

Plan: County of Santa Barbara

Rate Page Report

Group Name COUNTY OF SANTA BARBARA

Final Rates for 1/1/2022 - 12/31/2022

Quoted Service Area	Quoted Membership	Members Under Age 65
California	223	2

Quoted Year: 2022

Rate Components

Net Premium	\$304.82
ACA Insurer Fee	\$0
Total Premium	\$304.82

Details

UAF Type	Preliminary	Current Contract	H0543
Contract Begin Date	1/1/2022	Quoted PBP	805
Contract End Date	12/31/2022	Current Group Number	523345-54E
Situs State	California	Market	California
Full Replace Slice	Slice	Current Membership	223
Emp Contribution	100%	Premium Delay	No
Quote Name	COUNTY OF SANTA BARBARA	Rating Method	Slice
Product Type	HMO		

Stipulations

* This is a Preliminary quote effective 01/01/2022 - 12/31/2022. The situs state is California.

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 2022.

To ensure proper claim adjudication effective 01/01/2022, it is imperative that we have final 01/01/2022 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2021 could be problematic in terms of claim adjudication on 01/01/2022.

These rates are quoted assuming our offering is alongside of another offering/another carrier.

If competing plans are offered to the retirees alongside our plan, the following predications apply: (i) All competing carriers must be offering a Rx benefit with coverage in gap as comprehensive as or better than UnitedHealth Group.(ii) Premium cost for each retiree must be equal to or lower for our plan than for any other plan. (iii) Our rates and/or plan design may be subject to change pending our final review of all competing carrier offerings.

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 2022. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2022. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.

United reserves the right to modify its 2022 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) the proposed changes to the Part D program (e.g. point-of-sale rebates); (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.

2 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

Medicare Covered Services

Benefit Name	In Network Services
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$6,700
Physician Services	
Primary Care Physician Office Visit (includes Non-MD office visits)	\$15
Specialist Office Visit	\$25
Virtual Office Visit	\$0
Telemedicine	\$0
Annual Routine Physical Exam	\$0
Inpatient Services	
Inpatient Hospital Stay	\$500 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days
Skilled Nursing Facility Care	\$0 Per Day
Day Range 1	Days 1 - 20
(MERGE RANGES) Skilled Nursing Facility Care day range 2 - Cost Share	\$50 Per Day
Day Range 2	Days 21 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period	No Benefit Period
Inpatient Mental Health Lifetime Maximum	190 Days
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$500 Per Admit
Outpatient Services	
Outpatient Surgery	\$250
Outpatient Hospital Services	\$250
Outpatient Mental Health/Substance Abuse - Individual Visit	\$25
Outpatient Mental Health/Substance Abuse - Group Visit	\$25
Partial Hospitalization (Mental Health Day Treatment) per day	\$50
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$25
Occupational Therapy	\$25
Physical Therapy and Speech/Language Therapy	\$25
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$25
Intensive Cardiac Rehabilitation	\$25
Pulmonary Rehabilitation	\$25
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$25
Kidney Dialysis	\$25
Medicare-covered Specialist Visits	
Chiropractic Visit	50%
Podiatry Visit	\$25
Eye Exam	\$25
Eyewear (Frames and Lenses after cataract surgery)	\$0
Hearing Exam	\$25
Dental Services	\$25
Ambulance/Emergency Room/Urgent Care	
Ambulance Services	\$50
Ambulance Copay Waived if Admitted	No
Emergency Room (includes Worldwide coverage)	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes
Urgent Care (Includes Worldwide Coverage)	\$15
Urgent Care Copay Waived if Admitted within 24 hours	Yes
Part B Drugs And Blood	
Part B Drugs	\$0
Part B Chemotherapy Drugs	\$0
Blood (3 pint deductible waived)	\$0
Durable Medical Equipment (DME) And Supplies	
Durable Medical Equipment	\$0
Prosthetics	\$0
Orthotics	\$0
Diabetic Shoes and Inserts	\$0
Medical Supplies	\$0
Diabetic Monitoring Supplies	\$0
Insulin Pumps and Supplies	\$0
Home Healthcare Agency & Hospice	
Home Health Services	\$0
Hospice (Medicare-covered)	\$0
Procedures	
Clinical Laboratory Services	\$0
Outpatient X-ray Services	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0
Diagnostic Radiology Service	\$0
Therapeutic Radiology Service	\$0
Preventive Services (Medicare-Covered)	
Cardiovascular Screenings	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0
Pap Smears and Pelvic Exams	\$0
Prostate Cancer Screening	\$0
Colorectal Cancer Screenings	\$0
Bone Mass Measurement (Bone Density)	\$0
Mammography	\$0
Diabetes - Self-Management Training	\$0
Medical Nutrition Therapy and Counseling	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0
Smoking Cessation Visit	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0
Diabetes Screening	\$0
HIV Screening	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0
Screening for Depression in Adults	\$0
Preventive Services (Medicare-Covered)	
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0
Screening and Counseling for Obesity	\$0
Glaucoma Screening	\$0
Kidney Disease Education	\$0
Dialysis Training	\$0
Hepatitis C Screening	\$0
Lung Cancer Screening	\$0

Wellness/Clinical Programs

Fitness Program	Renew Active
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included
Preferred Diabetic Supply Program	Not Included
HouseCalls Program	Included

Routine Vision

Routine Eye Exam Refraction - every 12 months	\$25
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Routine Chiro

Routine Chiropractic	\$5 per visit
Routine Chiropractic - Number of Visits	12 Visits
Routine Chiropractic - Benefit Period	1 Year

Routine Hearing

Routine Hearing Exam for Hearing Aids	\$0
Routine Hearing Exam - Number of Visits	1 Visits
Routine Hearing Exam - Benefit Period	1 Year
Routine Hearing Aid - Allowance Per Ear or Combined	Combined
Routine Hearing Aid - Number of Devices	Unlimited
Routine Hearing Aid - Benefit Period	3 Years
Routine Hearing Aid - Device Allowance	\$500

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Included
Formulary Base	Group Choice Formulary G
Bonus Drug List	LIST B
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,430		
True Out of Pocket Threshold (TrOOP)	\$7,050		
Catastrophic Coverage over TrOOP	CMS Standard		
Copay for generics	\$3.95		
Copay for all other drugs	\$9.85		
<->OR<-> Coinsurance	5%		

Day Supply

Retail Day Supply	30
Retail Day Supply Tier 4 Limit	30
Mail Order Day Supply	90
Mail Order Day Supply Tier 4 Limit	90

Primary Plan - ICL Phase

Retail Tier 1	\$10
Retail Tier 2	\$25
Retail Tier 3	\$40
Retail Tier 4	\$40
Mail Order Tier 1	\$20
Mail Order Tier 2	\$50
Mail Order Tier 3	\$80
Mail Order Tier 4	\$80

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.

Footnotes

Name	Code	Status	Category	Footnote
FN-08990	F633	Active	Ancillary	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.