



2015 Summary of BENEFITS

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): City of Seattle
Group Number: 801855
H5005-803



Section 1 – Introduction to Summary of Benefits

Your Health Care Coverage

This plan is offered through your Plan Sponsor.

You may be able to 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 Plan Sponsor 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.

It is important to understand your Plan Sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other 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.

For more information please call UnitedHealthcare® Group Medicare Advantage (HMO) at the number listed below.

If you want information about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About UnitedHealthcare® Group Medicare Advantage (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-877-714-0178.

Things to Know About UnitedHealthcare® Group Medicare Advantage (HMO)

Hours of Operation

You can call us 8 a.m. to 8 p.m. local time, Monday - Friday

UnitedHealthcare® Group Medicare Advantage (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-457-8506.
- If you are not a member of this plan, call toll-free 1-877-714-0178.
- Our website: www.UHCRetiree.com

Who can join?

To join UnitedHealthcare® Group Medicare Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the following counties in Washington: Clark, Cowlitz, King, Island*, Lewis, Pierce, Snohomish, and Thurston.

The service area for this plan includes these parts of counties in Washington: Island, the following ZIP code only 98282.

Which doctors, hospitals, and pharmacies can I use?

UnitedHealthcare® Group Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website www.UHCRetiree.com. Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.UHCRetiree.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If the actual cost for 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.

Section 2 - Summary of Benefits

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

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium? Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

How much is the deductible? This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
Your yearly limit(s) in this plan:

- \$2,000 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay? No. There are no limits on how much our plan will pay.

Covered Medical and Hospital Benefits

Outpatient Care and Services

Ambulance • \$50 copay

Chiropractic Care Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

- 50% of the cost

Dental Services Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):

- \$20 copay

Diabetes Supplies and Services Diabetes monitoring supplies:

- 20% of the cost

Diabetes self-management training:

- You pay nothing

Therapeutic shoes or inserts:

- 20% of the cost

Diagnostic Tests, Lab and Radiology Diagnostic radiology services (such as MRIs, CT scans):

- \$25 copay

Diagnostic tests and procedures:

Services, and X-Rays	<ul style="list-style-type: none"> • You pay nothing <p>Lab services:</p> <ul style="list-style-type: none"> • You pay nothing <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • You pay nothing <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • \$25 copay
Doctor's Office Visits	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • \$10 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> • \$20 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% of the cost
Emergency Care	<ul style="list-style-type: none"> • \$50 copay <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Foot Care (podiatry services)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <ul style="list-style-type: none"> • \$20 copay <p>Additional benefit not covered by Original Medicare</p> <p>Routine foot care (for up to 6 visits every year):</p> <ul style="list-style-type: none"> • \$20 copay for each visit
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues:</p> <ul style="list-style-type: none"> • \$20 copay <p>Additional benefit not covered by Original Medicare</p> <p>Routine hearing exam (for up to 1 every year):</p> <ul style="list-style-type: none"> • You pay nothing for each visit <p>Hearing aids:</p> <ul style="list-style-type: none"> • Plan pays up to a \$500 allowance for hearing aids every 3 years
Home Health Care	<ul style="list-style-type: none"> • You pay nothing
Mental Health Care	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital.</p> <ul style="list-style-type: none"> ○ \$200 copay per stay

	<p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • \$10 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • \$20 copay
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • \$25 copay <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • \$25 copay <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • \$25 copay
Outpatient Substance Abuse	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • \$10 copay <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • \$20 copay
Outpatient Surgery	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • \$100 copay <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • \$100 copay
Prosthetic Devices (braces, artificial limbs, etc.)	<p>Prosthetic devices:</p> <ul style="list-style-type: none"> • 20% of the cost <p>Related medical supplies:</p> <ul style="list-style-type: none"> • 20% of the cost
Renal Dialysis	<ul style="list-style-type: none"> • 20% of the cost
Urgent Care	<ul style="list-style-type: none"> • \$35 copay <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> • \$0-\$20 copay, depending on the service <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> • You pay nothing <p>Additional benefit not covered by Original Medicare</p> <p>Routine eye exam (for up to 1 every year):</p> <ul style="list-style-type: none"> • \$20 copay
Preventive Care	<ul style="list-style-type: none"> • You pay nothing <p>Our plan covers many preventive services, including but not limited to:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement

- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Additional benefit not covered by Original Medicare

Fitness program:

\$0 membership fee.

SilverSneakers® Fitness program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.

SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers fitness center. Member may select one of four kits that best fit their lifestyle and fitness level - general fitness, strength, walking or yoga.

Additional benefit not covered by Original Medicare

NurselineSM:

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.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient Care

Inpatient Hospital Care

Our plan covers an unlimited number of days for an inpatient hospital stay.

- \$200 copay per stay

Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

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- Skilled Nursing Facility (SNF)** Our plan covers up to 100 days in a SNF.
- You pay nothing per day for days 1 through 20
 - \$50 copay per day for days 21 through 100
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Prescription Drug Benefits

- How much do I pay?** For Part B drugs such as chemotherapy drugs:
- 20% of the cost
- Other Part B drugs:
- 20% of the cost
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Our plan covers Part D prescription drugs and the following charts below further explain your cost sharing.

Initial Coverage You pay the following until total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Preferred Generic)	\$4 copay
Tier 2 (Preferred Brand, includes some Generics)	\$28 copay
Tier 3 (Non-Preferred Brand, includes some Generics)	\$58 copay
Tier 4 (Specialty Tier)	33% of the cost

Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$8 copay
Tier 2 (Preferred Brand, includes some Generics)	\$74 copay
Tier 3 (Non-Preferred Brand, includes some Generics)	\$164 copay
Tier 4 (Specialty Tier)	33% of the cost

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will

enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:

- 5% of the cost, or
 - \$2.65 copay for generic (including brand drugs treated as generic) and \$6.60 copay for all other drugs.
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Non-Formulary (drugs not covered under Medicare Part D)

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 Additional Drug Coverage list for more information.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-714-0178. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-714-0178. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-877-714-0178。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-714-0178我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-714-0178. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-714-0178. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-714-0178 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-714-0178. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-714-0178번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-714-0178. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نود أن نقدم لك خدمات الترجمة المجانية للإجابة على أي أسئلة لديك بشأن خطة التأمين الصحي أو خطة الأدوية. للحصول على خدمات الترجمة، يرجى الاتصال بنا على الرقم 1-877-714-0178. سيقدم لك موظف يتحدث اللغة العربية المساعدة. هذه الخدمة مجانية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-714-0178. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-714-0178. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-714-0178. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-714-0178. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-714-0178 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-714-0178にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

For more information, please contact Customer Service at:



Toll-Free 1-877-714-0178, TTY 711

8 a.m. to 8 p.m. local time, 7 days a week

A UnitedHealthcare® Medicare Solution

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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