



2026 Plan Guide

APWU Health Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 16734

Effective: January 1, 2026 through December 31, 2026

United
Healthcare®
Group Medicare Advantage



Enhance your coverage with the APWU Health Plan Medicare Advantage Plan

The APWU Health Plan offers a Medicare Advantage plan as an enhanced level of benefits for all Medicare-eligible Postal retirees. If you choose to enroll in the Medicare Advantage plan for APWU Health Plan retirees, you will remain an APWU Health Plan member in the PSHB program.



Read through this Plan Guide to get to know this plan

It includes:

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

Please keep this Plan Guide. It has information that will be helpful once you become a member. You can also get plan information at the website below.



How to enroll

If you are already enrolled in the APWU Health Plan High Option, you can call UnitedHealthcare at any time throughout the year to elect the UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan.

If you are not yet a member of the APWU Health Plan High Option, you'll need to enroll during Open Season with the Office of Personnel Management (OPM). Once your enrollment into the High Option has been processed by OPM, you can call UnitedHealthcare to elect the UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan.

Enrollment is voluntary, retirees may opt into the enhanced benefits at any time throughout the year.



Here's just some of what the plan includes

- Monthly \$100 Medicare Part B premium reduction
- National network
- Dental coverage
- Vision coverage
- And much more!



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



Call toll-free **1-855-383-8793**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Compare plans

Review this side by side plan comparison to help you determine if the Medicare Advantage plan will meet your needs.



Medical benefits

	APWU Health Plan High Option with Medicare Parts A and B	APWU Health Plan Medicare Advantage Plan
Annual medical deductible	\$0	\$0
Annual medical out-of-pocket maximum ¹	\$6,500/\$13,000	\$0
Preventive services	\$0	\$0
Physician office visits (primary, specialist and virtual)	\$0	\$0
Hospital visits (inpatient and outpatient)	\$0	\$0
Emergency room or urgent care	\$0	\$0
Ambulance services	\$0	\$0
Acupuncture	\$25/26 visits	\$0/unlimited visits
Chiropractic care	\$25/24 visits	\$0/unlimited visits
Physical, speech and occupational therapy	\$0/60 visits per year combined	\$0/unlimited visits
Durable medical equipment	\$0	\$0
Diabetic supplies	\$0	\$0
Routine podiatry	Not covered	\$0/6 visits per year
Hearing aid allowance of \$1,500 every 3 years (combined for both ears) ²	\$0	\$0



Pharmacy benefits

APWU Health Plan High
Option with Medicare
Parts A and B

APWU Health Plan
Medicare Advantage
Plan

Retail pharmacy

Tier 1: Generic	\$10
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\$10

Tier 2: Preferred brand	25% up to max of \$200
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\$30

Tier 3: Non-preferred brand	25% up to max of \$300
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\$45

Tier 4: Specialty tier	25% up to max of \$300
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\$60

Mail order pharmacy

Tier 1: Generic	\$20
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\$20

Tier 2: Preferred brand	25% up to max of \$300
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\$60

Tier 3: Non-preferred brand	25% up to max of \$500
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\$90

Tier 4: Specialty tier	25% up to max of \$150
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\$120

These pharmacy benefits are based on APWU Health Plan's High Option plan with the Express Scripts Part D prescription drugs and the Medicare Advantage plan which comes with Part D prescription drugs through OptumRX.

Plus, these APWU Health Plan Medicare Advantage Plan extras

\$100

Part B premium
reduction



Vision eyewear
allowance



Free gym
membership



Dental
coverage

\$60

Quarterly credit for
over-the-counter items



Home delivered
meals

Important information

Enrollment information:

If you elect to enroll in the Medicare Advantage plan it will take over as the primary and only payer so you will not need to coordinate benefits, however, you must remain enrolled in the APWU Health Plan High Option if you elect the Medicare Advantage plan. Do not suspend or cancel your coverage with OPM or you will also be terminated from the Medicare Advantage plan.

Disenrollment Information

Enrollment is voluntary and retirees may opt in or out of the Medicare Advantage enhanced benefits at any time throughout the year. Under the new PSHB guidelines, if you choose to disenroll from your Medicare Advantage plan outside of Open Season, you will no longer have prescription drug coverage through APWU Health Plan. However, if you are facing extenuating circumstances, an exception process may be available. Please contact APWU Health Plan at 800-222-APWU to discuss your options and ensure continuity of your Part D coverage.

