

UnitedHealthcare Group Medicare Advantage (PPO)

Arlington County Public Schools



Group Medicare Advantage (PPO) MAPD

1/ 1/2023 - 12/31/2023

Medical Coverage

## Group Medicare Advantage (PPO) MAPD

### Medical Coverage

| Benefit Name  | In Network Services | Out of Network Services |
|---|---------------------|-------------------------|
| <b>Ambulance/Emergency Room/Urgent Care</b>                               |                     |                         |
| Ambulance Services  | \$0                 | \$0                     |
| Ambulance Copay Waived if Admitted  | No                  | No                      |
| Emergency Room (includes Worldwide coverage)                              | \$50                | \$50                    |
| Emergency Room Copay Waived if Admitted within 24 hours                   | Yes                 | Yes                     |
| Urgent Care (Includes Worldwide Coverage)                                 | \$0                 | \$0                     |
| Urgent Care Copay Waived if Admitted within 24 hours                      | Yes                 | Yes                     |
| <b>Part B Drugs And Blood</b>   |                     |                         |
| Part B Drugs  | \$0                 | \$0                     |
| Part B Chemotherapy Drugs   | \$0                 | \$0                     |
| Blood (3 pint deductible waived)  | \$0                 | \$0                     |
| <b>Durable Medical Equipment (DME) And Supplies</b>                       |                     |                         |
| Durable Medical Equipment   | \$0                 | \$0                     |
| Prosthetics   | \$0                 | \$0                     |
| Orthotics   | \$0                 | \$0                     |
| Diabetic Shoes and Inserts  | \$0                 | \$0                     |
| Medical Supplies  | \$0                 | \$0                     |
| Diabetic Monitoring Supplies  | \$0                 | \$0                     |
| Insulin Pumps and Supplies  | \$0                 | \$0                     |
| <b>Home Healthcare Agency &amp; Hospice</b>                               |                     |                         |
| Home Health Services  | \$0                 | \$0                     |
| Hospice (Medicare-covered)  | \$0                 | \$0                     |
| <b>Procedures</b>   |                     |                         |
| Clinical Laboratory Services  | \$0                 | \$0                     |
| Outpatient X-ray Services   | \$0                 | \$0                     |
| Diagnostic Procedure/Test (includes non-radiological diagnostic services) | \$0                 | \$0                     |
| Diagnostic Radiology Service  | \$0                 | \$0                     |
| Therapeutic Radiology Service   | \$0                 | \$0                     |
| <b>Preventive Services (Medicare-Covered)</b>                             |                     |                         |
| 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                     |

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### Medical Coverage

Benefit Name

In Network Services

