

UnitedHealthcare Group Medicare Advantage (PPO)

Archdiocese of St. Louis - Lay Personnel

2025 Archdiocese of St Louis NPPO Plus v1_Renewal Plan

1/ 1/2025 - 12/31/2025

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$3,450	\$3,450
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
Specialist Office Visit	\$50	\$50
Annual Routine Physical Exam	\$0	\$0
Virtual Services		
Virtual Office Visit	\$20	\$20
Virtual Visits - Behavioral Health	\$40	\$40
Virtual Medical Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$0	N/A
Virtual Behavioral Health Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$40	N/A
Inpatient Services		
Inpatient Hospital Stay	\$350 Per Day	\$350 Per Day
Day Range 1	Days 1 - 6 \$170 Per Day	Days 1 - 6 \$170 Per Day
Day Range 2	Days 7 - 10 \$0 Per Day	Days 7 - 10 \$0 Per Day
Day Range 3	Days 11+	Days 11+
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20 \$214 Per Day	Days 1 - 20 \$214 Per Day
Day Range 2	Days 21 - 39 \$0 Per Day	Days 21 - 39 \$0 Per Day
Day Range 3	Days 40 - 100	Days 40 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	190 Days	
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$300 Per Day	\$300 Per Day
Day Range 1	Days 1 - 7 \$0 Per Day	Days 1 - 7 \$0 Per Day
Day Range 2	Days 8 - 190	Days 8 - 190

Outpatient Services		
Outpatient Surgery	\$500	\$500
Outpatient Hospital Services	\$500	\$500
Outpatient Psychiatric Services	\$40	\$40
Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$40	\$40
Occupational Therapy	\$40	\$40
Physical Therapy and Speech/Language Therapy	\$40	\$40
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$30	\$30
Intensive Cardiac Rehabilitation	\$30	\$30
Pulmonary Rehabilitation	\$20	\$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$30	\$30
Kidney Dialysis	20%	20%
Medicare Covered Services		
Chiropractic Visit	\$20	\$20
Acupuncture Visit	\$20	\$20
Podiatry Visit	\$50	\$50
Eye Exam	\$50	\$50
Diabetic Eye Exam	\$50	\$50
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$50	\$50
Dental Services	\$50	\$50
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$175	\$175
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$120	\$120
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$65	\$65
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Insulin	20%	20%
Part B Chemotherapy Drugs	\$75	\$75
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$65	\$65
Prosthetics	\$65	\$65
Orthotics	\$65	\$65
Diabetic Shoes and Inserts	\$25	\$25
Medical Supplies	\$65	\$65
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$65	\$65

Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$65	\$65
Diagnostic Radiology Service	\$60	\$60
Therapeutic Radiology Service	\$60	\$60
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0
Additional Benefits/Non-Medicare Covered Services		
Hearing (Non-Medicare Covered)		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	
Hearing Exam - Benefit Period	1 Year	
Hearing Aid - Allowance Per Ear or Combined	Combined	
Hearing Aid - Cost Share	\$0	
Hearing Aid - Number of Devices	Unlimited	
Hearing Aid - Benefit Period	3 Years	
Hearing Aid - Device Allowance	\$500	

Podiatry (Non-Medicare Covered)		
Podiatry	\$50	\$50
Podiatry - Number of Visits	6	
Podiatry - Benefit Period	Per Plan Year	
Vision (Non-Medicare Covered)		
Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period	every 12 months	
Wellness/Clinical Programs		
UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included	
- 12 non-emergency medical rides		
- 28 home delivered meals		
- 6 hours in-home personal care		
Fitness Program	Included	
Case and Disease Management, including:	Included	
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
HouseCalls Program	Included	
Member Rewards Program	Included	
- Reward cards for completing certain health care activities		
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program	Included	
- Note: Available services and offerings may be limited in the U.S. Territories		
Let's Move Program	Included	
A wellness program helping retirees move to a healthier lifestyle with resources, tools, and events focused on topics including:		
- Physical activity and nutrition		
- Mental health and social connection		
- Smoking cessation		
- Caregiver well-being		
- Financial wellness		

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Standard Standard 3 Tier Rx
Pharmacy Network	Broad Network
Formulary	Group Performance
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

Benefit NameIn Network Services

Part D Coverage Stages

RX Deductible	\$590
Initial Coverage	See Retail & Mail Order cost shares below.
True Out of Pocket Threshold (TrOOP)	\$2,000
Catastrophic Coverage over TrOOP	Member cost share is \$0

Day Supply Information

Retail 1 month supply	30
Retail 2 month supply	60
Retail 3 month supply	90
Mail Order 1 month supply	30
Mail Order 2 month supply	60
Mail Order 3 month supply	90

Tier Definitions

Tier 1 - Preferred Generic	Lower-cost, commonly used generic drugs.
Tier 2 - Generic	Many generic drugs.
Tier 3 - Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.
Tier 4 - Non-preferred Drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 4.
Tier 5 - Specialty Tier	Unique and/or very high-cost brand and generic drugs.

Part D RetailCost ShareMin./Max.Insulin Copay

1 month supply

Tier 1	Preferred Generic	\$15	\$15
Tier 2	Generic	\$15	\$15
Tier 3	Preferred Brand	\$47	\$35
Tier 4	Non-preferred Drug	\$100	\$35
Tier 5	Specialty Tier	\$100	\$35

2 month supply

Tier 1	Preferred Generic	\$30	\$30
Tier 2	Generic	\$30	\$30
Tier 3	Preferred Brand	\$94	\$70
Tier 4	Non-preferred Drug	\$200	\$70
Tier 5	Specialty Tier	\$200	\$70

3 month supply

Tier 1	Preferred Generic	\$45	\$45
Tier 2	Generic	\$45	\$45
Tier 3	Preferred Brand	\$141	\$105
Tier 4	Non-preferred Drug	\$300	\$105
Tier 5	Specialty Tier	\$300	\$105

Part D Mail Order		Cost Share	Min./Max.	Insulin Copay
1 month supply				
Tier 1	Preferred Generic	\$15		\$15
Tier 2	Generic	\$15		\$15
Tier 3	Preferred Brand	\$47		\$35
Tier 4	Non-preferred Drug	\$100		\$35
Tier 5	Specialty Tier	\$100		\$35
2 month supply				
Tier 1	Preferred Generic	\$30		\$30
Tier 2	Generic	\$30		\$30
Tier 3	Preferred Brand	\$94		\$70
Tier 4	Non-preferred Drug	\$200		\$70
Tier 5	Specialty Tier	\$200		\$70
3 month supply				
Tier 1	Preferred Generic	\$30		\$30
Tier 2	Generic	\$30		\$30
Tier 3	Preferred Brand	\$94		\$94
Tier 4	Non-preferred Drug	\$200		\$105
Tier 5	Specialty Tier	\$200		\$105

UnitedHealthcare Group Medicare Advantage® Plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.