

2019 BENEFITS-RETIREES

Benefits Overview	UHC Group Medicare Advantage (MAPD PPO) What You Pay	UHC Group Medicare Advantage (MAPD HMO) What You Pay	Kaiser Senior Advantage \$0 Plan What You Pay
Annual Out-of-Pocket Maximum	\$6,700/individual	\$6,700/individual	\$1,500/individual
Deductible	None	None	None
PCP Visit	\$5	\$5	\$0
Specialist Visit	\$5	\$5	\$0
Preventive Care	\$0	\$0	\$0
Hospital	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Urgent Care	\$5	\$5	\$0
Emergency Room (waived if admitted)	\$50	\$50	\$50
Ambulance	\$0	\$0	\$0
Retail Prescription Drugs	Generic: \$5 Preferred: \$20 Non-Preferred: \$40 Specialty: \$40 (up to 30 day supply)	Generic: \$7 Preferred: \$14 Non-Preferred: \$14 Specialty: \$14 (up to 30 day supply)	Generic: \$5 Preferred: \$10 (up to 30 day supply)
Mail Order Prescription Drugs	Generic: \$10 Preferred: \$40 Non-Preferred: \$80 Specialty: \$80 (up to 90 day supply)	Generic: \$14 Preferred: \$28 Non-Preferred: \$28 Specialty: \$28 (up to 90 day supply)	Generic: \$10 Brand: \$20 (up to 100 day supply)
Mental Health & Substance Abuse	Outpatient: \$5 Inpatient: \$0	Outpatient: \$5 Inpatient: \$0	Outpatient: \$0 Inpatient: \$0
Annual Routine Hearing Exam	\$0	\$0	\$0

Disclaimer: This overview is merely a brief description of the major benefits offered through your district. It is not intended to alter or expand benefits, rights, or liabilities as set forth in the official plan document contracts. See Summary of Benefits or Evidence of Coverage for details.

