

Board of Police Commissioners

Retiree Medicare Advantage Medical Summary & Plan Detail

	Blue KC CURRENT		UnitedHealthcare PROPOSED	
	In-Network	Out-of-Network	In-Network	Out-of-Network
MEDICAL BENEFIT SUMMARY				
Deductible	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	\$7,550	\$11,300	\$7,550	\$7,550
Office Visit				
Primary Care	\$0	30%	\$0	\$0
Specialist	\$20	30%	\$20	\$20
Urgent Care	\$35	\$35	\$35	\$35
Referral Required	No	No	No	No
Emergency Services				
Emergency Room	\$50	\$50	\$50	\$50
Ambulance Services	\$0	\$0	\$0	\$0
Hospital Services				
Inpatient	\$0 per stay	30% per stay	\$0 per stay	\$0 per stay
Outpatient	\$0	30%	Surgery - \$0 All other services - \$20	Surgery - \$0 All other services - \$20
Diagnostic Procedures				
Outpatient Laboratory	\$20	30%	\$20	\$20
Outpatient X-Ray	\$20	30%	\$20	\$20
Dental & Vision Services				
Medicare Covered Dental	\$20	30%	\$20	\$20
Eye Exam	\$20	30%	\$20	\$20
Diabetic Eye Exam	\$0	30%	\$0	\$0
Eyewear (after cataract surgery)	\$0	30%	\$0	\$0
Hearing Services				
Hearing Exam (Non-routine)	\$20	30%	\$20	\$20
Skilled Nursing Services				
SNF Care	\$0 per day	30% per day	\$0 per day	\$0 per day
Limit per Medicare Benefit Period	100 days	100 days	100 days	100 days
Outpatient Rehab Services	\$20	30%	\$20	\$20
Medicare Part B Drugs	\$0	30%	\$0	\$0
Other Medicare Covered Services				
Chiropractic Care	\$15	30%	\$15	\$15
Acupuncture	\$20	30%	\$20	\$20
Podiatry	\$20	30%	\$20	\$20
Non-Medicare Covered Services				
Fitness Benefit		Included		Included
Hearing Exams	\$0, limited to 1 per year	30%, limited to 1 per year	\$0, limited to 1 per year	\$500 allowance every 3 years
Hearing Aids		Not included		
Diabetic Supply Program		Included		Included

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Retiree Medicare Advantage Rx Summary & Plan Detail

	Blue KC CURRENT In-Network	UnitedHealthcare PROPOSED In-Network
Rx BENEFIT SUMMARY		
Deductible	\$0	\$0
True Out of Pocket Threshold	\$8,000	\$2,000
Initial Coverage Limit	\$5,030	N/A
Cost sharing until covered Medicare Rx expenses reach the ICL		
Prescription Drug (Retail 30)		
Tier 1 Preferred Generic	\$2	\$2
Tier 2 Generic	\$6	\$6
Tier 3 Preferred Brand	\$47	\$47
Tier 4 Non-Preferred	\$100	\$100
Tier 5 Specialty	33%	33%
Prescription Drug (Retail 90)		
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$18	\$18
Tier 3 Preferred Brand	\$141	\$141
Tier 4 Non-Preferred	\$300	\$300
Tier 5 Specialty	N/A	N/A
Prescription Drug (Mail 90)		
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$18	\$12
Tier 3 Preferred Brand	\$141	\$94
Tier 4 Non-Preferred	\$300	\$200
Tier 5 Specialty	N/A	N/A
Coverage Gap	Tier 1, Tier 2	N/A
Cost sharing for covered Part D Rx after ICL until member reaches coverage gap maximum in Rx expenses		
Prescription Drug (Retail 30)		
Tier 1 Preferred Generic	\$2	No coverage gap
Tier 2 Generic	\$6	No coverage gap
Tier 3 Preferred Brand	25%	No coverage gap
Tier 4 Non-Preferred	25%	No coverage gap
Tier 5 Specialty	25%	No coverage gap
Catastrophic Coverage		
Coverage benefits starts once maximum in true OOP costs is incurred		
Generic	\$0	\$0
All other drugs	\$0	\$0

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Retiree Medicare Advantage Financial Summary & Plan Detail

	Blue KC CURRENT	UnitedHealthcare PROPOSED
FINANCIALS		
Enrollment	68	68
PMPM Rate	\$123.00	\$199.57
<i>% increase over current</i>		62%
<i>\$ PMPM increase over current</i>		\$76.57
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Annualized Enrollment	816	816
Annualized Premium	\$100,368	\$162,849
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PLAN DETAILS		
Renewal Date	1/1	1/1
Benefit Period	1/1	1/1
Pharmacy Network	Blue Medicare Advantage PPO	Broad Network
Prescription Drug List	Blue Medicare Advantage	Group Performance