

**2024 Ramsey County  
UnitedHealthcare Group Medicare Advantage PPO Retiree Plan Options**

This is a brief overview of plan benefits prepared by Ramsey County. Your 2024 UnitedHealthcare Evidence of Coverage will provide more complete information. You may also call UnitedHealthcare Customer Service at **1-844-588-5872, TTY 711**, 8:00am -8:00pm local time, Monday-Friday.

Benefit/Service within U.S.	Premier Plan (Group 13495)	Standard Plan (Group 13496)
Lifetime maximum	Unlimited	Unlimited
Annual out-of-pocket maximum	\$1,100 (Medical only)	\$3,000 (Medical Only)
<b>Preventive Health Care</b>		
Routine physical, eye & hearing exams	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage
<b>Office Visits</b>		
For illness or injury—Primary Care Physician	\$15 copay	\$25 copay
Specialist Office Visit	\$30 copay	\$40 copay
Mental Health- Individual Visit	\$30 copay	\$40 copay
Mental Health- Group Visit	\$15 copay	\$25 copay
Chiropractic	\$20 Copay	\$20 copay
E-visits	100% coverage	100% Coverage
<b>Inpatient Hospital Care</b>		
For illness or injury—including Mental and Chemical Health	\$100 copay, per Admit	\$200 copay, per Admit
Skilled nursing facility	100% coverage	100% coverage
<b>Emergency Care</b>		
Emergency room in the U.S.	\$75 copay	\$75 copay
Urgently needed care in the U.S.	\$30 copay	\$40 copay
Ambulance in the U.S.	100% coverage	100% coverage
<b>Outpatient Medical Services and Supplies</b>		
Outpatient Surgery	\$75 Copay	\$75 Copay
Outpatient Observation	100% coverage	\$125 Copay
Outpatient Services	\$75 Copay	\$150 Copay
Physical/occupational therapy		
Speech/language therapy	\$30 copay	\$40 copay
Durable medical equipment—includes Prosthetics and Diabetic	90% coverage	80% coverage
Diabetes monitoring supplies	100% coverage	100% coverage
Diagnostic tests, radiology, lab services	90% coverage	80% coverage
MRI/CT scans	90% coverage	80% coverage

Benefit/Service within U.S.	Premier Plan (Group 13495)	Standard Plan (Group 13496)
Preferred Generic drugs	\$10 copay/one- month supply	\$10 copay/one- month supply
Preferred Brand	\$30 copay	\$30 copay
Non-preferred drugs	\$50 copay	\$50 copay
Specialty drugs	\$30 copay	\$30 copay
Catastrophic coverage After total out-of-pocket costs reach \$8,000		
Other		
Medicare Part B drugs	80% coverage	80% coverage
Preventive Dental	\$0 copay for 2 cleanings, 2 exams, 1 x-ray	\$0 copay for 2 cleanings, 2 exams, 1 x-ray
Hearing aids	\$1500 allowance toward the purchase of a hearing aid through UHC Hearing every 12 months (combined)	\$1500 allowance toward the purchase of a hearing aid through UHC Hearing every 12 months (combined)