



# City of Racine

## Group Medicare Advantage 2025 Plan Year Alternatives

Presented by National Benefit Consultants, Inc.  
Effective January 1st, 2025

		Current UHC Plan 2024		Proposed	
<b>Plan Name</b>		UHC Current Plan		NHP Option 8	
<b>Plan Type</b>		PPO		PPO	
<b>Member Monthly Premium</b>		\$283.21		\$163.00	
<b>Member Costs</b>		In Network	Out of Network	In Network	Out of Network
<b>Deductible (Part A &amp; B)</b>		\$400	\$400	\$1,000	\$1,000
<b>Maximum Annual Out-of-Pocket</b>		\$400	\$400	\$2,500	\$2,500
<b>Professional</b>					
	Primary Care (PCP)	\$0	\$0	20%	20%
	Specialist	\$0	\$0	20%	20%
	Preventive	\$0	\$0	20%	20%
	X-Rays	\$0	\$0	20%	20%
	Diagnostic Testing (not Radiology)	\$0	\$0	20%	20%
	Diagnostic Radiology	\$0	\$0	20%	20%
	Hearing Exam	\$0	\$0	20%	20%
	Vision Services	\$0	\$0	20%	20%
	Mental Health/Substance Abuse	\$0	\$0	20%	20%
	Chiropractic	\$0	\$0	20%	20%
<b>Outpatient Hospital</b>					
	Emergency Room	\$0	\$0	20%	20%
	Urgent Care	\$0	\$0	20%	20%
	Outpatient Hospital - Surgery	\$0	\$0	20%	20%
	Ambulatory Surgery Center	\$0	\$0	20%	20%
	Observation	\$0	\$0	20%	20%
	Low Cost Laboratory	\$0	\$0	20%	20%
	Laboratory	\$0	\$0	20%	20%
	X-Rays	\$0	\$0	20%	20%
	Diagnostic Testing (not Radiology)	\$0	\$0	20%	20%
	Diagnostic Radiology	\$0	\$0	20%	20%
	Therapeutic Radiology	\$0	\$0	20%	20%
	PT/OT/ST	\$0	\$0	20%	20%
	Psych/Substance Abuse	\$0	\$0	20%	20%
	Cardiac Rehab	\$0	\$0	20%	20%
	Home Health	\$0	\$0	20%	20%
<b>Inpatient (Acute)</b>					
	Inpatient Acute Copay/Admit	\$0	\$0	20%	20%
	Cover Unlimited	Yes	Yes	Yes	Yes
<b>Inpatient (Mental Health)</b>					
	Inpatient MH Copay/Admit	\$0	\$0	20%	20%
	Cover Unlimited	Yes	Yes	Yes	Yes
<b>Skilled Nursing Facility</b>					
	SNF Copay/Day	\$0	\$0	20%	20%
	Start Day	1	1	1	1
	End Day	100	100	100	100
	Days 21 - 54	Included	Included	Included	Included
	Days 55 - 100	Included	Included	Included	Included
<b>Other</b>					
	Ambulance	\$0	\$0	20%	20%
	DME, Supplies, Prosthetics	\$0	\$0	20%	20%
	Part B Drugs	\$0	\$0	20%	20%
<b>Non-Medicare Covered</b>					
	Acupuncture/Chiro/Podiatry	Unlimited	Unlimited	Not Covered	
	Vision Exams (EyeMed)	\$0	\$0	\$0	\$0
	Vision Hardware (EyeMed)	Not Covered		Not Covered	
	Hearing & Speech Exams	Covered	Covered	Covered	Covered
	Hearing Aids Allowance	\$500	\$500	\$0	\$0
	Post-Discharge Transportation	12 Rides	12 Rides	Not Covered	
	Routine Physicals	\$0	\$0	\$0	\$0
	Post-Discharge Meals	28 Meals	28 Meals	28 Meals	28 Meals
	Post-Discharge In-Home Support	6 Hours	6 Hours	6 Hours	6 Hours
	Fitness Benefit	Included		Included	

Embedded Drug Plan

Current UHC Plan 2024		Proposed
Plan Name	UHC Current Plan	NHP Option 8
Annual Drug Deductible	\$0	\$0
Deductible Applies To	N/A	N/A
Annual Max Drug Out-of-Pocket	\$8,000	\$2,000
Preferred Retail RX Copay	Per 30-Day Supply	Per 30-Day Supply
Tier 1: Preferred Generic	20%	\$2
Tier 2: Non-Preferred Generic	20%	\$8
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Brand	20%	25%
Tier 5: Specialty	20%	25%
Non-Preferred Retail RX Copay	Per 30-Day Supply	Per 30-Day Supply
Tier 1: Preferred Generic	20%	\$7
Tier 2: Non-Preferred Generic	20%	\$15
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Brand	20%	25%
Tier 5: Specialty	20%	25%
Preferred Mail Order RX Copay	100-Day Supply Tier 1 90-Day Supply Tiers 2 - 4	100-Day Supply Tier 1 90-Day Supply Tiers 2 - 4
Tier 1: Preferred Generic	20%	\$0
Tier 2: Non-Preferred Generic	20%	\$0
Tier 3: Preferred Brand	20%	20%
Tier 4: Non-Preferred Brand	20%	25%
Tier 5: Specialty	20%	Not Covered
Retail Coverage in Gap	Full Coverage	No Coverage Gap in 2025

COST INFORMATION:

Current UHC Plan 2024		Proposed
Plan Name		NHP Option 8
Financials		
Member Monthly Premium	\$283.21	\$163.00
Change from 2024 Rates	N/A	-\$120.21
Estimated Costs (843 Members)		
Total Monthly Plan Cost	\$238,746	\$137,409
Total Annual Plan Cost	\$2,864,952	\$1,648,908
*Total Change from 2024 to 2025	N/A	-\$1,216,044.36