

UnitedHealthcare® Group Medicare Advantage (HMO)

Benefits Effective January 1, 2012

Group Name (Plan Sponsor): California Schools VEBA

Group Number: 144104

Plan Year: January 01, 2012 through December 31, 2012

Insured by UNITEDHEALTHCARE OF CALIFORNIA

California

H0543-805

Section I - Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare® Group Medicare Advantage (HMO). Our Plan is offered by UNITEDHEALTHCARE OF CALIFORNIA. Our Plan is a Medicare Advantage Health Maintenance Organization (HMO).

This plan is designed for people who meet the eligibility requirements of their former employer, union group or trust administrator (Plan Sponsor).

This Summary of Benefits describes some of the features of our Plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete description of our benefits, please call UnitedHealthcare® Group Medicare Advantage (HMO) and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like UnitedHealthcare® Group Medicare Advantage (HMO), which is offered to you by your Plan Sponsor (your former employer, union group or trust administrator). You may have additional options available to you on an individual coverage basis or a group coverage basis through your Plan Sponsor too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times designated by your Plan Sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your Plan Sponsor, you may lose the option to enroll in a plan offered by your Plan Sponsor in the future. You could also lose coverage for other employer-sponsored retirement benefits you may currently have. Once enrolled in our Plan, if you choose to end your membership outside of your Plan Sponsor's open enrollment period, re-enrollment in any plan your Plan Sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

You should consult with your Plan Sponsor regarding the availability of other employer-sponsored coverage before you enroll in a plan not offered by your Plan Sponsor, or before ending your membership in our Plan outside of your Plan Sponsor's open enrollment period. It is important to understand your Plan Sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your Plan Sponsor, or a request to end your membership in our Plan.

Please call UnitedHealthcare® Group Medicare Advantage (HMO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare UnitedHealthcare® Group Medicare Advantage (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our Plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is UnitedHealthcare® Group Medicare Advantage (HMO) Available?

The service area for this Plan includes California: Alameda County, Amador County, Contra Costa

County, El Dorado County, Fresno County, Imperial County, Kern County, Mendocino County, Merced County, Orange County, Sacramento County, San Francisco County, San Mateo County, Santa Clara County, Santa Cruz County, Shasta County, Sonoma County, Stanislaus County, Tulare County, Yolo County.

The service area for this Plan includes these parts of counties in California:

