**SUMMARY COMPARISON OF UNIVERSITY OF UTAH MEDICARE ADVANTAGE PLAN OPTIONS**  
*January 1, 2023 - December 31, 2023*

This brief summary is meant as an informal comparison of available Medicare Advantage options and is not meant to be a complete description of benefits, exclusions and limitations. Please refer to the detailed coverage information provided by each company for specific information on covered services, limitations, and any other contractual conditions. If a discrepancy arises between this information and the actual Plan Document or Evidence of Coverage, the Plan Document or Evidence of Coverage will prevail in all respects.

### Name of Plan
- **Regence Group Medicare Retiree MedAdvantage + Rx Primary Plan**
- **Regence Group Medicare Retiree MedAdvantage + Rx Classic Custom Plan**
- **United HealthCare Group Medicare Advantage (PPO)**
- **Advantage U - Signature (PPO)**

#### Contact
- Tina Perini (385) 489-1133 or tina@retireehealthsolutions.org
- Tina Perini (385) 489-1333 or tina@retireehealthsolutions.org

#### Monthly Premium
- $6
- $12

#### Utah Counties in which coverage is available
- County Available: All Medicare-eligible individuals residing anywhere within the United States

#### Covered Services

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Physician – Primary Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Physician – Specialized Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Virtual/Telephone Doctor Visits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Vision Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Medication Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care (3-day hospital stay not required)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Post Discharge Meal Delivery</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Hearing Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Podiatry Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

*Payment to an out-of-network provider will be based on the amount a network provider would accept as payment in full. You may be billed by the provider for additional amounts.

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**TruHearing Providers**

- **Hearing Aids:** 30% copay ($699/$999 per aid)
- **Routine Diabetic Podiatry:** 30% copay ($0 copay per year)
- **Advanced or Premium Hearing aid:** One per ear per year, benefit limited to 20 years.
- **Referral:** Provider referral required for hearing exam.

**Hearing Exam:**
- $45 copay for each hearing exam.
- $0 copay for each hearing exam (TruHearing Advanced or Premium hearing aids only).

**TruHearing Advanced or Premium hearing aids**

- 100% Copay hearing aids, one per ear per year.
- Annual maximum benefit: $10,000 (annual limit). Any restrictions may apply. Plan pays 100% for eyeglasses and contact lenses following cataract surgery.

**TruHearing Engagement Specialist**

- 100% Copay hearing aids, one per ear per year.
- Annual maximum benefit: $10,000 (annual limit). Any restrictions may apply. Plan pays 100% for eyeglasses and contact lenses following cataract surgery.

**Vision Services**

- 100% Copay for eyeglasses and contact lenses.
- 100% Coverage for one per ear per year.
- VSP Vision Plans available in other states with a monthly premium.

**Physicians**

- 100% Copay (6 per year)
- 30% Copay (TruHearing Advanced or Premium hearing aids only)
- 30% Copay (TruHearing Engagement Specialist)
- 30% Copay (TruHearing Advanced or Premium hearing aids)

**Virtual/Telephone Doctor Visits**

- 100% Copay
- 30% Copay

**Physician – Specialized Care**

- 100% Copay
- 30% Copay

**Physician – Primary Care**

- 100% Copay
- 30% Copay

**Virtual/Telephone Doctor Visits**

- 100% Copay
- 30% Copay

**Podiatry Services**

- 100% Copay
- 30% Copay

**Physician – Primary Care**

- 100% Copay
- 30% Copay

**Vision Services**

- 100% Copay
- 30% Copay

**Virtual/Telephone Doctor Visits**

- 100% Copay
- 30% Copay

**Physician – Specialized Care**

- 100% Copay
- 30% Copay

**Physician – Primary Care**

- 100% Copay
- 30% Copay
Summary Comparison of University of Utah Medicare Advantage Plan Options
January 1, 2023 - December 31, 2023

This brief summary is meant as an informal comparison of available Medicare Advantage options and is not meant to be a complete description of benefits, exclusions and limitations. Please refer to the detailed coverage information provided by each company for specific information on covered services, limitations, and any other contractual conditions. If a discrepancy arises between this information and the actual plan document, the plan document or Evidence of Coverage will prevail in all instances.

<table>
<thead>
<tr>
<th>Name of Plan</th>
<th>Regence Group Medicare Retiree Medishare + Rx Primary PPO Plan</th>
<th>Regence Group Medicare Retiree Medishare + Rx Classic Custom PPO Plan</th>
<th>UnitedHealthCare Group Medicare Advantage (PPO)</th>
<th>Advantage U - Signature (PPO) provided through University of Utah Health Insurance Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>Preventive dental: two routine cleanings per year (covered 100% with $0 maximum)</td>
<td>Preventive dental: two routine cleanings per year (covered 100% with $0 maximum)</td>
<td>Comprehensive dental: 50% after $1,000 annual maximum (including Class II fillings, extractions, periodontics, oral surgery/Class II Crowns, dentures, bridges, implants, and roots)</td>
<td>Preventive: $0 copay</td>
</tr>
<tr>
<td>Medicare Services</td>
<td>$40 copay (Medicare-covered services only)</td>
<td>$40 copay (Medicare-covered services only)</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Mental/Health Services - Inpatient</td>
<td>Preventive: $0 copay for inpatient admission; $40 copay for inpatient hospitalization ($10 copay per day for days 1-190; 190-day lifetime maximum)</td>
<td>Preventive: $0 copay for inpatient admission; $40 copay for inpatient hospitalization ($10 copay per day for days 1-190; 190-day lifetime maximum)</td>
<td>$150 copay per day for days 1-190; 190-day lifetime maximum</td>
<td>$150 copay per day for days 1-190; 190-day lifetime maximum</td>
</tr>
<tr>
<td>Mental/Health Services - Outpatient</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Chemical Dependency Services</td>
<td>Preventive: $0 copay for outpatient services</td>
<td>Preventive: $0 copay for outpatient services</td>
<td>Preventive: $0 copay for outpatient services</td>
<td>Preventive: $0 copay for outpatient services</td>
</tr>
<tr>
<td>Gym Membership / Fitness Benefits</td>
<td>Free Gym Membership through SilverSki</td>
<td>Free Gym Membership through SilverSki</td>
<td>SilverSki and available Home edition</td>
<td>SilverSki and available Home edition</td>
</tr>
<tr>
<td>Foreign Travel, Emergency Services</td>
<td>Emergency $0 copay (waived if admitted within 48 hours)</td>
<td>Emergency $0 copay (waived if admitted within 48 hours)</td>
<td>Global travel coverage for emergency department services and worldwide coverage for urgent medical services</td>
<td>Global travel coverage for emergency room and urgent care</td>
</tr>
</tbody>
</table>

This summary is provided for informational purposes only. The most details of coverage are included in the legal plan documents that govern each plan. If there is any discrepancy between this comparison and the plan documents, the plan documents govern.

* Payment made on an in-network provider will be based on the amount a network provider would accept as payment in full. You may be billed the provider for additional amounts.