Milwaukee County Transit System

Comparison of UnitedHealthcare Choice Deductible and Group Medicare Advantage PPO

Medical Benefits[1]	2024 Choice Deductible Plan In-Network Only	2024 Group Medicare Advantage PPO In-Network and Out-of-Network[2]
Premium	Please refer to premium schedule at the bottom	Please refer to premium schedule at the bottom
Availability	Available to residents of the United States, District of Columbia and U.S. Territories	
Coordination of Benefits	Medicare is primary and this plan pays secondary. Coordination of benefits with Medicare is required	Plan is sole payor, coordination of benefits with Medicare is not required
Annual Deductible[3]	Single - $1,250 Family - Maximum of $3,750	None
Annual Out-of-Pocket Maximum	Single - $1,250 Family - Maximum of $3,750	None
Office Visits (Primary Care)	100% after $40 copay	100% coverage
Office Visits (Specialist)	100% after $60 copay	100% coverage
Virtual	100% after $0 copay	100% coverage
Preventive Services	100% after $40 copay, if applicable	100% coverage
Urgent Care	100% after $50 copay; coverage provided for in-network urgent care centers only	100% coverage (worldwide)
Emergency Room	100% after $275 copay; waived if admitted	100% coverage (worldwide)
Ambulance	100% after deductible when medically necessary	100% coverage
Inpatient Hospital	100% after deductible is satisfied	100% coverage
Skilled Nursing Facility (SNF)	100% after deductible is satisfied; limited to 100 days per inpatient stay	100% coverage, up to 100 days
Outpatient Rehabilitation	100% after $40 copay; limited to 60 visits per therapy per calendar year	100% coverage
Outpatient Surgery	100% after deductible is satisfied	100% coverage
Lab Services	100% after deductible is satisfied	100% coverage
Radiology	100% after deductible is satisfied	100% coverage

Durable Medical Equipment	100% after deductible; subject to some limitations	100% coverage
Additional benefits not covered under Original Medicare	**2024 Choice Deductible Plan**	**2024 Group Medicare Advantage PPO**
Routine Foot Care	Not covered	$0 copay, 6 visits per calendar year
Routine Hearing Exam	Not covered	$0 copay, one visit per 12 months
Hearing Aids	100% after deductible is satisfied	$2,000 allowance for hearing aid(s) every year through UnitedHealthcare Hearing
Routine Vision Exam	100% after $40 or $60 copay	$0 copay, one visit per 12 months
HouseCalls	Not covered	Annual in-home preventive care visit from one of our health care practitioners at no extra cost
Medical Care Management Programs	Special voluntary programs to help members who are living with a chronic disease, like diabetes or heart disease	Special voluntary programs to help members who are living with a chronic disease, like diabetes or heart disease
Fitness Benefit	Not covered	No cost gym membership at participating locations through Renew Active®
Post-Discharge Meals	Not covered	$0 copay; coverage for up to 28 home-delivered meals immediately following an inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate
Post-Discharge Transportation	Not covered	$0 copay; coverage for unlimited rides up to 12 days upon referral from a UnitedHealthcare Clinical Advocate, immediately following inpatient hospital discharges or skilled nursing facility stays.
In-Home Personal Care	Not covered	$0 copay; up to 6 hours of in-home personal care.

Prescription Drug Benefits	2024 Choice Deductible Plan[3]	2024 Group Medicare Advantage PPO
Initial Coverage Stage: **Network Pharmacy (30-day retail supply)**	• Tier 1 - Preferred Generic: $10 copay • Tier 2 - Preferred Brand: $35 copay • Tier 3 - Non-preferred Drug: $60 copay • Tier 4 - Specialty Tier: $60 copay	
Mail Service Pharmacy (90-day supply)	• Tier 1 - Preferred Generic: $20 copay • Tier 2 - Preferred Brand: $70 copay • Tier 3 - Non-preferred Drug: $120 copay • Tier 4 - Specialty Tier: $120 copay	
Coverage gap stage (Donut Hole)[4]	After your total drug costs reach $4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage Stage[4]	After your total out-of-pocket costs reach $7,550, you will pay the greater of $3.95 copay for generic (including brand drugs treated as generic), $9.85 copay for all other drugs	

This document and other useful information is available for reference at www.RideMCTS.com/retirees.

Status	2024 Choice Deductible Plan[3]			2024 Group Medicare Advantage (PPO)		
	Pensioner Share	MCTS Share	Total Premium	Pensioner Share	MCTS Share	Total Premium
Single, under 65	$148.22	$839.93	**$988.15**	Not Applicable		
Family, all under 65	$385.38	$2,183.81	**$2,569.19**			
Single, over 65	$100.66	$570.42	**$671.08**	$43.32	$245.49	**$288.81**
Couple, both over 65	$201.32	$1,140.85	**$1,342.17**	$86.64	$490.98	**$577.62**
Couple, 1 over, 1 under 65	$248.88	$1,410.35	**$1,659.23**	$191.54	$1,085.42	**$1,276.96**
Family, 1 over 65	$337.82	$1,914.30	**$2,252.12**	$280.48	$1,589.37	**$1,869.85**
Family, 2 over 65	$290.26	$1,644.79	**$1,935.05**	$175.58	$994.93	**$1,170.51**

[1] 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 each Plan's Summary Plan Description or Evidence of Coverage

[2] Benefits are combined in- and out-of-network

[3] Assumes Medicare-eligible member is enrolled in the 2024 UnitedHealthcare® MedicareRx for Groups (PDP) plan

[4] 2024 Medicare Part D Drug Payment Stage values