

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	UnitedHealthcare Medicare Advantage HMO - Union Plan	UnitedHealthcare Medicare Advantage HMO - NonUnion Plan
<b>Annual Deductible</b>	\$253	\$253	\$253	\$0	\$0
<b>Ann. Retiree Out-of-Pocket Max</b>	No Limit / Protection	No Limit / Protection	\$1,470	\$6,700	\$6,700
<b>PCP Visit</b>	No Copay	\$15 Copay	\$0 Copay	\$15 Copay	\$15 Copay
<b>Specialist Visit</b>	No Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Diagnostic Tests (x-rays, lab, radiology, etc.)</b>	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
<b>Mental Health / Substance Use Disorder</b>	No Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Urgent Care Center</b>	No Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Preventive Services</b>	No Copay	No Copay	No Copay	\$0 Copay	\$0 Copay
<b>Rehab. Services</b>	No Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Durable Medical Equipment (DME)</b>	\$25 Deductible, \$2500 Ann. Benefit Max. (combined with PDN & Ambulance)	Same as Today	Deductible applies, \$0 Copay, no Ann. Max	\$0 Copay	\$0 Copay
<b>Private Duty Nursing (PDN)</b>	\$25 Deductible, \$2500 Ann. Benefit Max. (combined with PDN & Ambulance)	Same as Today	Deductible applies, 20% Coins., \$2500 Ann. Max	Not covered	Not covered
<b>Hearing Exam</b>	No Copay	\$15 Copay	\$0 Hearing Copays	\$0 Copay	\$0 Copay
<b>Inpatient Stay</b>	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$0 Copay	\$0 Copay
<b>Hospital Stay Coinsurance</b>	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. for all 365 day	N/A	N/A
<b>Skilled Nursing Facility</b>	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100	\$0 Copay days 1-100	\$0 Copay days 1-100
<b>Home Health Care</b>	No Copay	No Copay	No Copay	\$0 Copay	\$0 Copay
<b>Hospital Outpatient Services</b>	No Copay	No Copay	No Copay	\$0 Copay	\$0 Copay
<b>Outpatient Surgery</b>	No Copay	No Copay	No Copay	\$0 Copay	\$0 Copay
<b>Ambulance Services</b>	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & DME)	Same as Today	\$0 Copay, Deductible does not apply, no Ann. Max.	\$0 Copay	\$0 Copay
<b>Emergency Care</b>	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
<b>Meal Delivery</b>	Not Covered	Not Covered	Up to 14 meals x 4 events = 56 meals / year, after inpatient stay or for certain weight /health conditions; also includes Healthy Pantry benefit	Not covered	Not covered
<b>Fitness / Mobility Programs</b>	Not Covered	Not Covered	Silver Sneakers program at no cost	RenewActive	RenewActive
<b>Transportation</b>	Not Covered	Not Covered	24 rides annually, up to 30 miles / ride	Not covered	Not covered
<b>Fitness Tracker Device</b>	Not Covered	Not Covered	Included at no cost	Not covered	Not covered
<b>Hearing Aids</b>	Not Covered	Not Covered	Up to \$500 allowance, every 12 months	\$500 allowance for one hearing aid per ear every 3 years through UnitedHealthcare Hearing	\$500 allowance for one hearing aid per ear every 3 years through UnitedHealthcare Hearing
<b>Voluntary Incentive Gift Card</b>	Not Covered	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities	Up to \$90 in gift cards for completion of certain wellness activities	Up to \$90 in gift cards for completion of certain wellness activities