

City of Atlanta 2024 Medicare Advantage Retiree Medical Plan Options

Note: If you enroll in a split plan, the Medicare Advantage coverage would follow this chart and the non-Medicare coverage would follow the chart on the prior page.

Plan Provisions	UnitedHealthcare Medicare Advantage PPO (Medicare Part A&B or Medicare Part B Only) (In-network benefits shown; see EOC for out-of-network benefits.)	Kaiser Permanente Senior Advantage HMO (Medicare Parts A&B) (In-network benefits only.)	Anthem BCBS Medicare Plan PPO (Medicare Parts A&B) (In-network benefits shown; see SPD for out-of-network benefits.)
Lifetime Maximum	Unlimited		
Deductible (individual/family)	\$100/\$0	None	\$100/\$0
Annual Out-of-Pocket Maximum (individual/family)	\$3,350/N/A	\$2,000/\$6,000	\$3,350/N/A
Preventive Care			
Immunizations	100% (no copay)		
Pap Smear/ Mammography/ Prostate Screening			
Routine Physicals			
Office Visits			
Primary Care	\$15 copay	\$10 copay	\$15 copay
Specialist	\$25 copay		
Hospital Services			
Emergency Services	\$50 copay (waived if admitted)		
Inpatient Hospital	\$250 copay after \$100 deductible per admission, \$750 annual out-of-pocket maximum (included in the \$3,350 annual out-of-pocket maximum)	100%	\$250 copay after \$100 deductible per admission, \$750 annual out-of-pocket maximum (included in the \$3,350 annual out-of-pocket maximum)
Outpatient Hospital Services <ul style="list-style-type: none"> • Hospital Charges • Diagnostic X-ray/ Lab Services • Physician Services 	\$100 copay after \$100 deductible for hospital charges; diagnostic labs and imaging covered at 100%; no charge for physician services	100%	\$100 copay for hospital charges; diagnostic labs and imaging covered at 100%; no charge for physician services; \$100 deductible applies to all three services
Mental Health/Substance Abuse (No PCP referral required.)			
Inpatient Treatment	Plan pays 100% (unlimited visits)	100%	Plan pays 100% (unlimited visits)
Outpatient Treatment	Plan pays 100% (unlimited visits)	\$10 copay per visit (unlimited visits)	Plan pays 100% (unlimited visits)

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Additional Services			
Skilled Nursing Facility (100-day max)	\$0 copay	\$0 copay	\$0 copay after \$100 deductible
Home Health Care	\$0 copay	\$0 copay	\$0 copay after \$100 deductible
Hospice Care	Covered at a Medicare certified hospice	\$0 copay	Covered at a Medicare certified hospice; \$0 copay for one-time only hospice consultation
Prescription Drugs			
Generic (30-day supply)	\$15	\$10	\$15
Preferred Brand (30-day supply)	\$25	\$25	\$25
Non-Preferred Brand or Specialty (30-day supply)	\$50	\$40	\$50
Mail Order (90-day supply)	2x retail copay	2x retail copay	2x retail copay
Vision			
Eye Exam (Only for injury or disease of the eye.)	\$0 copay	\$10 copay	\$15 copay after \$100 deductible
Service Area	Any provider who participates in Original Medicare and agrees to the terms and conditions of UnitedHealthcare Group Medicare Advantage PPO.	Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, and Walton Counties.	Any provider who participates in Original Medicare and agrees to the terms and conditions of Anthem BCBS Medicare Plan PPO.