

May 28, 2024

Subject: City of Oklahoma City MAPD Plan 2025 Renewal No. 1 and Amendment No. 1

To Whom It May Concern:

Thank you for the continued opportunity to serve you and your Medicare-eligible retirees and dependents. We sincerely appreciate that you chose UnitedHealthcare as your retiree coverage partner. UnitedHealthcare remains committed to providing high-quality, cost-effective health plans and an experience for your retirees that is simple, personal, and caring.

Your current premium rate is: \$199.78

Our **2025 proposed rate**, based on the current plan design, is: **\$199.78**

This letter is your plan year 2025 renewal communication. Our contract to provide group retiree benefits will continue into 2025 without needing to be rewritten or amended.

To help ensure a smooth renewal, we have included a few helpful reminders:

- ☐ **If you have an Open Enrollment period, please notify us at least 8 weeks prior in order to meet CMS requirements to create and deliver your enrollment materials. If you are not able to meet this deadline, please notify me as soon as possible so we can discuss alternative options.**
- ☐ **Provide confirmation of renewal via email** back to David Scinto at dscinto@uhc.com by July 31, 2024.

We value your partnership and are committed to quality, service and helping your retirees lead healthier lives.

I look forward to working with you to complete your 2025 renewal.

Sincerely,

David Scinto

Sr. Strategic Account Executive
UnitedHealthcare Retiree Solutions

Notices

By City of Oklahoma City's acceptance of this proposal or upon City of Oklahoma City's first premium payment, whichever occurs first, City of Oklahoma City 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.

Summary of changes to Medicare and the impact to your Medical plan:

Compression Stockings for Lymphedema Benefit

Medicare now covers compression stockings for lymphedema. This benefit is covered for standard and custom-fitted lymphedema compression treatment items for each affected body part. This coverage is included under the durable medical equipment (DME) benefit.

Changes to your 2025 Medical Plan:

2025 Telephonic Nurse Support and Leveraging Telephonic Providers

UnitedHealthcare is evaluating the programs and services offered to our members for 2025 and is evolving the telephonic nurse support. With the increased adoption of virtual visits post pandemic, our intent is to begin to leverage contracted providers, such as Teladoc, to provide members with 24/7 access to a medical provider. These providers can diagnosis, treat and even prescribe medication when needed. Members can choose to have either a virtual or telephonic experience and will have access to this at \$0.

Current Plan Features of your Medical Plan

Your current Medicare Advantage plan includes the following additional benefits not covered by Medicare:

UnitedHealthcare Healthy at Home

Designed to help members transition back home after an inpatient admission or a convalescent stay, this unique post-discharge support program delivers needed support, care, and measurable results to the members we serve. Our market leading program UnitedHealthcare Healthy at Home, provides a combination of Meal Delivery, Transportation, and In-Home Personal Care benefits to members in an easy-to-use comprehensive program:

- *Our post-discharge meal delivery benefit provides home-delivered meals for members following all inpatient or skilled nursing facility discharges.
- *Our post-discharge transportation benefit rides to and from medically related appointments and pharmacies for our members, up to 30-days following inpatient or skilled nursing facility discharges.
- Our in-home personal care benefit includes in-home personal care hours post discharge. This may include grocery shopping, meal preparation, personal care, medication reminders and more.

*Additional benefit requirements including plan referral may apply

HouseCalls

HouseCalls service gives eligible members a no cost, yearly in-home health and wellness visit with a UnitedHealthcare licensed health care practitioner. It's a great opportunity for members to discuss their health care needs and get the personal attention they deserve. During the visit, the health care practitioner will confirm medical history, complete a physical exam, review medications, and answer any questions that the member may have. Certain health screenings may also be included.