Los Angeles County the following zip codes only 90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90009, 90010, 90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019, 90020, 90021, 90022, 90023, 90024, 90025, 90026, 90027, 90028, 90029, 90030, 90031, 90032, 90033, 90034, 90035, 90036, 90037, 90038, 90039, 90040, 90041, 90042, 90043, 90045, 90046, 90047, 90048, 90049, 90050, 90052, 90053, 90054, 90055, 90056, 90057, 90058, 90060, 90062, 90063, 90064, 90065, 90066, 90067, 90068, 90069, 90070, 90071, 90072, 90073, 90075, 90076, 90077, 90078, 90079, 90080, 90081, 90082, 90083, 90086, 90087, 90090, 90091, 90093, 90094, 90099, 90101, 90201, 90202, 90209, 90210, 90211, 90212, 90213, 90220, 90221, 90222, 90223, 90224, 90230, 90231, 90232, 90233, 90239, 90240, 90241, 90242, 90245, 90247, 90248, 90249, 90250, 90251, 90254, 90255, 90260, 90261, 90262, 90263, 90264, 90265, 90266, 90267, 90270, 90272, 90274, 90275, 90277, 90278, 90280, 90290, 90291, 90292, 90293, 90294, 90295, 90296, 90301, 90302, 90303, 90304, 90305, 90306, 90307, 90308, 90309, 90310, 90311, 90312, 90401, 90402, 90403, 90404, 90405, 90406, 90407, 90408, 90409, 90410, 90411, 90501, 90502, 90503, 90504, 90505, 90506, 90507, 90508, 90509, 90510, 90601, 90602, 90603, 90604, 90605, 90606, 90607, 90608, 90609, 90610, 90623, 90630, 90631, 90637, 90638, 90640, 90650, 90651, 90652, 90660, 90661, 90662, 90670, 90671, 90701, 90702, 90703, 90706, 90707, 90710, 90711, 90712, 90713, 90714, 90715, 90716, 90717, 90723, 90731, 90732, 90733, 90734, 90744, 90745, 90746, 90748, 90749, 90755, 90801, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90813, 90814, 90815, 90822, 90831, 90832, 90833, 90834, 90835, 90853, 91001, 91003, 91006, 91007, 91008, 91009, 91010, 91011, 91012, 91016, 91017, 91020, 91021, 91023, 91024, 91025, 91030, 91031, 91040, 91041, 91042, 91043, 91046, 91066, 91077, 91101, 91102, 91103, 91104, 91105, 91106, 91107, 91108, 91109, 91114, 91115, 91116, 91117, 91118, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91209, 91210, 91214, 91221, 91222, 91224, 91225, 91226, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91313, 91316, 91321, 91322, 91324, 91325, 91326, 91327, 91328, 91331, 91333, 91334, 91335, 91337, 91340, 91341, 91342, 91343, 91344, 91345, 91346, 91350, 91351, 91352, 91353, 91354, 91355, 91356, 91357, 91361, 91362, 91364, 91365, 91367, 91372, 91376, 91380, 91381, 91382, 91383, 91384, 91385, 91386, 91387, 91390, 91392, 91393, 91394, 91395, 91396, 91401, 91402, 91403, 91404, 91405, 91406, 91407, 91408, 91409, 91410, 91411, 91412, 91413, 91416, 91423, 91426, 91436, 91501, 91502, 91503, 91504, 91505, 91506, 91507, 91508, 91510, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608, 91609, 91610, 91614, 91615, 91616, 91617, 91618, 91702, 91706, 91711, 91714, 91715, 91716, 91722, 91723, 91724, 91731, 91732, 91733, 91734, 91740, 91741, 91744, 91745, 91746, 91747, 91748, 91749, 91750, 91754, 91755, 91765, 91766, 91767, 91768, 91769, 91770, 91773, 91775, 91776, 91778, 91780, 91788, 91789, 91790, 91791, 91792, 91793, 91801, 91802, 91803, 91804, 91896, 91899, 93510, 93532, 93534, 93535, 93536, 93539, 93543, 93544, 93550, 93551, 93552, 93553, 93563, 93584, 93586, 93590, 93591

Madera County the following zip codes only 93601, 93604, 93614, 93643, 93644, 93645, 93669

Nevada County the following zip codes only 95602, 95712, 95924, 95945, 95946, 95949, 95959, 95960, 95975, 95977

Placer County the following zip codes only 95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95703, 95713, 95717, 95722, 95736, 95746, 95747, 95765

Riverside County the following zip codes only 91752, 92201, 92202, 92203, 92210, 92211, 92220,

92223, 92230, 92234, 92235, 92236, 92239, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92515, 92516, 92517, 92518, 92519, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883

San Bernardino County the following zip codes only 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92309, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92325, 92326, 92331, 92332, 92323, 92324, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92338, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92352, 92354, 92356, 92358, 92359, 92364, 92365, 92366, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92412, 92413, 92414, 92423, 92427

San Diego County the following zip codes only 91901, 91902, 91903, 91905, 91906, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91916, 91917, 91921, 91931, 91932, 91933, 91934, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91947, 91948, 91950, 91951, 91962, 91963, 91976, 91977, 91978, 91979, 91980, 92003, 92007, 92008, 92009, 92010, 92011, 92013, 92014, 92018, 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92066, 92067, 92068, 92069, 92070, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92086, 92088, 92091, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92135, 92137, 92138, 92139, 92142, 92143, 92149, 92150, 92153, 92154, 92159, 92160, 92162, 92163, 92164, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92186, 92190, 92191, 92192, 92193, 92195, 92196, 92197, 92198, 92199

San Luis Obispo County the following zip codes only 93252, 93401, 93402, 93403, 93405, 93406, 93407, 93410, 93412, 93420, 93421, 93424, 93426, 93428, 93430, 93433, 93435, 93442, 93443, 93444, 93445, 93448, 93449, 93452, 93453, 93454, 93475, 93483

