2024 Retiree Medical Plan Options for Electric Boat Retirees

2024 Plan Combination	Medicare Benefits A&B Alone	United American Group Retiree Plan	Anthem Medicare Preferred PPO Plans Anthem rates are guaranteed for 2024 and 2025.		
		Plan G	High Option	Base Option	Low Option
	Member Pays	*Member Pays*	*Member Pays*	*Member Pays*	*Member Pays*
2024 Monthly Medical Plan Cost (No Rx)		**$216.50**	**$152.76**	**$108.37**	**$82.39**
2024 Monthly Plan Cost including Value Rx		**$305.50**	**$241.76**	**$197.37**	**$171.39**
2024 Monthly Plan Cost including Limited Rx		**$343.50**	**$279.76**	**$235.37**	**$209.39**
2024 Monthly Plan Cost including Unlimited Rx		**$421.50**	**$357.76**	**$313.37**	**$287.39**
Annual Out-of-Pocket Maximum (OOP Max)*	**There is no maximum amount members pay annually with Medicare alone.**	**$240**	**$0**	**$1,800**	**$1,000**
Annual Plan Deductible		**$240**	**$0**	**$0**	**$185**

***The Annual Out-of-Pocket Maximum is the most you will pay during the calendar year for Medicare covered services under your medical plan. All medical plan copays, coinsurance and deductibles for Medicare covered services accrue towards the medical plan out-of-pocket maximum. Part D prescription drug plan deductibles, copays and coinsurance do not apply to the medical plan out-of-pocket maximum.**

Inpatient Hospital Services - for Medicare Part A Covered and Approved Services - Per Benefit Period					
A benefit period begins on the day you are admitted as an inpatient in a hospital or skilled nursing facility. The benefit period ends when you have not been an inpatient at any hospital or skilled nursing facility for 60 days in a row.					
	Member Pays	*Member Pays*	*Member Pays*	*Member Pays*	*Member Pays*
Hospitalization ** - First 60 days - Semi-private room & board, general nursing & inpatient services & supplies	$1,632 deductible	$0 copay per admission	$0 copay per admission	$200 copay per admission	$0 copay per admission

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		Plan G	**High Option**	**Base Option**	**Low Option**
	Member Pays	***Member Pays***	***Member Pays***	***Member Pays***	***Member Pays***
61st through the 90th day	$408 per day	$0	$0	$0	$0
91st day and after - while using lifetime reserve days	$816 per day	$0	$0	$0	$0
Once lifetime reserve days are used, additional 365 days	Not covered	No Cost for 365 additional days	No Cost for Unlimited Days	No Cost for Unlimited Days	No Cost for Unlimited Days
Beyond the 365 additional days	Not covered	All costs paid by you	No Cost for Unlimited Days	No Cost for Unlimited Days	No Cost for Unlimited Days
Mental Health Inpatient per stay **	190 days lifetime max subject to Inpatient deductible and co-insurance	No Cost for Medicare Covered Inpatient Stay - 190 Day Lifetime Max in a psychiatric hospital	$0 copay for Medicare Covered Inpatient Stay - No Limit to the number of days covered by the plan.	$200 copay for Medicare Covered Inpatient Stay - No Limit to the number of days covered by the plan.	$0 copay for Medicare Covered Inpatient Stay - No Limit to the number of days covered by the plan.
Skilled Nursing Facility ** - 100 days per benefit period	$204 per day after the 20th day - **3 day prior inpatient hospital stay required**	No Cost for Medicare Covered Skilled Nursing Stay - **3 day prior inpatient hospital stay required**	$0 copay for Medicare Covered Skilled Nursing Stay **No prior inpatient hospital stay required**	$0 copay for Medicare Covered Skilled Nursing Stay **No prior inpatient hospital stay required**	$0 copay for Medicare Covered Skilled Nursing Stay **No prior inpatient hospital stay required**
Home Health Care **	$0 for Medicare-covered & approved services	No Cost	$0 Copay	$0 Copay	$0 Copay
Hospice Care from a Medicare Certified hospice	All but very limited coinsurance for outpatient drugs & inpatient respite care	Balance	Medicare-certified hospice program services are paid by Original Medicare, not this plan.	Medicare-certified hospice program services are paid by Original Medicare, not this plan.	Medicare-certified hospice program services are paid by Original Medicare, not this plan.
Medicare Part B Outpatient and Inpatient Medicare Covered Services					
Part B deductible	$240	$240	$0	$0	$185
Excess Charge	Member Pays Excess Charge of 15% if provider does not take assignment	Plan pays Excess Charge of 15% if provider does not take Medicare assignment	Plan pays Excess Charge of 15% if provider does not take Medicare assignment	Plan pays Excess Charge of 15% if provider does not take Medicare assignment	Plan pays Excess Charge of 15% if provider does not take Medicare assignment

