Benefit highlights

Procter & Gamble Company 13365
Effective January 1, 2022 to December 31, 2022
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	Out-of-Network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of $250 each 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 $2,250 each plan year.	

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Doctor's office visit	$30 Primary care provider (PCP)	$30 Primary care provider (PCP)
	$0 using Amwell, Doctor on Demand and Teladoc. $30 using other in-network providers that have the ability and are qualified to offer virtual medical visits.	$30 using out-of-network providers that have the ability and are qualified to offer virtual medical visits.
	$40 Specialist	$40 Specialist
Preventive services Medicare-covered	$0 copay	
Inpatient hospital care	$230 copay per day: days 1-7 $0 copay per day after that	$230 copay per day: days 1-7 $0 copay per day after that
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $100 copay per day: days 21-42 $0 copay per additional day up to 100 days	$0 copay per day: days 1-20 $100 copay per day: days 21-42 $0 copay per additional day up to 100 days
Outpatient surgery	20% coinsurance	20% coinsurance
Outpatient rehabilitation Physical, occupational, or speech/language therapy	20% coinsurance	20% coinsurance

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Mental health outpatient and virtual	$30 Group therapy	$30 Group therapy
	$30 Individual therapy	$30 Individual therapy
	$30 Virtual visits	$30 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	20% coinsurance	20% coinsurance
Lab services	$0 copay	$0 copay
Outpatient x-rays	20% coinsurance	20% coinsurance
Therapeutic radiology services such as radiation treatment for cancer	20% coinsurance	20% coinsurance
Ambulance	$175 copay	
Emergency care	$100 copay (worldwide)	
Urgently needed services	$40 copay (worldwide)	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	$0 copay; 1 per plan year*	$0 copay; 1 per plan year*
Acupuncture – routine	$20 copay for each visit*	$20 copay for each visit*
Chiropractic - routine	$20 copay, 20 visits per plan year*	$20 copay, 20 visits per plan year*
Foot care - routine	$40 copay, 6 visits per plan year*	$40 copay, 6 visits per plan year*
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*	$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a $1,500 allowance (combined for both ears) for hearing aids every 3 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exam	$0 copay, 1 exam every plan year*	$0 copay, 1 exam every plan year*
Fitness program Renew Active® by UnitedHealthcare	$0 copay for a gym membership at participating locations	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	

	In-Network	Out-of-Network

*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.