Medicare Part B enrollment

In most cases, postal retirees who retire after January 1, 2025 will be required to enroll in Medicare Part B to continue retiree coverage in the PSHB Program. Having Medicare Part B makes you eligible for the Medicare Advantage plan for APWU Health Plan. You must continue to pay your Medicare Part B premiums if you elect to enroll in the Medicare Advantage plan.

Medicare Part B Late Enrollment Penalty (LEP)

If you didn't get Medicare Part B when you were first eligible, your monthly premium may go up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Medicare Part B. You must continue paying your Medicare Part B premium to be eligible for coverage under this APWU Health Plan-sponsored Medicare Advantage plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

Medicare Part D (LEP)

Once you become a UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan member, you will receive a letter to confirm you have had continuous prescription drug coverage. If you had coverage through the APWU High Option Plan or another FEHB or PSHB plan since you became Medicare eligible, you had what is known as "creditable coverage" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

Income-Related Monthly Adjustment Amount (IRMAA)

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Part B and D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. The UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan's included prescription drug coverage is considered a Part D plan therefore if you currently have a Part B IRMAA then you may incur a Part D IRMAA when enrolling in this plan.

Copay cards

In most cases, coupons and prescription drug copay cards can't be used with a Part D plan. Copay cards include disclaimer language that state that they can't be used with Federal health care programs. Part D prescription drug plans are a Federal program.

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

¹Out-of-pocket maximum excludes premiums, prescription drug costs, and non-Medicare covered benefits.

²Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. This information is not a complete description of benefits. Contact the plan for more 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.

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More ways to use your benefits

Once you're a member, you'll receive your new UnitedHealthcare UCard® in the mail

Your UCard is your member ID — and much more. It makes it easier to access your benefits and programs, so you can take advantage of what your plan has to offer. Reach for your UCard when you:



Check in at your provider or fill a prescription

Your UCard has the plan information you and your providers need.



Buy over-the-counter (OTC) products with your benefit card

Use the credit loaded on your UCard as payment in stores.



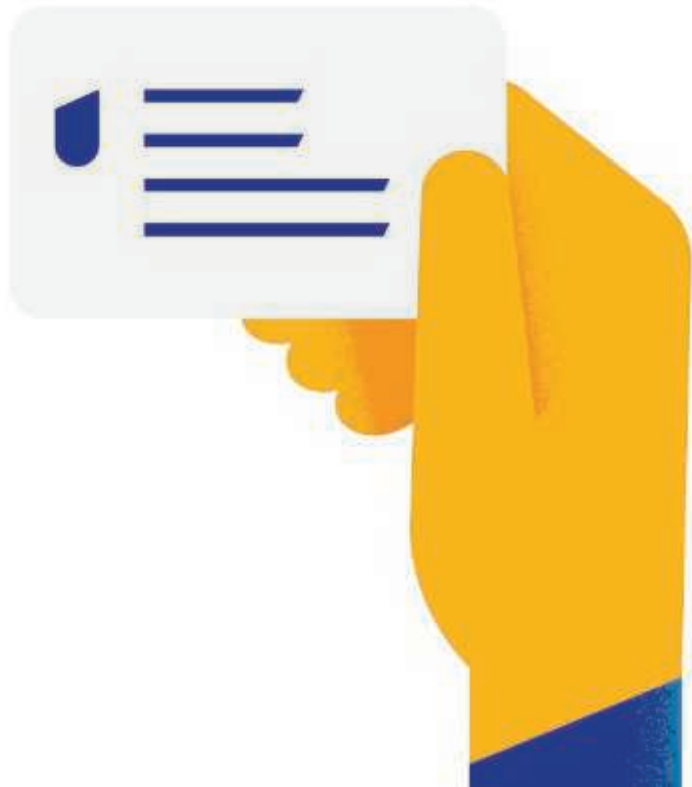
Go to the gym

Show your UCard to access your free membership the first time you visit a Renew Active® network gym or fitness location.



Spend your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.





