

How the Plans Compare — 2024

View a side-by-side comparison of what the UC Medicare Supplement PPO plans cover and how much you pay. This table is a summary of benefits only. Medicare is your primary coverage. These medical plans are a supplement to Original Medicare. When you receive a Medicare-covered service, Medicare pays first. Then your plan pays a portion of the remaining expense based on the Medicare-allowable amount. For more details about benefits, coverage and for contact information, visit uhealthplans.com.

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
<p>Medicare Part A and Part B Deductible</p> <p>These plans cover the Medicare Part A and Part B deductibles in full.</p>	<p>Deductible: \$0. Plan covers Medicare Part A and Part B deductible in full.</p>	<p>Deductible: \$0. Plan covers Medicare Part A and Part B deductible in full.</p>	<p>Deductible: \$0. Plan covers Medicare Part A and Part B deductible in full.</p>
<p>Benefits Beyond Medicare Deductible</p> <p>The amount you pay before the plan begins to share in the cost.</p> <p>The plan pays for certain services that either Medicare does not cover at all or for which Medicare limits have been reached, such as inpatient hospital care beyond Medicare limits.</p>	<p>Deductible: \$100 per covered person</p>	<p>Deductible: \$100 per covered person</p>	<p>Deductible: \$50 per covered person</p>
<p>Out-of-Pocket Maximum</p> <p>The most you'll pay for covered medical or behavioral health services in a calendar year.</p>	<p>\$1,500 per covered person (includes deductible for Benefits Beyond Medicare)</p>	<p>\$1,500 per covered person (includes deductible for Benefits Beyond Medicare)</p>	<p>\$1,050 per covered person (includes deductible for Benefits Beyond Medicare)</p>

What You Pay for Services

Preventive Care: Medicare covers 100% of the cost for the “Welcome to Medicare” preventive visit and annual wellness visits, as well as specific services Medicare considers preventive based on gender and age. Note that Medicare does not cover what is generally known as a physical exam. Learn more at [medicare.gov](https://www.medicare.gov).

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
Doctor and Specialist Visits	Medicare providers: 20% after Medicare	Medicare providers: 20% after Medicare	Medicare providers: \$0 after Medicare
Hospitalization	Facility: \$0 for up to 60 days, then 20% after Medicare, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: 20% after Medicare	Facility: \$0 for up to 60 days, then 20% after Medicare, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: 20% after Medicare	Facility: \$0, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: \$0 after Medicare
Prescription Drug Deductible	None	N/A	None
Prescription Drug Out-of-Pocket Maximum	None	N/A	\$1,000
True Out-of-Pocket Maximum (TrOOP) The most you’ll pay for covered Medicare Part D prescriptions in a calendar year.	\$8,000	Prescription drugs are not covered under this plan.	\$8,000 ²

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
Retail Network Pharmacies (30-day supply)	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$10 Preferred brand products and some high-cost non-preferred generics: \$30 Non-preferred products (including some high-cost non-preferred generics): \$45 Specialty products: ⁴ \$30	Not covered	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$10 Preferred brand products and some high-cost non-preferred generics: \$30 Non-preferred products (including some high-cost non-preferred generics): \$45 Specialty products: ⁴ \$30
UC Pharmacies and Select Retail Pharmacies: CVS, Walgreens, Costco, Safeway/Vons, Walmart (90-day supply)	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$20 Preferred brand products and some high-cost non-preferred generics: \$60 Non-preferred products (including some high-cost non-preferred generics): \$90	Not covered	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products : \$20 Preferred brand products and some high-cost non-preferred generics: \$60 Non-preferred products (including some high-cost non-preferred generics): \$90

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
Mail Service (90-day supply)	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$20 Preferred brand products and some high-cost non-preferred generics: \$60 Non-preferred brand: \$90	Not covered	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$20 Preferred brand products and some high-cost non-preferred generics: \$60 Non-preferred brand: \$90

1. Includes copayments for Medicare-covered services, copayments and deductibles for Benefits Beyond Medicare services, and copayments and deductibles for Medicare-covered services not paid by Medicare. Does not include amounts in excess of plan maximum allowed amounts for Benefits Beyond Medicare services. This is separate from the prescription drug plan maximums.
2. High Option Supplement plan members: Once you reach the \$1,000 drug plan out-of-pocket maximum, you are no longer responsible for a copayment for prescription drugs until the next calendar year begins. Out-of-pocket costs for Extra Covered Drugs apply toward the \$1,000 out-of-pocket maximum but not the TrOOP. If you qualify for the Coverage Gap Discount, you could reach the \$8,000 TrOOP before the \$1,000 out-of-pocket maximum because out-of-pocket expenses covered by the Coverage Gap Discount apply toward the TrOOP but not the out-of-pocket maximum. If this happens, you will continue to pay a copayment for Extra Covered Drugs until you reach the \$1,000 out-of-pocket maximum. After that, the plan will pay 100% for all covered drugs (including Extra Covered Drugs).
3. Medicare PPO plan members: You continue to pay the cost of Extra Covered Drugs, even after the TrOOP is reached.
4. Specialty products are limited to a 30-day supply.