RRD BENEFITS
HEALTH | WEALTH | LIFE

## 2023 COMPARISON CHART

# RETIREE GROUP HEALTH PROGRAM

The chart below compares the Retiree Group Health Program and Prescription Drug Program options for 2023. You can verify your eligibility for these options at **rrd.bswift.com** or contact the Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**, Monday through Friday, 7 a.m. to 7 p.m. CT.

| PROGRAM/BENEFIT | UHC POST-65 RETIREE MEDICARE | UHC PRE-65 RETIREE VALUE | | UHC PRE-65 RETIREE PPO | |
|---|---|---|---|---|---|
| **Medical** | **UHC Member Services**<br>**1-866-868-0286**<br>**UHCRetiree.com** | **UHC Member Services**<br>**1-877-442-5999**<br>**uhc.com** | | | |
| | | ***In-Network*** | ***Out-of-Network*** | ***In-Network*** | ***Out-of-Network*** |
| **Annual Deductible*** | $400 | $2,000/individual<br>$4,000/family<br>Combined Medical & Pharmacy | | $500/individual<br>$1,000/family | $1,000/individual<br>$2,000/family |
| **Annual Out-of-Pocket Maximum*** | $2,000/individual | $4,500/individual<br>$9,000/family<br>Combined Medical & Pharmacy | | $2,500/individual<br>$5,000/family | $3,000/individual<br>$6,000/family |
| **Lifetime Maximum** | NA | $2,000,000 combined with Out-of-Network | | $2,000,000 combined with Out-of-Network | |
| **Coinsurance Percentage** | 80% or 90%, varies by service | 80% | 60% | 80% | 60% |
| **Preventive Care** | $0 copay | 100% covered with no deductible | 60% covered after deductible | 100% covered with no deductible | 60% covered after deductible |
| **Physician Office Visits** | • PCP: $10 copay<br>• Specialist: $20 copay | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Inpatient Hospital Services** | $150 copay | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Inpatient/Outpatient Professional Services** | 80% covered after deductible** | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Outpatient Lab/X-ray** | 80% covered after deductible | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Outpatient Surgery** | 90% covered after deductible | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Emergency Room/ Urgent Care Facility** | • Emergency Room: $65 copay<br>• Urgent Care Facility: $35 copay | 80% covered after deductible | 80% covered after deductible, if claims administrator determines true emergency; otherwise, 60% covered after deductible | 80% covered after deductible | 80% covered after deductible, if claims administrator determines true emergency; otherwise, 60% covered after deductible |

rrd

RRD BENEFITS
HEALTH | WEALTH | LIFE

| PROGRAM/BENEFIT | UHC POST-65 RETIREE MEDICARE | UHC PRE-65 RETIREE VALUE | | UHC PRE-65 RETIREE PPO | |
|---|---|---|---|---|---|
| | | *In-Network* | *Out-of-Network* | *In-Network* | *Out-of-Network* |
| **Outpatient Rehabilitation Services** *Limited to a maximum of 90 visits per year combined with Physical, Occupational, Pulmonary, Cognitive and Speech Therapies* | • PT/OT/ST: 90% covered after deductible<br>• Cardiac/Pulmonary: 90% covered after deductible<br>• Chiropractic: $20 copay | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |
| **Mental Health and Substance Abuse** | • Inpatient: $150 copay<br>• Outpatient: $20 copay | 80% covered after deductible | 60% covered after deductible | 80% covered after deductible | 60% covered after deductible |

* **Pre-65 Retiree Value option:** If you cover dependents, the Plan starts paying benefits for an individual's claims only after the *total* family deductible has been met, even if those expenses are incurred by only one individual. Similarly, the Plan starts paying 100% only after the *total* family out-of-pocket maximum has been met, even if those expenses are incurred by only one individual.

** Please refer to the Annual Notice of Change that was mailed to you by UHC.

Charges above usual and customary (U&C) limits are member's responsibility. Amounts above U&C don't count toward the annual deductible or the out-of-pocket maximum.

| PROGRAM/BENEFIT | UHC POST-65 RETIREE MEDICARE | UHC PRE-65 RETIREE VALUE | | UHC PRE-65 RETIREE PPO | |
|---|---|---|---|---|---|
| **Prescription Drug** | **SilverScript® (Employer PDP) 1-855-313-9445 or TTY 711, 24/7 caremark.com** | **CVS Caremark 1-866-273-8402 caremark.com** | | | |
| **Retail** *30-day supply* | **If you're currently enrolled, you'll receive the following from SilverScript prior to Annual Enrollment:** Annual Notice of Change, Evidence of Coverage, Pharmacy Directory, Abridged Formulary<br>**If you're newly enrolling, you'll receive the following once you are enrolled:** Summary of Medicare Part D Benefits; Opt Out Notice (do **not** opt out of SilverScript if you wish to retain retiree medical coverage through RRD); Evidence of Coverage; Pharmacy Directory; Abridged Formulary | *In-Network* | *Out-of-Network* | *In-Network* | *Out-of-Network* |
| • Tier 1 Generic | | 80% covered after deductible | 60% covered after deductible | 80% covered; $10 minimum copay | |
| • Tier 2 Brand formulary | | 80% covered after deductible | 60% covered after deductible | 60% covered; $10 minimum copay | |
| • Tier 3 Brand non-formulary | | 80% covered after deductible | 60% covered after deductible | 50% covered; $10 minimum copay | |
| **Mail-order** *90-day supply* | | | | | |
| • Tier 1 Generic | | 80% covered after deductible | | 80% covered; $30 minimum copay | |
| • Tier 2 Brand formulary | | 80% covered after deductible | | 60% covered; $30 minimum copay | |
| • Tier 3 Brand non-formulary | | 80% covered after deductible | | 50% covered; $30 minimum copay | |
| **Annual Prescription Drug Out-of-Pocket Maximum** | After you reach the annual out-of-pocket maximum, ($2,500/individual or $4,500/family), RRD will pay your prescription drug costs for the remainder of the plan year | Combined with Medical | | $2,500/individual<br>$4,500/family | |

rrd