Summary of Benefits 2026

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): APWU Health Plan

Group Number: 16734

H2001-857-000

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/APWUHP



Toll-free 1-855-383-8793, TTY 711

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

**United
Healthcare®**
Group Medicare Advantage

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Summary of Benefits

January 1, 2026 - December 31, 2026

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 see it online at retiree.uhc.com/APWUHP or you can call Customer Service for 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)

Deductible and limits		
		In-network and out-of-network
Part B premium reduction		\$100.00
Maximum out-of-pocket amount (does not include prescription drugs)		\$0 for Medicare-covered services from any provider Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.
Medical benefits		
		In-network and out-of-network
Inpatient hospital care ¹		\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital ¹	Ambulatory surgical center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay

Medical benefits

		In-network and out-of-network
 Doctor visits	Primary care provider (PCP)	\$0 copay
	Virtual visit	\$0 copay
	Specialist ¹	\$0 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) □ 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%.

Medical benefits		
		In-network and out-of-network
Emergency care		\$0 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		\$0 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	\$0 copay
	Lab services ¹	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay
	Therapeutic radiology ¹	\$0 copay
	Outpatient X-rays ¹	\$0 copay
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$1,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
 Routine dental services	Oral exams	\$0 copay, 2 procedures per plan year.
	Routine cleaning	\$0 copay, 2 procedures per plan year.

Medical benefits

		In-network and out-of-network
See Evidence of Coverage for more details.	Dental bitewing X-rays	\$0 copay, 1 procedure per plan year.
	Minor services (Includes fillings and nitrous oxide)	20% coinsurance
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance
	Benefit limit	\$50 yearly deductible \$1,000 combined in and out-of-network plan year maximum. Preventive and diagnostic procedures do not count toward this maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$130 for eyeglasses, or up to \$175 for contact lenses instead of eyeglasses, every 24 months.*

Medical benefits		
		In-network and out-of-network
Mental health	Inpatient visit ¹	\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$0 copay
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay
Ambulance²		\$0 copay
Ambulance, No Transport (Non-Medicare-Covered)		\$0 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ¹	\$0 copay
	Other Part B drugs ¹	\$0 copay

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 \$2,100 you move to the Catastrophic Coverage stage.	
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	\$10 copay	\$20 copay
Tier 2: Preferred Brand ~	\$30 copay	\$60 copay
Tier 3: Non-Preferred Drug ~	\$45 copay	\$90 copay
Tier 4: Specialty Tier ~	\$60 copay	\$120 copay
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.	

~ 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.

APWU Health Plan 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/APWUHP 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.

\$0

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

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	\$0 copay
	Routine chiropractic services	\$0 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.

Additional benefits		
		In-network and out-of-network
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay
 Fitness program Renew Active by UnitedHealthcare		\$0 copay for Renew Active by UnitedHealthcare, a Medicare fitness program. It includes a gym membership at a fitness location you select from our national network, plus online classes and fun activities outside of the gym, at no additional cost. Show your UnitedHealthcare UCard® to access your free membership the first time you visit a network gym or fitness location. Call or go online to learn more.
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*
Over-the-counter (OTC) credit		\$60 credit each quarter to buy covered OTC products from network retail locations. Credits expire the last day of each quarter.
 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

Additional benefits		
		In-network and out-of-network
		❑ 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.
	UnitedHealthcare Healthy at Home Premium	\$0 copay for the following benefits: ❑ 28 home-delivered meals ❑ 24 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip ❑ 8 hours of non-medical personal care services like companionship, meal prep, medication reminders, and more with a professional caregiver Call Customer Service for more information 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.
Opioid treatment program services¹		\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
Renal dialysis¹		\$0 copay

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/APWUHP 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 [medicare.gov](https://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 UnitedHealthcare UCard® 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 UCard® de UnitedHealthcare 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. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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.

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities 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.

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.

Additional Drug Coverage

Your plan provides prescription drug coverage beyond what is listed in the plan's Drug List (Formulary).

To see the complete Drug List, scan the QR code or visit

retiree.uhc.com/APWUHP



Lower-cost Medicare prescription drugs

The following drugs have a \$0 copay.

