



An Overview of the UnitedHealthcare Medicare Advantage Plan for Family

UnitedHealthcare® Group Medicare Advantage (PPO) plan, with a national network is available to any immediate family member (e.g., parent, sibling, or grandparent) of an eligible U.S. Pfizer colleague.

Individuals must reside in the U.S. and be enrolled in Medicare Parts A & B. The premium for this plan is \$99.41 per member per month, this is in addition to any Medicare Part B premium. With this national plan, members have the flexibility to see Medicare participating providers in-network or out-of-network at the same cost share. The following is a summary of key plan features:

Medical Plan Features	UnitedHealthcare Medicare Advantage Plan for Family
Deductible	No deductible
Out-of-Pocket Maximum (Medical)	\$3,400 per individual
Flu Vaccination	100% coverage
Primary Care Office Visit	\$15 copay
Specialist Office Visit	\$40 copay
Virtual Office Visit with Doctors on Demand & Amwell	No cost
Telemedicine	\$15 copay
Outpatient Behavioral Health and Substance Abuse	\$40 copay
Lab/X-ray	No cost
Magnetic Resonance Imaging (MRI)	\$60 copay
PT/OT/Speech Therapy Visit	\$40 copay
Emergency Room Visit (Including Worldwide Coverage)	\$120 copay
Urgent Care Visit	\$65 copay
Ambulance Services	\$175 copay
Inpatient Hospital Stay	\$250 per day (days 1-9); \$0 days 10+
Outpatient Hospital Stay (Facility/Urgent Care)	\$500 copay
Routine Vision Exam with Refraction	No cost
Routine Chiropractic Services	\$20 copay; maximum of 20 visits per year
Durable Medical Equipment	\$65 copay
Diabetic Supplies	100% coverage for OneTouch® and Accu-Chek blood glucose testing strips and
Medicare Part B Prescription Drugs (Covered under medical)	20% coinsurance

Hearing Aid (in-network only access through UnitedHealthcare Hearing) (UnitedHealthcare Hearing program offers discounts, brand models and home delivery)	\$1,000 allowance every 36 months
Healthy at Home Benefit Following any inpatient or skilled nursing facility discharge, when referred by a case manager, for up to 30 days member can access: <ul style="list-style-type: none"> • 28 home delivered meals • 12 one-way rides to medical and pharmacy related appointments, • 6 total hours of in-home care 	No cost
Renew Active Fitness Benefit Access to over 20,000 gyms (including premium locations), online fitness programs and a Fitbit community.	Included

PRESCRIPTION DRUGS

Your prescription drug coverage includes a comprehensive list of brand name and generic prescription drugs. You can choose from over 68,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies. Your exact cost may depend on the drug cost tier of your prescription, as well as where you choose to fill your prescription, for example through mail order or at a pharmacy. Your cost may also change during the year based on the total cost of the drugs you have purchased or drug payment stage you are in (initial, coverage gap or catastrophic). The following is a summary of coverage during the initial stage, for details on coverage during the coverage gap or catastrophic stage contact UnitedHealthcare:

RETAIL (30 DAY SUPPLY) * / **		Preferred Mail Order (90 Day Supply)	
Tier 1: Generic	\$10 copay	Tier 1: Generic	\$0 copay
TIER 2: Preferred Brand	\$40 copay	TIER 2: Preferred Brand	\$80 copay
TIER 3: Non- Preferred Brand	\$90 copay	TIER 3: Non- Preferred Brand	\$180 copay
TIER 4: Specialty	33% co-insurance	TIER 4: Specialty	33% co-insurance

*Certain medications may require medication therapy management, be subject to quantity limits, and/or may only be covered if certain clinical indications are met.

** Your cost sharing may change as you move through the CMS coverage stages (initial phase (copays), coverage gap (25% coinsurance), and catastrophic phase (you will pay 5% of the cost for each of the drugs, or \$4.15 generics / \$10.35 for brand name drugs).

MORE INFORMATION

You can obtain information on this plan (including a provider directory, drug formulary list, etc.) and enroll by your applicable enrollment deadline by contacting United HealthCare® at **866-519-5693, TTY 711**, 8 a.m. – 8 p.m. local time, 7 days a week. To find out if your provider participates in Medicare, ask your provider, or visit www.medicare.gov/care-compare and search for your provider.