### UnitedHealthcare
**Group Medicare Advantage PPO**
**Prepared for PEBA**

<table>
<thead>
<tr>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td><strong>In-Network Services</strong></td>
</tr>
<tr>
<td>Annual Medical Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Annual Medical Out-of-Pocket Maximum</td>
<td>$0</td>
</tr>
<tr>
<td>Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>PHYSICIAN SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician Office Visit (includes Non-MD office visits)</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Virtual Office Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>$0</td>
</tr>
<tr>
<td><strong>INPATIENT SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Stay</td>
<td>$0 Per Admit</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care - prior hospital stay requirement waived</td>
<td>Yes</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care - Benefit Period (In days)</td>
<td>100 Days</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care</td>
<td>$0 Per Day (Days 1-100)</td>
</tr>
<tr>
<td>Inpatient Mental Health Lifetime Maximum number of days</td>
<td>190 Days</td>
</tr>
<tr>
<td>Inpatient Mental Health in a Psychiatric Hospital</td>
<td>$0 Per Admit</td>
</tr>
<tr>
<td><strong>OUTPATIENT SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Mental Health/Substance Abuse (Individual Visit)</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Mental Health/Substance Abuse (Group Visit)</td>
<td>$0</td>
</tr>
<tr>
<td>Partial Hospitalization (Mental Health Day Treatment) per day</td>
<td>$0</td>
</tr>
<tr>
<td>Comprehensive Outpatient Rehabilitation Facility (CORF)</td>
<td>$0</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>$0</td>
</tr>
<tr>
<td>Physical Therapy and Speech/Language Therapy</td>
<td>$0</td>
</tr>
<tr>
<td>Cardiac/Pulmonary Rehabilitation</td>
<td>$0</td>
</tr>
<tr>
<td>Kidney Dialysis</td>
<td>$0</td>
</tr>
<tr>
<td><strong>MEDICARE-COVERED SPECIALIST VISITS</strong></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Visit (Medicare-covered)</td>
<td>$0</td>
</tr>
<tr>
<td>Podiatry Visit (Medicare-covered)</td>
<td>$0</td>
</tr>
<tr>
<td>Eye Exam (Medicare-covered)</td>
<td>$0</td>
</tr>
<tr>
<td>Eyewear (Medicare-covered Frames and Lenses after cataract surgery)</td>
<td>$0</td>
</tr>
<tr>
<td>Hearing Exam (Medicare-covered)</td>
<td>$0</td>
</tr>
<tr>
<td>Dental Services (Medicare-covered)</td>
<td>$0</td>
</tr>
</tbody>
</table>
### AMBULANCE/EMERGENCY ROOM/URGENT CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance Copay Waived if Admitted</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Room (Includes Worldwide Coverage)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency Room Copay Waived if Admitted within 24 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Urgently Needed Care (Includes Worldwide Coverage)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent Care Copay Waived if Admitted within 24 hours</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

### PART B DRUGS AND BLOOD

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable medications administered in a Physician's Office</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Chemotherapy Drugs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Blood</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Blood 3 pint deductible waived</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Orthotics</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Diabetic Shoes and Inserts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Diabetes Monitoring Supplies</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Insulin Pumps &amp; Supplies</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### HOME HEALTHCARE AGENCY & HOSPICE

<table>
<thead>
<tr>
<th>Service</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice (Medicare-covered)</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
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</thead>
<tbody>
<tr>
<td>Clinical Laboratory Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient X-ray Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic Procedure/Test (includes non-radiological diagnostic services)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic Radiology Service</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Therapeutic Radiology Service</td>
<td>$0</td>
<td>$0</td>
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</table>

