

UnitedHealthcare® Group Medicare Advantage (HMO)

**COLUMBIA UNIVERSITY**

**66013 H3307-802**

**Effective January 01, 2012 to December 31, 2012**

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<b>Medical Benefits</b>	<b>Your In-Network Cost (unless otherwise noted)</b>
Annual out-of-pocket maximum	\$6,700
<b>Doctor Office Visits</b>	
Primary care physician	\$20 copay
Specialist	\$20 copay
<b>Preventive Care</b>	
Annual physical	\$0 copay
Prostate cancer screening	\$0 copay
Breast cancer screening	\$0 copay
Immunizations	\$0 copay
<b>Inpatient Care</b>	
Inpatient hospital care	\$200 copay per admission
Skilled Nursing Facility (SNF) care	\$0 copay per day: days 1-20 \$50 copay per additional day up to 100 days
<b>Outpatient Services</b>	
Radiation therapy	\$0 copay
Outpatient surgery and hospital services	\$100 copay
Outpatient rehabilitation services	\$25 copay
<b>Lab Services</b>	
Laboratory tests	\$0 copay
X-rays	\$0 copay
Diagnostic radiology services	\$0 copay
<b>Emergency Services</b>	
Ambulance services	\$50 copay
Emergency care	\$50 copay
Urgently needed care	\$35 copay
<b>Medicare-Covered Benefits</b>	
Chiropractic services	\$10 copay
Podiatry services	\$20 copay
Eye exam	\$20 copay
Hearing exam	\$20 copay

<b>Medical Benefits</b>	<b>Your In-Network Cost (unless otherwise noted)</b>
<b>Additional Benefits and Programs Not Covered Under Medicare</b>	
Routine podiatry services	\$20 copay (Up to 6 visits per plan year)
<b>Hearing Services</b>	
Routine hearing exams	\$0 copay (1 exam every 12 months)
Hearing aids	Plan pays up to \$500 (every 3 years)
Fitness program	Membership in a senior fitness program at no additional cost to you
NurseLine <sup>SM</sup> Services	Health and well-being programs provided through OptumHealth <sup>SM</sup>
UnitedHealth Passport <sup>®</sup> Program	Your health care coverage travels with you
Solutions for Caregivers*	Provides support for caregivers

\*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare Group Medicare Advantage (HMO) grievance process.

<b>Prescription Drugs</b>	<b>Your Cost</b>	
	Network Pharmacy (31-day supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$10.00 copay	\$20.00 copay
Tier 2: Preferred brand	\$25.00 copay	\$50.00 copay
Tier 3: Non-preferred brand	\$50.00 copay	\$100.00 copay
Tier 4: Specialty tier	\$50.00 copay	\$100.00 copay
Coverage in the gap*	Yes	
Catastrophic coverage stage (after you have paid \$4,700 out-of-pocket)	The greater of \$2.60 copay for generic, \$6.50 copay for brand-name, or 5% coinsurance	

\*For more information about Coverage in the Gap and what this means for you, please see chapter 6 in the Evidence of Coverage<sup>1</sup>.

This is a highlight of benefits only and is not all-inclusive of the plan benefits, services, limitations or exclusions. For additional information please refer to the Summary of Benefits provided within this kit.

Call Customer Service toll-free about your plan:

**1-877-714-0178, TTY 711<sup>2</sup>**

8 a.m. – 8 p.m. local time, 7 days a week

<sup>1</sup>The Evidence of Coverage (EOC), which contains details about your rights and plan benefits, will be part of the Welcome Kit you receive after you enroll in the plan. If you would like to receive an EOC before you enroll in the plan, please call the Customer number above.

<sup>2</sup>Already a member? Call the customer service number on the back of your member ID card.

UnitedHealthcare<sup>®</sup> Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. Members may enroll in the plan only during specific times of the year. Contact UnitedHealthcare for more information. You must have both Medicare Parts A and B to enroll in the plan. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply. HMO members must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor UnitedHealthcare<sup>®</sup> Medicare Advantage plans will be responsible for the costs. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week; the Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or your Medicaid Office. You must use contracted network pharmacies to access your Part D prescription drug benefit except under non-routine circumstances, in which case quantity limitations and restrictions may apply. Limitations, copayments, and restrictions may apply. Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.