

## Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum		\$1,500
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	Yes
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$10	\$10
Specialist Office Visit	\$20	\$20
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay	\$250 Per Admit	\$250 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period		100 Days
Skilled Nursing Facility Care Day Range 1	\$0 Per Day Days 1 - 20	\$0 Per Day Days 1 - 20
Day Range 2	\$0 Per Day Days 21 - 100	\$0 Per Day Days 21 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		No Benefit Period
Inpatient Mental Health Lifetime Maximum		190 Days
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$250 Per Admit	\$250 Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	\$100	\$100
Outpatient Hospital Services	\$100	\$100
Outpatient Mental Health/Substance Abuse - Individual Visit	\$20	\$20
Outpatient Mental Health/Substance Abuse - Group Visit	\$10	\$10
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$10	\$10
Occupational Therapy	\$10	\$10
Physical Therapy and Speech/Language Therapy	\$10	\$10
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$10	\$10
Intensive Cardiac Rehabilitation	\$10	\$10
Pulmonary Rehabilitation	\$10	\$10
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$10	\$10
Kidney Dialysis	\$0	\$0
<b>Medicare-covered Specialist Visits</b>		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$20	\$20
Eye Exam	\$20	\$20
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$20	\$20
Dental Services	\$20	\$20
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	\$50	\$50
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$10	\$10
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	\$20	\$20
Prosthetics	\$20	\$20
Orthotics	\$20	\$20
Diabetic Shoes and Inserts	\$20	\$20
Medical Supplies	\$20	\$20
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$10	\$10
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$10	\$10
Outpatient X-ray Services	\$10	\$10
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$10	\$10
Diagnostic Radiology Service	\$20	\$20
Therapeutic Radiology Service	\$20	\$20
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0

<b>Preventive Services (Medicare-Covered)</b>		
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

<b>Wellness/Clinical Programs</b>		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including:	Included	Not Included
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
- Nurse Support - 24/7		
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

## Non-Medicare Covered Services

<b>Routine Podiatry</b>		
Routine Podiatry	\$20	\$20
Routine Podiatry - Number of visits per year	6 Visits	
<b>Routine Vision</b>		
Routine Eye Exam Refraction - every 12 months	\$20	\$20
<b>Routine Hearing</b>		
Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits	1 Visits	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	\$500	

## Outpatient Prescription Drug Coverage

Prescription Drug Plan	Standard Plan		
Pharmacy Network	Standard		
Non-OptumRx Mail Order Network	Included		
Formulary Base	Group Select Formulary H		
Bonus Drug List	List U		
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On		

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,430		
True Out of Pocket Threshold (TrOOP)	\$7,050		
Catastrophic Coverage over TrOOP	CMS Standard		
Copay for generics	\$3.95		
Copay for all other drugs	\$9.85		
<->OR<-> Coinsurance	5%		

<b>Day Supply</b>			
Retail Day Supply	30		
Retail Day Supply Tier 4 Limit	30		
Mail Order Day Supply	90		
Mail Order Day Supply Tier 4 Limit	90		

<b>Primary Plan - ICL Phase</b>			
Retail Tier 1	\$10		
Retail Tier 2	\$20		
Retail Tier 3	\$35		
Retail Tier 4	\$35		
Mail Order Tier 1	\$20		
Mail Order Tier 2	\$40		
Mail Order Tier 3	\$70		
Mail Order Tier 4	\$70		

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

# Rate Page Report : RP-07875

Group Name CITY OF COCOA

Final Rates for 1/1/2022 - 12/31/2022

<b>Quoted Service Area</b>	<b>Quoted Membership</b>	<b>Members Under Age 65</b>
National	94	0

**Quoted Year: 2022**

**Rate Components**

Net Premium	\$362.21
ACA Insurer Fee	\$0
<b>Total Premium</b>	<b>\$362.21</b>

## Details

<b>UAF Type</b> Preliminary	<b>Current Contract</b> H2001
<b>Contract Begin Date</b> 1/1/2022	<b>Quoted PBP</b> 816
<b>Contract End Date</b> 12/31/2022	<b>Current Group Number</b> 13968
<b>Situs State</b> Florida	<b>Market</b> National
<b>Full Replace Slice</b> Full Replace	<b>Current Membership</b> 94
<b>Emp Contribution</b> 100%	<b>Premium Delay</b> No
<b>Quote Name</b> CITY OF COCOA	<b>Rating Method</b> Full Replace
<b>Product Type</b> NPP0	

## Stipulations

\* This is a Preliminary quote effective 01/01/2022 - 12/31/2022. The situs state is Florida.  
While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2022.  
To ensure proper claim adjudication effective 01/01/2022, it is imperative that we have final 01/01/2022 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2021 could be problematic in terms of claim adjudication on 01/01/2022.  
This quote assumes that the employer pays 100% of the premium.  
If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.  
If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.  
Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2022. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2022. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.  
United reserves the right to modify its 2022 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract.  
Quote assumes \$0.00 PMPM commission level.  
0 Pre-65 Medicare eligible retirees are included.  
The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month