

City of Cocoa
Retiree Medicare Advantage Plan
Effective Date: January 1, 2022

	Current		Renewal	
Summary of Benefits	2021		2022	
Carrier	UnitedHealthcare		UnitedHealthcare	
Network Name	Medicare Advantage National PPO Plan		Medicare Advantage National PPO Plan	
Annual Deductible	In Network	Out of Network	In Network	Out of Network
Individual	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum				
Individual	\$1,500		\$1,500	
Physician Services				
Primary Care Physician	\$10	\$10	\$10	\$10
Specialist	\$20	\$20	\$20	\$20
Telemedicine / Virtual Visit	\$0	\$0	\$0	\$0
Preventive Services (Medicare-covered)	\$0	\$0	\$0	\$0
Immunizations (Flu, Pneumococcal, Hep B)	\$0	\$0	\$0	\$0
Eye Exam (Medicare-covered)	\$20	\$20	\$20	\$20
Hearing Exam (Medicare-covered)	\$20	\$20	\$20	\$20
Dental Services (Medicare-covered)	\$20	\$20	\$20	\$20
Lab & Radiology Services				
X-ray Services	\$10	\$10	\$10	\$10
Diagnostic Radiology Service	\$20	\$20	\$20	\$20
Hospital Services				
Inpatient Hospital Stay	\$250 Per Admit	\$250 Per Admit	\$250 Per Admit	\$250 Per Admit
Outpatient Surgery	\$100	\$100	\$100	\$100
Emergency Room (<i>waived if admitted</i>)	\$65	\$65	\$65	\$65
Urgent Care	\$10	\$10	\$10	\$10
Ambulance	\$50	\$50	\$50	\$50
Inpatient Mental Health/Substance Abuse	\$250 Per Admit	\$250 Per Admit	\$250 Per Admit	\$250 Per Admit
Office Visit Mental Health/Substance Abuse	\$10 / \$20	\$10 / \$20	\$10 / \$20	\$10 / \$20
Other Services				
Diabetic Monitoring Supplies	\$0	\$0	\$0	\$0
Chiropractic Visit (Medicare-covered)	\$20	\$20	\$20	\$20
Durable Medical Equipment	\$20	\$20	\$20	\$20
Home Care Visits	\$0	\$0	\$0	\$0
Hearing Aid Reimbursement	\$500 Allowance Every 36 months	Not Covered	\$500 Allowance Every 36 months	Not Covered
Prescription Drugs	\$0 through \$4,130		\$0 through \$4,430	
\$0 to Initial Coverage Limit (ICL) (Gap)				
Tier 1: Generic	\$10	Not Covered	\$10	Not Covered
Tier 2: Preferred Brand	\$20	Not Covered	\$20	Not Covered
Tier 3: Non-Preferred Brand	\$35	Not Covered	\$35	Not Covered
Tier 4: Specialty	\$35	Not Covered	\$35	Not Covered
Mail Order (90 day supply)	\$20 / \$40 / \$70	Not Covered	\$20 / \$40 / \$70	Not Covered
ICL (Gap) to Catastrophic	\$4,130 through \$6,550		\$4,430 through \$7,050	
Tier 1: Generic	\$10	Not Covered	\$10	Not Covered
Tier 2: Preferred Brand	\$20	Not Covered	\$20	Not Covered
Tier 3: Non-Preferred Brand	\$35	Not Covered	\$35	Not Covered
Tier 4: Specialty	\$35	Not Covered	\$35	Not Covered
Mail Order (90 day supply)	\$20 / \$40 / \$70	Not Covered	\$20 / \$40 / \$70	Not Covered
Catastrophic	\$6,550 and greater		\$7,050 and greater	
Generic	Greater of \$3.70 or 5%	Not Covered	Greater of \$3.95 or 5%	Not Covered
Brand Name	Greater of \$9.20 or 5%	Not Covered	Greater of \$9.85 or 5%	Not Covered
Non-Preferred Brand	Greater of \$9.20 or 5%	Not Covered	Greater of \$9.85 or 5%	Not Covered
Mail Order (90 day supply)	Greater of \$9.20 or 5%	Not Covered	Greater of \$9.85 or 5%	Not Covered
Net Premium	94	\$369.60	\$362.21	
ACA Insurer Fee		\$0.00	\$0.00	
Total Premium		\$369.60	\$362.21	
Monthly Premium		\$34,742	\$34,048	
Total Annual Premium		\$416,909	\$408,573	
Dollar Change		-	-\$8,336	
% Change		-	-2.0%	