

# Benefit highlights

## Association of California Water Agencies Joint Powers Insurance Authority 15467

Effective January 1, 2022 to December 31, 2022

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

### Plan Costs

	In-Network	Out-of-Network
<b>Annual medical deductible</b>	No deductible	
<b>Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)</b>	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$200 each plan year.	

### Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
<b>Doctor's office visit</b>	\$0 Primary care provider (PCP)	\$0 Primary care provider (PCP)
	\$0 Virtual doctor visits	\$0 Virtual doctor visits
	\$0 Specialist	\$0 Specialist
<b>Preventive services</b> Medicare-covered	\$0 copay	
<b>Inpatient hospital care</b>	\$0 copay per stay	\$0 copay per stay
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
<b>Outpatient surgery</b>	\$0 copay	\$0 copay
<b>Outpatient rehabilitation</b> Physical, occupational, or speech/language therapy	\$0 copay	\$0 copay
<b>Mental health</b> outpatient and virtual	\$0 Group therapy	\$0 Group therapy
	\$0 Individual therapy	\$0 Individual therapy
	\$0 Virtual visits	\$0 Virtual visits
<b>Diagnostic radiology services</b> such as MRIs, CT scans	\$0 copay	\$0 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	\$0 copay

## Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
<b>Therapeutic radiology services</b> such as radiation treatment for cancer	\$0 copay	\$0 copay
<b>Ambulance</b>	\$0 copay	
<b>Emergency care</b>	\$50 copay (worldwide)	
<b>Urgently needed services</b>	\$0 copay (worldwide)	

## Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
<b>Routine physical</b>	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
<b>Acupuncture – routine</b>	\$0 copay, 20 visits per plan year*	\$0 copay, 20 visits per plan year*
<b>Chiropractic - routine</b>	\$0 copay, 30 visits per plan year*	\$0 copay, 30 visits per plan year*
<b>Foot care - routine</b>	\$0 copay, 6 visits per plan year*	\$0 copay, 6 visits per plan year*
<b>Over-the-counter care</b> FirstLine Medical	\$0 copay; You receive \$40 each quarter to use on approved over-the-counter products as shown in the catalog or website.	
<b>UnitedHealthcare Healthy at Home</b>	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.	
<b>Hearing - routine exam</b>	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
<b>Hearing aids</b> UnitedHealthcare Hearing	Plan pays a \$500 allowance (combined for both ears) for hearing aids every 3 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
<b>Vision - routine eye exam</b>	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*
<b>Fitness program</b> Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations	
<b>Telephonic Nurse Services</b>	Receive access to nurse consultations and additional clinical resources at no additional cost.	
<b>Personal Emergency Response System (PERS)</b> Philips Lifeline	\$0 copay for a personal emergency response system.	
<b>Coach programs</b> Rally	\$0 copay for the Rally coach programs: <b>Real Appeal</b> – online weight loss program, <b>Wellness Coaching</b> – online and live coaching support program on topics that promote whole person health and the <b>Quit for Life</b> Tobacco cessation program.	

\*Benefits are combined in and out-of-network

## Prescription Drugs

	Your Cost	
<b>Initial Coverage Stage</b>	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy or Network Pharmacy (31 to 90-day retail supply)
<b>Tier 1: Preferred Generic</b>	\$5 copay	\$10 copay
<b>Tier 2: Preferred Brand</b>	\$20 copay	\$40 copay
<b>Tier 3: Non-preferred Drug</b>	\$50 copay	\$100 copay
<b>Tier 4: Specialty Tier</b>	\$50 copay	\$50 copay (limited to a 30-day supply)
<b>Coverage gap stage</b>	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
<b>Catastrophic coverage stage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,050 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
<b>Pharmacy Out-of-Pocket Maximum</b>	When your total Out-of-Pocket costs (what you pay) reach \$1,000 you will not pay any copay or coinsurance	

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.