



2026 Plan Guide

THE ARIZONA STATE RETIREMENT SYSTEM PPO

UnitedHealthcare® Group Medicare Advantage (PPO)
UnitedHealthcare® Group Medicare Advantage (HMO)

Group Number: 12754, 91057

Effective: January 1, 2026 through December 31, 2026

United
Healthcare®
Group Medicare Advantage



With a UnitedHealthcare Group Medicare Advantage plan, you get more

The Arizona State Retirement System offers two Medicare Advantage plans for all eligible retirees. These plan options are the UnitedHealthcare Group Medicare Advantage (PPO) and the UnitedHealthcare Group Medicare Advantage (HMO) plans. With these plans, you'll enjoy an easier than ever Medicare experience. You've earned it.



Read through this Plan Guide to get to know your plan options

The guide includes:

- A description of the plans and how they work
- 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 in a plan

Please keep this Plan Guide. It has information that will be helpful once you become a member. You can also get information on the prescription drug plan by visiting retiree.uhc.com/asrs and selecting **Coverage and benefits**. Or, select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates.

You can also get plan information at the website below. Use the Group Number on the front cover of this book to access plan materials online.



How to enroll

If you are enrolling for the first time or want to make changes to your coverage, you may do this by accessing or setting up a secure myASRS account at AzASRS.gov to complete your enrollment application online.

If you are currently enrolled in an ASRS Choice Plan, your coverage will automatically be terminated on the last day of the month before you turn 65. If you would like to enroll in an ASRS Medicare plan you must complete an enrollment form through the ASRS within 31 days of your qualifying life event.



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



Call toll-free **1-844-876-6161**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

More than health insurance

With a UnitedHealthcare Group Medicare Advantage plan 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 these plans offer



\$20 copay for an eye exam every 12 months and up to \$130 allowance to spend on frames or up to \$105 for contact lenses every 12 months



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



\$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



\$0 copay for a hearing exam and \$500 allowance to spend on a broad selection of hearing aids for both ears every 3 years



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



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



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



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



Free standard gym membership at participating locations



\$0 copay for 24 one-way trips to your doctor appointments and the pharmacy



Review the Summary of Benefits in this guide for more details

*Optum® Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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More from your health plan

Your plan options are Medicare Advantage plans, also known as Medicare Part C. These plans 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).



Here's how these plans work



Provider network

PPO Get care from providers in or out-of-network for the same cost share as long as they accept Medicare and the plan.

HMO Get care from providers in one of the HMO networks. The network you choose needs to include your PCP, specialists and hospitals.



Primary care provider (PCP)

PPO The plan doesn't require you to have a PCP, but it's very beneficial for your long-term health and well-being.

HMO The plan requires you to select a PCP to oversee and help manage your care.



Referrals

PPO No referral is needed to see a specialist or other provider.

HMO Some network services require a referral from your PCP. The PCP you choose will impact which specialists and hospitals you'll be able to see.



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

If you reach your plan's medical limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year. After you and others on your behalf have paid a combined total of \$2,100 for your prescription drugs, you won't pay anything for your Medicare-covered Part D drugs for the rest of the calendar year.



Emergency and urgently needed services are covered anywhere in the world



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

Scan this code to view the Drug List





More ways to learn about your plan

It's important that you understand your plan and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories and more at retiree.uhc.com/asrs.



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

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.



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 your plan's 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.

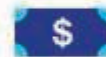
You may be disenrolled from this plan if you stop paying your Medicare Part B premium.



You're eligible to enroll in this plan 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. Limitations and restrictions vary by former employer or plan sponsor.



Summary of Benefits 2026

UnitedHealthcare Group Medicare Advantage PPO offered by the ASRS

Group Name (Plan Sponsor): THE ARIZONA STATE RETIREMENT SYSTEM PPO

Group Number: 12754

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/asrs



Toll-free 1-844-876-6161, TTY 711

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

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_816_000_2026_M

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/asrs 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 offered by the ASRS

Medical premium 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.
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 \$5,000 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		\$100 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital ¹	Ambulatory surgical center (ASC)	\$50 copay
Cost sharing for additional plan	Outpatient surgery	\$50 copay

Medical benefits		
	In-network and out-of-network	
covered services will apply.	Outpatient hospital services, including observation	\$50 copay
 Doctor visits	Primary care provider (PCP)	\$15 copay
	Virtual visit	\$0 copay
	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) □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 □ “Welcome to Medicare” preventive visit (one-time)	

