

Benefit highlights

County of Riverside 900013

Effective January 1, 2015 to December 31, 2015

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

Plan Costs	In-Network
Annual out-of-pocket maximum	\$3,400
Medical Benefits	In-Network
Benefits covered by Original Medicare and your plan	
Doctor's office visit	Primary Care Physician: \$10 copay Specialist: \$10 copay
Preventive services	\$0 copay for Medicare-covered in-network preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.
Inpatient hospital care	\$0 copay per admission
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$10 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
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)
Urgent care	\$50 copay
Additional benefits and programs not covered by Original Medicare	
Routine physical	\$0 copay; 1 per plan year
Chiropractic care	\$10 copay (Up to 30 visits per plan year)
Foot care - routine	\$10 copay (Up to 6 visits per plan year)
Hearing - routine exam	\$0 copay (1 exam every 12 months)
Hearing aids	Plan pays up to \$2,500 (every 3 years)
Vision - routine eye exams	\$0 copay (1 exam every 12 months)

Medical Benefits		In-Network	
Fitness program through SilverSneakers® Fitness program		Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine SM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Prescription Drugs		Your Cost	
Initial coverage stage		Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic		\$10 copay	\$20 copay
Tier 2: Preferred brand		\$20 copay	\$40 copay
Tier 3: Non-preferred brand		\$40 copay	\$80 copay
Tier 4: Specialty tier		\$40 copay	\$80 copay
Coverage gap stage		After your total drug costs reach \$2,960 the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage		After your total out-of-pocket costs reach \$4,700, you will pay the greater of \$2.65 copay for generic (including brand drugs treated as generic), \$6.60 copay for all other drugs or, 5% of the cost	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change each plan year.