plan year*
Dental - routine	$0 copay for preventive dental care including exams, cleanings, X-rays and fluoride. Additional fees may apply*
Foot care - routine	$0 copay, 6 visits per plan year*
Over-the-counter care FirstLine Medical	$0 copay; You receive $40 each quarter to use on approved over-the-counter products as shown in the catalog or website.
UnitedHealthcare Healthy at Home	$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing - routine exam	$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a $2,800 allowance (combined for both ears) for hearing aids every 3 years*.
Vision - routine eye exam	$0 copay, 1 exam every 12 months*
Vision - routine eyewear	Plan pays $150 for eyeglasses every 12 months. Or, $150 for contact lenses instead of eyeglasses every 12 months.*
Fitness program Renew Active® by UnitedHealthcare	$0 copay for a standard gym membership at participating locations
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.
Personal Emergency Response System (PERS) Lifeline	$0 copay for a personal emergency response system.
Rally Coach™ Programs	$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program *Refer to your Evidence of Coverage for eligibility requirements.

	In-network and out-of-network

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (31-day retail supply)	Mail Service Pharmacy (93-day supply)
Tier 1: Preferred Generic	$15 copay	$30 copay
Tier 2: Preferred Brand	$40 copay	$80 copay
Tier 3: Non-preferred Drug	$80 copay	$160 copay
Tier 4: Specialty Tier	$100 copay	$200 copay
Coverage gap stage	After your total drug costs reach $4,660, 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 out-of-pocket costs (what you pay including coverage gap discount program payments) reach the $7,400 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
Pharmacy Out-of-Pocket Maximum	When your total Out-of-Pocket costs (what you pay) reach $3,100 you will not pay any copay or coinsurance	

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.
Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.
The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.