



2025 Pre-Enrollment Guide

American Airlines, Inc.

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15780, 15774

Effective: January 1, 2025 through December 31, 2025

**United
Healthcare**
Group Medicare Advantage

American Airlines 

With UnitedHealthcare Group Medicare Advantage (PPO), you get more

American Airlines has selected UnitedHealthcare® to provide medical and prescription drug coverage options to their Medicare-eligible retirees. With these options, you'll enjoy an easier than ever Medicare experience. You've earned it.



Read through this guide to get to know your options

The guide includes:

- A description of the coverage and how it works
- Information about benefits, programs and services, and how much they cost
- Information about covered drugs and how much they cost
- What you can expect after you're enrolled

Please keep this guide. It has information that will be helpful once you become a member. You can also get more information at the website below. Select the Chat now button to connect with one of our knowledgeable Customer Service Advocates.



How to enroll

American offers two options, the Standard Option and the Plus Experience Option. You and your Medicare-eligible dependents will be enrolled automatically in the UnitedHealthcare Group Medicare Advantage (PPO) Standard Option for medical and prescription drug coverage. If you would like to choose the Plus Option, please visit the American Airlines Benefits Services Center via retirees.aa.com or call 1-888-860-6178, 8 a.m.–5 p.m. CT, Monday–Friday.

If you do not want this coverage

To opt out of this coverage, visit American's Benefits Service Center via retirees.aa.com or call 1-888-860-6178.



Take control of your health

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.

Visit retiree.uhc.com/American
and select the **Chat now** button



Call toll-free **1-866-225-8816**, TTY **711**
8 a.m.–8 p.m. local time, Monday–Friday

More than health insurance

With the UnitedHealthcare Group Medicare Advantage (PPO) options, you get medical and prescription drug coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

Here's just some of what is included



\$0 copay for home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care to assist with daily activities after a hospital or skilled nursing facility stay



Earn rewards to spend on eligible items like gifts, clothing, groceries and more



Free delivery with Optum® Home Delivery Pharmacy for prescriptions you take regularly



Free standard gym membership at participating locations



Free UnitedHealthcare® HouseCalls visit from one of our licensed health care practitioners



Free hearing exam and \$2,500 allowance to spend on a broad selection of hearing aids



Virtual doctor and behavioral health visits using your computer, tablet or smartphone – anytime, day or night



Medicare Advantage's largest national provider network



Special programs to help you if you are living with a chronic disease, like diabetes or heart disease, or other complex health needs



Free diabetic supplies like continuous glucose monitors, needles and test strips



Get a wearable emergency device to get help 24 hours a day



Review the Summary of Benefits in this guide for more details



More from your health coverage

These options are Medicare Advantage PPOs, also known as Medicare Part C. They have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B). Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage option.



Here's how these options work



Get care from providers in or out-of-network as long as they participate in the Medicare Program



No referral is needed to see a specialist or other provider



Select a primary care provider (PCP) to oversee and help manage your care

It's not required, but it's very beneficial for your long-term health and well-being.



You pay a standard copay or coinsurance to see a network or out-of-network provider

We work closely with our network (contracted) providers to make sure they have access to resources and tools to help them work with you for better health outcomes.



These options have separate maximum annual out-of-pocket amounts for medical and prescription drugs

If you reach your medical limit, you will pay \$0 for Medicare-covered services for the rest of the plan year. After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you won't pay anything for your Medicare-covered Part D drugs for the rest of the year.



Emergency and urgently needed services are covered anywhere in the world



These options include prescription drug coverage for thousands of brand name and generic drugs

Always use network pharmacies for your option's lowest cost on prescription drugs.

To search for a network provider or pharmacy, visit retiree.uhc.com/American. You can also view the Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Scan this code to view the Drug List



Get to know your coverage

It's important that you understand your coverage and benefits. You can find the Drug List, Provider and Pharmacy directories and more at retiree.uhc.com/American.



Review the online Drug List to see what prescription drugs are covered

And what drug tier they are in. Generally, the lower the drug tier, the less you'll pay.



Review the online Provider Directory to see if your providers are in the network

It's okay if they're not. These options allow you to see out-of-network providers at the same cost share as long as they participate in the Medicare Program.



Review the online Pharmacy Directory to see what pharmacies are in our network

If your pharmacy is not in the network, you will need to select a new network pharmacy to pay the lowest cost for prescription drugs.



Review the Summary of Benefits in this guide to see how much you'll pay for medical services and prescription drugs

You can also review the Summary of Benefits online.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at ssa.gov/locator or call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

You may be disenrolled from this coverage if you stop paying your Medicare Part B premium.



You're eligible to enroll in a Medicare Advantage option if you:



Are entitled to Medicare Part A and enrolled in Medicare Part B.



Continue to pay your Part B premium (unless it's paid for you).



Remember: If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll.



Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name: American Airlines, Inc. Standard Option

Group Number: 15780

H2001-837-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.



retiree.uhc.com/American



Toll-free 1-866-225-8816, TTY 711

8 a.m.-8 p.m. local time, Monday-Friday

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_837_000_2025_M

Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits

	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$100 each plan year.
Maximum out-of-pocket amount (does not include prescription drugs)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.

Medical benefits

	In-network and out-of-network
Inpatient hospital care¹	\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC) \$0 copay

Medical benefits		
	In-network and out-of-network	
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
 Doctor visits	Primary care provider (PCP)	\$15 copay
	Virtual visit	\$0 copay for designated providers \$15 copay for other providers
	Specialist ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
□ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening □ Kidney disease education □ Lung cancer with low dose computed tomography (LDCT) screening □ Medical nutrition therapy services □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)		

Medical benefits

In-network and out-of-network

- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$100 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)¹

20% coinsurance

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

\$15 copay

Therapeutic radiology¹

20% coinsurance

Outpatient X-rays¹

\$15 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$25 copay

Routine hearing exam

\$0 copay, 1 exam per plan year*

Medical benefits		
		In-network and out-of-network
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$2,500 allowance for hearing aids (combined for both ears) every year. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental health	Inpatient visit ¹	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190 Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$25 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$25 copay
	Virtual behavioral visits	\$25 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		20% coinsurance

Medical benefits		
	In-network and out-of-network	
Ambulance²	\$175 copay	
Routine transportation	Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	20% coinsurance
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	20% coinsurance

Good news for 2025

The Coverage Gap, or “donut hole”, has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is \$2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs	
Deductible	Your plan has a \$445 prescription drug deductible (does not apply to Tier 1 or Tier 2 drugs). There is no deductible for drugs in Tier 1 or Tier 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a \$445 deductible for drugs in Tier 3, Tier 4 and Tier 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.

Prescription drugs		
Tier drug coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0 copay at a Preferred pharmacy \$5 copay at a Standard pharmacy	\$0 copay
Tier 2: Generic	\$7 copay at a Preferred pharmacy \$15 copay at a Standard pharmacy	\$21 copay
Tier 3: Preferred Brand ~	\$40 copay at a Preferred pharmacy \$47 copay at a Standard pharmacy	\$120 copay
Tier 4: Non-preferred Drug ~	35% coinsurance at a Preferred pharmacy 40% coinsurance at a Standard pharmacy	35% coinsurance
Tier 5: Specialty tier ~	25% coinsurance at a Preferred pharmacy 25% coinsurance at a Standard pharmacy	25% coinsurance
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.	

~ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at retiree.uhc.com/American or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There’s no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- ☐ Your state Medicaid office



The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you’ll get the lowest price available. That low price may be your plan copay, the pharmacy’s retail price or our contracted price with the pharmacy.

Additional benefits		
	In-network and out-of-network	
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
	Routine acupuncture services	\$0 copay for each visit per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay

Additional benefits		
		In-network and out-of-network
	Routine chiropractic services	\$20 copay, for each visit per plan year*
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour® Plus Blue, Contour® Next EZ, Contour® Next Gen, Contour® Next One, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: Contour®, Contour® Plus, Contour® Next, Accu-Chek® Guide, and Accu-Chek® Aviva Plus.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
	Wigs	\$0 copay The plan pays up to \$250 per plan year for wigs for any diagnosis*

Additional benefits		
	In-network and out-of-network	
 Fitness program Renew Active® by UnitedHealthcare	\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.	
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*
 UnitedHealthcare Healthy at Home Post-discharge program	\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: ☐ 28 home-delivered meals, referral required ☐ 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required ☐ 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.	
 Home health care¹	\$0 copay	
Hospice	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Personal emergency response system (PERS)	\$0 copay Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
Opioid treatment program services¹	\$0 copay	

Additional benefits		
		In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$25 copay
Private duty nursing¹		We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request. The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care. Note: Custodial and domestic services are not covered. \$0 copayment for each visit, up to \$5,000 per plan year
Renal dialysis¹		20% coinsurance

¹ Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

² Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers and network pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/American to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. 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. There may be other pharmacies in our network.

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

UnitedHealthcare Medicare Advantage (PPO) pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and

policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.



Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name: American Airlines, Inc. Plus Option

Group Number: 15774

H2001-816-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.



retiree.uhc.com/American



Toll-free 1-866-225-8816, TTY 711

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Group Medicare Advantage

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UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits		
		In-network and out-of-network
Monthly plan premium		Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible		Your plan has an annual combined in-network and out-of-network medical deductible of \$100 each plan year.
Maximum out-of-pocket amount (does not include prescription drugs)		Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.
Medical benefits		
		In-network and out-of-network
Inpatient hospital care ¹		\$200 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital ¹	Ambulatory surgical center (ASC)	\$0 copay

Medical benefits		
		In-network and out-of-network
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
 Doctor visits	Primary care provider (PCP)	\$15 copay
	Virtual visit	\$0 copay for designated providers \$15 copay for other providers
	Specialist ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	□ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening □ Kidney disease education □ Lung cancer with low dose computed tomography (LDCT) screening □ Medical nutrition therapy services □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	

Medical benefits

In-network and out-of-network

- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$100 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)¹

20% coinsurance

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

\$15 copay

Therapeutic radiology¹

20% coinsurance

Outpatient X-rays¹

\$15 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$25 copay

Routine hearing exam

\$0 copay, 1 exam per plan year*

Medical benefits		
		In-network and out-of-network
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$2,500 allowance for hearing aids (combined for both ears) every year. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental health	Inpatient visit ¹	\$200 copay per day: days 1-5 \$0 copay per day: days 6-190 Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$25 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$25 copay
	Virtual behavioral visits	\$25 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-20 \$178 copay per day: days 21-26 \$0 copay per day: days 27-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		20% coinsurance

Medical benefits		
		In-network and out-of-network
Ambulance ²		\$175 copay
Routine transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs ¹	20% coinsurance
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	20% coinsurance

Good news for 2025

The Coverage Gap, or “donut hole”, has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is \$2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs	
Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000 you move to the Catastrophic Coverage stage.

Prescription drugs		
Tier drug coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$7 copay	\$0 copay
Tier 2: Preferred Brand ~	\$40 copay	\$105 copay
Tier 3: Non-preferred Drug ~	40% coinsurance	40% coinsurance
Tier 4: Specialty Tier ~	33% coinsurance	33% coinsurance
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.	

~ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at retiree.uhc.com/American or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There’s no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- ☐ Your state Medicaid office



The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you’ll get the lowest price available. That low price may be your plan copay, the pharmacy’s retail price or our contracted price with the pharmacy.

Additional benefits		
	In-network and out-of-network	
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
	Routine acupuncture services	\$0 copay for each visit per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services	\$20 copay, for each visit per plan year*

Additional benefits

		In-network and out-of-network
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour® Plus Blue, Contour® Next EZ, Contour® Next Gen, Contour® Next One, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: Contour®, Contour® Plus, Contour® Next, Accu-Chek® Guide, and Accu-Chek® Aviva Plus.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
	Wigs	\$0 copay The plan pays up to \$250 per plan year for wigs for any diagnosis*

Additional benefits		
	In-network and out-of-network	
 Fitness program Renew Active® by UnitedHealthcare	\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.	
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay
	Routine foot care	\$25 copay, 6 visits per plan year*
 UnitedHealthcare Healthy at Home Post-discharge program	\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: ☐ 28 home-delivered meals, referral required ☐ 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required ☐ 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.	
 Home health care¹	\$0 copay	
Hospice	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Personal emergency response system (PERS)	\$0 copay Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
Opioid treatment program services¹	\$0 copay	

Additional benefits		
		In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$25 copay
Private duty nursing¹		We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home. The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request. The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care. Note: Custodial and domestic services are not covered. \$0 copayment for each visit, up to \$5,000 per plan year
Renal dialysis¹		20% coinsurance

¹ Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

² Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers and network pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/American to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. 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. There may be other pharmacies in our network.

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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.

Here's what you can expect next

Once you're a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it.



You are here

UnitedHealthcare will process your enrollment



Create your account to review your coverage online



Receive your member ID card in the mail



Coverage begins! Start using your coverage

Manage your benefits online

Use your Medicare number or member ID number to create an account at retiree.uhc.com/American. Online you can:

- Look up your latest claim information and complete your health assessment
- Find network providers, pharmacies, your Drug List (Formulary) and other benefit information
- Learn more about health and wellness topics
- Sign up to get information and your Explanation of Benefits online

Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com to learn more
- Get the medications you take regularly through Optum® Home Delivery Pharmacy

Benefits and costs may change at the end of the year

We'll send you an Annual Notice of Changes before your coverage ends that will tell you about any changes to your coverage for the next year.

Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



Statements of understanding

By enrolling in this plan, I agree to the following:

- ✓ **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**
I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**
I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- ✓ **I can only have one Medicare Advantage or Prescription Drug Plan at a time.**
 - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
 - If I enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
 - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
 - Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.
- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**
Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- ✓ **For members of the Group Medicare Advantage Plan.**
I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Notice of nondiscrimination, and Notice of availability of language assistance services and alternate formats

Our Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at **<https://www.uhc.com/legal>**.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card or listed on the cover of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre ou sur la première de couverture de la brochure. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an ouwa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

NOTES

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NOTES

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With exclusive benefits for retirees like you, get more of what matters for your health with a group Medicare Advantage plan from UnitedHealthcare.

Let us help you. You've earned it.



Download the UnitedHealthcare app



Visit retiree.uhc.com/American
and select the **Chat now** button



Call toll-free **1-866-225-8816**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Scan this code
to download the
UnitedHealthcare
app

