

UnitedHealthcare Group Medicare Advantage (PPO)

City of Sacramento

2023_CITY OF SACRAMENTO_Renewal Plan

1/ 1/2023 - 12/31/2023

Rates for: 1/1/2023 - 12/31/2023

Plan Year: 2023

Rate Page Report:

Quoted Membership	Members Under Age 65	Rate Components	
624	15	Net Premium	\$330.48
		ACA Insurer Fee	\$0
		Total Premium	\$330.48

Details

UAF Type Preliminary	Market National
Situs State California	Current Membership 624
Full Replace Slice Slice	Premium Delay No
Emp Contribution 100%	Rating Method
Standard Medical Plan Custom	Product Combination MAPD

<u>Contract</u>	<u>PBP</u>	<u>Quoted Group Number</u>
H2001	816	15886
H2001	816	15882

Stipulations

- This is a Preliminary quote effective 1/1/2023 - 12/31/2023. The situs state is California.
- 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 2023
- To ensure proper claim adjudication effective 1/1/2023, it is imperative that we have final 1/1/2023 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2022 could be problematic in terms of claim adjudication on 1/1/2023.
- These rates are quoted assuming our offering is alongside of another offering/another carrier.
- If competing plans are offered to the retirees alongside our plan, the following predications apply: (i) All competing carriers must be offering a Rx benefit with coverage in gap as comprehensive as or better than UnitedHealth Group.(ii) Premium cost for each retiree must be equal to or lower for our plan than for any other plan. (iii) Our rates and/or plan design may be subject to change pending our final review of all competing carrier offerings.
- 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 2023 . We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2023. (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 2023 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) any proposed changes to the Part D program; (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. This quote assumes that the Point-of Sale (POS) Rebate Rule will not be effective as of January 1, 2023. If the POS Rebate Rule becomes effective as of January 1, 2023, United will modify the 2023 rates accordingly.
- Quote assumes \$0.00 PMPM commission level.
- 15 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.

Medical Coverage		
Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,400	\$3,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15	\$15
Specialist Office Visit	\$15	\$15
Virtual Office Visit	\$0	\$0
- with Providers: AmWell, Doctor on Demand, or Teladoc	\$0	
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$0 Per Admit	\$0 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 - 100	Days 1 - 100
Inpatient Mental Health Lifetime Maximum	Unlimited	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
Outpatient Services		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$15	\$15
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0
Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
Medicare Covered Services		
Chiropractic Visit	\$15	\$15
Podiatry Visit	\$15	\$15
Eye Exam	\$15	\$15
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$15	\$15
Dental Services	\$0	\$0
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$50	\$50

Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$20	\$20
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	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
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
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

Additional Benefits/Non-Medicare Covered Services

Routine Podiatry

Routine Podiatry	\$15	\$15
Routine Podiatry - Number of visits per year		12 Visits

Routine Chiropractic

Routine Chiropractic	\$5	\$5
Routine Chiropractic - Number of Visits		Unlimited
Routine Chiropractic - Benefit Period		1 Year

Routine Vision

Routine Eye Exam Refraction - every 12 months	\$0	\$0
Vision Hardware - Allowance for Eyeglasses		\$365
- OR - Contact Lenses (in lieu of Eyeglasses)		\$100
Vision Hardware - Benefit Period		Every 12 Months

Routine Hearing

Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits		1 Visit
Routine Hearing Exam - Benefit Period		1 Year
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Routine Hearing Aid - Number of Devices	Unlimited	N/A
Routine Hearing Aid - Benefit Period	3 Years	N/A
Routine Hearing Aid - Device Allowance	\$500	N/A

Routine Dental

Dental Plan Type	PPO Low	PPO Low
Dental Reimbursement Schedule	MAC	MAC

Wellness/Clinical Programs

UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included
- 12 non-emergency medical rides	
- 28 home delivered meals	
- 6 hours in-home personal care	
Fitness Program	Included
Case and Disease Management, including:	Included
- High Risk Members	
- Heart Failure	
- Respiratory Illness	
- Kidney Disease	
- Diabetes	
- Behavioral Health	
- Nurse Support - 24/7	
Preferred Diabetic Supply Program	Included
UHC Hearing Aid Discount Program	Included
- Note: Available services and offerings may be limited in the U.S. Territories	
HouseCalls Program	Included
Member Rewards Program	Included
- Reward cards for completing certain health care activities	

Additional Benefit Details

Code	Description
F633	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.
F531	Includes PERS medical alert device. Administered through Phillips LifeLine

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom
Formulary	Standard Formulary H (Group Select Formulary)
Bonus Drug List	List U
Custom Drug List	Custom
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

Benefit Name In Network Services

Part D Gap Coverage

Part D Gap Coverage	Full Coverage
---------------------	---------------

Custom OOP, ICL, Catastrophic

Initial Coverage Limit	\$4,660
True Out of Pocket Threshold (TrOOP)	\$7,400
Catastrophic Coverage over TrOOP	Lesser of ICL Member's cost share is lesser of CMS Standard benefit (as shown below) or ICL cost shares
Copay for generics	\$4.15
Copay for all other drugs	\$10.35
- OR - Coinsurance	5%

Day Supply Information

Note: 90 day retail supply is available for 3x copay amount

Retail Day Supply	30
Retail Day Supply Tier 4 Limit	30
Mail Order Day Supply	90
Mail Order Day Supply Tier 4 Limit	90

Part D Retail Copay

Tier 1: Preferred Generic (All covered generic drugs)	\$10
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$20
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$50
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	25%

Part D Mail Order Copay

Tier 1: Preferred Generic (All covered generic drugs)	\$20
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$40
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$100
Tier 4: Specialty Tier (Unique and/or very high-cost brand and generic drugs)	25%

Additional Rx Benefit Details

Code	Description
Rx187	Catastrophic Phase Cost Share: Lesser of CMS standard CAT copays and ICL copays

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.