



FSRBC Medicare Advantage with Prescription Drug OPTIONS

	FSRBC Medicare Advantage Plans (MAPD)							
	Plan Year: 2024 (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%
Physician Office visits								
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%
Hospital Services								
Inpatient	\$175 per stay		\$230/Day for Days 1-7; \$0/Day for Days 8 and Beyond		\$210/Day for Days 1-7; \$0/Day for Days 8 and Beyond		\$275/Day for Days 1-6; \$0/Day after that	
ER copay	\$65 copay		\$65 copay		\$65 copay		\$90 copay	\$90 copay
Urgent care copay	\$35		\$35		\$35		\$35	\$35
Outpatient Services								
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%
Rx Copays	67,000 Pharmacies Participate							
Deductible	\$0	\$0	\$0	\$0	\$545	\$0	\$0	\$0
Part D Initial Coverage Level Limit \$5,030								
	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
Part D Coverage Gap Total Out-of-Pocket \$8,000								
Tier 1	\$5	\$10	\$7	\$14	25%		25%	
Tier 2	\$30	\$60	\$40	\$80	25%		25%	
Tier 3	\$60	\$120	\$90	\$180	25%		25%	
Tier 4	\$80	\$160	\$90	\$180	25%		25%	
Tier 5					25%		25%	
Part D Coverage Catastrophic (>\$8,000)								
Tier 1	\$0	\$0	\$0	\$0	\$0		\$0	
Tier 2	\$0	\$0	\$0	\$0	\$0		\$0	
Tier 3	\$0	\$0	\$0	\$0	\$0		\$0	
Tier 4	\$0	\$0	\$0	\$0	\$0		\$0	
Tier 5								
2024 Monthly Premiums	\$357.58		\$238.10		\$76.98		\$0.00	
Annual Cost (Premium + Deductible)	\$4,290.96		\$3,107.20		\$1,323.76		\$0.00	

This compare is for illustrative purposes only. The above chart provides and 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: Baker, Broward, Bradford, Calhoun, Citrus, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Liberty, Madison, Miami-Dade, Monroe, Okaloosa, St. Lucie, Suwannee, Taylor, Union

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
Warfarin	1	1	1	1
Xarelto	2	2	2	3
Zolofl	3	3	3	Substitute (1-5)