

# PPO Plan

## UnitedHealthcare PPO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the PPO plan under the *Total Retiree Advantage Illinois* program.

| 2021 Plan Year PPO Medical Benefit       |  |
|--|--|
| Annual medical deductible                | \$250  |
| Annual out-of-pocket maximum             | \$1,100  |
| Doctor office visit                      | Plan pays 80%; you pay 20% after annual deductible   |
| Specialist office visit                  | Plan pays 80%; you pay 20% after annual deductible   |
| Preventive services                      | Plan pays 100%; you pay 0%   |
| Emergency                                | Plan pays 100% after you pay \$120 copay per visit; copay is waived if you are admitted within 24 hours  |
| Inpatient hospital                       | Plan pays 80%; you pay 20% after annual deductible   |
| Outpatient surgery                       | Plan pays 80%; you pay 20% after annual deductible   |
| Diagnostic tests (lab, x-ray, radiology) | Plan pays 80%; you pay 20% after annual deductible   |
| Hearing Instruments and related services | \$2,500 per hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details. |
| Acupuncture for Chronic lower back pain  | \$16 (in and out-of-network) for each Medicare-covered visit. Up to 12 visits in 90 days, if medically necessary.  |

| 2021 Plan Year PPO Prescription Drug Benefit                              |  |               |               |
|---|--|---------------|---------------|
| Retail Pharmacy and Mail Order Pharmacy (Initial and Coverage Gap Stages) | Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount. |               |               |
|   | 30-Day Supply  | 60-Day Supply | 90-Day Supply |
| Tier 1  | \$10   | \$20          | \$30          |
| Tier 2  | \$25   | \$50          | \$75          |
| Tier 3 and Tier 4 (specialty drugs)                                       | \$50   | \$100         | \$150         |
| Catastrophic Coverage Stage   | Copayments are capped as indicated below once a member reaches \$6,550 in true out-of-pocket prescription drug costs.  |               |               |
|   | 30-Day Supply  | 60-Day Supply | 90-Day Supply |
| UnitedHealthcare PPO  | Greater of 5% of the retail cost of the drug <u>OR</u> \$3.70/Generic or \$9.20/Non-generic; the 5% cannot exceed \$50   |               |               |