

UnitedHealthcare

UnitedHealthcare Group Medicare Advantage (PPO)

Plan: Institute for Advanced Studies MAPD Plan

Institute for Advanced Study

1/1/2021 _ 12/31/2021

Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum 1	\$2,000	
Is Annual Medical Out-of-Pocket Maximum 1 combined for IN and OUT of network?	Yes	Yes
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15	\$15
Specialist Office Visit	\$30	\$30
Telemedicine	\$15	\$15
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$250 Per Admit	\$250 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care Day Range 1	\$0 Per Day Days 1 - 20	\$0 Per Day Days 1 - 20
Day Range 2	\$75 Per Day Days 21 - 47	\$75 Per Day Days 21 - 47
Day Range 3	\$0 Per Day Days 48 - 100	\$0 Per Day Days 48 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	Unlimited	
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$250 Per Admit	\$250 Per Admit
Outpatient Services		
Outpatient Surgery	20%	20%
Outpatient Hospital Services	20%	20%
Outpatient Mental Health/Substance Abuse - Individual Visit	20%	20%
Outpatient Mental Health/Substance Abuse - Group Visit	20%	20%
Partial Hospitalization (Mental Health Day Treatment) per day	5%	5%
Comprehensive Outpatient Rehabilitation Facility (CORF)	20%	20%
Occupational Therapy	20%	20%
Physical Therapy and Speech/Language Therapy	20%	20%
Kidney Dialysis	20%	20%
Medicare-covered Specialist Visits		
Chiropractic Visit	\$15	\$15
Podiatry Visit	\$30	\$30
Eye Exam	\$30	\$30
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$30	\$30
Dental Services	\$30	\$30
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	20%	20%
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$30	\$30
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	20%	20%
Prosthetics	20%	20%
Orthotics	20%	20%
Diabetic Shoes and Inserts	20%	20%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	20%	20%
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	20%	20%
Outpatient X-ray Services	20%	20%
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	20%	20%
Diagnostic Radiology Service	20%	20%
Therapeutic Radiology Service	20%	20%
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

Preventive Services (Medicare-Covered)		
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
Wellness/Clinical Programs		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included	Not Included
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

Non-Medicare Covered Services

Routine Podiatry		
Routine Podiatry	\$30	\$30
Routine Podiatry - Number of visits per year	6 Visits	
Routine Vision		
Routine Eye Exam Refraction- every 12 months	\$30	\$30
Routine Hearing		
Routine Hearing Exam for Hearing Aids	20%	20%
Routine Hearing Exam Number Of Visits	1 Visits	
Routine Hearing Exam Number Of Years	1	
Per Ear or Combined	Combined	
Number of Hearing Aid Devices	Unlimited	
Routine Hearing Aid benefit Period (years)	3 Years	
Routine Hearing Aid Combined Device Allowance	\$500	

Outpatient Prescription Drug Coverage			
Prescription Drug Plan	Standard Plan		
Pharmacy Network	Standard		
Non-OptumRx Mail Order Network	Included		
Formulary Base	Group Choice Formulary G		
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On		

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,130		
True Out of Pocket Threshold (TrOOP)	\$6,550		
Catastrophic Coverage over TrOOP	CMS Standard		
Copay for generics	\$3.70		
Copay for all other drugs	\$9.20		
OR Coinsurance	5%		
Day Supply			
Retail Days Supply	30		
Retail Days Supply Specialty Tier Only	30		
Mail Order Days Supply	90		
Mail Order Days Supply Specialty Tier Only	90		
Primary Plan - ICL Phase			
Retail Tier 1: Preferred Generic (Most generic drug)	\$10		
Retail Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$20		
Retail Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$35		
Retail Tier 4: Specialty Tier (Unique and/or very high cost drugs)	\$35		
Mail Order Tier 1: Preferred Generic (Most generic drug)	\$20		
Mail Order Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$40		
Mail Order Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$70		
Mail Order Tier 4: Specialty Tier (Unique and/or very high cost drugs)	\$70		

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-02042

Group Name	INSTITUTE FOR ADVANCED STUDY
Final Rates for	1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	2	0
Rate Components		Quoted Year: 2021
Net Premium	\$300.59	
ACA Insurer Fee	\$0	
Total Premium	\$300.59	

UAF Type	Preliminary	Current Contract	H2001
Contract Begin Date	1/1/2021	Quoted PBP	816
Contract End Date	12/31/2021	Current Group Number	15311
Situs State	New Jersey	Market	National
Full Replace Slice	Full Replace	Current Membership	2
Emp Contribution	100%	Premium Delay	No
Quote Name	INSTITUTE FOR ADVANCED STUDY	Rating Method	Full Replace
Product Type	NPPO		

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is New Jersey. While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021.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 11/1/2020 could be problematic in terms of claim adjudication on 01/01/2021.This quote assumes that the employer pays 100% 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.Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2021. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2021. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.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 Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) 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 (v) as otherwise permitted in our contract.Quote assumes \$16.00 PMPM commission level.0 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