

Retired Employees With Medicare Parts A & B

	CITY HEALTH PLAN (administered by United Healthcare)		
	In-Network Providers	Out-of-Network Providers*	Out-of-Area Providers*
DEDUCTIBLES			
Plan-year deductible Includes Medicare deductible	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more
Lifetime maximum	\$2,000,000 per covered person for any combination of In-Network, Out-of-Network and Out-of-Area options utilized		
GENERAL CARE			
Routine physical	85% covered after deductible	Not covered	85% covered after deductible
Immunizations & inoculations	100% covered no deductible	50% covered no deductible	100% covered no deductible
Gynecologic exam	85% covered after deductible	50% covered after deductible	85% covered after deductible
Allergy testing & treatment	85% covered after deductible	50% covered after deductible	85% covered after deductible
PHYSICIAN CARE			
Office & home visits	85% covered after deductible	50% covered after deductible	85% covered after deductible
Hospital visits	85% covered after deductible	85% covered after deductible	85% covered after deductible
PRESCRIPTION DRUGS			
Pharmacy - generic drugs	\$5 co-pay 30 day supply	50% covered after \$5 co-pay; 30 day supply	\$5 co-pay 30 day supply
Pharmacy - brand-name drugs	\$20 co-pay 30 day supply	50% covered after \$20 co-pay; 30 day supply	\$20 co-pay 30 day supply
Pharmacy - non-formulary drugs	\$35 co-pay 30 day supply	50% covered after \$35 co-pay; 30 day supply	\$35 co-pay 30 day supply
Mail order - generic drugs	\$10 co-pay 90 day supply	Not covered	\$10 co-pay 90 day supply
Mail order - brand-name drugs	\$40 co-pay 90 day supply	Not covered	\$40 co-pay 90 day supply
Mail order - non-formulary drugs	\$70 co-pay 90 day supply	Not covered	\$70 co-pay 90 day supply
OUTPATIENT SERVICES			
Diagnostic x-ray & laboratory	85% covered after deductible	50% covered after deductible	85% covered after deductible
EMERGENCY			
Hospital emergency room	85% covered after deductible; 50% after deductible non-emergency	85% covered after deductible; 50% after deductible non-emergency	85% covered after deductible; 50% after deductible non-emergency
HOSPITALIZATION			
Inpatient	85% covered after deductible	50% covered after deductible	85% covered after deductible
Outpatient	85% covered after deductible	50% covered after deductible	85% covered after deductible
SURGERY			
In hospital	85% covered after deductible	50% covered after deductible	85% covered after deductible
In doctor's office	85% covered after deductible	50% covered after deductible	85% covered after deductible

This chart provides a summary of benefits; it is not a contract. For a more detailed description of benefits and exclusions for each plan, please review each plan's Evidence of Coverage, available on myhss.org. City Plan co-insurance amounts shown reflect what will be covered after Medicare has paid its portion of any claim. *City Plan Benefits are based on Reasonable & Customary charges. In some cases, billed amounts may exceed Reasonable & Customary fees, resulting in higher out-of-pocket costs for you.

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REHABILITATIVE			
Physical/Occupational therapy	85% covered after deductible; 60 visits / year	50% covered after deductible; 60 visits / year	85% covered after deductible; 60 visits / year
Acupuncture	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year
Chiropractic	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year
TRANSGENDER			
Office visits & outpatient surgery	85% covered after deductible; prior notification required; \$75,000 lifetime max	50% covered after deductible; prior notification required; \$75,000 lifetime max	85% covered after deductible; prior notification required; \$75,000 lifetime max
DURABLE MEDICAL EQUIPMENT			
Home medical equipment	85% covered after deductible; rental not to exceed purchase price	50% covered after deductible; rental not to exceed purchase price	85% covered after deductible; rental not to exceed purchase price
Prosthetics/orthotics	85% covered after deductible; when medically necessary	50% covered after deductible; when medically necessary	85% covered after deductible; when medically necessary
Hearing aids	100% covered after deductible; 1 per ear every 36 months; \$2,500 max	100% covered after deductible; 1 per ear every 36 months; \$2,500 max	100% covered after deductible; 1 per ear every 36 months; \$2,500 max
MENTAL HEALTH			
Inpatient hospitalization	85% covered after deductible; up to 30 hospital days per year max; authorization required	50% covered after deductible; up to 30 hospital days per year max; authorization required	85% covered after deductible; up to 30 hospital days per year max; authorization required
Outpatient treatment	85% covered after deductible; up to 25 visits per year max	50% covered after deductible; up to 25 visits per year max	85% covered after deductible; up to 25 visits per year max
SUBSTANCE ABUSE			
Inpatient	85% covered after deductible; 30 day detox; 60 day rehab	50% covered after deductible; 30 day detox; 60 day rehab	85% covered after deductible; 30 day detox; 60 day rehab
Outpatient	85% covered after deductible; up to 25 visits per year max	50% covered after deductible; up to 25 visits per year max	85% covered after deductible; up to 25 visits per year max
EXTENDED & END OF LIFE CARE			
Extended care / Skilled nursing facility	85% covered after deductible; up to 120 days max; custodial care not covered	50% covered after deductible; up to 120 days max; custodial care not covered	85% covered after deductible; up to 120 days max; custodial care not covered
Hospice	85% covered after deductible; \$10,000 max; prior notification required	50% covered after deductible; \$10,000 max; prior notification required	85% covered after deductible; \$10,000 max; prior notification required
OUTSIDE SERVICE AREA			
Care access and limitations	Out-of-Network benefits apply.	Out-of-Network benefits apply.	Out-of-Network benefits apply.

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