Benefit Highlights

Erickson Advantage Liberty no Rx (HMO-POS)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs	
Monthly plan premium	$0
Part B Premium Reduction	Up to $25

Medical benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	In-network	**Out-of-network**
Annual Medical Deductible	$500	No deductible
	$500 combined in and out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	$7,300 In-network	$10,000 out-of-network
Doctor's office visit		
Primary care provider (PCP)	$20 copay	$50 copay
Specialist	$50 copay (no referral needed)	$85 copay (no referral needed)
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	$0 copay	$0 copay - 40% coinsurance (depending on the service)
Inpatient hospital care	$325 copay per day: days 1-7 $0 copay per day: days 8 and beyond	40% coinsurance per stay for unlimited days

Medical benefits		
	In-network	**Out-of-network**
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $203 copay per day: days 21-100	40% coinsurance per stay, up to 100 days
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	$325 copay	40% coinsurance
Outpatient mental health		
Group therapy	$0 copay	40% coinsurance
Individual therapy	$0 copay - $30 copay	40% coinsurance
Virtual visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Diabetes monitoring supplies	$0 copay	40% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	$150 copay	40% coinsurance
Diagnostic tests and procedures (non-radiological)	$0 copay	40% coinsurance
Lab services	$0 copay	$0 copay
Outpatient x-rays	$15 copay	$30 copay
Ambulance	$275 copay for ground or air	$275 copay for ground or air
Emergency care	$100 copay ($0 copay for emergency care outside the United States) per visit	
Urgently needed services	$30 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
Routine physical	$0 copay, 1 per year*	40% coinsurance, 1 per year*
Routine eye exams	$0 copay, 1 per year*	$85 copay, 1 per year*

Benefits and services beyond Original Medicare		
	In-network	**Out-of-network**
Routine eyewear	$0 copay Plan pays up to $100 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.* Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.	
Dental - preventive	$0 copay for exams, cleanings, X-rays, and fluoride*	$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*	50% coinsurance on dentures and bridges $0 copay for all other covered comprehensive services*
Dental - benefit limit	$500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Hearing - routine exam	$0 copay, 1 per year*	$85 copay, 1 per year*
Hearing aids	$99 to $1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Fitness program	$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health content.	
Routine transportation	$0 copay; 24 one-way trips per year to or from approved locations.	No coverage
Foot care - routine	$50 copay, 6 visits per year*	$85 copay, 6 visits per year*
Falls prevention program	$0 copay for support on how to reduce falls, prevent injuries and improve your balance and strength	No coverage

*Benefits are combined in and out-of-network

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information

This information is not a complete description of benefits. Contact the plan for more information.

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