

UnitedHealthcare Group Medicare Advantage (PPO) City of Cartersville

2024 City of Cartersville NPPO MAPD Opt 1 v1

1/ 1/2024 - 12/31/2024

Rates for: 1/1/2024 - 12/31/2024

Plan Year: 2024

Total Premium*	Quote Name	Product Combination	Quoted Membership	UHC Rate ID	Quoted Service Area
\$348.39	2024 City of Cartersville NPPO MAPD Opt 1 v1	MAPD	112	RP-28851	National

Stipulations

- This is a Preliminary quote effective 1/1/2024 - 12/31/2024. The situs state is Georgia.
- To ensure proper claim adjudication effective 1/1/2024, it is imperative that we have final 1/1/2024 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2023 could be problematic in terms of claim adjudication on 1/1/2024.
- If the enrollment were to change by more than +/- 10% from the submitted census, we reserve the right to adjust the rates.
- The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.
- 9 Pre-65 Medicare eligible retirees are included.
- Quote assumes \$0.00 PMPM commission level.
- United reserves the right to modify its 2024 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) any changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized (Please note that this proposal does account for the portions of the Inflation Reduction Act that are effective 1/1/2023 and 1/1/2024 but does not account for any impacts due to the portions of the Inflation Reduction Act that are scheduled to become effective 1/1/2025 and forward); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract. This quote assumes that the Point-of Sale (POS) Rebate Rule will not be effective as of January 1, 2024. If the POS Rebate Rule becomes effective as of January 1, 2024, United will modify the 2024 rates accordingly.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2024 . We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2024. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- This quote assumes that the employer pays 50% of the premium.
- While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2024
- These rates are quoted on a full replacement basis.

* Premium Rates are Per Member Per Month (PMPM)

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$0	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	