

UnitedHealthcare Group Medicare Advantage PPO
Prepared for Fairfax County Government
2021 Group MA Plan (Medical Only)
\$102.96 Per Retiree Member Per Month

Description	2021 Group MA Plan (Medical Only) \$102.96 Per Retiree Member Per Month	
	In-Network Services	Out-of-Network Services
Annual Medical Deductible	None	
Annual Medical Out-of-Pocket Maximum	\$1,500	
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	\$5	\$5
Virtual Office Visit with Preferred Providers: Doctor on Demand or AmWell	\$0	N/A
Telemedicine	\$5	\$5
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 (In days)	120 Days	
Skilled Nursing Facility Care	\$0 Per Day, Days 1-120	\$0 Per Day, Days 1-120
Inpatient Mental Health Lifetime Maximum number of days	Unlimited	
Inpatient Mental Health - Psychiatric Hospital / Inpatient Substance Abuse	\$0 Per Admit	\$0 Per Admit
OUTPATIENT SERVICES		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
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	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$10	\$10
Occupational Therapy	\$10	\$10
Physical Therapy and Speech/Language Therapy	\$10	\$10
Cardiac Rehabilitation	\$10	\$10
Intensive Cardiac Rehabilitation	\$10	\$10
Pulmonary Rehabilitation	\$10	\$10
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$10	\$10
Kidney Dialysis	\$10	\$10
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$10	\$10
Podiatry Visit (Medicare-covered)	\$5	\$5
Eye Exam (Medicare-covered)	\$0	\$0
Eyewear (Medicare-covered Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$0	\$0
Dental Services (Medicare-covered)	\$5	\$5
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (Includes Worldwide Coverage)	\$120	\$120
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	\$10	\$10
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	10%	10%
Chemotherapy Drugs	10%	10%
Blood (3 pint deductible waived)	\$0	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	10%	10%
Prosthetics	10%	10%
Orthotics	10%	10%
Diabetic Shoes and Inserts	10%	10%

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Medical Supplies	10%	10%
Diabetes Monitoring Supplies	\$0	\$0
Insulin Pumps & 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	10%	10%
Therapeutic Radiology Service	10%	10%
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$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/PROGRAMS (Non Medicare-covered)		
Routine Podiatry	\$5	\$5
Routine Podiatry - Number of visits per year	6 Visits	
Routine Chiropractic	\$10	\$10
Routine Chiropractic - Number of visits per year	Unlimited	
Routine Eye Exam Refraction - every 12 months	\$0	\$0
Routine Hearing Exam for Hearing Aids - every 12 months	\$0	\$0
Hearing Aid Allowance - Includes Digital Hearing Aids	\$2,800	
Benefit per ear or combined	Combined	
Number of Hearing Aids	Unlimited	
Hearing Aid period in years	3 Years	
Annual Routine Physical Exam	\$0	\$0
Wig Coverage - Annual Allowance After Chemotherapy	\$500	
Compression Stockings	10%	10%
Foot Orthotics	10%	10%

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WELLNESS / CLINICAL SUPPORT & PROGRAMS	
Caregiver Support	Included
Case & Disease Management for High Risk & Chronic Conditions, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health	Included
Fitness Program	Included
Health Navigators	Included
HouseCalls Program	Included
Nurse Support - 24/7	Included
Palliative Care Support	Included
Preferred Diabetic Supply Program	Included
Transitional Care Program	Included
Transplant Program	Included
UHC Hearing Aid Discount Program - Note: Available services and offerings may be limited in U.S. Territories	Included
Meal Delivery Program - Includes post-discharge meal delivery of 3 meals per day for a 4 week period (totaling 84 meals) immediately following an inpatient hospital discharge when referred by a case manager.	Included

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.