

UnitedHealthcare
UnitedHealthcare Senior Supplement

Prepared Exclusively For: OK HGH ED EMP INTER GRP
Product: UnitedHealthcare Senior Supplement
Effective for 01/01/2020 - 12/31/2020
Situs: Oklahoma

BENEFITS Plan F	ORIGINAL MEDICARE PAYS:	SENIOR SUPPLEMENT PLAN PAYS:	MEMBER PAYS:
Plan Deductible 1	Not Covered	N/A	
Plan Deductible 2	Not Covered	N/A	
Annual Out-of-Pocket Maximum 1 (Medicare copayments, coinsurance and deductibles)	N/A	N/A	
Annual Out-of-Pocket Maximum 2 (Medicare copayments, coinsurance and deductibles)	N/A	N/A	

HOSPITALIZATION (All Covered Inpatient Hospitalization including Inpatient Mental Health, Alcohol/Drug/Substance Abuse): Semiprivate room and board, general nursing and miscellaneous services and supplies

Part A Deductible	Not Covered	Plan Pays Remaining After Member Cost Share	0%
Part A Hospital - Days 1 - 60	Not Covered	Plan Pays Remaining After Member Cost Share	0%
Part A Hospital - Days 61 - 90	Medicare Pays Medicare Allowable Amount Except for Published Copayment Per Day Rate.	Plan Pays Remaining After Member Cost Share	0%
Part A Hospital - Days 91 - 150 (These are Medicare's 60 Lifetime Reserve Days)	Medicare Pays Medicare Allowable Amount Except for Published Copayment Per Day Rate.	Plan Pays Remaining After Member Cost Share	0%
Part A Hospital - Days 151 + (These are Non-Medicare-covered 365 Additional Lifetime Reserve Days)	Not Covered	Plan Pays Remaining After Member Cost Share	0%
Part A Hospital - Unlimited Days Coverage (Beyond 365 Additional Lifetime Reserve Days)	Not Covered	Not Covered	100%

SKILLED NURSING FACILITY CARE: The Member must meet all Medicare requirements, including a prior hospital stay of at least 3 days and admittance to a Medicare-approved SNF facility within 30 days after leaving the hospital.

SNF Days 1 - 20	Medicare Pays 100% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	0%
Days 21 - 100 (Part A Coinsurance)	Medicare Pays Medicare Allowable Amount Except for Published Per Day Rate.	Plan Pays Remaining After Member Cost Share	0%
Day 101 - and after (Part A Coinsurance)	Not Covered	Not Covered	100%
Hospice Care: Part A Medicare Covered Expenses and Inpatient Respite Care	Generally Medicare Pays 100% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Home Health Care	Generally Medicare Pays 100% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0

OUTPATIENT BENEFITS

Medicare Part B Deductible	Not Covered	Plan Pays Remaining After Member Cost Share	0%
Durable Medical Equipment	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Physician Office Visit	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Specialist Office Visit	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Virtual Office Visit	Not Covered	Plan Pays Remaining After Member Cost Share	\$0
Telemedicine	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Emergency Room	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Ambulance Services	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Medical and Surgical Services	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Medical and Surgical Supplies	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Physical and Speech Therapy	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0

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Diagnostic Procedures and Tests	Medicare Pays 80% of Medicare Allowable Amount	Plan Pays Remaining After Member Cost Share	\$0
Medicare Preventive Care Services	Medicare Pays 100% of Medicare Allowable Amounts for the following Preventive Benefits: 1. Abdominal Aortic Aneurysm Screening 2. Alcohol Misuse Counseling 3. Annual Wellness Visit 4. Bone Mass Measurement 5. Breast Cancer Screening (Mammograms) 6. Cardiovascular Screenings and Behavioral Therapy 7. Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) 8. Colon Cancer Screening (Colorectal) 9. Depression Screening 10. Diabetes Screenings 11. Diabetes Self-Management Training 12. Flu Shots 13. Glaucoma Tests 14. HIV Screening 15. Hepatitis B Shots 16. Medical Nutrition Therapy Services 17. Obesity Screening and Counseling 18. Pneumococcal Shot 19. Prostate Cancer Screenings (PSA Test Only) 20. Sexually Transmitted Infections Screening and Behavioral Counseling 21. Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk 22. Smoking Cessation 23. Welcome to Medicare Physical Exam 24. Lung Cancer Screening	Plan Pays Remaining After Member Cost Share	\$0
Part B Excess Charges: (The Difference Between Medicare Allowable Amount and Up to 115% of Medicare Allowable Amount)	Not Covered	Plan Pays Remaining After Member Cost Share	0%
Additional Non-Medicare-Covered Benefits			
Foreign Travel: Lifetime Maximum	Not Covered	\$50000	N/A
Foreign Travel: Benefit Deductible (Does Not Apply Towards Plan Deductible Nor Towards OOP Annual Maximum)	Not Covered	N/A	\$250
Foreign Travel: Remainder of Covered Costs after Foreign Travel Benefit Deductible is met. (Note: This benefit has a Lifetime Maximum Coverage Amount)	Not Covered	Plan Pays Remaining After Member Cost Share	20%
Fitness	Not Covered	Included	\$0
Caregiver	Not Covered	Included	\$0
Nurseline	Not Covered	Included	\$0
Annual Routine Physical Exam (Non-Medicare-Covered)	Not Covered	Included	\$0
Preventive Care Services: (Non-Medicare-Covered)	Not Covered	Not Covered	100%
Home Health Recovery (Non-Medicare-Covered) - Other Limitations May Apply	Not Covered	Not Covered	100%
Private Duty Nursing	Not Covered	Not Covered	100%

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Routine Hearing Exam	Not Covered	Not Covered	100%
Hearing Aids	Not Covered	Not Covered	100%
Routine Eye Exam	Not Covered	Not Covered	100%
Eyewear: Eyeglasses and Contacts Combined Allowance	Not Covered	Not Covered	100%
Eyewear: Eyeglasses Allowance	Not Covered	Not Covered	100%
Eyewear: Contacts Allowance	Not Covered	Not Covered	100%
Eyewear: Routine Eyewear period in months	Not Covered	Not Covered	N/A
Routine Podiatry	Not Covered	Not Covered	100%
Acupuncture	Not Covered	Not Covered	100%
Chiropractic Services	Not Covered	Not Covered	100%