Board of Police Commissioners

Retiree Medicare Advantage Medical Summary & Plan Detail

MEDICAL BENEFIT SUMMARY	\$0 \$7,550 \$0 \$20 \$35 No \$50 \$0 \$0 per stay rgery - \$0 r services - \$20	
Deductible \$0 \$0 \$0 Out-of-Pocket Maximum \$7,550 \$11,300 \$7,550 Office Visit Secialist \$0 30% \$0 Specialist \$20 30% \$20 Urgent Care \$35 \$35 \$35 Referral Required No No No Emergency Services Services Services \$50 \$50 \$50 \$50 Ambulance Services \$0 <th>\$7,550 \$0 \$20 \$35 No \$50 \$0 D per stay rgery - \$0</th>	\$7,550 \$0 \$20 \$35 No \$50 \$0 D per stay rgery - \$0	
Cout-of-Pocket Maximum \$7,550 \$11,300 \$7,550 Office Visit Primary Care \$0 30% \$0 Specialist \$20 30% \$20 Urgent Care \$35 \$35 \$35 Referral Required No No No Emergency Services Sergency Services Sergency Services Sergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Surgery Services \$0 \$0 Utpatient \$0 per stay \$0 per stay \$0 Dutpatient \$0 per stay \$0 \$0 Diagnostic Procedures Outpatient Laboratory \$20 30% \$20 Diagnostic Procedures Outpatient Laboratory \$20 30% \$20 Outpatient Laboratory \$20 30% \$20 Diagnostic Procedures <td colspan<="" td=""><td>\$7,550 \$0 \$20 \$35 No \$50 \$0 D per stay rgery - \$0</td></td>	<td>\$7,550 \$0 \$20 \$35 No \$50 \$0 D per stay rgery - \$0</td>	\$7,550 \$0 \$20 \$35 No \$50 \$0 D per stay rgery - \$0
Office Visit Primary Care \$0 30% \$0 Specialist \$20 30% \$20 Urgent Care \$35 \$35 \$35 Referral Required No No No Referral Required No No No Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Inpatient \$0 per stay 30% per stay \$0 per stay \$0 Outpatient Procedures Outpatient Laboratory \$20 30% \$20 Outpatient Laboratory \$20 30% \$20 Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$0 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eye Exam \$0 30% \$0 Eye Exam (after cataract surgery)<	\$0 \$20 \$35 No \$50 \$0 Der stay	
Primary Care \$0 30% \$0 Specialist \$20 30% \$20 Urgent Care \$35 \$35 \$35 Referral Required No No No Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Inpatient \$0 per stay 30% per stay \$0 per stay \$0 Outpatient \$0 per stay \$0 \$0 Burgery - \$0 \$0 All other services \$0 Outpatient Laboratory \$20 30% \$20 Outpatient Laboratory \$20 30% \$20 Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eye Evam \$0 30%	\$20 \$35 No \$50 \$0 Der stay	
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Urgent Care \$35 \$35 \$35 Referral Required No No No Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Inpatient \$0 per stay 30% per stay \$0 per stay \$0 Surgery - \$0 \$0 Diagnostic Procedures Outpatient Laboratory \$20 30% \$20 Outpatient X-Ray \$20 30% \$20 Diagnostic Procedures Medicare Covered Dental \$20 30% \$20 Diagnostic Procedures Medicare Covered Dental \$20 30% \$20 Diagnostic Procedures Medicare Covered Dental \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear (after cataract surgery) \$0 30% \$0 <	\$35 No \$50 \$0 Der stay	
Referral Required No No No Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Use of the process of	\$50 \$0 Per stay	
Referral Required No No No Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Use of the process of	\$50 \$0 D per stay rgery - \$0	
