

Time to get what you've earned



more reasons to choose our plan

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Original Medicare basics

When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis
of disability or other
special situation

You're a U.S. citizen or a legal
resident who has lived in the United
States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status



Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Offered by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage





Medicare Advantage Prescription Drug (HMO)

Plan benefits, programs and features

Plan highlights



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Provider visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D/prescription drug coverage

Included in your Medicare Advantage plan



Additional benefits, programs and features

Bundled with this plan

Medicare Advantage (Part C) plans are provided through private insurers like UnitedHealthcare



Choose from a large network of providers, specialists and hospitals

Your provider may already be part of our network.

To find out, search our online Provider Directory at retiree.uhc.com or call UnitedHealthcare Customer Service at **1-877-714-0178**, TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday.



Your annual costs

\$0

Annual deductible

\$6700

Annual out-of-pocket maximum*

* Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.



Plan benefits

Benefit coverage	In-network plan
Primary care provider (PCP) office visit	\$15 copay
Specialist office visit	\$15 copay
Urgent care	\$15 copay
Emergency room	\$50 copay
Inpatient hospitalization	\$0 copay
Outpatient surgery	\$0 copay
Medical virtual visits*	\$0 copay

* Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.



Preventive services

Benefit coverage	In-network
Annual physical	\$0 copay
Annual Wellness Visit*	\$0 copay
Immunizations	\$0 copay
Breast cancer screenings	\$0 copay
Colon cancer screenings	\$0 copay

*A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.



Additional benefits

Benefit coverage	In-network
Acupuncture – Routine <ul style="list-style-type: none">• CA - 30 visits per plan year• AZ & NV – 12 visits per plan year	\$15 copay
Chiropractic care – Routine <ul style="list-style-type: none">• CA - 30 visits per plan year• AZ & NV – 12 visits per plan year	\$15 copay
Hearing exam - Routine (1 exam per plan year)	\$0 copay
Hearing Aids	S.CA - \$2000 allowance per ear every 3 years AZ & NV - \$500 allowance per ear every 2 years



Testing and monitoring supplies to help manage diabetes

When you use one of the approved meters and corresponding strips, your cost share for diabetes testing and monitoring supplies is a \$0 copay.

These supplies also include any brand of:

- ✓ Lancet
- ✓ Lancing device
- ✓ Glucose control solution
(to test the accuracy of your meter)
- ✓ Replacement batteries for your meter

To switch to one of the preferred brands, you may be required to get a new prescription from your provider. A temporary supply of your current brand can be requested.

Plus, your plan provides coverage for many of the OneTouch and ACCU-CHEK blood glucose testing strips and meters*.

*Other suppliers/vendors/providers are available in our network.



Changes to Medicare Part D coverage— Inflation Reduction Act

What is it?

The Inflation Reduction Act (IRA) was signed into law in 2022. All UnitedHealthcare Group Retiree Medicare Part D plans (MAPD and PDP) are impacted.

What does this mean?

Beginning January 1, 2025:

- The coverage gap stage (donut hole) is eliminated. The drug stages will be the deductible, initial coverage stage and catastrophic coverage stage.
- Your 2025 total out-of-pocket costs for Part D prescription drug costs will be limited to \$2,000. That means that after you and others on your behalf have paid a combined total of \$2,000 for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees will have the option to pay their out-of-pocket prescription drug costs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan.



Medicare Prescription Payment Plan

What is it?

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.

Who can participate in the Medicare Prescription Payment Plan program?

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan beginning on or after January 1, 2025. Information about the program is included in select plan materials.

While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

This program may not be a good fit for members who have low yearly drug costs, who are not likely to reach the \$2,000 annual out-of-pocket maximum, or who have Extra Help or another government program to help save on their prescription drug costs.

How does it work?

- A member can opt in to the program through the plan online, over the phone or by mail
- The member pays \$0 up front for their Part D medication, and the plan pays the pharmacy for the member's cost share
- The plan sends monthly bills to the member, which can be paid online, over the phone or by opting in to autopay
- Future payments increase as the member continues to fill prescriptions throughout the year
- The member won't pay interest or fees on the amount owed even if the payment is late



Part D (prescription drug) plan

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic Most generic drugs	\$10 copay	\$20 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs	\$20 copay	\$40 copay
3	Non-preferred Drug Non-preferred generic and non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$50 copay	\$100 copay
4	Specialty Tier Unique and/or very-high-cost brand-name and generic drugs	\$50 copay	\$100 copay



Ways to save on your prescriptions



Review your medications

Discuss all your prescription drugs with your provider at least once a year.



Use your UnitedHealthcare member ID card

Show your UnitedHealthcare member ID card at the pharmacy to get the plan's discounted rates.



Use participating network pharmacies

You may save on the medication you take regularly.



Consider using Optum® Home Delivery Pharmacy

You could save time and trips to the pharmacy.



Get Optum[®] Home Delivery^{<2>} in 5 simple steps

1

Order submitted

After your account is set up, your Optum Home Delivery order enters the pharmacy system.

2

Pharmacist review

A pharmacist reviews your information for drug interactions, allergies and dosage.

3

Safety review

For your safety, another pharmacist reviews your medication for accuracy after it is dispensed.

4

Packaging

Optum Home Delivery Pharmacy seals your medication in a tamper-evident package.

5

Shipping

Optum Home Delivery mails your medication to you and notifies you when it has been shipped.



Getting vaccinated is important to your health



Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease.

They do this by imitating an infection without causing the disease — and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.

