

UnitedHealthcare Group Medicare Advantage (PPO)

County of Santa Barbara

2026 County of SB NPPO MAPD Low option

1/ 1/2026 - 12/31/2026

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$6,700	\$6,700
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)	\$15	\$15
Specialist Office Visit	\$25	\$25
Annual Routine Physical Exam	\$0	\$0
Virtual Services		
Virtual Office Visit	\$0	\$0
Virtual Visits - Behavioral Health	\$25	\$25
Virtual Medical Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$0	N/A
Virtual Behavioral Health Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$25	N/A
Inpatient Services		
Inpatient Hospital Stay	\$500 Per Admit	\$500 Per Admit
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 \$50 Per Day	Days 1 - 20 \$50 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	\$500 Per Admit	\$500 Per Admit
Outpatient Services		
Outpatient Surgery	\$250	\$250
Diagnostic Colonoscopy Cost Share	\$250	\$250
Outpatient Hospital Services	\$250	\$250
Outpatient Psychiatric Services	\$25	\$25
Outpatient Mental Health/Substance Abuse - Individual Visit	\$25	\$25
Outpatient Mental Health/Substance Abuse - Group Visit	\$25	\$25
Partial Hospitalization (Mental Health Day Treatment) per day	\$50	\$50
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$25	\$25
Occupational Therapy	\$25	\$25
Physical Therapy and Speech/Language Therapy	\$25	\$25
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$25	\$25
Intensive Cardiac Rehabilitation	\$25	\$25
Pulmonary Rehabilitation	\$15	\$15
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease	\$25	\$25

(PAD)		
Kidney Dialysis	\$25	\$25
Medicare Covered Services		
Chiropractic Visit	40%	40%
Acupuncture Visit	20%	20%
Podiatry Visit	\$25	\$25
Eye Exam	\$25	\$25
Diabetic Eye Exam	\$25	\$25
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$25	\$25
Dental Services	\$25	\$25
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$50	\$50
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)	\$15	\$15
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Insulin	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Mammogram Cost Share	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
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

Chiropractic (Non-Medicare Covered)

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

Hearing (Non-Medicare Covered)

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

UHC Healthy At Home - Post-Discharge Program (Non-Medicare Covered)

In-home personal care hours, following each discharge	6
Home delivered meals, following each discharge	28
Non-emergency medical rides, following each discharge	12

Vision (Non-Medicare Covered)

Eye Exam Refraction	\$0	\$0
Eye Exam Refraction - Benefit Period		every 12 months

Wellness/Clinical Programs

Fitness Program	Included
Case and Disease Management, including: - High Risk Members	Included

- Heart Failure	
- Respiratory Illness	
- Kidney Disease	
- Diabetes	
- Behavioral Health	
HouseCalls Program	Included
Member Rewards Program	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	
Let's Move Program	Included
A wellness program helping retirees move to a healthier lifestyle with resources, tools, and events focused on topics including:	
- Physical activity and nutrition	
- Mental health and social connection	
- Smoking cessation	
- Caregiver well-being	
- Financial wellness	

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom
Pharmacy Network	Broad Network
Formulary	Group Choice G
Bonus Drug List	B
Formulary Edits	Standard: Edits On

(step therapy, quantity limits, prior authorization)

Benefit Name In Network Services

Part D Coverage Stages

Initial Coverage	See Retail & Mail Order cost shares below.
True Out of Pocket Threshold (TrOOP)	\$2,100
Catastrophic Coverage over TrOOP	Member cost share is \$0

Day Supply Information

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	Most generic drugs
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3 - Non-preferred Drug	Non-preferred generic and 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 and generic drugs.

Part D Retail Cost Share Min./Max. Insulin Cost Share

1 month supply

Tier 1	Preferred Generic	\$10	\$0
Tier 2	Preferred Brand	\$25	\$0
Tier 3	Non-preferred Drug	\$40	\$0
Tier 4	Specialty Tier	\$40	\$35

2 month supply

Tier 1	Preferred Generic	\$20	\$0
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Tier 2	Preferred Brand	\$50	\$0
Tier 3	Non-preferred Drug	\$80	\$0
Tier 4	Specialty Tier	\$80	\$70
3 month supply			
Tier 1	Preferred Generic	\$30	\$0
Tier 2	Preferred Brand	\$75	\$0
Tier 3	Non-preferred Drug	\$120	\$0
Tier 4	Specialty Tier	\$120	\$105

Part D Mail Order		Cost Share	Min./Max.	Insulin Cost Share
1 month supply				
Tier 1	Preferred Generic	\$10		\$0
Tier 2	Preferred Brand	\$25		\$0
Tier 3	Non-preferred Drug	\$40		\$0
Tier 4	Specialty Tier	\$40		\$35
2 month supply				
Tier 1	Preferred Generic	\$20		\$0
Tier 2	Preferred Brand	\$50		\$0
Tier 3	Non-preferred Drug	\$80		\$0
Tier 4	Specialty Tier	\$80		\$70
3 month supply				
Tier 1	Preferred Generic	\$20		\$0
Tier 2	Preferred Brand	\$50		\$0
Tier 3	Non-preferred Drug	\$80		\$0
Tier 4	Specialty Tier	\$80		\$80

Additional Rx Benefit Details

Code	Description
Rx463	Rx-Injectable drug list: \$0 copay

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.