Allergic Reaction	Breast Cancer Treatment
Epinephrine (Injection)	Letrozole (2.5mg Tablet)
Asthma	Hypoglycemia (low blood sugar)
Albuterol (HFA Inhaler)	Baqsimi
Albuterol (Nebulized Solution)	Glucagon
Birth Control	Zegalogue
(All oral contraceptives) (generic only)	Insulin
Annovera (vaginal ring)	Humalog
Kyleena (intrauterine device)	Humulin
Liletta (intrauterine device)	Lantus
Medroxyprogesterone (150mg/mL injection)	Lyumjev
Mirena (intrauterine device)	Toujeo
Nexplanon (contraceptive implant)	Opioid Overdose Treatment
EluRyng (vaginal ring)	Kloxxado
Haloette (vaginal ring)	Naloxone (Cartridge, Injection, Nasal Spray & Prefilled Syringe)
Skyla (intrauterine device)	Opvee
Xulane (patch)	Zimhi
Zafemy (patch)	Statins for High Cholesterol
Bowel Prep Products	Atorvastatin (10mg, 20mg, 40mg & 80mg Tablet)
GaviLyte-C	Lovastatin (10mg, 20mg & 40mg Tablet)
GaviLyte-G	Simvastatin (5mg, 10mg, 20mg & 40mg Tablet)
GaviLyte-N	Tobacco Cessation Medications
PEG-3350/Electrolytes	Bupropion (150mg Tablet SR)
PEG-3350/NaCl/Na Bicarbonate/KCl	Nicotrol (Inhaler)
Breast Cancer Preventive Medications	Nicotrol (Nasal Spray)
Anastrozole (1mg Tablet)	Varenicline (0.5mg & 1mg Tablet)
Exemestane (25mg Tablet)	
Raloxifene (60mg Tablet)	
Tamoxifen (10mg & 20mg Tablet)	

The following prescription drugs are covered at a reduced cost. The amount you pay for these drugs counts towards your annual out-of-pocket maximum. Payments for these prescription drugs (made by you or the plan) are treated the same as payments made for drugs in your plan's Drug List.

\$0 Copay Diabetic Medication	\$25 Copay Diabetic Medication
Acarbose (25mg, 50mg, 100mg Tablet)	Farxiga (Tablet)
Diazoxide (50mg/mL Suspension)	Glyxambi (Tablet)
Glimepiride (1mg, 2mg, 4mg Tablet)	Jardiance (Tablet)
Glipizide (2.5mg, 5mg, 10mg Tablet)	Ozempic (Injection)
Glipizide (2.5mg, 5mg, 10mg ER Tablet)	Rybelsus (Tablet)
Glipizide/Metformin (2.5-250mg, 2.5-500mg, 5-500mg Tablet)	Synjardy (IR Tablet)
Glyburide (1.25mg, 2.5mg, 5mg Tablet)	Synjardy (XR Tablet)
Glyburide Micronized (1.5mg, 3mg, 6mg Tablet)	Trijardy (XR Tablet)
Glyburide/Metformin (1.25-250mg, 2.5-500mg, 5-500mg Tablet)	Trulicity (Injection)
Metformin (500mg/5mL Solution)	Xigduo (XR Tablet)
Metformin (500mg, 850mg, 1000mg Tablet)	
Metformin (500mg, 750mg ER Tablet) (Generic Glucophage XR)	
Metformin (500mg, 1000mg ER 24 Hour Tablet) (Generic Fortamet)	
Metformin (500mg, 1000mg ER 24 Hour Tablet) (Generic Glumetza)	
Miglitol (25mg, 50mg, 100mg Tablet)	
Nateglinide (60mg, 120mg Tablet)	
Pioglitazone (15mg, 30mg, 45mg Tablet)	
Pioglitazone/Glimepiride (30-2mg, 30-4mg Tablet)	
Pioglitazone/Metformin (15-500mg, 15-850mg Tablet)	
Repaglinide (0.5mg, 1mg, 2mg Tablet)	
Saxagliptin (2.5mg, 5mg Tablet)	
Saxagliptin/Metformin (2.5-1000mg, 5-500mg, 5-1000mg ER Tablet)	

See the Evidence of Coverage (EOC) for information about the appeals and grievance process for these prescription drugs and supplies.

Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

Your plan includes coverage for these preventive drugs that are not covered by a Medicare Advantage plan. They are covered in addition to, so not listed on, your plan's Drug List. The

amount you pay for these additional preventive drugs don't count towards your annual out-of-pocket maximum. You cannot file a Medicare appeal or grievance for these drugs.

