



*Department of Human Resources*  
Division of Employee Benefits

## Retiree Medical Plan Comparison

Medical Benefits	UHC Choice Plus Plan		UHC Medicare Advantage Plan Available for Medicare Eligible Retirees	
	In Network		In Network	
Customer Service Number	1-800-603-3941		1-866-291-1237	
Group Number	#714852		#13886	
Annual Deductible	Retiree Only:	\$1,250	None	
	Retiree + Child(ren)	\$1,500		
	Retiree + Spouse	\$2,250		
	Retiree + Family	\$2,500		
Annual Out-of-Pocket Maximum	\$3,000		\$2,400	
Office Visits (Primary Care)	\$30 Copay		\$10 copay	
Office Visits (Specialist)	\$40 Copay		\$20 copay	
Inpatient Hospital	80% of eligible charges		\$500 per Admission	
Skilled Nursing Facility (SNF)	80% of eligible charges		\$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days	
Outpatient Surgery	80% of eligible charges		\$250 copay	
Ambulance	80% of eligible charges		\$100 copay	
Emergency Room	\$200 copay		\$65 copay (worldwide)	
Urgent Care	\$30 copay		\$35 copay (worldwide)	
Preventive Services	100% of eligible charges		100% of eligible charges	
Diagnostic Procedures/Tests	80% of eligible charges		90% of eligible charges	
Lab Services	80% of eligible charges		\$10 copay	
Radiology	80% of eligible charges		\$25 copay	
Durable Medical Equipment	80% of eligible charges		80% of eligible charges	
Routine Foot Care	Not Covered		\$20 copay (Up to 6 visits per plan year)	
Routine Hearing Exam	Not Covered		\$0 copay (1 exam every 12 months)	
Routine Vision Exam	Not Covered		\$20 copay (1 exam every 12 months)	
Virtual Doctor Visits	\$10 copay		\$0 copay	
Fitness Benefit	Reimbursement up to \$100/year		No cost gym membership at participating locations through Renew Active	
Website Address	www.myUHC.com		<a href="http://www.UHCRetiree.com/MilwaukeeCounty">www.UHCRetiree.com/MilwaukeeCounty</a>	
<b>Optum Rx Prescription Drugs</b>				
Coverage	Retail (30 Day Supply)		Mail Order (90 Day Supply)	
Tier 1 Prescriptions	\$10		\$25	
Tier 2 Prescriptions	\$30		\$75	
Tier 3 Prescriptions	\$50		\$125	
Tier 4 Prescriptions	\$75		\$225	
Rx Out-of-Pocket Maximum	Individual	\$2,000	Individual	\$2,000
	Family	\$4,000	Family	\$4,000
<b>Note:</b> this at-a-glance comparison assumes single coverage and is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.				