

UnitedHealthcare Group Medicare Advantage (PPO) Stetson University

2025 Stetson University Medicare Advantage Plan

1/ 1/2025 - 12/31/2025

Final Rates for: 1/1/2025 - 12/31/2025

Plan Year: 2025

Rate Page Report: RP-42923

Quoted Membership		Members Under Age 65	Rate Components	
89		0	Net Premium	\$442.93
			ACA Insurer Fee	\$0
			Total Premium	\$442.93

Details

UAF Type	Preliminary	Market	National
Situs State	Florida	Current Membership	89
Full Replace Slice	Full Replace	Premium Delay	No
Emp Contribution	100%	Rating Method	
Standard Medical Plan	Custom	Product Combination	MAPD
Contract	PBP	Quoted Group Number	
H2001	816	13969	

Stipulations

- This is a Preliminary quote effective 1/1/2025 - 12/31/2025. The situs state is Florida.
- While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2025
- To ensure proper claim adjudication effective 1/1/2025, it is imperative that we have final 1/1/2025 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2024 could be problematic in terms of claim adjudication on 1/1/2025.
- This quote assumes that the employer pays 100% of the premium.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.
- Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2025 . We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2025. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- United reserves the right to modify its 2025 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) any changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized (Please note that this proposal does account for the portions of the Inflation Reduction Act that are effective on or before 1/1/2025 but does not account for any impacts due to the portions of the Inflation Reduction Act that are scheduled to become effective 1/1/2026 and forward); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract.
- Quote assumes \$0.00 PMPM commission level.
- 0 Pre-65 Medicare eligible retirees are included.
- The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
Specialist Office Visit	\$40	\$40
Virtual Office Visit	\$20	\$20
Virtual Visits - Medical - Preferred Provider	\$0	
Virtual Visits - Behavioral Health	\$40	\$40
Telemedicine	\$20	\$20
Annual Routine Physical Exam	\$0	\$0

Inpatient Services		
Inpatient Hospital Stay	\$150 Per Day	\$150 Per Day
Day Range 1	Days 1 - 7	Days 1 - 7
	\$0 Per Day	\$0 Per Day
Day Range 2	Days 8+	Days 8+
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
	\$75 Per Day	\$75 Per Day
Day Range 2	Days 21 - 100	Days 21 - 100
Inpatient Mental Health Lifetime Maximum	190 Days	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$200 Per Day	\$200 Per Day
Day Range 1	Days 1 - 7	Days 1 - 7
	\$0 Per Day	\$0 Per Day
Day Range 2	Days 8 - 190	Days 8 - 190
Outpatient Services		
Outpatient Surgery	\$200	\$200
Outpatient Hospital Services	\$200	\$200
Outpatient Psychiatric Services	\$40	\$40
Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Outpatient Mental Health/Substance Abuse - Group Visit	\$20	\$20
Partial Hospitalization (Mental Health Day Treatment) per day	\$35	\$35
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$40	\$40
Occupational Therapy	\$40	\$40
Physical Therapy and Speech/Language Therapy	\$40	\$40
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$40	\$40
Intensive Cardiac Rehabilitation	\$40	\$40
Pulmonary Rehabilitation	\$20	\$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$30	\$30
Kidney Dialysis	\$30	\$30
Medicare Covered Services		
Chiropractic Visit	\$20	\$20
Acupuncture Visit	\$20	\$20
Podiatry Visit	\$40	\$40
Eye Exam	\$40	\$40
Diabetic Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$40	\$40
Dental Services	\$40	\$40
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$150	\$150
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$50	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$30	\$30
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes

Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Insulin	20%	20%
Part B Chemotherapy Drugs	20%	20%
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	20%	20%
Prosthetics	\$0	\$0
Orthotics	20%	20%
Diabetic Shoes and Inserts	20%	20%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	20%	20%
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$30	\$30
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$50	\$50
Diagnostic Radiology Service	\$100	\$100
Therapeutic Radiology Service	\$30	\$30

Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0
Additional Benefits/Non-Medicare Covered Services		
Hearing (Non-Medicare Covered)		
Hearing Exam for Hearing Aids	\$0	\$0
Hearing Exam - Number of Visits	1	1
Hearing Exam - Benefit Period	1 Year	1 Year
Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Hearing Aid - Number of Devices	Unlimited	N/A
Hearing Aid - Benefit Period	3 Years	
Hearing Aid - Device Allowance	\$500	
Personal Emergency Response System		
Personal Emergency Response System (PERS)	Included	Not Included
Podiatry (Non-Medicare Covered)		
Podiatry	\$40	\$40
Podiatry - Number of Visits	6	6
Podiatry - Benefit Period	Per Plan Year	Per Plan Year
Vision (Non-Medicare Covered)		
Vision Plan Type	y- 1 exam/year Materials no	
Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period	every 12 months	every 12 months

Wellness/Clinical Programs		
Diabetes Prevention Program	Not Included	Not Included
- Includes expert level 1:1 coaching, personalized support, a cellular scale, and more.		
Fitness Program	Included	
Case and Disease Management, including:	Included	
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
HouseCalls Program	Included	
Member Rewards Program	Included	Not Included
- Reward cards for completing certain health care activities		
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program	Included	
- Note: Available services and offerings may be limited in the U.S. Territories		
Member Rewards Program	Included	
- Reward cards for completing certain health care activities		

Outpatient Prescription Drug Coverage		
Prescription Drug Plan		Custom
Pharmacy Network		Broad Network
Formulary		25Group H Full Edit
Bonus Drug List		U
Formulary Edits (step therapy, quantity limits, prior authorization)		Standard: Edits On
Benefit Name		In Network Services
Custom OOP, ICL, Catastrophic		
Catastrophic Coverage over TrOOP		CMS Standard
		Member pays greater of:
Copay for generics		\$0
Copay for all other drugs		\$0
- OR - Coinsurance		0%
Day Supply Information		
Note: 90 day retail supply is available for 3x copay amount		
Retail 1 month supply		30
Retail 2 month supply		60
Retail 3 month supply		90
Mail Order 1 month supply		30
Mail Order 2 month supply		60
Mail Order 3 month supply		90
Tier Definitions		
Tier 1 - Preferred Generic	All covered generic drugs	
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands	
Tier 3 - Non-preferred Drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 3.	
Tier 4 - Specialty Tier	Unique and/or very high-cost brand drugs	
Part D Retail		
1 month supply		
Tier 1	Preferred Generic	\$10
Tier 2	Preferred Brand	\$40
Tier 3	Non-preferred Drug	\$70
Tier 4	Specialty Tier	25%
Part D Mail Order		
3 month supply		
Tier 1	Preferred Generic	\$20
Tier 2	Preferred Brand	\$80
Tier 3	Non-preferred Drug	\$140
Tier 4	Specialty Tier	25%

UnitedHealthcare Group Medicare Advantage® Plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.