



**Los Angeles  
Department of  
Water & Power**

LADWP Health Plans  
Administration Office  
111 N. Hope Street, Room 564  
Los Angeles, CA 90012

### **Important Update**

**Please be advised the United Healthcare Medicare Advantage PPO Options A, B and C benefits that were previously provided in the 2020-2021 Retiree Benefit Guide had the incorrect benefit information on pages 37-40. This information has been corrected and updated as of April 2020 and the attached pages reflect the corrected benefit information for plan year July 1, 2020 – June 30, 2021. Please keep these updated pages with your Benefit Guide for future reference.**

**In addition to submitting your enrollment form by fax, e-mail, or US Mail, you may also submit using the dedicated drop box that has been setup at the John Ferraro Building (JFB) A-Level.**

**We apologize for this inconvenience. If you have any questions, please contact the LADWP Health Plan Office at (213) 367-2023.**

**Thank you,**

**LADWP Health Plans Office**

## LADWP-Sponsored UnitedHealthcare (UHC) Preferred Provider Organization (PPO) Options

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in the Medicare Advantage PPO plans A, B or C. You can see doctors outside the network for the same cost share as in-network providers as long as the provider participates in Medicare and accepts the plan. If your doctor is in the network, he or she must accept this plan if you are a current patient. Even though you are not required to see a network doctor, your doctor may already be part of the network. To find out, search the online provider directory at [www.UHCretiree.com](http://www.UHCretiree.com).

### Retiree Over Age 65

Benefit	United Healthcare Medicare Advantage PPO Option A	United Healthcare Medicare Advantage PPO Option B	United Healthcare Medicare Advantage PPO Option C
	PPO Network	PPO Network	PPO Network
<b>Annual deductible</b>	None	None	None
<b>Annual out-of-pocket maximum</b>	\$1,000/individual	\$1,000/individual	\$1,000/individual

**Prescription Drugs (no deductible applies)** (Benefits listed are for the Initial and Gap stages as defined by Medicare; different benefits may apply during the Catastrophic stage, but you will never pay more than your regular cost shares.)

<b>Retail</b> (up to a 31-day supply)	Per prescription co-pay:	Per prescription co-pay:	Per prescription co-pay:
Tier 1	\$5	\$10	\$10
Tier 2	\$10	\$20	\$30
Tier 3	\$10	\$20	50% coinsurance, with a \$95 maximum
Tier 4	30% coinsurance, with a \$95 maximum	30% coinsurance, with a \$95 maximum	50% coinsurance, with a \$95 maximum
<b>Mail order</b> (up to a 90-day supply)	Per prescription co-pay:	Per prescription co-pay:	Per prescription co-pay:
Tier 1	\$10	\$20	\$20
Tier 2	\$20	\$40	\$60
Tier 3	\$20	\$40	50% coinsurance, with a \$190 maximum
Tier 4	30% coinsurance, with a \$190 maximum	30% coinsurance, with a \$190 maximum	50% coinsurance, with a \$190 maximum

*Note: Benefits for Medicare Advantage PPO Options A, B and C have been corrected and updated as of April 2020.*

**Retiree Over Age 65**

Benefit	United Healthcare Medicare Advantage PPO Option A	United Healthcare Medicare Advantage PPO Option B	United Healthcare Medicare Advantage PPO Option C
	PPO Network	PPO Network	PPO Network
<b>Hospital Services</b>			
Semi-private room and board	Covered at 100%	Covered at 100%	Covered at 100%
Miscellaneous charges	Covered at 100%	Covered at 100%	Covered at 100%
Ambulance services	Covered at 100%	Covered at 100%	Covered at 100%
<b>Physician Services</b>			
Surgery - Outpatient	Covered at 100%	Covered at 100%	Covered at 100%
Physician visits (office)	Covered at 100%	Covered at 100%	Covered at 100%
Physical therapy	Covered at 100%	Covered at 100%	Covered at 100%
<b>X-ray and lab services</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Accident/emergency care</b>	\$25 co-pay; co-pay waived if admitted directly to the hospital	\$25 co-pay; co-pay waived if admitted directly to the hospital	\$25 co-pay; co-pay waived if admitted directly to the hospital

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**Retiree Over Age 65**

Benefit	United Healthcare Medicare Advantage PPO Option A	United Healthcare Medicare Advantage PPO Option B	United Healthcare Medicare Advantage PPO Option C
	PPO Network	PPO Network	PPO Network

**Preventive Health Services**

Preventive examination	Covered at 100%	Covered at 100%	Covered at 100%
Vision	Covered at 100%; one exam every 12 months	Covered at 100%; one exam every 12 months	Covered at 100%; one exam every 12 months
Plan pays up to \$160 eyewear allowance every year. Plan pays up to \$105 contact lens allowance in lieu of eyewear allowance every year.			
Hearing	Covered at 100%; one exam every 12 months	Covered at 100%; one exam every 12 months	Covered at 100%; one exam every 12 months
The plan pays up to a \$2,500 allowance for hearing aid(s) every 3 years.			

**Mental Health Care and Alcohol/Substance Abuse**

Outpatient	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient	Covered at 100%	Covered at 100%	Covered at 100%
<b>Durable medical equipment/orthotics</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Prosthetics</b>	Covered at 100%	Covered at 100%	Covered at 100%

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**Retiree Over Age 65**

Benefit	United Healthcare Medicare Advantage PPO Option A	United Healthcare Medicare Advantage PPO Option B	United Healthcare Medicare Advantage PPO Option C
	PPO Network	PPO Network	PPO Network
<b>Skilled nursing</b> (custodial care is not covered)	Covered at 100% for 100 days	Covered at 100% for 100 days	Covered at 100% for 100 days
<b>Home health care/home infusion care</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Hospice care</b>	Covered at 100% by Original Medicare	Covered at 100% by Original Medicare	Covered at 100% by Original Medicare
<b>Acupuncture services</b>	\$10 co-pay up to 20 treatments per year combined network and non-network	\$10 co-pay up to 20 treatments per year combined network and non-network	\$10 co-pay up to 20 treatments per year combined network and non-network
<b>Manipulative treatments</b> (chiropractor)	Covered at 100% maximum of 24 visits per calendar year combined network and non-network	Covered at 100% maximum of 24 visits per calendar year combined network and non-network	Covered at 100% maximum of 24 visits per calendar year combined network and non-network

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