Benefit Highlights

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

Monthly plan premium	$49

Medical benefits

	In-network	Out-of-network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$7,550 In-network	$7,550 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	$10 copay	$20 copay
Specialist	$50 copay (no referral needed)	$50 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	$0 copay	$0 copay
Inpatient hospital care	$390 copay per day: days 1-5 $0 copay per day: days 6 and beyond	$390 copay per day: days 1-5 $0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $196 copay per day: days 21-59 $0 copay per day: days 60-100	$0 copay per day: days 1-20 $196 copay per day: days 21-59 $0 copay per day: days 60-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$390 copay	$390 copay
Outpatient mental health		
Group therapy	$15 copay	$15 copay
Individual therapy	$25 copay	$25 copay
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits

	In-network	Out-of-network
Diabetes monitoring supplies	$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$150 copay	$150 copay
Diagnostic tests and procedures (non-radiological)	$20 copay	$20 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$15 copay	$15 copay
Ambulance	$250 copay for ground or air	$250 copay for ground or air
Emergency care	$90 copay ($0 copay for emergency care outside the United States) per visit	
Urgently needed services	$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits and services beyond Original Medicare

	In-network	Out-of-network
Routine physical	$0 copay, 1 per year*	$0 copay, 1 per year*
Routine eye exams	$0 copay, 1 per year*	$0 copay, 1 per year*
Routine eyewear	$0 copay Plan pays up to $100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Hearing - routine exam	$0 copay, 1 per year*	$50 copay, 1 per year*
Hearing aids	$175 - $1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Foot care - routine	$50 copay, 6 visits per year*	$50 copay, 6 visits per year*
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	$0 for Tier 1 and Tier 2; $395 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (100-day)**
Tier 1: Preferred Generic	$4 copay	$0 copay
Tier 2: Generic[1]	$12 copay	$0 copay
Tier 3: Preferred Brand	$47 copay	$131 copay
Select insulin drugs[2]	$35 copay	$95 copay
Tier 4: Non-Preferred Drug	$100 copay	$290 copay
Tier 5: Specialty Tier	26% coinsurance	N/A[3]
Coverage gap stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,400, you will pay the greater of $4.15 copay for generic (Including brand drugs treated as generic), $10.35 copay for all other drugs, or 5% coinsurance	

[1] Tier includes enhanced drug coverage

[2] For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for each 1-month supply of Part D select insulin drug through all coverage stages.

[3] Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information