Let's Move by UnitedHealthcare

A wellness program designed specifically for members of the UnitedHealthcare Group Medicare Advantage plans. At no additional cost, Let's Move includes resources, tools, interactive events and personalized support through self-service,

virtual and in-person wellness programming focused on nutrition, physical activity, mental health, social well-being, financial wellness and more. In addition, Let's Move offers a self-directed tobacco cessation program to allow members to work at their own pace to make lasting, healthy lifestyle choices.

Fitness Benefit

The fitness benefit provides a free gym membership at a participating location, access to wellness activities held outside of the gym, many on-demand and live virtual classes and more.

Member Rewards and Incentives

Our Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Rewards are based on characteristics shown by research to be effective at providing timely reminders to improve member engagement and help retirees make healthy lifestyle choices. Members can receive rewards for completing health-related activities, such as getting their annual physical or wellness visit or completing a UnitedHealthcare® HouseCalls visit.

Virtual Medical and Behavioral Health Visits

Virtual Medical and Behavioral Health Visits continue to be an important part of being able to provide member care safely, conveniently, and efficiently.

In 2025 and beyond, UnitedHealthcare will continue to promote Virtual Visits to improve accessibility for members. This includes greater access to behavioral health specialists, following up with members after medical events such as an emergency department visit, virtual house calls when an in-person visit is not appropriate. If desired, we can partner with you on virtual visit education and registration strategies for members.

Personal Emergency Response System (PERS)

Help is a button push away. The PERS device provides quick access to help in any emergency 24 hours a day. The PERS benefit provides member confidence and independence, while providing peace of mind to family members, friends, and caregivers.

Diabetes Prevention & Weight Management

An online healthy lifestyle program proven to help members achieve lifelong results that includes personalized coaching, goal setting tools, a community of others to keep members motivated and more. Those that qualify will have access to a CDC-accredited diabetes prevention program.

Additional benefit opportunities for the 2025 Medical Plan:

Our care for our members goes beyond providing medical and pharmacy benefits. We offer the following benefits and services that can be added to your UnitedHealthcare Group Medicare Advantage plan as a buy-up.

Enhanced Dental Plan Options

We offer an expanded portfolio of standard buy up options including five plans with a wide range of benefits and premiums to meet the needs of your retirees. Plans include 100% preventative and diagnostic coverage for exams, x-rays, and cleanings, when utilizing an in-network dental provider. The UnitedHealthcare Dental benefit offers our members affordable dental coverage and the resources of UnitedHealthcare. Members receive significant price

protection and access to our national network of dental providers with the flexibility to see non-network providers if desired.

Summary of changes to Medicare Part D plan

The landscape of the Medicare Part D benefit continues to change in 2025 due to the **Inflation Reduction Act (IRA)**. Below is a summary of what to expect in 2025:

- Elimination of the Coverage Gap Stage: Beginning in the 2025 plan year, the CMS drug stages are Deductible (if applicable to the plan), Initial Coverage, and Catastrophic Coverage Phase.
- The Inflation Reduction Act imposes a \$2,000 out-of-pocket maximum on the Part D benefit beginning January 1, 2025. True Out of Pocket (TrOOP) costs determine when a member reaches the \$2,000 threshold to enter the catastrophic coverage stage, where members pay \$0 for covered Part D drugs.
- Introduction of the Medicare Prescription Payment (M3P) Program.
- Changes to the drug manufacturer discount program: manufacturers will pay a portion in the Initial Coverage Phase (10%) and Catastrophic Phase (20%) on brand drugs. Previously manufacturers paid 70% for brands in the coverage gap only.
- Non-Part D drugs such as Bonus Drug Lists will not be subject to Part D benefit thresholds.