Santa Barbara County the following zip codes only 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93254, 93427, 93434, 93440, 93441, 93454, 93455, 93456, 93457, 93458, 93460, 93463, 93464

Ventura County the following zip codes only 91361, 93001, 93002, 93003, 93004, 93005, 93006, 93007, 93010, 93011, 93012, 93015, 93016, 93022, 93023, 93024, 93030, 93031, 93032, 93033, 93034, 93035, 93036, 93040, 93041, 93044, 93060, 93061, 93066

You must live in this area to join the plan.

Who is Eligible to Join UnitedHealthcare® Group Medicare Advantage (HMO)?

You can join UnitedHealthcare® Group Medicare Advantage (HMO) if you are entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and you meet the eligibility requirements of your former employer, union group or trust administrator (Plan Sponsor).

If you are not entitled to Medicare Part A, please refer to your Plan Sponsor's enrollment materials, or contact your Plan Sponsor directly to determine if you are eligible to enroll in our Plan. Some Plan Sponsors have made arrangements with us to purchase Medicare Part A on your behalf.

Individuals with End Stage Renal Disease (ESRD) or who receive routine kidney dialysis may still be eligible to enroll through a Plan Sponsored Medicare Advantage (MA) health plan or as an individual, in some instances. Please call Customer Service at the phone number listed at the end of this introduction for more information.

Note: If you have received a transplant that has restored your kidney function and you no longer require a regular course of dialysis, you **are not** considered to have ESRD and you **are** eligible to enroll in UnitedHealthcare® Group Medicare Advantage (HMO).

Can I Choose My Doctors?

UnitedHealthcare® Group Medicare Advantage (HMO) has formed a network of doctors, specialists, and hospitals.

You can only use doctors who are part of our network.

The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.UHCRetiree.com.

Our Customer Service phone number is listed at the end of this introduction.

What Happens if I go to a Doctor Who's Not in Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B or Part D Drugs?

UnitedHealthcare® Group Medicare Advantage (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where Can I Get My Prescriptions if I Join This Plan?

UnitedHealthcare® Group Medicare Advantage (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.UHCRetiree.com. Our Customer Service number is listed at the end of this introduction.

What is a Prescription Drug Formulary?

UnitedHealthcare® Group Medicare Advantage (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.UHCRetiree.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or Your State Medicaid Office.

What Are My Protections in This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from plan year to plan year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area, and your Plan Sponsor will notify you of their options for your coverage.

As a member of UnitedHealthcare® Group Medicare Advantage (HMO) you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance.

You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UnitedHealthcare® Group Medicare Advantage (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on

the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UnitedHealthcare® Group Medicare Advantage (HMO) for more details.

What Types of Drugs May be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UnitedHealthcare® Group Medicare Advantage (HMO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through DME.**

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select 'Health & Drug Plans' then "Compare Drug and Health Plans' to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call UnitedHealthcare® Group Medicare Advantage (HMO) for more information about this plan.

Visit us at www.UHCRetiree.com

Or call us:

Current members should call toll-free at 1-800-457-8506, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program.

Prospective members should call toll-free 1-877-714-0178, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program.

For more information about **Medicare**, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language.

For additional information, call Customer Service at the phone number listed above.

Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Important Information		
1 Premium and Other Important Information	<p>In 2011 the monthly Part B Premium is \$96.40 and may change for 2012 and the yearly Part B deductible amount is \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>Contact your group plan benefit administrator to determine your actual premium amount, if applicable.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>\$6,700 out-of-pocket maximum limit.</p>

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
2	Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16)	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).
Inpatient Care			
3	Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2011 the amounts for each benefit period were: <ul style="list-style-type: none"> • Days 1 - 60: \$1,132 deductible • Days 61 - 90: \$283 per day • Days 91 - 150: \$566 per lifetime reserve day. These amounts will change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: \$0 copay each hospital stay.