### PREVENTIVE SERVICES (MEDICARE-COVERED)

<table>
<thead>
<tr>
<th>Service</th>
<th>Package 1</th>
<th>Package 2 &amp; 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Screenings</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pap Smears and Pelvic Exams</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Colorectal Cancer Screenings</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Bone Mass Measurement (Bone Density)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Mammography</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Diabetes - Self-Management Training</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Nutrition Therapy and Counseling</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Wellness Exam and One-time Welcome-to-Medicare Exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Smoking Cessation Visit</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Procedure</td>
<td>Package 1</td>
<td>Package 2 &amp; 3</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Abdominal Aortic Aneurysm (AAA) Screenings</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Abdominal Aortic Aneurysm (AAA) Screenings</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Medicare Advantage PPO 1 (with PDP)</td>
<td>Medicare Advantage PPO 2 (with PDP)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>Diabetes Screening</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>HIV Screening</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Screening for Depression in Adults</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Screening and Counseling for Obesity</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Glaucoma Screening</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Kidney Disease Education</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dialysis Training</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Hepatitis C Screening</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Lung Cancer Screening</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>ADDITIONAL BENEFITS/PROGRAMS</strong> (Non Medicare-covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine Podiatry</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Routine Podiatry - Number of visits per year</strong></td>
<td>6 Visits</td>
<td>6 Visits</td>
</tr>
<tr>
<td><strong>Routine Eye Exam Refraction - every 12 months</strong></td>
<td>$0</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Routine Hearing Exam for Hearing Aids - every 12 months</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Hearing Aid Allowance - includes Digital Hearing Aids</strong></td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Benefit per ear or combined</strong></td>
<td>Combined</td>
<td>Combined</td>
</tr>
<tr>
<td><strong>Number of Hearing Aids</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Hearing Aid period in months</strong></td>
<td>36 Months</td>
<td>36 Months</td>
</tr>
<tr>
<td><strong>Annual Routine Physical Exam</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>WELLNESS / CLINICAL PROGRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fitness Program</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>NurseLine</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Access Support</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Condition Management - Chronic Heart Failure (CHF)</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Condition Management - Coronary Artery Disease (CAD) / Diabetes</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Condition Management - End Stage Renal Disease (ESRD)</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Group Retiree Case Management</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Advanced Illness Care Management</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Preferred Diabetic Supply Program</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Hi Health Hearing Aid Discount Program. Please note: Not available in American Samoa, Guam, Northern Mariana Islands and Puerto Rico</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>HouseCalls Program</strong></td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>
## OUTPATIENT PRESCRIPTION DRUG COVERAGE

<table>
<thead>
<tr>
<th>Package 1 Medicare Advantage PPO 1 (with PDP)</th>
<th>Package 2 &amp; 3 Medicare Advantage PPO 2 (with PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Plan</td>
<td>Custom Plan</td>
</tr>
<tr>
<td>Part D Gap Coverage</td>
<td>Full Gap Coverage</td>
</tr>
<tr>
<td>Formulary</td>
<td>Standard Formulary H</td>
</tr>
<tr>
<td>Bonus Drug List</td>
<td>None</td>
</tr>
<tr>
<td>Formulary Edits (step therapy, quantity limits, prior authorization)</td>
<td>Standard: Edits On</td>
</tr>
<tr>
<td>Rx Deductible</td>
<td>None</td>
</tr>
</tbody>
</table>

**Part D Retail Copay (up to a 30 day supply)**

| Tier 1: Generic   | $5       | $5       |
| Tier 2: Preferred Brand | $25      | $25      |
| Tier 3: Non-Preferred Brand | $60     | $60      |
| Tier 4: Specialty Tier  | 33%    | 33%     |

**Part D Preferred Mail Order Copay (up to a 90 day supply)**

| Tier 1: Generic | $10 | $10 |
| Tier 2: Preferred Brand | $50 | $50 |
| Tier 3: Non-Preferred Brand | $120 | $120 |
| Tier 4: Specialty Tier  | 33% | 33% |

- **Initial Coverage Limit**: $3,820
- **TrOOP Threshold**: $5,100
- **Catastrophic Coverage over TrOOP (greater amount of)**: 2019 Standard CMS Values

- **Copay for generics**: $3.40
- **Copay for all other drugs**: $8.50
- **OR Coinsurance**: 5%
### UnitedHealthcare

**Group Senior Supplement Plan F**
Prepared for PEBA TAC IEBP

This Plan may be purchased with or without a Medicare Prescription Drug Plan (Part D).