2025 CMS Cost Sharing Thresholds

In 2025, the CMS cost sharing thresholds or amounts members must pay for Part D have changed. The chart below lists the changes to the 2025 CMS cost sharing thresholds for your reference. *Please see the attached benefit summary that includes the specific Part D coverage for your plan.*

Benefit	2025	2024
Deductible	Member pays 100% of cost sharing until they reach \$590	Member pays 100% of cost sharing until they reach \$545
Initial Coverage Limit	Member pays 25% of cost sharing until they reach \$2,000 TrOOP	Member pays 25% of cost sharing until they reach \$5,030
Standard Coverage Gap (your plan may have additional coverage)	N/A	Generic Drugs – 75% coverage
		Brand Drugs – 70% manufacturer discount PLUS 5% plan coverage
Catastrophic Phase Begins	Member pays \$0 out of pocket after reaching \$2,000 TrOOP	Member pays \$0 out of pocket after reaching \$8,000 TrOOP

Medicare Prescription Payment Plan (M3P) Program

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act to help Medicare Part D enrollees manage their out-of-pocket costs for covered Part D drugs. Starting in 2025, all Medicare Part D plans — including both MAPD and PDP — must give enrollees the option to spread their out-of-pocket prescription drug costs across monthly payments over the course of the plan year instead of paying for each prescription at the pharmacy. New and existing EGWP Part D plan enrollees will have the opportunity to opt into the Medicare Prescription Payment Plan once they are enrolled in a UHC Part D plan for the 2025 plan year.

Part D enrollees who opt into the program will pay \$0 at the pharmacy for a covered Part D drug, instead of the cost-sharing they would normally pay the pharmacy when filling a prescription. The Part D sponsor must pay the pharmacy the cost-sharing amount these Part D enrollees would have paid and then bill the enrollees monthly for any cost-sharing they incurred while in the program.

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan for plan years that begin on or after January 1, 2025, including LIS-eligible enrollees. While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

Current plan features of your Part D plan

Brand over Generic Approaches

To maintain an affordable and sustainable Part D benefit, we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case; sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand product over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

Biosimilars

To manage Part D plan cost, as more biosimilars are marketed, we evaluate coverage and may prefer either the originator product or the biosimilar depending upon which is the lowest cost-effective option.

Clinical Programs

Our enhanced Clinical support programs use advanced data and analytics, our approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences
- Digital tools—to better support caregivers and retirees
- Advanced approaches to assess and manage chronic conditions, like diabetes and heart failure in a more robust and holistic way, including in-home visits for high-risk retirees
- Improved methods to identify and engage retirees in their health

These resources will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

Digital Experience

Retiree.uhc.com

UnitedHealthcare continues to invest in our Medicare and Retirement member portals.

Group members continue to be able to access the UHC member portal as soon as they receive their member ID card (prior to plan start date). This allows members to set-up their accounts right away including setting their preferences for electronic delivery of plan materials.

Our efforts to optimize our members' online digital experience continues, UHC has significant portal enhancements planned for 2025 and beyond that will help members manage care and utilize their plan. These include:

- Enhanced Login/Registration experience
- Benefits and coverage enhancements
- Provider Search Redesign
- Drug Price tool enhanced
- Formulary tool will be released
- Claims experience will include Prior Authorization
- New Behavioral Health content
- Mobile App enhancements

Virtual Education Center

The Virtual Education Center (VEC) is an online experience that educates members about their benefits. The VEC allows members to “visit booths” associated with the benefits and programs they are interested in learning more about. Once in the virtual booth, visitors can view videos, member testimonials, FAQs, downloadable resources and more. The VEC is an alternative to conducting open enrollment and educational meetings in person and is accessible all year round.

To learn more, visit your VEC website at <<https://uhcvirtualretiree.com/ra>

APPROVED by the Council and **SIGNED** by the Mayor of The City of Oklahoma City this
____ 5TH ____ day of NOVEMBER, 2024.

ATTEST:

Amy K. Simpson
City Clerk



[Signature]
Vice Mayor

APPROVED by the Trustees and **SIGNED** by the Chairman of the Oklahoma Municipal
Facilities Authority this ____ 5TH ____ day of NOVEMBER, 2024.