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Benefits	**Medicare Benefits A&B Alone**	**United American Group Retiree Plan**	**Anthem Medicare Preferred PPO Plans**		
		Plan G	**High Option**	**Base Option**	**Low Option**
	Member Pays	***Member Pays***	***Member Pays***	***Member Pays***	***Member Pays***
Primary Care Physician Visits	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance until $1,000 OOP Max is reached.
Specialist Visits	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance until $1,000 OOP Max is reached.
Surgery **- Outpatient Hospital Facility and Ambulatory Surgical Centers	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Outpatient hospital observation, non-surgical **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance until $1,000 OOP Max is reached.
Emergency Care	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$50 copay	$65 copay - Deductible does not apply.
Ambulance	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached. Deductible does not apply.
Urgent Care	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance to $65 max until $1,000 OOP Max is reached.
Physical Therapy, Speech Therapy and Occupational Therapy **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Cardiac and pulmonary rehabilitation services **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	$0 copay
Supervised Exercise Therapy (SET) **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Podiatry Services **	20% of Medicare approved services	$0 for Medicare approved services	$0 Copay	$20 Copay	20% coinsurance until $1,000 OOP Max is reached.

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		Plan G	**High Option**	**Base Option**	**Low Option**
	Member Pays	***Member Pays***	***Member Pays***	***Member Pays***	***Member Pays***
Chiropractic Services **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 Copay	$20 Copay until $1,000 OOP Max is reached.
Acupuncture Services**	20% of Medicare approved services	$0 for Medicare approved services	$0 Copay	$15 Copay	20% coinsurance until $1,000 OOP Max is reached.
Vision Care (non-routine)	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Durable Medical Equipment, prosthetic devices and related supplies **	20% of Medicare approved supplies	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Diabetic Supplies - Continuous Glucose Monitors **	20% of Medicare approved devices	$0 copay for Medicare approved devices	$0 copay	$0 copay	$0 copay
Diabetic Supplies - Lancets & Teststrips **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Medicare Part B drugs **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Outpatient Mental Health and Substance Abuse **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance until $1,000 OOP Max is reached.
Opioid Treatment Program Services **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$20 copay	20% coinsurance until $1,000 OOP Max is reached.
Lab and Xray - includes MRI, Catscans and other diagnostic testing **	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Radiation therapy**	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.

2024 Retiree Medical Plan Options for Electric Boat Retirees

Benefits	Medicare Benefits A&B Alone	United American Group Retiree Plan	Anthem Medicare Preferred PPO Plans		
		Plan G	High Option	Base Option	Low Option
	Member Pays	*Member Pays*	*Member Pays*	*Member Pays*	*Member Pays*
Chemotherapy**	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached. Deductible does not apply.
Outpatient Kidney Dialysis**	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached. Deductible does not apply.
Home Kidney Dialysis**	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	$0 copay for Medicare-covered home dialysis. Deductible does not apply.
Dialysis Equipment & Supplies**	20% of Medicare approved services	$0 for Medicare approved services	$0 copay	$0 copay	20% coinsurance until $1,000 OOP Max is reached.
Preventive Care, Routine Screening Tests & Wellness Programs					
"Welcome to Medicare" Preventive Visit	$0 for Medicare-covered & approved services	$0 for Medicare-covered & approved services	$0 copay	$0 copay	$0 copay. Deductible does not apply.
Annual Wellness Visit	$0 if within 1st 12 months of Medicare coverage; and then once every 12 months	$0 if within 1st 12 months of Medicare coverage; and then once every 12 months	$0 copay for annual wellness visit	$0 copay for annual wellness visit	$0 copay for annual wellness visit. Deductible does not apply.
Annual Routine Physical Exam	Comprehensive Annual Routine Physical Exam is not covered under Original Medicare	Comprehensive Annual Routine Physical Exam is not covered under Original Medicare	$0 copay for annual routine physical exam	$0 copay for annual routine physical exam	$0 copay for annual routine physical exam. Deductible does not apply.
Medicare Part B covered immunizations (Pneumonia, Flu, Hepatitis B, Covid 19)	$0 for Medicare-covered Part B immunizations	$0 for Medicare-covered Part B immunizations	$0 for Medicare-covered Part B immunizations	$0 for Medicare-covered Part B immunizations	$0 for Medicare-covered Part B immunizations. Deductible does not apply.

