

Medicare Covered Services

Benefit Name	In Network Services
Annual Medical Deductible	None
Physician Services	
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20
Specialist Office Visit	\$20
Telemedicine	\$0
Annual Routine Physical Exam	\$0
Inpatient Services	
Inpatient Hospital Stay	0% Per Day
Day Range 1	Days 1 - 60
Day Range 2	0% Per Admit Days 61 - 90
Day Range 3	0% Per Admit Days 91 - 150
Skilled Nursing Facility Care - Prior hospital stay requirement waived	No
Skilled Nursing Facility Care - Benefit Period	100 Days
Skilled Nursing Facility Care	0% Per Admit
Day Range 1	Days 1 - 20
Day Range 2	0% Per Admit Days 21 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	60 Days
Inpatient Mental Health Lifetime Maximum	Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	0% Per Day
Day Range 1	Days 1 - 60
Day Range 2	0% Per Admit Days 61 - 90
Day Range 3	0% Per Admit Days 91 - 150
Outpatient Services	
Outpatient Surgery	\$0
Outpatient Hospital Services	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$20
Outpatient Mental Health/Substance Abuse - Group Visit	\$20
Partial Hospitalization (Mental Health Day Treatment) per day	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0
Occupational Therapy	\$0
Physical Therapy and Speech/Language Therapy	\$0
Kidney Dialysis	\$0
Medicare-covered Specialist Visits	
Chiropractic Visit	\$20
Podiatry Visit	\$20
Eye Exam	\$20
Eyewear (Frames and Lenses after cataract surgery)	\$0.00
Hearing Exam	\$20
Dental Services	\$20
Ambulance/Emergency Room/Urgent Care	
Ambulance Services	\$0
Ambulance Copay Waived if Admitted	No
Emergency Room (includes Worldwide coverage)	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes
Urgently Needed Care	\$0
Urgent Care Copay Waived if Admitted within 24 hours	No
Part B Drugs And Blood	
Part B Drugs	\$0
Part B Chemotherapy Drugs	\$0
Blood (3 pint deductible waived)	\$0
Durable Medical Equipment (DME) And Supplies	
Durable Medical Equipment	\$0
Prosthetics	\$0
Orthotics	\$0
Diabetic Shoes and Inserts	\$0
Medical Supplies	\$0
Diabetic Monitoring Supplies	\$0
Insulin Pumps and Supplies	\$0
Home Healthcare Agency & Hospice	
Home Health Services	\$0
Hospice (Medicare-covered)	\$0
Procedures	
Clinical Laboratory Services	\$0
Outpatient X-ray Services	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0
Diagnostic Radiology Service	\$0
Therapeutic Radiology Service	\$0
Preventive Services (Medicare-Covered)	
Cardiovascular Screenings	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0
Pap Smears and Pelvic Exams	\$0
Prostate Cancer Screening	\$0
Colorectal Cancer Screenings	\$0
Bone Mass Measurement (Bone Density)	\$0
Mammography	\$0
Diabetes - Self-Management Training	\$0
Medical Nutrition Therapy and Counseling	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0

Preventive Services (Medicare-Covered)	
Smoking Cessation Visit	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0
Diabetes Screening	\$0
HIV Screening	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0
Screening for Depression in Adults	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0
Screening and Counseling for Obesity	\$0
Glaucoma Screening	\$0
Kidney Disease Education	\$0
Dialysis Training	\$0
Hepatitis C Screening	\$0
Lung Cancer Screening	\$0
Wellness/Clinical Programs	
Fitness Program	SilverSneakers
Case and Disease Management for High Risk & Chronic Conditions, including: High Risk Members, Heart Failure, Respiratory Illness, Kidney Disease, Diabetes, and Behavioral Health	Not Included
Preferred Diabetic Supply Program	Not Included
HouseCalls Program	Not Included
Senior Supplement Section Only	
Inpatient Hospital Stay/Inpatient Mental Health in a Psychiatric Hospital - Facility Cost Share For Day Range 4 Additional 365 Lifetime Reserve Days	Per Day
Transplants - Cost Share (For Sr. Supp. Plans Only - Professional services in addition to Inpatient Hospital Services)	\$0
Foreign Travel Beginning Day Range 1 (Medically Necessary Emergency Foreign Travel for each trip outside of the U.S.)	1
Foreign Travel Ending Day Range 1	180
Foreign Travel Deductible	250
Foreign Travel Remainder Charges	20%
Foreign Travel Lifetime Maximum	50000
Part A Deductible	0%
Part B Deductible	100%
Outpatient Surgery Professional Fee	\$0
Outpatient Hospital Services Professional Fees	\$0
Provider (Part B) Excess Fees (if sitused state is TX = plan must cover a minimum of 50%)	100%

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

Rate Page Report : RP-01426

Group Name ARLINGTON CNTY PUB SCHOOLS
Final Rates for 1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	1,152	15
Rate Components	Quoted Year: 2021	
Net Premium	\$209.87	
ACA Insurer Fee	\$0	
Total Premium	\$209.87	

Details			
UAF Type	Preliminary	Current Contract	SRSUP
Contract Begin Date	1/1/2021	Quoted PBP	946
Contract End Date	12/31/2021	Current Group Number	7002
Situs State	Virginia	Market	National
Full Replace Slice	Full Replace	Current Membership	1,152
Emp Contribution	72%	Premium Delay	No
Quote Name	ARLINGTON PUBLIC SCHOOLS	Rating Method	Full Replace
Product Type	Sr Supp		

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is Virginia. To ensure proper claim adjudication effective 01/01/2021, it is imperative that we have final 01/01/2021 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2020 could be problematic in terms of claim adjudication on 01/01/2021. This quote assumes that the employer pays 72% of the premium. If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote. If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates. United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare program that will have an impact to the program costs or revenue, including but not limited to: (i) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (ii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iii) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (iv) as otherwise permitted in our contract. Quote assumes \$0.00 PMPM commission level. 15 Pre-65 Medicare eligible retirees are included. The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month