#### BENEFITS

<table>
<thead>
<tr>
<th>Original Medicare Pays:</th>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITALIZATION</strong> (All Covered Inpatient Hospitalization including Inpatient Mental Health, Alcohol/Substance Abuse): Semiprivate room and board, general nursing and miscellaneous services and supplies.</td>
<td>Part A Deductible: Not Covered</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
</tr>
<tr>
<td>Part A Hospital - Days 1 - 60: Medicare Pays 100% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Part A Hospital - Days 61 - 90: Medicare Pays Medicare Allowable Amount Except for Published Copayment Per Day Rate.</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Part A Hospital - Days 91 - 150: Medicare Pays Medicare Allowable Amount Except for Published Copayment Per Day Rate.</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Part A Hospital - Days 151+: Medicare Pays Medicare Allowable Amount Except for Published Copayment Per Day Rate.</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td><strong>SNF Days 1 - 20</strong></td>
<td>Medicare Pays 100% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
</tr>
<tr>
<td>Days 21 - 100 (Part A Coinsurance): Medicare Pays Medicare Allowable Amount Except for Published Per Day Rate.</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Day 101 - and after (Part A Coinsurance): Not Covered</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td><strong>HOSPICE CARE</strong> Part A Medicare Covered Expenses and Inpatient Respite Care</td>
<td>Generally Medicare Pays 100% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
</tr>
<tr>
<td><strong>HOME HEALTH CARE</strong></td>
<td>Generally Medicare Pays 100% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
</tr>
</tbody>
</table>

**OUTPATIENT BENEFITS**

<table>
<thead>
<tr>
<th>Original Medicare Pays:</th>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A Deductible: Not Covered</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
<td>Plan Pays Remaining After Member Cost Share 0%</td>
</tr>
<tr>
<td>Durable Medical Equipment: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Physician Office Visit: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Specialist Office Visit: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Virtual Office Visit: Not Covered</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Telemedicine: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Emergency Room: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Ambulance Services: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Medical and Surgical Services: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Medical and Surgical Supplies: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Physical and Speech Therapy: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
<tr>
<td>Diagnostic Procedures and Tests: Generally Medicare Pays 80% of Medicare Allowable Amount</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
<td>Plan Pays Remaining After Member Cost Share 50%</td>
<td>Plan Pays Remaining After Member Cost Share $0</td>
</tr>
</tbody>
</table>
UnitedHealthcare
Group Senior Supplement Plan F
Prepared for PEBA TAC IEBP

This Plan may be purchased with or without a Medicare Prescription Drug Plan (Part D).

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>ORIGINAL MEDICARE PAYS:</th>
<th>MEDICARE PREVENTIVE CARE SERVICES:</th>
<th>MEDICARE PREVENTIVE CARE SERVICES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MEDICARE PREVENTIVE CARE SERVICES:</td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>PART B EXCESS CHARGES:</td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td>(The Difference Between Medicare Allowable Amount and Up to 115% of Medicare Allowable Amount)</td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
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<tr>
<td></td>
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<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan Pays Remaining After Member Cost Share</td>
<td>Plan Pays Remaining After Member Cost Share</td>
</tr>
</tbody>
</table>