2024 Retiree Medical Plan Options for Electric Boat Retirees

Benefits	**Medicare Benefits A&B Alone**	**United American Group Retiree Plan**	**Anthem Medicare Preferred PPO Plans**		
		Plan G	**High Option**	**Base Option**	**Low Option**
	Member Pays	***Member Pays***	***Member Pays***	***Member Pays***	***Member Pays***
Annual Routine Vision Exam & Eyewear Allowance	Routine vision exams and eye refractions are not covered.	Routine vision exams and eye refractions are not covered	$0 copay for routine vision exam. $70 maximum annual benefit towards cost of exam and refraction. Eyewear allowance is $100 every 2 years.	$0 copay for routine vision exam. $70 maximum annual benefit towards cost of exam and refraction. Eyewear allowance is $100 every 2 years.	$0 copay for routine vision exam. $70 maximum annual benefit towards cost of exam and refraction. Eyewear allowance is $100 every 2 years.
Annual Routine Hearing Exam	Routine hearing exams are not covered	Routine hearing exams are not covered	$0 copay for an annual routine exam. $70 maximum annual benefit.	$0 copay for an annual routine exam. $70 maximum annual benefit.	$0 copay for an annual routine exam. Deductible does not apply. $70 maximum annual benefit.
Hearing aids	Not Covered	Not Covered	$1,500 allowance; Every three years	$1,500 allowance; Every three years	$1,500 allowance; Every three years
24/7 Nurse HelpLine	Not Covered	Not Covered	Included at no cost	Included at no cost	Included at no cost
Video Doctor Visits - LiveHealth Online	Not Covered	Not Covered	$0 copay for video doctor visits.	$0 copay for video doctor visits.	$0 copay for video doctor visits. Deductible does not apply.
Routine Foot Care	Not covered	Not Covered	$0 copay for twelve (12) covered visits per year.	$20 copay for twelve (12) covered visits per year.	20% coinsurance until $1,000 OOP Max is reached for twelve (12) covered visits per year.
Bone Mass Measurement (Bone Density)	$0 copay every 24 months or more frequent if medically necessary	$0 copay every 24 months or more frequent if medically necessary	$0 copay every 24 months or more frequent if medically necessary	$0 copay every 24 months or more frequent if medically necessary	$0 copay every 24 months or more frequent if medically necessary. Deductible does not apply.
Cardiovascular Disease Testing	$0 for Medicare-covered & approved services	$0 for Medicare-covered & approved services	$0 copay for Medicare-covered testing once every five years	$0 copay for Medicare-covered testing once every five years	$0 copay for Medicare-covered testing once every five years. Deductible does not apply.

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Benefits	Medicare Benefits A&B Alone	United American Group Retiree Plan	Anthem Medicare Preferred PPO Plans		
		Plan G	High Option	Base Option	Low Option
	Member Pays	*Member Pays*	*Member Pays*	*Member Pays*	*Member Pays*
Colorectal Screening	$0 for Medicare-covered services	$0 for Medicare-covered services	$0 copay for Medicare-covered services	$0 copay for Medicare-covered services	$0 copay for Medicare-covered services. Deductible does not apply.
Cervical and Vaginal Cancer Screening (Pap test and pelvic exam)	$0 for Medicare-covered & approved services once every two years unless high risk	$0 for Medicare-covered & approved services once every two years unless high risk	$0 copay for Medicare-covered & approved services once every two years unless high risk	$0 copay for Medicare-covered & approved services once every two years unless high risk	$0 copay for Medicare-covered & approved services once every two years unless high risk. Deductible does not apply.
Diabetes Screening	$0 for Medicare-covered & approved services	$0 for Medicare-covered & approved services	$0 copay for a Medicare covered diabetes screening(s).	$0 copay for a Medicare covered diabetes screening(s).	$0 copay for a Medicare covered diabetes screening(s). Deductible does not apply.
Breast Cancer Screening (mammograms)	$0 copay for annual screening mammogram	$0 copay for annual screening mammogram	$0 copay for annual screening mammogram	$0 copay for annual screening mammogram	$0 copay for annual screening mammogram. Deductible does not apply.
Prostate Cancer Screening Exam	$0 for Medicare-covered & approved services	$0 for Medicare-covered & approved services	$0 copay for a Medicare covered annual PSA test.	$0 copay for a Medicare covered annual PSA test.	$0 copay for a Medicare covered annual PSA test. Deductible does not apply.
Healthy Food Deliveries	Not covered	Not Covered	$0 cost for 14 meals per qualifying event after an inpatient hospital or skilled nursing stay or when you have a very low or very high BMI or A1C level that exceeds 9.0. Total of 56 meals per year.	$0 cost for 14 meals per qualifying event after an inpatient hospital or skilled nursing stay or when you have a very low or very high BMI or A1C level that exceeds 9.0. Total of 56 meals per year.	$0 cost for 14 meals per qualifying event after an inpatient hospital or skilled nursing stay or when you have a very low or very high BMI or A1C level that exceeds 9.0. Total of 56 meals per year.

