

MEDICARE RETIREES

Medical Plan Coverage Chart (UnitedHealthcare [UHC]) – EUTF

This summary chart is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the UnitedHealthcare Medicare Advantage PPO EOC (Evidence of Coverage), which may be obtained from UnitedHealthcare directly or from eutf.hawaii.gov. In the case of a discrepancy between this Reference Guide and the language contained in the EOC, the language in the EOC will take precedence. You can also call UnitedHealthcare for a complete pre-enrollment kit.

Plan Provisions	UnitedHealthcare Group Medicare Advantage (PPO) ³	
Annual Deductible	\$100	
Annual Out-of-pocket limit	\$2,500	
Lifetime Benefit Maximum	None	
	Your Copayment	
	In-Network	Out-of-Network
Physician Services		
Primary Care Office Visit	10% ¹	10%
Specialist Office Visit	10% ¹	10%
Annual Wellness Visit	No Charge	No Charge
Mammography	20% ¹	20%
Second opinion – surgery	10% ¹	10%
Emergency Room (ER care)	\$50 ¹	\$50 ¹
Ambulance	20%	20%
Inpatient Hospital Services		
Room & Board	10% ¹	10%
Ancillary Services	10% ¹	10%
Physician services	10% ¹	10%
Surgery	10% ¹	10%
Anesthesia	10% ¹	10%
Outpatient Services		
Chemotherapy	20% ¹	20%
Radiation Therapy	20% ¹	20%
Surgery	10% ¹	10%
Allergy Testing	20% ¹	20%
Other Diag. Lab, X-ray & Psych Testing	20% ¹	20%
Anesthesia	10% ¹	10%
Mental Health Services		
Inpatient care	10% ¹	10%
Outpatient Care	10% ¹	30%
Other Services		
Durable Medical Equipment	20%	20%
Home Health care	No Charge	No Charge
Hospice Care	No Charge	No Charge
Nursing facility - skilled care	10%, 100 days per year ¹	10%, 100 days per year
Physical & Occupational Therapy	20%	20%
Routine Eye Examination every 12 months	10% ^{1,2}	10% ^{1,2}
Routine Hearing Exam – every 12 months	No Charge	No Charge
Hearing Aid Allowance – includes Digital hearing aids	\$500 allowance every 36 months ^{1,2}	\$500 allowance every 36 months ^{1,2}

¹The Plan Deductible does not apply to this service.

² Covered Services that do not count towards out-of-pocket amount.

³ Contact UnitedHealthcare for questions regarding the Medicare Advantage PPO plan.