Additional Non-Medicare-Covered Benefits

| FOREIGN TRAVEL: Benefit Deductible $250 | Not Covered | Not Covered | $250 | Not Covered | 100% | Not Covered | $250 |
| (Does Not Apply Towards either Plan Deductible or Towards OOP Annual Maximum) | | | | | | | |
| FOREIGN TRAVEL: Remainder of Covered Costs after Foreign Travel Benefit Deductible is met. (Note: This benefit has a Lifetime Maximum Coverage Amount) | Not Covered | After $250 deductible, Covers balance at 80% payment, up to Lifetime maximum benefit of $50,000 | 20% | Not Covered | 100% | After $250 deductible, Covers balance at 80% payment, up to Lifetime maximum benefit of $50,000 | 20% |
| FITNESS | Not Covered | Included | $0 | Included | $0 | Included | $0 | Included | $0 |
| CAREGIVER | Not Covered | Included | $0 | Included | $0 | Included | $0 | Included | $0 |
| NURSeline | Not Covered | Included | $0 | Included | $0 | Included | $0 | Included | $0 |
| Annual Routine Physical Exam (not covered by Medicare) | Not Covered | Included | $0 | Included | $0 | Included | $0 | Included | $0 |
| Hi Health Hearing Aid Discount Program: Please note: Not available in American Samoa, Guam, Northern Mariana Islands and Puerto Rico | Not Covered | Included | Included | Included | Included | Included | Included | Included |
| Preventive Care Services: (Non-Medicare-Covered) | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Home Health Recovery (Non-Medicare-Covered) | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Private Duty Nursing | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Routine Hearing Exam | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Hearing Aids | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Routine Eye Exam | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Eyewear: Eyeglasses and Contacts Allowance | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Routine Podiatry | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Acupuncture | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
| Chiropractic Services | Not Covered | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% |
### UnitedHealthcare Group Retiree Part D Plan
Prepared for PEBA TAC IEBP

**This Plan may only be purchased with a Medicare Senior Supplemental Plan.**

<table>
<thead>
<tr>
<th>Benefits &amp; Coverage</th>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>National</td>
<td>National</td>
<td>National</td>
</tr>
<tr>
<td>Prescription Drug Plan</td>
<td>Custom Plan Design</td>
<td>Custom Plan Design</td>
<td>Custom Plan Design</td>
</tr>
<tr>
<td>Part D Gap Coverage</td>
<td>Full Gap Coverage</td>
<td>Tier 1 Only Gap Coverage</td>
<td>Full Gap Coverage</td>
</tr>
<tr>
<td><strong>Formulary</strong></td>
<td>Standard Formulary H</td>
<td>Standard Formulary G</td>
<td>Standard Formulary H</td>
</tr>
<tr>
<td>Bonus Drug List</td>
<td>Not Included</td>
<td>Not Included</td>
<td>Not Included</td>
</tr>
<tr>
<td>Non-OptumRx Mail Order Network</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td>Rx Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Part D Retail Copay (up to a 30 day supply)</strong> Note: 90 day retail supply is available for 3X copay amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Generic</td>
<td>$5</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2: Preferred Brand</td>
<td>$25</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 3: Non-Preferred Brand</td>
<td>$60</td>
<td>$60</td>
<td>$65</td>
</tr>
<tr>
<td>Tier 4: Specialty Tier</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Part D Preferred Mail Order Copay (up to a 90 day supply)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Generic</td>
<td>$10</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 2: Preferred Brand</td>
<td>$50</td>
<td>$50</td>
<td>$60</td>
</tr>
<tr>
<td>Tier 3: Non-Preferred Brand</td>
<td>$120</td>
<td>$120</td>
<td>$130</td>
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<tr>
<td>Tier 4: Specialty Tier</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
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<tr>
<td>Initial Coverage Limit</td>
<td>$3,820</td>
<td>$3,820</td>
<td>$3,820</td>
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<tr>
<td>TrOOP Threshold</td>
<td>$5,100</td>
<td>$5,100</td>
<td>$5,100</td>
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<tr>
<td><strong>Catastrophic Coverage over TrOOP (greater amount of)</strong></td>
<td>2019 Standard CMS Values</td>
<td>2019 Standard CMS Values</td>
<td>2019 Standard CMS Values</td>
</tr>
<tr>
<td>Copay for generics</td>
<td>$3.40</td>
<td>$3.40</td>
<td>$3.40</td>
</tr>
<tr>
<td>Copay for all other drugs</td>
<td>$8.50</td>
<td>$8.50</td>
<td>$8.50</td>
</tr>
<tr>
<td>OR Coincurrence 5%</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>

**Hi HealthInnovations Discount Hearing Aid Program**
*Please note: Not available in American Samoa, Guam, Northern Marianas Islands and Puerto Rico.*