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
4	Inpatient Mental Health Care	<p>In 2011 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1,132 deductible • Days 61 - 90: \$283 per day • Days 91 - 150: \$566 per lifetime reserve day. <p>These amounts will change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>\$0 copay each hospital stay, up to 190 days.</p>
5	Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$141.50 per day. <p>These amounts will change for 2012.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the</p>	<p>Plan covers up to 100 days for each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>\$0 copay for each day, up to 100 days.</p>

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
5	Skilled Nursing Facility (SNF) (continued)	hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
6	Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	\$0 copay for each Medicare-covered home health visit.
7	Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select a hospice.
Outpatient Care			
8	Doctor Office Visits	20% coinsurance	\$5 copay for each primary care doctor visit for Medicare-covered benefits. \$5 copay for each in-area, network urgent care Medicare-covered visit.

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
8	Doctor Office Visits (continued)		\$5 copay for each specialist visit for Medicare-covered benefits.
9	Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	\$5 copay for each Medicare-covered visit.
10	Podiatry Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	\$5 copay for each Medicare-covered visit.
11	Outpatient Mental Health Care	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copay for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC).</p> <p>Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program”</p>	<p>\$5 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$50 copay each day for Medicare-covered partial hospitalization program services.</p>

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
11	Outpatient Mental Health Care (continued)	is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.	
12	Outpatient Substance Abuse Care	20% coinsurance	\$5 copay for each Medicare-covered individual or group therapy visit.
13	Outpatient Services / Surgery	<p>20% coinsurance for the doctor's services.</p> <p>Specified copay for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% copay for ambulatory surgical center facility services.</p>	<p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>
14	Ambulance Services (medically necessary ambulance services)	20% coinsurance	\$0 copay for Medicare-covered ambulance benefits.

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>20% coinsurance for the doctor's services.</p> <p>Specified copay for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>20% coinsurance, or a set copay</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$5 copay for each Medicare-covered urgently needed care visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently needed care visit.</p>
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<p>20% coinsurance</p>	<p>\$5 copay for each Medicare-covered occupational therapy visit.</p> <p>\$5 copay for each Medicare-covered physical therapy and/or speech and language therapy visit.</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Outpatient Medical Services and Supplies		
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	\$0 copay for Medicare-covered items.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	\$0 copay for Medicare-covered items.
20 Diabetes Programs and Supplies	20% coinsurance for diabetes self-monitoring training 20% for diabetic supplies 20% coinsurance for diabetic therapeutic shoes or inserts.	\$0 copay for diabetes self-management training. \$0 copay for each diabetes monitoring supply. \$0 copay for diabetic therapeutic shoes or inserts.
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that	\$0 copay for Medicare-covered lab services. \$0 copay for each Medicare-covered diagnostic procedure and test. \$0 copay for each Medicare-covered X-ray. \$0 copay for each Medicare-covered diagnostic radiology service (not including X-rays).

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (continued)	<p>participates in Medicare.</p> <p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related prostate screening services. Covered once a year for all men with Medicare over age 50.</p>	<p>\$0 copay for each Medicare-covered therapeutic radiology service.</p>
22 Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>\$5 copay for each Medicare-covered cardiac rehabilitation service.</p> <p>\$5 copay for each Medicare-covered pulmonary rehabilitation service.</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Preventive Services		
23 Preventive Services and Wellness/ Education Programs	<p>No copay, coinsurance, or deductible for the following:</p> <p>Abdominal Aortic Aneurysm Screening</p> <p>Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> <p>Cardiovascular Screening</p> <p>Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>Colorectal Cancer Screening</p> <p>Diabetes Screening</p> <p>Influenza Vaccine</p> <p>Hepatitis B Vaccine for people with Medicare who are at risk</p> <p>HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three</p>	<p>\$0 copay for all Medicare-covered preventive services:</p> <p>Abdominal Aortic Aneurysm screening</p> <p>Bone Mass Measurement</p> <p>Cardiovascular Screening</p> <p>Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</p> <p>Colorectal Cancer Screening</p> <p>Diabetes Screening</p> <p>Influenza Vaccine</p> <p>Hepatitis B Vaccine</p> <p>HIV Screening</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
23 Preventive Services and Wellness/ Education Programs (continued)	<p>times during a pregnancy.</p> <p>Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35 and 39.</p> <p>Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (<i>but aren't on dialysis or haven't had a kidney transplant</i>) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <p>Personalized Prevention Plan Services (Annual Wellness Visits)</p> <p>Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <p>Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <p>Smoking Cessation (counseling to</p>	<p>Breast Cancer Screening (Mammogram)</p> <p>Medical Nutrition Therapy Services</p> <p>Personalized Prevention Plan Services (Annual Wellness Visit)</p> <p>Pneumococcal Vaccine</p> <p>Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</p> <p>Smoking Cessation (Counseling</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
23 Preventive Services and Wellness/ Education Programs (continued)	<p>stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	<p>to stop smoking)</p> <p>Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
24	Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Kidney Disease Education Services</p>	<p>\$5 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
<p>25 Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part B</p> <p>\$0.00 copay for each Part B covered chemotherapy drug and other Part-B covered drug.</p> <p>Drugs Covered Under Medicare Part D</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.UHCRetiree.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> ● have limited incomes, ● live in long term care facilities, or ● have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover</p>

