

# Compare your retirement plan choices

Postal retirees, when you enroll in Medicare you have the choice between the UHC Feds PSHB Retiree Advantage plan or being auto-enrolled into the MedicareRx (PDP) Part D prescription drug plan alongside your Choice Plus PSHB medical benefits. Please see the chart below for a side by side comparison of the plan choices available for you to choose from.

Plan comparison	Choice Plus PSHB Medical with MedicareRx Part D Prescriptions	Retiree Advantage with Part D Prescriptions
Medical benefits	You pay	You pay
Annual medical deductible	\$500/\$1,000	None
Annual medical out-of-pocket maximum <sup>1</sup>	\$7,350/\$14,700	None
Physician visits (primary care or virtual)	\$0	\$0
Preventive services	\$0	\$0
Specialist office visit	\$60	\$0
Inpatient hospital	20% after deductible	\$0
Outpatient – ambulatory	20% after deductible	\$0
Outpatient hospital	20% after deductible plus \$250 per occurrence	\$0
Emergency room or ambulance	20% after deductible	\$0
Urgent care	\$50	\$0
Physical and occupational therapy	20% after deductible 60 visit limit combined	\$0 no visit limit
Durable medical equipment	20% after deductible	\$0
Diabetic supplies	20% after deductible	\$0
Routine podiatry – 6 per year	Not covered	\$0
Hearing aids	20% after deductible \$2,500 allowance	\$0 \$1,500 allowance <sup>2</sup>

Plan comparison	Choice Plus PSHB Medical with MedicareRx Part D Prescriptions	Retiree Advantage with Part D Prescriptions
<b>Pharmacy benefits</b>		
Part D Prescriptions	Yes	Yes
Deductible	\$0	\$0
Out-of-pocket max	\$2,000 <sup>3</sup>	\$2,000
Retail Tier 1	\$10	\$5
Retail Tier 2	\$45	\$25
Retail Tier 3	\$100	\$60
Retail Tier 4	\$100	\$90
Mail order – 90 day supply	2.5 times retail copay	2 times retail copay
<b>Extras</b>		
Monthly \$150 Part B premium subsidy		✓
National network	✓	✓
Dental coverage (preventive care only \$500 annual max)	✓	✓
Free gym membership		✓
\$40 quarterly over-the-counter item credit		✓
Worldwide coverage		✓
One plan – no need to coordinate benefits		✓
Remain in the PSHB program	✓	✓



[retiree.uhc.com/postal](https://retiree.uhc.com/postal)



**1-844-481-8821, TTY 711**

8 a.m.–8 p.m. local time, Monday–Friday

<sup>1</sup>Out-of-pocket maximum excludes premiums, prescription drug costs, and non-Medicare covered benefits.

<sup>2</sup>Allowance for unlimited aids every 3 years. Allowance is combined for both ears.

<sup>3</sup>Combined medical & pharmacy out-of-pocket max

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This information is not a complete description of benefits. Contact the plan for more information. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.