Benefit Highlights

City of Saint Paul 13486
Effective January 1, 2023 to December 31, 2023

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	No deductible
Annual medical 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 $3,000 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)	$10 copay
Specialist	$10 copay
Virtual visits	$0 copay using Amwell, Doctor on Demand and Teladoc $10 copay using other providers that have the ability and are qualified to offer virtual medical visits
Preventive services Medicare-covered	$0 copay
Inpatient hospital care	$100 copay per stay
Skilled nursing facility (SNF)	$0 copay per day up to 100 days
Outpatient surgery	$50 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	$10 copay
Outpatient mental health	
Group therapy	$5 copay
Individual therapy	$10 copay
Virtual visits	$10 copay
Diagnostic radiology services such as MRIs, CT scans	$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
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	$50 copay (worldwide)
Urgently needed services	Urgent care center: $50 copay (worldwide) Retail walk-in clinic: $10 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*
Acupuncture - routine	$10 copay for each visit*
Foot care - routine	$10 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*
Hearing Aids UnitedHealthcare Hearing	Plan pays a $1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision - routine eye exam	$0 copay, 1 exam every 12 months*
Vision - routine eyewear	Plan pays $150 combined allowance for eyeglasses and contact lenses every 12 months.*
Fitness program Renew Active® by UnitedHealthcare	$0 copay for a standard gym membership at participating locations
Telephonic nurse services	Receive access to nurse consultations and additional clinical resources at no additional cost.

*Benefits are combined in and out-of-network

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)