Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO) Plan 1

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $2,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$165 copay per day: for days 1-5 $0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan	Ambulatory surgical center (ASC)	$100 copay
	Outpatient surgery	$100 copay

Medical benefits		
		In-network and out-of-network
covered services will apply.	Outpatient hospital services, including observation	20% coinsurance
Doctor visits	Primary care provider (PCP)	$0 copay
	Virtual visit	$0 copay
	Specialist[1]	$30 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Medical benefits		
		In-network and out-of-network
	Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
Emergency care		$50 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$10 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$100 copay
	Lab services[1]	$0 copay
	Diagnostic tests and procedures[1]	$0 copay
	Therapeutic radiology[1]	20% coinsurance
	Outpatient X-rays[1]	$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$30 copay
	Routine hearing exam	$0 copay, 1 exam per plan year*

Medical benefits		
		In-network and out-of-network
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a $500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Routine dental services See Evidence of Coverage for more details.	Oral exams	$0 copay, 2 procedures per plan year.
	Routine cleaning	$0 copay, 2 procedures per plan year.
	Dental bitewing X-rays	$0 copay, 1 procedure per plan year.
	Benefit limit	$0 yearly deductible and $0 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$30 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to $150 for eyeglasses, or up to $150 for contact lenses instead of eyeglasses, every 12 months.*

Medical benefits		
		In-network and out-of-network
Mental health	Inpatient visit[1]	$165 copay per day: days 1-5 $0 copay per day: days 6-190
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$30 copay
	Outpatient individual therapy visit[1]	$5 copay
	Outpatient therapy or office visit with a psychiatrist[1]	$5 copay
	Virtual behavioral visits	$5 copay
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $125 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$30 copay
Ambulance[2]		$100 copay
Routine transportation		Not covered
Medical Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$0 copay
	Other Part B drugs[1]	$0 copay

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$30 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$20 copay
	Routine chiropractic services	$0 copay, for each visit per plan year*
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay
	Diabetes self-management training	$0 copay
	Therapeutic shoes or inserts[1]	$0 copay
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	20% coinsurance

Additional benefits		
		In-network and out-of-network
	Prosthetics (e.g., braces, artificial limbs)[1]	20% coinsurance
Fitness program SilverSneakers®		$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.
Foot care (podiatry services)	Foot exams and treatment[1]	$30 copay
	Routine foot care	$30 copay, 6 visits per plan year*
Over-the-counter (OTC) credit		$80 credit each quarter to buy covered OTC products from network retail locations or through the website. Credits expire the last day of each quarter.
UnitedHealthcare Healthy at Home Post-discharge program		$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: □28 home-delivered meals, referral required □12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required □6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.
Home health care[1]		$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

Additional benefits		
		In-network and out-of-network
Opioid treatment program services[1]		$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[1]	$30 copay
	Outpatient individual therapy visit[1]	$5 copay
Renal dialysis[1]		$0 copay

[1] Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.
[2] Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

Benefit Overview

EXPRESS SCRIPTS® Medicare (PDP)

Express Scripts Medicare® (PDP)

YOUR 2025 PRESCRIPTION DRUG PLAN BENEFIT: City of Kansas City Missouri Plan 1

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Deductible stage	You do not pay a yearly deductible.				
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach $2,000:				
	Tier	**Retail One-Month (31-day) Supply**	**Retail Two-Month (32-60-day) Supply**	**Retail Three-Month (90-day) Supply**	**Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply**
	Tier 1: **Preferred Generic Drugs**	$5 copayment	$10 copayment	$10 copayment	$10 copayment
	Tier 2: **Generic Drugs**	$10 copayment	$20 copayment	$20 copayment	$20 copayment
	Tier 3: **Preferred Brand Drugs**	$25 copayment	$50 copayment	$50 copayment	$50 copayment
	Tier 4: **Non-Preferred Drugs**	$50 copayment	$100 copayment	$100 copayment	$100 copayment
	Tier 5: **Specialty Tier Drugs**	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive. *Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.844.235.4727, Monday through Friday, 8:30 a.m. through 5:30 p.m., Central Standard Time. TTY users should call 711.
Catastrophic Coverage stage	**If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.** **You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.**

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **express-scripts.com/pharmacies**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a

drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.

- A PDF of our printed drug list for 2025 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2024.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- Starting in 2025, the Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is $0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting the Retiree Customer Service Center at 1.844.235.4727, Monday through Friday, 8:30 a.m. through 5:30 p.m., Central Standard Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.