

Benefit Highlights

Los Angeles Department of Water & Power
003056
Effective January 1, 2017 to December 31, 2017

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.

Medical Benefits	In-Network
Benefits covered by Original Medicare and your plan	
Doctor's office visit	Primary Care Provider: \$0 co-pay Specialist: \$0 co-pay
Preventive services	\$0 co-pay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	\$0 co-pay per admission
Skilled nursing facility (SNF)	\$0 co-pay per day up to 100 days
Outpatient surgery	\$0 co-pay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 co-pay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 co-pay
Lab services	\$0 co-pay
Outpatient x-rays	\$0 co-pay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 co-pay
Ambulance	\$0 co-pay
Emergency care	\$0 co-pay (worldwide)
Urgently needed services	\$0 co-pay (worldwide)
Annual out-of-pocket maximum	\$6,700
Additional benefits and programs not covered by Original Medicare	
Routine physical	\$0 co-pay; 1 per plan year
Hearing - routine exam	\$0 co-pay (1 exam every 12 months)
Hearing aids	Plan pays up to \$500 (every year)
Vision - routine eye exams	\$0 co-pay (1 exam every 12 months)
Vision - eyewear	Plan pays up to \$70 eyewear allowance every 2 years. Plan pays up to \$105 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
Virtual Doctor Visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .

Prescription Drugs	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$5 co-pay	\$5 co-pay
Tier 2: Preferred brand (includes some generic)	\$5 co-pay	\$5 co-pay
Tier 3: Non-preferred drug (includes some generic)	\$5 co-pay	\$5 co-pay
Tier 4: Specialty tier	\$5 co-pay	\$5 co-pay
Coverage gap stage	After your total drug costs reach \$3,700, 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 \$4,950, you will pay the greater of \$3.30 co-pay for generic (including brand drugs treated as generic), \$8.25 co-pay for all other drugs, or 5% of the cost	

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 and a Medicare-approved Part D sponsor. 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. This information is not a complete description of benefits. Contact the plan for more information.

Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change each plan year.