Emergency Services Emergency Room \$50 \$50 \$50 Ambulance Services \$0 \$0 \$0 Hospital Services Inpatient \$0 per stay \$0 per stay \$0 Outpatient \$0 per stay \$0 per stay \$0 Diagnostic Procedures Utpatient Laboratory \$20 30% \$20 All other services - \$20 All othe	\$0 O per stay Irgery - \$0	
Emergency Room	\$0 O per stay Irgery - \$0	
Ambulance Services \$0 \$0 \$0 Hospital Services Inpatient \$0 per stay 30% per stay \$0 per stay \$0 Outpatient \$0 30% per stay \$0 per stay \$0 Outpatient \$0 30% per stay \$0 \$0 All other services - \$20 Services - \$20 Services - \$20 30% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	\$0 O per stay Irgery - \$0	
Hospital Services	0 per stay rgery - \$0	
Inpatient	rgery - \$0	
Outpatient \$0 30% Surgery - \$0 Surgery - \$0 Surgery - \$0 Surgery - \$0 All other services - \$20 All other services - \$20 <td>rgery - \$0</td>	rgery - \$0	
Outpatient \$0 30% All other services - \$20 All	J	
Outpatient Laboratory \$20 30% \$20 Outpatient X-Ray \$20 30% \$20 Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$20 Diabetic Eye Exam \$0 30% \$20 Eyewear (after cataract surgery) Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	i services - \$20	
Outpatient Laboratory \$20 30% \$20 Outpatient X-Ray \$20 30% \$20 Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear \$0 30% \$0 (after cataract surgery) \$0 30% \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services		
Outpatient X-Ray \$20 30% \$20 Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear \$0 30% \$0 (after cataract surgery) \$0 30% \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	¢20	
Dental & Vision Services Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear (after cataract surgery) \$0 30% \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	\$20	
Medicare Covered Dental \$20 30% \$20 Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear \$0 30% \$0 (after cataract surgery) \$0 \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	\$20	
Eye Exam \$20 30% \$20 Diabetic Eye Exam \$0 30% \$0 Eyewear (after cataract surgery) \$0 30% \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services		
Diabetic Eye Exam \$0 30% \$0 Eyewear (after cataract surgery) Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	\$20	
Eyewear (after cataract surgery) \$0 30% \$0 Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	\$20	
(after cataract surgery) Hearing Services Hearing Exam (Non-routine) \$20 \$30% \$0 \$0 \$20 \$20 \$20 \$5killed Nursing Services	\$0	
(after cataract surgery) Hearing Services Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	\$0	
Hearing Exam (Non-routine) \$20 30% \$20 Skilled Nursing Services	Ψ0	
Skilled Nursing Services		
	\$20	
SNE Care \$0 per day \$0% per day \$0 per day \$		
50 to per day 50 per day 40 per day	0 per day	
Limit per Medicare Benefit Perio 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 \$0%, limited to 1 per year \$0, limited to 1 per year		
Hearing Aids Not included \$500 allowance every 3 year		
Diabetic Supply Program Included Included Included	rs.	