ATTEST: (Seal)

Amy K. Simpson

SECRETARY



**OKLAHOMA CITY MUNICIPAL
FACILITIES AUTHORITY**

SEAL

VICE CHAIRMAN

[Signature]

APPROVED by the Trustees and **SIGNED** by the Chairman of the Oklahoma City Post-
Employment Benefits Trust this ____ 13TH ____ day of NOVEMBER, 2024.

ATTEST: (Seal)

Amy K. Simpson

SECRETARY

**OKLAHOMA CITY POST-EMPLOYMENT
BENEFITS TRUST**

[Signature]

CHAIRMAN

REVIEWED for form and legality.

[Signature]
Assistant Municipal Counselor

UnitedHealthcare Group Medicare Advantage (PPO)

City of Oklahoma City

Test

1/ 1/2025 - 12/31/2025

Final Rates for: 1/1/2025 - 12/31/2025

Plan Year: 2025

Rate Page Report: RP-34309

Quoted Membership		Members Under Age 65	Rate Components	
1,135		11	Net Premium	\$199.78
			ACA Insurer Fee	\$0
			Total Premium	\$199.78
Details				
UAF Type		Preliminary	Market	National
Situs State		Oklahoma	Current Membership	1,135
Full Replace Slice		Slice	Premium Delay	No
Emp Contribution		100%	Rating Method	
			Product Combination	MAPD
Contract	PBP	Quoted Group Number		
H2001	816	12299		

Stipulations

- 11 Pre-65 Medicare eligible retirees are included.
- 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.
- 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 2025 . We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2025. (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.
- Quote assumes \$0.00 PMPM commission level.
- 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.
- These rates are quoted assuming our offering is alongside of another offering/another carrier.
- This is a Preliminary quote effective 1/1/2025 - 12/31/2025. The situs state is Oklahoma.
- This quote assumes that the employer pays 100% of the premium.
- To ensure proper claim adjudication effective 1/1/2025, it is imperative that we have final 1/1/2025 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2024 could be problematic in terms of claim adjudication on 1/1/2025.
- United reserves the right to modify its 2025 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 changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized (Please note that this proposal does account for the portions of the Inflation Reduction Act that are effective on or before 1/1/2025 but does not account for any impacts due to the portions of the Inflation Reduction Act that are scheduled to become effective 1/1/2026 and forward); (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.
- 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 2025

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$6,700	\$6,700
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)	\$5	\$5
Specialist Office Visit	\$5	\$5
Virtual Office Visit	\$0	\$0
Virtual Visits - Medical - Preferred Provider	\$0	
Virtual Visits - Behavioral Health	\$5	\$5
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	190 Days	
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 Psychiatric Services	\$5	\$5
Outpatient Mental Health/Substance Abuse - Individual Visit	\$5	\$5
Outpatient Mental Health/Substance Abuse - Group Visit	\$5	\$5
Partial Hospitalization (Mental Health Day Treatment) per day	\$50	\$50
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$5	\$5
Occupational Therapy	\$5	\$5
Physical Therapy and Speech/Language Therapy	\$5	\$5
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$5	\$5
Intensive Cardiac Rehabilitation	\$5	\$5
Pulmonary Rehabilitation	\$5	\$5
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$5	\$5
Kidney Dialysis	\$5	\$5
Medicare Covered Services		
Chiropractic Visit	\$5	\$5
Acupuncture Visit	\$5	\$5
Podiatry Visit	\$5	\$5
Eye Exam	\$5	\$5
Diabetic Eye Exam	\$5	\$5
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$5	\$5
Dental Services	\$5	\$5
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)	\$5	\$5
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes

Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Insulin	\$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		
Chiropractic (Non-Medicare Covered)		
Chiropractic	\$5	\$5
Chiropractic - Number of Visits	12	12
Chiropractic - Benefit Period	1 Year	1 Year
Chiropractic Combined with Acupuncture	No	No
Hearing (Non-Medicare Covered)		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	1
Hearing Exam - Benefit Period	1 Year	1 Year
Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Hearing Aid - Number of Devices	Unlimited	N/A
Hearing Aid - Benefit Period	2 Years	
Hearing Aid - Device Allowance	\$500	
Personal Emergency Response System		
Personal Emergency Response System (PERS)	Included	Not Included
Podiatry (Non-Medicare Covered)		
Podiatry	\$5	\$5
Podiatry - Number of Visits	6	6
Podiatry - Benefit Period	Per Plan Year	Per Plan Year

Vision (Non-Medicare Covered)		
Vision Plan Type	y- 1 exam/year Materials no	
Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period	Every 12 Months	Every 12 Months
Vision Hardware - Allowance for Eyeglasses	\$130	
- OR - Contact Lenses (in lieu of Eyeglasses)	\$175	
Vision Hardware - Benefit Period	Every 12 Months	
Wellness/Clinical Programs		
Rally Coach programs including:	Included	Not Included
- Digital Wellness Coaching: personal coaching, self-paced online learning, & digital support across a variety of topics		
- Quit For Life Tobacco Cessation		
- Real Appeal Digital Diabetes Prevention & Weight Loss		
Fitness Program	Included	
Case and Disease Management, including:	Included	
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
HouseCalls Program	Included	
Member Rewards Program	Included	Not Included
- Reward cards for completing certain health care activities		
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program	Included	
- Note: Available services and offerings may be limited in the U.S. Territories		
Member Rewards Program	Included	
- Reward cards for completing certain health care activities		

Additional Benefit Details	
Code	Description
F555	Includes Rally Wellness coaching benefit, no claims impact. Excludes the following courses: financial, meditation, happiness, quit tobacco, and weight/wellness.
F551	Includes Real Appeal Diabetes Prevention Program administered by Rally.
F294	Includes Optum's Quit for Life smoking cessation program.
F531	Includes PERS medical alert device. Administered through Phillips LifeLine, no claims impact.
F873	NMC Post-discharge Bundle. Includes: 28 meals via Roots Food Group, 12 one-way rides via ModivCare, 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.

Outpatient Prescription Drug Coverage		
Prescription Drug Plan		Custom
Pharmacy Network		Broad Network
Formulary		Standard Formulary G (Group Choice Formulary)
Bonus Drug List		List U
Formulary Edits (step therapy, quantity limits, prior authorization)		Standard: Edits On
Benefit Name		In Network Services
Custom OOP, ICL, Catastrophic		
Catastrophic Coverage over TrOOP		CMS Standard Member pays greater of:
Copay for generics		\$0
Copay for all other drugs		\$0
- OR - Coinsurance		0%
Day Supply Information		
Note: 90 day retail supply is available for 3x copay amount		
Retail 1 month supply		30
Retail 2 month supply		60
Retail 3 month supply		90
Mail Order 1 month supply		30
Mail Order 2 month supply		60
Mail Order 3 month supply		90
Tier Definitions		
Tier 1 - Preferred Generic	Most generic drugs	
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs	
Tier 3 - Non-preferred Drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 3.	
Tier 4 - Specialty Tier	Unique and/or very high-cost brand and generic drugs.	
Part D Retail		
1 month supply		
Tier 1	Standard Retail Tier 1 (1 month)	\$10
Tier 2	Standard Retail Tier 2 (1 month)	\$20
Tier 3	Standard Retail Tier 3 (1 month)	\$40
Tier 4	Standard Retail Tier 4 (1 month)	\$40
Part D Mail Order		
3 month supply		
Tier 1	OptumRx Mail Tier 1 (3 month)	\$20
Tier 2	OptumRx Mail Tier 2 (3 month)	\$40
Tier 3	OptumRx Mail Tier 3 (3 month)	\$80
Tier 4	OptumRx Mail Tier 4 (3 month)	\$80

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.