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Benefits	**Medicare Benefits A&B Alone**	**United American Group Retiree Plan**	**Anthem Medicare Preferred PPO Plans**		
		Plan G	**High Option**	**Base Option**	**Low Option**
	Member Pays	***Member Pays***	***Member Pays***	***Member Pays***	***Member Pays***
Routine Transportation	Not covered	Not Covered	$0 cost for 12 one-way trips annually to medical providers, the pharmacy and to SilverSneakers locations. A trip is limited to 60 miles. Call Access2Care at 1.888.479.3249	$0 cost for 12 one-way trips annually to medical providers, the pharmacy and to SilverSneakers locations. A trip is limited to 60 miles. Call Access2Care at 1.888.479.3249	$0 cost for 12 one-way trips annually to medical providers, the pharmacy and to SilverSneakers locations. A trip is limited to 60 miles. Call Access2Care at 1.888.479.3249
Fitness Programs & Gym Membership	Not covered	Plan includes the Silver & Fit program. Program details and participating locations can be found at www.silverandfit.com	Plan includes the Silver Sneakers program. Program details and participating locations can be found at www.silversneakers.com	Plan includes the Silver Sneakers program. Program details and participating locations can be found at www.silversneakers.com	Plan includes the Silver Sneakers program. Program details and participating locations can be found at www.silversneakers.com
Urgent and Emergency Care Outside of the US - Foreign Travel					
Medicare Covered Outpatient Services while traveling outside the U.S.	No Benefits under Original Medicare for Foreign Travel Claims	$250 ded 20% to lifetime benefit max $50,000; Services received within first 60 days of each trip outside USA	$0 copay	$50 copay for emergency care but waived if admitted within 72 hours for same condition. $20 copay for urgent care.	$65 copay for emergent and urgent care. Deductible does not apply. Waived if admitted within 72 hours for same condition.
Medicare Covered Inpatient Services while traveling outside the U.S.	No Benefits under Original Medicare for Foreign Travel Claims	$250 ded 20% to lifetime benefit max $50,000; Services received within first 60 days of each trip outside USA	$0 copay (60 days max per lifetime) Call BCBS Global Core at 1.800.810.2583	$200 copay (60 days max per lifetime) Call BCBS Global Core at 1.800.810.2583	$0 copay Deductible does not apply. (60 days max per lifetime) Call BCBS Global Core at 1.800.810.2583

Important Note Regarding the Anthem Medicare Preferred PPO plans
If any conflict exists between this benefit summary and the Anthem Medicare Preferred (PPO) Explanation of Coverage (EOC); the Explanation of Coverage (EOC) takes precedence.
The Anthem Medicare Preferred PPO plans provide you with Anthem Blue Cross Blue Shield's National Access Plus provider network. With National Access Plus, your share of the cost is the same no matter if the doctor is in the Anthem network or not. You just need to see a doctor or medical provider approved by Medicare. This PPO plan allows access to any Medicare doctor or provider nationwide and your costshare doesn't change for doctors, medical providers and hospitals that do not participate in the Anthem Blue Cross Blue Shield National Access Plus network. You have the freedom to see the right Medicare doctor for you.
**** Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by the plan, to get covered services. In the network portion of the PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from Anthem. In a PPO, you do not need prior authorization to obtain out-of-network services. Anthem recommends you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with a double asterisk in the benefits comparison chart.**