Board of Police Commissioners

Retiree Medicare Advantage Rx Summary & Plan Detail

Rx BENEFIT SUMMARY Deductible \$0 \$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 1 Preferred Generic \$0 \$0 Tier 2 Generic \$0 \$0 Tier 2 Prescription Drug (Retail 90) Tier 1 Preferred Generic \$18 \$18 Tier 3 Preferred Brand \$141 \$141 Tier 4 Non-Preferred \$300 \$300 Tier 5 Specialty \$330 \$330 Tier 5 Specialty \$N/A \$N/A Prescription Drug (Mail 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 2 Generic \$0 \$0 Tier 1 Preferred Generic \$0 \$0 Tier 1 Preferred Sand \$141 \$141 Tier 4 Non-Preferred \$300 \$300 Tier 1 Preferred Generic \$0 \$0 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 No coverage gap Tier 1 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 2 Generic \$2 \$0 \$0 \$0 \$0 Tier 2 Fereferred Generic \$2 \$0 \$0 \$0 \$0 Tier 3 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 4 Non-Preferred \$300 Tier 5 Specialty \$0 \$0 \$0 \$0 Tier 5 Specialty \$0 \$0 \$0 \$0 Tier 5 Specialty \$0 \$0 \$0 \$0 Tier 6 \$0 \$0 \$0 \$0 Tier 7 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 9 Preferred Brand \$25% \$0 \$0 \$0 \$0 Tier 1 Preferred Brand \$25% \$0 \$0 \$0 \$0 Tier 5 Specialty \$0 \$0 \$0 Tier 5 Specialty \$0 \$0 \$0 Tier 5 Specialty \$0 \$0 \$0 Tier 6 \$0 \$0 \$0 \$0 Tier 7 \$0 \$0 \$0 \$0 Tier 9 \$0 \$0 \$0 Tier 1 \$0 \$0 \$0 \$0 Tier 1 \$0 \$0 \$0 \$0 Tier 2 \$0 \$0 \$0 Tier 3 \$0 \$0 \$0 \$0 Tier 4 \$0 \$0 \$0 \$0 Tier 5 \$0 \$0 \$0		Blue KC	UnitedHealthcare				
Rx BENEFIT SUMMARY Deductible \$0 \$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 \$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 \$0 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 3 Preferred Brand 25% No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred		CURRENT	PROPOSED				
Solutible		In-Network	In-Network				
True Out of Pocket Threshold 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 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 \$0 Tier 2 Generic \$18 \$18 \$18 Tier 3 Preferred Brand \$141 Tier 4 Non-Preferred \$300 \$300 Tier 2 Generic \$18 \$12 Tier 3 Preferred Generic \$0 \$0 Tier 1 Preferred Generic \$18 \$12 Tier 3 Preferred Brand \$141 Tier 4 Non-Preferred \$300 \$200 Tier 5 Specialty N/A N/A Prescription Drug (Mail 90) Tier 1 Preferred Brand \$141 Tier 4 Non-Preferred \$300 \$200 Tier 5 Specialty N/A N/A Coverage Gap Tier 1, Tier 2 N/A Coverage Gap Tier 1, Tier 2 N/A Coverage Gap Tier 1, Tier 2 N/A Coverage Gap Tier 2 Generic \$6 No coverage gap Tier 3 Preferred Brand Tier 3 Preferred Brand 25% No coverage gap Tier 3 Preferred Brand Tier 4 Non-Preferred 25% No coverage gap Tier 4 Non-Preferred Tier 5 Specialty 25% No coverage gap Tier 5 Specialty Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Rx BENEFIT SUMMARY						
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 (Retail 90) Tier 1 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 Prescription Drug (Mail 90) Tier 1 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 \$4 No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 4 Non-Preferred 25% No coverage gap Tier 4 Non-Preferred 25% No coverage gap Tier 5 Specialty 25% No coverage gap	Deductible	\$0	\$0				
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 \$141 \$141 Tier 4 Non-Preferred \$300 \$300 Tier 5 Specialty \$141 \$141 Tier 4 Non-Preferred \$300 \$300 Tier 5 Specialty \$18 \$12 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 affer ICL until member reaches coverage gap maximum in Rx expenses Prescription Drug (Retail 30) Tier 1 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 2 Generic \$4 \$0 \$0 \$0 \$0 Tier 1 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 1 Preferred Generic \$2 \$0 \$0 \$0 \$0 Tier 1 Preferred Brand \$25% \$0 \$0 \$0 \$0 Tier 2 Generic \$4 \$0 \$0 \$0 \$0 Tier 3 Preferred Brand \$25% \$0 \$0 \$0 \$0 Tier 4 Non-Preferred \$25% \$0 \$0 \$0 \$0 Tier 5 Specialty \$25% \$0 \$0 \$0 \$0 Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0 \$0	True Out of Pocket Threshold	\$8,000	\$2,000				
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 \$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 \$18 Tier 3 Preferred Brand \$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 \$0 Tier 5 Specialty N/A N/A Prescription Drug (Mail 90) Tier 5 Specialty N/A N/A Tier 4 Non-Preferred \$300 \$200 Tier 5 Specialty N/A N/A Coverage Gap Tier 1, Tier 2 N/A Coverage Gap Tier 3 Preferred Generic \$2 No coverage gap Tier 1 Preferred Generic \$2 No coverage gap Tier 2 Generic \$6 No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 3 Preferred Brand 25% No coverage gap Tier 5 Specialty 25% No coverage gap	Initial Coverage Limit	\$5,030	N/A				
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 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 \$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 \$2 No coverage gap Tier 2 Generic \$2 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	Cost sharing until covered Medicare Rx expenses reach the ICL						
