



**FSRBC Medicare Advantage with Prescription Drug OPTIONS**

	FSRBC Medicare Advantage Plans (MAPD)								
	Plan Year: 2023 (1/1-12/31)								
	UnitedHealthcare Premier National PPO (13900)		UnitedHealthcare Comprehensive National PPO (13946)		UnitedHealthcare Low National PPO (13937)		UnitedHealthcare Group PPO (13944)*		
MEDICAL ONLY	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Calendar Year Deductible CYD	\$0		\$0		\$400		\$0		
Medical OOP max	\$2,500		\$3,000		\$6,700		\$4,500	\$10,000	
Coinsurance	20%		20%		20%		20%	20%	
<b>Physician Office visits</b>									
PCP	\$5		\$20		\$25		\$5	\$35	
Specialist	\$15		\$30		\$45		\$30	\$55	
Telemedicine	\$0		\$0		\$0		\$0	\$35	
Chiropractic	\$15		\$20		\$20		\$10	\$15	
Eye Exam	\$15		\$30		\$30		\$40	\$40	
Annual Routine Physical Exam	\$0		\$0		\$0		\$0	40%	
<b>Hospital Services</b>									
Inpatient	\$175 per stay		\$230/Day for Days 1-7; \$0/Day for Days 8 and Beyond		\$210/Day for Days 1-6; \$0/Day for Days 7 and Beyond		\$275/Day for Days 1-6; \$0/Day after that		40%
ER copay	\$65 copay		\$65 copay		\$65 copay		\$90 copay	\$90 copay	
Urgent care copay	\$35		\$35		\$35		\$35	\$35	
<b>Outpatient Services</b>									
Hospital	\$15		20%		20%		20%	40%	
Surgery	\$15		20%		20%		20%	40%	
Mental Health	\$5		\$30		\$40		\$40	\$60	
Physical Therapy	\$20		20%		20%		10%	40%	
Cardiac Rehabilitation	\$20		20%		20%		10%	40%	
Kidney Dialysis	\$20		20%		20%		20%	20%	
<b>Rx Copays</b>	67,000 Pharmacies Participate								
<b>Deductible</b>	\$0	\$0	\$0	\$0	\$505	\$0	\$0	\$0	
<b>Part D Initial Coverage Level Limit \$4,660</b>									
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1	\$5	\$10	\$7	\$14	\$10	\$20	\$15	\$45	
Tier 2	\$30	\$60	\$40	\$80	\$30	\$60	\$15	\$45	
Tier 3	\$60	\$120	\$90	\$180	\$45	\$90	\$47	\$141	
Tier 4	\$80	\$160	\$90	\$180	\$60	\$120	\$100	\$300	
Tier 5							\$100	\$300	
<b>Part D Coverage Gap Total Out-of-Pocket \$7,400</b>									
Tier 1	\$5	\$10	\$7	\$14				25%	
Tier 2	\$30	\$60	\$40	\$80				25%	
Tier 3	\$60	\$120	\$90	\$180				25%	
Tier 4	\$80	\$160	\$90	\$180				25%	
Tier 5								25%	
<b>Part D Coverage Catastrophic (&gt;\$7,400)</b>									
Tier 1	\$0	\$0	\$0	\$0	Greater of \$4.15 or 5%		Greater of \$4.15 or 5%		
Tier 2	\$0	\$0	\$0	\$0	Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		
Tier 3	\$0	\$0	\$0	\$0	Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		
Tier 4	\$0	\$0	\$0	\$0	Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		
Tier 5							Greater of \$10.35 or 5%		
<b>2023 Monthly Premiums</b>	\$357.58		\$238.10		\$76.98		\$0.00		
<b>Annual Cost (Premium + Deductible)</b>	\$4,290.96		\$3,107.20		\$1,323.76		\$0.00		

*This compare is for illustrative purposes only. The above chart provides an overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this information and the official documents, the official documents will prevail. Proprietary & Confidential.*

**\*Please Note:** This plan is offered Nationally but only available for those who reside in the service area. In Florida, this plan is offered in all counties except: Bay, Broward, Charlotte, Columbia, Dixie, Franklin, Gilchrist, Gulf, Liberty, Madison, Miami-Dade, Monroe, Putnam, Suwannee, and Taylor.

**Prescription Drug Compare (Example)**  
*This compare is for illustrative purposes only, please refer to formularies.*

	FSRBC Medicare Advantage Plans			
	UnitedHealthcare Premier National PPO (13900)	UnitedHealthcare Comprehensive National PPO (13946)	UnitedHealthcare Low National PPO (13937)	UnitedHealthcare Group PPO (13944)*
Flomax	3	3	3	Substitute (2-3)
Albuterol Sulfate	1	1	1	3
Amlodipine-Olmesartan	1	1	1	2
Azor	3	3	3	Substitute 2
Dexamethasone	1	1	1	2
Dexilant	3	3	3	Substitute (2-5)
Digoxin	1	1	1	4
Dupixent	4	4	4	Substitute (5)
Eliquis	2	2	2	3
Hydroxychloroquine	1	1	1	2
Ivermectin	1	1	1	2
Levothyroxine	1	1	1	1
Lexapro	3	3	3	Substitute (1-5)
Linzess	2	2	2	3
Lipitor	3	3	3	Substitute (2-3)
Lisinopril	1	1	1	1
Metformin	1	1	1	1
Metoprolol	1	1	1	2
Nexium	2	2	2	3
Novolog	3	3	3	Substitute (1-5)
Omeprazole	1	1	1	2
Ozempic	2	2	2	3
Pravastatin	1	1	1	1
Rybelsus	2	2	2	3
Synthroid	2	2	2	3
Tremfya	4	4	4	5
Warfrin	1	1	1	1
Xarelto	2	2	2	3
Zolofl	3	3	3	Substitute (1-5)