Colon Preparation Products

Bisacodyl (Tablet)

Bisacodyl (Suppository)

Magnesium Citrate (Solution)

Polyethylene Glycol (Powder)

Blood Clot Prevention

Aspirin (Generic Only)

Tobacco Cessation Medications

Nicotine (Gum)

Nicotine (Lozenges)

Nicotine (Patches)

Vitamins

Folic Acid (0.4mg, 0.8mg & 1mg Tablet)

Bonus drug list

Your plan includes coverage for the following prescription drugs that are not listed on your plan's Drug List. Each drug is placed into a tier. See the Summary of Benefits for tier descriptions and costs.

Payments for these bonus drugs don't count towards your Medicare Part D out-of-pocket maximum.

You cannot file a Medicare appeal or grievance for these drugs and Extra Help from Medicare does not apply to these drugs.

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiant - drugs to promote weight loss		
Alli	3	QL (maximum of 3 capsules per day)
Benzphetamine	1	QL (maximum of 3 tablets per day)
Contrave	3	QL (maximum of 4 tablets per day)
Diethylpropion (25 mg)	1	QL (maximum of 3 tablets per day)
Diethylpropion (75 mg ER)	1	QL (maximum of 1 tablet per day)
Imcivree	3	QL (maximum of 9 vials (9 mL) per 30 days)
Liraglutide	1	PA, QL (maximum of 5 pens per 30 days)
Phendimetrazine (35 mg)	1	QL (maximum of 6 tablets per day)
Phendimetrazine (105 mg ER)	1	QL (maximum of 2 capsules per day)
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Phentermine/Topiramate	1	QL (maximum of 1 capsule per day)
Saxenda	4	PA, QL (maximum of 5 pens per 30 days)
Wegovy	4	PA, QL (maximum of 4 pens per 28 days)

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Zepbound	4	PA, QL (maximum of 4 pens/vials per 28 days)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium (Liquid Wash 10%)	1	
Sulfacetamide Sodium w/Sulfur (Cream 10-5%)	1	
Itching Or Pain		
Pramoxine/Hydrocortisone (Cream 1-2.5%)	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate (Suppository 25 mg)	1	
Lidocaine/Hydrocortisone (Perianal Cream 3%-0.5%)	1	
Irritable Bowel Or Ulcers		
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Avanafil	1	QL (maximum of 6 tablets per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP (118 mg)	3	
Urinary Tract Spasm And Pain		
Belladonna Alkaloids & Opium (Suppositories)	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos (Tab)	3	
Potassium Bicarbonate (Effervescent Tab 25 mEq)	1	
Vitamins And Minerals		
Cyanocobalamin (Injection) (Vitamin B12) (1000 mcg)	1	
Folic Acid (1 mg) (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 (Tablet 2.5-25-1 mg)	1	
Phytonadione (Tab)	1	
Reno (Cap)	1	
Vitamin D (50,000 unit) (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough And Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/Dextromethorphan (Syrup)	1	
Guaifenesin/Codeine (Syrup)	1	DL
Hydrocodone Polst/Chlorpheniramine (ER Susp) (generic for Tussionex)	1	DL

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine (Syrup)	1	DL
Promethazine/Dextromethorphan (Syrup)	1	

Bold type = Brand name drug Plain type = Generic drug

Drugs with coverage rules or limits are noted in the chart and described below.

QL - Quantity limits

The plan will only cover a certain amount of this drug for one copay or over a certain number of days. These limits can help ensure safe and effective use of the drug.

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than one opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

BDL: BDL - Custom FED

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copay, and restrictions may apply.

Benefits and/or copay/coinsurance may change each plan/benefit year.

The Drug List may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number on the cover.

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 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.
- ✓ **I must continue to pay my FEHBP or PSHBP premium and not cancel or suspend my FEHBP or PSHBP coverage with the Office of Personnel Management (OPM), or I will be disenrolled from this Medicare Advantage plan.**
- ✓ **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.
- ✓ **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

Our Companies comply with applicable civil rights laws and do 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

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.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/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন।

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפמערק: אויב איר רעדט **אידיש (Yiddish)**, קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

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