

Milwaukee County Transit System

Comparison of UnitedHealthcare Choice Deductible and Group Medicare Advantage PPO

Medical Benefits ¹	2026 Choice Deductible Plan	2026 Group Medicare Advantage PPO
	In-Network Only	In-Network <u>and</u> 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 - \$1,500 Family - Maximum of \$4,500	None
Annual Out-of-Pocket Maximum	Single - \$1,535 Family - Maximum of \$4,605	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 \$350 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	2026 Choice Deductible Plan	2026 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 \$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	Eligible for benefit up to 30 days following all inpatient and skilled nursing facility stays. 28 home-delivered meals.
Post-Discharge Transportation	Not covered	Eligible for benefit up to 30 days following all inpatient and skilled nursing facility stays. 12 one-way rides to medically related appointments.
In-Home Personal Care	Not covered	Eligible for benefit up to 30 days following all inpatient and skilled nursing facility stays. 6 hours of non-medical personal care provided through a professional caregiver.

Prescription Drug Benefits	2026 Choice Deductible Plan ³	2026 Group Medicare Advantage PPO
Initial Coverage Stage:	- Tier 1 - Preferred Generic: \$15 copay - Tier 2 - Preferred Brand: \$40 copay - Tier 3 - Non-preferred Drug: \$70 copay - Tier 4 - Specialty Tier: \$70 copay	
Network Pharmacy (30-day retail supply)		
Mail Service Pharmacy (90-day supply)	- Tier 1 - Preferred Generic: \$30 copay - Tier 2 - Preferred Brand: \$80 copay - Tier 3 - Non-preferred Drug: \$140 copay - Tier 4 - Specialty Tier: \$140 copay	
Coverage gap stage (Donut Hole) ⁴	As of January 1, 2025, the coverage gap stage has been eliminated.	
Catastrophic coverage Stage ⁴	After you and others on your behalf have paid a combined total of \$2,100 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.	

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

Status	2026 Choice Deductible Plan ³			2026 Group Medicare Advantage (PPO)		
	Pensioner Share	MCTS Share	Total Premium	Pensioner Share	MCTS Share	Total Premium
Single, under 65	\$176.46	\$926.44	\$1,102.90	Not Applicable		
Family, all under 65	\$458.81	\$2,408.75	\$2,867.56			
Single, over 65	\$123.25	\$647.07	\$770.32	\$53.04	\$278.47	\$331.51
Couple, both over 65	\$246.50	\$1,294.14	\$1,540.64	\$106.08	\$556.95	\$663.03
Couple, 1 over, 1 under 65	\$299.72	\$1,573.50	\$1,873.22	\$234.18	\$1,229.46	\$1,463.64
Family, 1 over 65	\$408.61	\$2,145.18	\$2,553.79	\$338.40	\$1,776.59	\$2,114.99
Family, 2 over 65	\$355.39	\$1,865.80	\$2,221.19	\$214.98	\$1,119.62	\$1,334.60

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 2026 UnitedHealthcare® MedicareRx for Groups (PDP) plan

⁴ 2026 Medicare Part D Drug Payment Stage values