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Prescription Drugs (continued)		<p>another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UnitedHealthcare® Group Medicare Advantage (HMO) for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Prescription Drugs (continued)		<p>month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$14.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, Prescription Solutions® by OptumRx™ <p>Tier 2: Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$28.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, Prescription Solutions by OptumRx <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$28.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, Prescription Solutions by OptumRx <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$28.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, Prescription Solutions by OptumRx

Benefit Category	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Prescription Drugs (continued)		<p>Coverage Gap</p> <p>The plan covers all formulary drugs through the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <p>5% coinsurance,</p> <p>or</p> <p>\$2.60 copay for generic (including brand drugs treated as generic) and \$6.50 copay for all other drugs.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from UnitedHealthcare® Group Medicare Advantage (HMO).</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs in this tier

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
25	Prescription Drugs (continued)		<p>Tier 2: Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs (includes some Generics)</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$14.00 copay for a one-month (31-day) supply of drugs in this tier <p>Non-Formulary (drugs not covered under Medicare Part D)</p> <p>Your Plan Sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see the Bonus Drug List for more information.</p>
26	Dental Services	Preventive dental services (such as cleaning) not covered.	\$5 copay for Medicare-covered dental benefits.

Benefit Category		Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
			In-Network
27	Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>\$5 copay for each Medicare-covered diagnostic hearing exam.</p>
28	Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$5 copay for each exam to diagnose and treatment of diseases and conditions of the eye.</p>

Section III - Additional Benefits

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Routine Chiropractic Services	Not covered.	\$5 copay for each visit up to 12 visits each year.
Routine Hearing Exam	Not covered.	\$0 copay for each exam, limited to one exam every 12 months.
Hearing Aids	Not covered.	Plan pays up to a \$500 allowance for hearing aids every 3 years.
Routine Vision Exam	Not covered.	\$5 copay for an exam, limited to one exam every 12 months.
Routine Eye Wear	Not covered.	Plan covers up to a \$130 eyeglasses allowance for one pair of standard frames with standard lenses every 2 years. You are covered for up to \$175 for contact lenses in lieu of eyeglasses, every 2 years.
Preventive Dental Services	Not covered.	Preventive and comprehensive dental services <ul style="list-style-type: none"> ● \$5 copay for each office visit up to four office visits each year ● \$8 copay for up to four oral exams each year ● \$15 copay for each routine

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Preventive Dental Services (continued)		<p>cleaning up to once every six months</p> <ul style="list-style-type: none"> • \$22 copay for complete dental X-rays <p>Discounted Fee for unlimited general dentistry for covered procedures at assigned dentists.</p>
Fitness Program	Not covered.	<p>\$0 membership fee.</p> <p>SilverSneakers® Fitness Program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.</p> <p>Silver Sneakers® Steps at Home program is available for members living 15 miles away or more from a Silver Sneakers® fitness center. Includes a self-directed pedometer-based physical activity and walking program.</p>
24-Hour Nurseline/ Treatment Decision Support	Not covered.	<p>You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.</p>

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