

# Benefit Highlights

## UHC Feds PSHB Retiree Advantage Plan 15975

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
<b>Annual medical deductible</b>	No deductible
<b>Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)</b>	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
<b>Doctor visits</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visit	\$0 copay
<b>Preventive services</b> Medicare-covered	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay per stay
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
<b>Outpatient surgery</b>	\$0 copay
<b>Outpatient rehabilitation</b> 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
<b>Outpatient mental health</b>	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Therapy or office visit with a psychiatrist	\$0 copay
Virtual visit	\$0 copay
<b>Diagnostic radiology services</b> such as MRIs, CT scans	\$0 copay
<b>Lab services</b>	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	\$0 copay
<b>Ambulance</b>	\$0 copay
<b>Emergency care</b>	\$0 copay (worldwide)
<b>Urgently needed services</b>	\$0 copay (worldwide)
<b>Part B premium reduction</b>	\$150.00

## Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
<b>Routine physical</b>	\$0 copay; 1 per plan year*
<b>Acupuncture – routine</b>	\$0 copay, up to 12 visits per plan year*
<b>Chiropractic – routine</b>	\$0 copay, 20 visits per plan year*
<b>Foot care – routine</b>	\$0 copay, 6 visits per plan year*
<b>Over-the-counter (OTC) credit</b>	\$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
<b>UnitedHealthcare Healthy at Home</b> 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.
<b>Hearing – routine exam</b>	\$0 copay, 1 exam per plan year*
<b>Hearing aids</b> UnitedHealthcare Hearing	Plan pays a \$1,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
<b>Vision – routine eye exam</b>	\$0 copay, 1 exam every 12 months*
<b>Fitness program</b> Renew Active® by UnitedHealthcare®	\$0 copay for a standard gym membership at participating locations
<b>Rewards</b>	Earn rewards to spend on eligible items like gifts, clothing, groceries and more.
<b>Personal emergency response system (PERS)</b>	\$0 copay
<b>Diabetes Prevention and Weight Management Program</b>	\$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 pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	\$5 copay	\$10 copay
<b>Tier 2: Preferred Brand</b> <sup>1</sup>	\$25 copay	\$50 copay
<b>Tier 3: Non-Preferred Drug</b> <sup>1</sup>	\$60 copay	\$120 copay
<b>Tier 4: Specialty Tier</b> <sup>1</sup>	\$90 copay	\$180 copay

<b>Prescription drugs</b>		
<b>Initial Coverage</b>	<b>Network pharmacy (30-day retail supply)</b>	<b>Mail service pharmacy (90-day supply)</b>
<b>Catastrophic Coverage</b>	After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you won't pay anything for your drugs for the rest of the plan year.	

<sup>1</sup> 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](http://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. Rewards expire 1 month after Medicare Advantage plan terminates.