

Benefit highlights

GREATER NJ ANNUAL CONF UMC 12369
Effective January 1, 2015 to December 31, 2015

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs	In-Network	Out-of-Network
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,250 each plan year	
Medical Benefits	In-Network	Out-of-Network
Benefits covered by Original Medicare and your plan		
Doctor's office visit	Primary Care Physician: \$5 copay Specialist: \$10 copay	Primary Care Physician: \$5 copay Specialist: \$10 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Summary of Benefits or Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 copay per admission	\$0 copay per admission
Skilled nursing facility (SNF)	\$0 copay per day up to 100 days	\$0 copay per day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$0 copay (worldwide)	
Urgent care	\$0 copay	\$0 copay
Additional benefits and programs not covered by Original Medicare		
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic care	\$10 copay (Up to 12 visits per plan year)*	\$10 copay (Up to 12 visits per plan year)*
Foot care - routine	\$10 copay (Up to 6 visits per plan year)*	\$10 copay (Up to 6 visits per plan year)*
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*

Medical Benefits	In-Network	Out-of-Network
Vision - routine eye exams	\$10 copay (1 exam every 12 months)*	\$10 copay (1 exam every 12 months)*
Vision – eyewear	Plan pays up to \$130 eyewear allowance every 2 years. Plan pays up to \$175 contact lens allowance in lieu of eyewear allowance every 2 years.*	Plan pays up to \$130 eyewear allowance every 2 years. Plan pays up to \$175 contact lens allowance in lieu of eyewear allowance every 2 years.*
Fitness program through SilverSneakers® Fitness program	Stay active with a basic membership at a participating location at no extra cost to you	
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	

*Benefits are combined in and out-of-network

Prescription Drugs	Your Cost	
Initial coverage stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Generic	\$10 copay	\$20 copay
Tier 2: Preferred brand	20% of the cost, with a \$45 maximum	20% of the cost, with a \$120 maximum
Tier 3: Non-preferred brand	20% of the cost, with a \$90 maximum	25% of the cost, with a \$225 maximum
Tier 4: Specialty tier	20% of the cost, with a \$90 maximum	25% of the cost, with a \$225 maximum
Coverage gap stage	After your total drug costs reach \$2,960, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,700, you will pay \$2.65 copay for generic, \$6.60 copay for brand name	

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change each plan year.