

Benefit Highlights

Arkansas State Employee (ASE) and Public School Employee (PSE) 13582,13583

Effective January 1, 2025 to December 31, 2025

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 visits	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visit	\$0 copay
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

Medical benefits

Medical benefits covered by the plan and Original Medicare

In-network and out-of-network

Outpatient mental health

Group therapy \$0 copay

Individual therapy \$0 copay

Therapy or office visit with a psychiatrist \$0 copay

Virtual visit \$0 copay

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

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, and 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 (OTC) credit \$40 credit each quarter to buy covered OTC products from network retail locations or through the website

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
UnitedHealthcare Healthy at Home Post-discharge program	\$0 copay for 28 meals, 12 one-way trips, and 6 hours of non-medical personal care up to 30 days following all inpatient hospital and SNF stays. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays a \$2,800 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Vision – routine eyewear	Plan pays up to \$150 for eyeglasses, 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
Rewards	Earn rewards to spend on eligible items like gifts, clothing, groceries and more.
Personal emergency response system (PERS)	\$0 copay
Diabetes Prevention and Weight Management Program	\$0 copay online weight management and healthy lifestyle program

*Benefits are combined in and out-of-network

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is \$2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs			
Initial Coverage	Network Retail Pharmacy (31-day retail supply)	Network Retail Pharmacy (93-day retail supply)	Mail Service Pharmacy (93-day supply)
Tier 1: Preferred Generic	\$15 copay	\$45 copay	\$30 copay

Prescription drugs			
Tier 2: Preferred Brand ¹	\$40 copay	\$120 copay	\$80 copay
Tier 3: Non-Preferred Drug ¹	\$80 copay	\$240 copay	\$160 copay
Tier 4: Specialty Tier ¹	\$100 copay	\$300 copay	\$200 copay
Catastrophic Coverage	<p>After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.</p> <p>If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.</p>		

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

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.

Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the Rewards Program Terms of Service located on the right side of the page at myuhcmedicare.com/retiree/rewards. Rewards can only be used by members of UnitedHealthcare Group Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Fees may apply.

Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms. The Reloadable Visa® Reward Card may be used for qualified purchases in the U.S. and District of Columbia. Please contact your program sponsor directly for a full list of qualified purchases.