

UnitedHealthcare

UnitedHealthcare Group Medicare Advantage (PPO)

Plan: 2022 City of Cocoa MAPD Plan

City of Cocoa

1/ 1/2022 - 12/31/2022

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
Physician Services		
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
Inpatient Services		
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	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
Day Range 2	\$0 Per Day	\$0 Per Day
	Days 21 - 100	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
Outpatient Services		
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
Medicare-covered Specialist Visits		
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
Ambulance/Emergency Room/Urgent Care		
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
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
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
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
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
Preventive Services (Medicare-Covered)		
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

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

Non-Medicare Covered Services

Routine Podiatry	
Routine Podiatry	\$20 \$20
Routine Podiatry - Number of visits per year	6 Visits
Routine Vision	
Routine Eye Exam Refraction - every 12 months	\$20 \$20
Routine Hearing	
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%		
Day Supply			
Retail Day Supply	30		
Retail Day Supply Tier 4 Limit	30		
Mail Order Day Supply	90		
Mail Order Day Supply Tier 4 Limit	90		
Primary Plan - ICL Phase			
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

Quoted Service Area	Quoted Membership	Members Under Age 65
National	94	0
Rate Components		Quoted Year: 2022
Net Premium	\$362.21	
ACA Insurer Fee	\$0	
Total Premium	\$362.21	

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