

The UHC Medicare Advantage TX-0030 (Regional PPO) plan features a monthly premium of \$64 and an out-of-pocket maximum of \$7,900 applicable to both in-network and out-of-network services, with no annual medical deductible. For primary care provider visits, members pay a \$15 copay in-network and \$25 out-of-network, while specialist visits incur a \$55 copay in both settings. Virtual visits with network telehealth providers are available at no copay, and preventive services, including annual routine physicals and covered screenings, have a \$0 copay. Mental health services have a group copay of \$15 and an individual copay of \$25, with opioid treatment services also at \$0 copay.

Prescription drug coverage includes a \$0 deductible for Tiers 1-2 and a \$570 deductible for Tiers 3-5, with copays for a 30-day supply at retail network pharmacies set at \$0 for Tier 1 (Preferred Generic), \$14 for Tier 2 (Generic), \$47 for Tier 3 (Preferred Brand), \$100 for Tier 4 (Non-preferred), and 26% of the cost for Tier 5 (Specialty Drugs). Mail order pharmacy options are available with similar copays, and reduced copays may apply for members receiving Extra Help. Dental coverage is not included in the base plan but can be added through a Platinum Dental Rider for an additional \$59 monthly premium, providing \$1,500 per year for covered services and various copays for preventive and comprehensive dental care.

Urgent care visits incur a \$45 copay, while emergency care has a \$110 copay. Inpatient hospital care has a copay of \$475 per day for the first five days, with no copay for subsequent days. Outpatient services, including surgeries, have a \$475 copay, and therapy services have varying copays. Lab services are covered at \$0 copay, while diagnostic tests and procedures have specific copays ranging from \$35 to \$250. The plan also includes additional benefits and programs not covered under Original Medicare, with full details available in the Evidence of Coverage or Summary of Benefits.

For in-network services, members receive a \$0 copay for one routine eye exam and one routine hearing exam per year, while out-of-network visits incur a \$55 copay for hearing exams. Hearing

aids are available with copays ranging from \$99 to \$1,249, allowing for up to two hearing aids annually. Members can earn up to \$155 in rewards for completing wellness visits and engaging in physical activities, and routine foot care is covered with a \$45 copay for up to six visits per year.

The policy includes a savings benefit during the Initial Coverage period, which starts after the deductible is paid and ends when total drug costs reach \$5,030 in 2024. Members are not required to use Optum Home Delivery Pharmacy for regular medications, but first prescriptions must be approved by the member before filling. New prescriptions typically arrive within ten business days, while refills take about seven days, with \$0 copays potentially limited to preferred home delivery prescriptions during the initial coverage phase.

Enrollment in the plans is contingent upon contract renewal with Medicare, and UnitedHealthcare Insurance Company is the insurer. Members receiving Extra Help from Medicare may have lower or no copays. The policy highlights that benefits, features, and devices may vary by plan and area, with limitations and exclusions applicable. For chronic special needs plans, there is a maximum copay of \$25 for a one-month supply of covered insulin drugs, while other plans have a maximum of \$35, excluding the catastrophic payment stage where the copay is \$0.

Additional benefits include a standard fitness membership, routine transportation (not for emergencies), and virtual visits, which may require specific technology. Out-of-network providers are not obligated to treat members except in emergencies, and members should refer to their Evidence of Coverage for more details on out-of-network costs. The policy also mentions that information is available in other languages and provides contact details for customer service.