

Common Medical Event	Services You May Need	HMO Plan	Medicare Advantage Plan
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay per visit	\$5 copay per visit
	Specialist visit	\$30 copay per visit	\$5 copay per visit
	Screening / Immunization	Plan pays 100%	\$0 copay
	Chiropractic Care	\$30 copay	\$5 copay per visit (Up to 12 visits per plan year)
If you have a test	Diagnostic test (x-ray, blood work)	\$0	\$0
	Imaging (CT/PET scans, MRIs)	\$0	\$0
If you need drugs to treat your illness or condition	Generic Drugs	\$15	\$10 copay
	Preferred Brand	\$30	\$20 copay
	Non-Preferred Brand	\$65	\$40 copay
	90-day Mail Order	2 copays for up to a 90 day supply	2 copays for up to a 90 day supply
	Website for more information	www.myuhc.com	www.uhcretiree.com
If you have a hospital stay	Facility fee (e.g. hospital room)	\$100 copay per admission	\$0
	Physician / Surgeon fee	\$0	\$0
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	\$50 copay	\$0
	Physician/surgeon fee	\$0	\$0
If you need immediate medical attention	Emergency medical transportation	\$0 copay (prior authorization required except for emergencies)	No copay (but must be medically necessary)
	Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted
	Urgent care	\$30 copay	\$5 copay per visit
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 copay per visit	\$5 copay per visit
	Mental/Behavioral health inpatient services	\$100 copay per admission	\$0 copay per admission, 190 day lifetime maximum
	Substance use disorder outpatient services	\$30 copay per visit	\$5 copay per visit
	Substance use disorder inpatient services	\$100 copay per admission	\$0
If you have recovery or special health needs	Home health care	\$0	\$0
	Rehabilitation services	\$100 copay per admission	\$5 copay per visit
	Skilled nursing care	\$0 (Limited to 100 consecutive Inpatient days per disability)	Covered up to 100 days per benefit period
	Durable medical equipment	\$0 (\$5,000 maximum benefit per Calendar Year)	0% coinsurance for each Medicare-covered item
	Hearing Services	\$0 copay (Limited to one hearing aid every 3 years)	Plan pays up to \$500 (every 2 years)
	Vision Benefit	\$30 copay (one visit per year) Preferred pricing from network provider www.myspectera.com	\$5 copay (one exam per year) Up to \$130 eyewear allowance or up to \$175 contact lens allowance (in lieu of eyewear) every 2 years