

Benefit Highlights

PEEHIP 15507

Effective January 1, 2024 to December 31, 2024

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	Your plan has an annual combined in-network and out-of-network medical deductible of \$226 for this plan year.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$8,300 for this plan year.

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)	\$13 copay
Specialist	\$18 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$200 copay per day: day 1 \$25 copay per day: days 2-5 \$0 copay per day after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$161 copay per additional day up to 100 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$0 copay
Outpatient mental health	
Group therapy	\$13 copay
Individual therapy	\$18 copay
Virtual visits	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
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	\$35 copay (worldwide)
Urgently needed services	\$18 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*
Chiropractic – routine	20% coinsurance, 18 visits per plan year*
Foot care – routine	\$18 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical 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 \$500 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	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 Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program. * Refer to your Evidence of Coverage for eligibility requirements.

*Benefits are combined in and out-of-network

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 provider network may change at any time. You will receive notice when necessary.

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