



SAINT LOUIS COUNTY
Missouri



2025 MEDICARE BENEFITS AT A GLANCE

Medicare Open Enrollment: November 7 through December 7, 2024

This summary provides a brief overview of the Medicare Advantage Plans from Aetna and UHC effective January 1, 2025 through December 31, 2025. Please refer to your Open Enrollment benefits guide for additional details on eligibility, benefit coverage details, and plan limits. Please note: if you do not wish to make any changes for 2025, you do not need to take action.

BENEFIT	COVERAGE OPTIONS
MEDICAL & PHARMACY PLANS & ENROLLMENT	St. Louis County does not offer Retiree medical coverage. Please contact BenManage Retiree Service at 314-262-7088, option 3 to speak to someone about medical plan options.
2025 MEDICARE ADVANTAGE PLANS – UHC & AETNA	<p>Aetna Medicare PPO Advantage Plan Options</p> <p>PPO ESA Plan – \$500 deductible and \$3,400* out-of-pocket maximum. Aetna National PPO Network.</p> <p>Street PPO ESA Plan – \$0 deductible and \$2,800* out-of-pocket maximum. Aetna National PPO Network.</p> <p>Enhanced PPO ESA Plan – \$0 deductible and \$1,200* out-of-pocket maximum. Aetna National PPO Network</p> <p>UHC Medicare Advantage Plan Options</p> <p>Advantage PPO Plan #12875 – \$0 deductible and \$4,000* out-of-pocket maximum. UHC LPPO Network.</p> <p>Advantage PPO Plan #12876 – \$0 deductible and \$4,500* out-of-pocket maximum. UHC LPPO Network.</p> <p>Advantage Nationwide PPO – \$0 deductible and \$3,400* out-of-pocket maximum. UHC NPPO Network.</p>

2025 MEDICARE PLAN OPTIONS

AETNA

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. The plan summaries below are for January 1, 2025 – December 31, 2025.

	Aetna PPO ESA	Aetna Street PPO ESA	Aetna Enhanced PPO ESA
Network	Aetna National PPO		
Deductible	\$500	None	None
Annual Out-of- Pocket Maximum	\$3,400	\$2,800	\$1,200
Office Visit Primary Specialist Routine Vision	\$0 per visit \$25 per visit \$0 per visit	\$5 per visit \$40 per visit \$0 per visit	\$10 per visit \$20 per visit \$20 per visit
Inpatient Treatment	\$200/day (days 1-5) \$0 unlimited addtl days	\$275/day (days 1-5) \$0 unlimited addtl days	\$150/day (days 1-3) \$0 unlimited addtl days
Emergency Room	\$120	\$90	\$50
Urgent Care	\$25	\$65	\$25
Skilled Nursing Facility	\$20/day (days 1-20) \$178/day (days 21-100)	\$20/day (days 1-20) \$178/day (days 21-100)	\$0/day (days 1-20) \$25/day (days 21-40) \$0/day (days 41-100)
Outpatient Surgery	\$150 per visit	\$275 per visit	\$250 per visit
Laboratory Services	\$0	\$0	\$0
Diagnostic X- Rays/Tests	20%	20%	20%
Durable Medical Equipment	20%	20%	20%
Prescription Drugs Retail 30 day supply			
Preferred Generic	\$15†	\$15†	N/A
Generic	\$20†	\$20†	\$0
Preferred Brand	\$47	\$47	\$25
Non-Preferred	\$100	\$100	\$55
Specialty	33%	33%	25%

2025 MEDICARE PLAN OPTIONS

UNITED HEALTHCARE

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. The plan summaries below are for January 1, 2025 – December 31, 2025.

	UHC Medicare Advantage LPPO Plan #12875*	UHC Medicare Advantage LPPO Plan #12876*	UHC Medicare Advantage NPPO** Plan #13780*
Network	LPPO	LPPO	NPPO
Deductible	None	None	None
Annual Out-of-Pocket Maximum	\$4,000	\$4,500	\$3,400
Office Visit			
Primary	\$5 per visit	\$5 per visit	\$20 per visit
Specialist	\$25 per visit	\$30 per visit	\$50 per visit
Routine Vision	\$0 per visit	\$0 per visit	\$0 per visit
Inpatient Treatment	\$200/day (days 1-8) \$0 copay (9+ days)	\$275/day (days 1-6) \$0/day (7+ days)	\$350/day (days 1-6) \$170/day (days 7-10) \$0 copay (days 11+)
Emergency Room	\$90	\$90	\$120
Urgent Care	\$35	\$35	\$65
Skilled Nursing Facility	\$0/day (days 1-20) \$100/day (days 21-100)	\$0/day (days 1-20) \$214/day (days 21-100)	\$0/day (days 1-20) \$214/day (days 21-39) \$0/day (days 40 - 100)
Outpatient Surgery	\$200 per visit	20% Coinsurance	\$500
Laboratory Services	\$0	\$0	\$0
Diagnostic X- Rays/Tests	5%	10%	\$60
Durable Medical Equipment	5%	20%	\$65
Prescription Drugs			
Retail 30-day supply			
Rx Deductible	\$300	\$300	\$590
Preferred Generic	\$15	\$15	\$15
Generic	\$15	\$15	\$15
Preferred Brand	\$47	\$47	\$47
Non-Preferred	\$100	\$100	\$100
Specialty	\$100	\$100	\$100

* Plan enrollment determined by which county member resides in. To confirm, contact UHC.

**UHC NPPO Plan – Tier 1 states include: AL, AR, CO, D.C., FL, IN, KS, LA, MI, MO, MS, MT, NV, NC, NM, OH, OK, PA, RI, SC, TN, UT, VA, WI

**UHC NPPO Plan – Tier 2 states include: AZ, DE, GA, ID, IA, KY, MN, NE, ND, OR, TX, WA, WV

**UHC NPPO Plan – Tier 3 states include: AK, CA, CT, HI, IL, ME, MD, MA, NH, NJ, NY, SD, VT, WY

MEDICARE, DENTAL, & VISION COSTS

2025 MEDICARE & PHARMACY

	Aetna Plans			UHC Plans		
	PPO ESA	Street PPO ESA	Enhanced PPO ESA	LPPO – Plan #12875	LPPO – Plan #12876	NPPO – Plan #13780**
2025 RETIREE ONLY	\$29.00	\$29.00	\$265.50	\$0	\$0	\$100.00*
2025 RETIREE + SPOUSE (BOTH MEDICARE ELIGIBLE)	\$58.00	\$58.00	\$531.00	\$0	\$0	\$200.00*

*Cost shown for MO residents. Cost on the Nationwide PPO plan will vary from State to State.

**Plan enrollment determined by which county member resides in. Contact UHC to confirm.

Costs shown above are **monthly** amounts.

Please review your benefit premium deduction amounts. If an error is found in premium processing, the County Benefits office can only refund up to 6 months of premiums. Notify County Benefits ASAP via email or mail if you are not charged the correct amount.