Check with your provider to see if these common vaccines are right for you

Covered by Part B

- ✓ Influenza (flu)
- ✓ Pneumococcal
- ✓ Hepatitis B for those at medium or high risk
- ✓ COVID-19*

Covered by Part D

- ✓ Shingles
- ✓ Tetanus, diphtheria, pertussis (Tdap)
- ✓ Hepatitis A
- ✓ Hepatitis B for those at low risk

*You will have \$0 cost share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers.



Gym and fitness membership

SilverSneakers® is a fitness benefit that includes:

- ✓ A free membership and access to group exercise classes* at participating fitness locations**
- ✓ Classes to get active outside of traditional gyms
- ✓ Virtual resources and a support network through SilverSneakers LIVE™, SilverSneakers On-Demand and the SilverSneakers GO™ fitness app
- ✓ SilverSneakers Steps for members 15 miles or more from a participating fitness center. Choose the kit that works best for you: general fitness, strength, walking or yoga.



*Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.



Fun ways to stay active with Let's Move by UnitedHealthcare

At no additional cost to you, Let's Move by UnitedHealthcare is our health and wellness program to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, stay connected and be financially, physically and mentally fit.



Let's eat well

Treat yourself to tasty recipes, fun cooking events and support.



Let's be mentally fit

Support your mental health with services, online tools and resources.



Let's get fit

Get free access to at-home workouts, online classes and local fitness events.



Let's make friends

Find ways to connect through local and online events, classes, volunteering and more.



Let's live well

Learn ways to help manage your financial well-being.



Let's support

Find caregiver resources to help you support loved ones and yourself.



Get care anywhere with Virtual Visits

With Virtual Visits, you can live video chat* with a medical provider or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.**

Ask questions, get a diagnosis, or even get medication prescribed*** and sent to your pharmacy. All you need is a strong internet connection.



Find participating Virtual Visit providers by logging in to your member website

Virtual Provider Visits may be best for:

- ✓ Allergies, bronchitis, cold/cough
- ✓ Fever, seasonal flu, sore throat
- ✓ Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits may be best for:

- ✓ Initial evaluation
- ✓ Behavioral health medication management
- ✓ Addiction
- ✓ Depression
- ✓ Trauma and loss
- ✓ Stress or anxiety

*The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

**Benefits and availability may vary by plan and location.

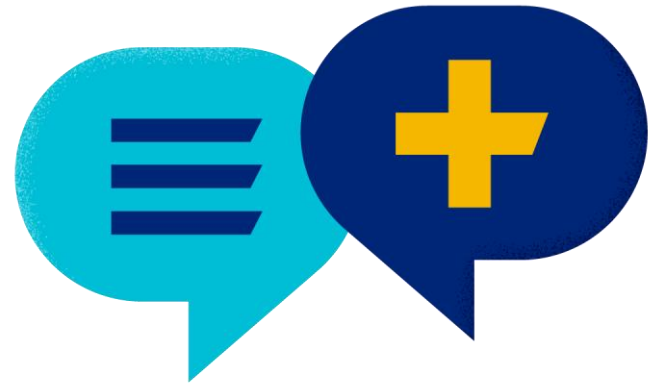
***Providers cannot prescribe medications in all states.



Get answers to your health questions with 24/7 provider support

With 24/7 provider support:

- ✓ Providers can diagnose, treat a wide range of conditions and prescribe medication*
- ✓ Connect by phone, web or app from anywhere
- ✓ Results of the visit can be shared with your primary care provider**



Get help making health decisions — at no cost to you

*When medically necessary

**With member consent



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More peace-of-mind with a Personal Emergency Response System (PERS)*

With the Personal Emergency Response System (PERS), provided by Lifeline, help is a button push away.

- ✓ In-home medical alert monitoring system
- ✓ Quick access in any situation, whether an emergency or you just need a helping hand
- ✓ Provides safety, independence and peace of mind



**Help is just a push
button away**

*Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. You must have a working landline and/or cellular phone coverage to use PERS.



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Extra help recovering with UnitedHealthcare Healthy at Home

With UnitedHealthcare Healthy at Home you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist



6 hours of non-medical personal care provided through a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required.

*A new referral is required after every discharge to access your meal and transportation benefit.



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Routine Transportation

You are eligible for Routine Transportation* through our approved vendor.



\$0 copay for 30 one-way trips to approved medically related appointments and the pharmacy, must not exceed 50 miles per trip.



*Please refer to your Summary of Benefits for details on your benefit coverage.



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Non-Medical Personal Care

You are eligible for 12 hours of non-medical personal care* per month, through our approved vendor. This may include:



Grocery shopping



Meal preparation



Personal care



And More



*Please refer to your Summary of Benefits for details on your benefit coverage.



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What to expect next

Register for your secure personal online account at retiree.uhc.com

Follow these easy steps to register for your secure and personal online account:

- ✓ Visit the website and click on the **Sign In or register** button and then click **Register Now**
- ✓ Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
- ✓ Create your username and password, enter your email address, and click **Create my ID**
- ✓ For security purposes, you will need to verify your account by email, call or text



After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Look up** drugs and how much they cost under your plan
- **Search** for network providers
- **Sign up** to get your Explanation of Benefits online





Questions and answers



Thank you

We look forward to welcoming you to our Medicare family

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium. If not otherwise paid for under Medicaid or by another third party.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

^{†1}Optum Home Delivery is a service of Optum Rx pharmacy. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for a 90 or 100-day supply of your maintenance medication. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Copays apply after deductible.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-844-808-4553, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week, for additional information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