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 \$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 \$0 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 \$0 Tier 5 Specialty N/A N/A Prescription Drug (Mail 90) Tier 1 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 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	Prescription Drug (Retail 30)						
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 \$18 Tier 3 Preferred Brand \$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 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	Tier 1 Preferred Generic	\$2	\$2				
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 \$0 Tier 5 Specialty N/A N/A Prescription Drug (Mail 90) Tier 1 Preferred Brand \$141 \$94 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 3 Preferred Brand 25% No coverage gap Tier 4 Non-Preferred 25% No coverage gap Tier 5 Specialty 25% No coverage gap	Tier 2 Generic	\$6	\$6				
Tier 5 Specialty 33% 33% Prescription Drug (Retail 90) Tier 1 Preferred Generic \$0 \$0 \$0 Tier 2 Generic \$18 \$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 \$00 Tier 5 Specialty N/A \$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 \$0	Tier 3 Preferred Brand	\$47	\$47				
Prescription Drug (Retail 90) Tier 1 Preferred Generic \$0 \$0 \$0 Tier 2 Generic \$118 \$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 \$0 Tier 2 Generic \$118 \$112 Tier 3 Preferred Brand \$141 \$94 Tier 4 Non-Preferred \$300 \$200 Tier 5 Specialty N/A N/A Prescription Drug (Mail 90) Tier 1 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	Tier 4 Non-Preferred	\$100	\$100				
Tier 1 Preferred Generic \$0 \$18 \$18 \$18 \$18 \$19 \$19 \$19 \$19 \$19 \$19 \$19 \$19 \$19 \$19	Tier 5 Specialty	33%	33%				
Tier 2 Generic \$18 \$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 \$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	Prescription Drug (Retail 90)						
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 3 Preferred Brand 25% No coverage gap Tier 5 Specialty 30 No coverage gap	Tier 1 Preferred Generic	\$0	\$0				
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 Tier 6 Specialty 25% No coverage gap Tier 7 Specialty 25% No coverage gap Tier 8 Specialty 25% No coverage gap Tier 9 Specialty 25% No coverage gap Tier 10 Specialty 25% No coverage gap Tier 10 Specialty 25% No coverage gap Tier 5 Specialty 25% No coverage gap Tier 6 Specialty 25% No coverage gap Tier 7 Specialty 25% No coverage gap Tier 8 Specialty 25% No coverage gap Tier 9 Specialty 25% No coverage gap	Tier 2 Generic	\$18	\$18				
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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 3 Preferred Brand	\$141	\$141				
Prescription Drug (Mail 90) Tier 1 Preferred Generic \$0 \$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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 4 Non-Preferred	\$300	\$300				
Tier 1 Preferred Generic \$18 \$12 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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 5 Specialty	N/A	N/A				
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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Prescription Drug (Mail 90)						
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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 1 Preferred Generic	\$0	\$0				
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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 2 Generic	\$18	\$12				
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 Tier 5 Specialty 25% No coverage gap Tier 5 Specialty Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 3 Preferred Brand	\$141	\$94				
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	Tier 4 Non-Preferred	\$300	\$200				
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 Tier 5 Specialty 25% No coverage gap Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 5 Specialty	N/A	N/A				
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	Coverage Gap	Tier 1, Tier 2	N/A				
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	Cost sharing for covered Part D Rx after ICL until member reaches coverage gap maximum in Rx expenses						
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	Prescription Drug (Retail 30)						
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	Tier 1 Preferred Generic	\$2	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	Tier 2 Generic	\$6	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	Tier 3 Preferred Brand	25%	No coverage gap				
Catastrophic Coverage Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 4 Non-Preferred	25%	No coverage gap				
Coverage benefits starts once maximum in true OOP costs is incurred Generic \$0 \$0	Tier 5 Specialty	25%	No coverage gap				
Generic \$0 \$0	Catastrophic Coverage						
	Coverage benefits starts once ma	aximum in true OOP costs is incur	red				
All other drugs \$0 \$0	Generic	\$0	\$0				
	All other drugs	\$0	\$0				

Board of Police Commissioners

Retiree Medicare Advantage Financial Summary & Plan Detail

	Blue KC CURRENT	UnitedHealthcare PROPOSED
FINANCIALS		
Enrollment	68	68
PMPM Rate	\$123.00	\$199.57
% increase over current		62%
\$ PMPM increase over current		\$76.57
Annualized Enrollment	816	816
Annualized Premium	\$100,368	\$162,849

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