Medical benefits		
		In-network and out-of-network
		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		\$50 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		\$25 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	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years.*

Medical benefits

		In-network and out-of-network
 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	In-network \$20 copay, 1 exam every 12 months* Out-of-network Plan pays up to \$80, 1 exam every 12 months
	Routine eyewear	In-network Plan pays up to \$130 for 1 frame every year, with standard lenses covered in full. Or, up to \$105 for contact lenses instead of eyeglasses every year.* Out-of-network Plan pays up to \$100 for 1 frame and \$100 for 1 pair of standard lenses every year. Or, up to \$100 for contact lenses instead of eyeglasses every year.*
Mental health	Inpatient visit ¹	\$100 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 1-100

Medical benefits		
		In-network and out-of-network
		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
	Routine transportation	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.
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.

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	\$10 copay	\$20 copay
Tier 2: Preferred Brand ~	\$35 copay	\$70 copay
Tier 3: Non-Preferred Drug ~	\$35 copay	\$70 copay
Tier 4: Specialty Tier ~	\$35 copay	\$70 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. 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.	

~ 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 call Customer Service to have a hard copy of the Certificate of Coverage 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)	\$15 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$15 copay
	Routine chiropractic services	\$15 copay, up to 20 visits 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

Additional benefits		
		In-network and out-of-network
	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. 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.

Additional benefits		
		In-network and out-of-network
	Home health care ¹	\$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
Diabetes Prevention and Weight Management Program		\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results. Call or go online to get started today. 1-844-924-7325, TTY 711 or uhc.realappeal.com *Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program.
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 offered by the ASRS 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 offered by the ASRS 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/asrs 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 offered by the ASRS 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 member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen 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. 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.



Summary of Benefits 2026

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS

Group Name (Plan Sponsor): THE ARIZONA STATE RETIREMENT SYSTEM HMO

Group Number: 91057

H0609-808-000

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/asrs



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**United
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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 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 HMO offered by the ASRS

Medical premium, deductible and limits		
		In-network
Monthly plan premium		Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible		\$300 per plan year for in-network services.
Maximum out-of-pocket amount (does not include prescription drugs)		\$4,250 annually for Medicare-covered services. 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
Inpatient hospital care¹		\$200 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$200 copay
Cost sharing for additional plan	Outpatient surgery	\$200 copay

Medical benefits		
	In-network	
covered services will apply.	Outpatient hospital services, including observation	\$200 copay
 Doctor visits	Primary care provider (PCP)	\$15 copay
	Virtual visit	\$0 copay
	Specialist ^{^1}	\$50 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)	

Medical benefits		
		In-network
	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		\$130 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		\$50 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	\$50 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	\$50 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years.

Medical benefits		
		In-network
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$50 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$20 copay, 1 exam every 12 months
	Routine eyewear	Plan pays up to \$130 for 1 frame with standard lenses covered in full, or up to \$105 for contact lenses instead of eyeglasses, every 12 months.
Mental health	Inpatient visit ¹	\$200 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$50 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$50 copay
	Virtual behavioral visits	\$50 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)^{^1}		\$15 copay
Ambulance²		\$25 copay

Medical benefits		
	In-network	
 Routine transportation	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.	
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	\$300 You pay the full cost for your drugs 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 \$2,100, which includes the amount you paid towards your deductible, 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 ~	\$40 copay	\$80 copay
Tier 3: Non-Preferred Drug ~	\$80 copay	\$160 copay
Tier 4: Specialty Tier ~	\$80 copay	\$160 copay

Prescription drugs

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.

~ 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/asrs 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
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$15 copay
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay
	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

Additional benefits		
		In-network
 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. 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	\$50 copay
 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.
Opioid treatment program services¹		\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$50 copay

Additional benefits	
	In-network
UnitedHealth Passport®	Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or co-insurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
Diabetes Prevention and Weight Management Program	\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results. Call or go online to get started today. 1-844-924-7325, TTY 711 or uhc.realappeal.com * Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program.
Renal dialysis¹	\$0 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. 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.

[^] Requires a referral from your doctor.

About this plan

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS is a Medicare Advantage HMO 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 these counties in:

Arizona: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma.

Use network providers and pharmacies

UnitedHealthcare Group Medicare Advantage HMO offered by the ASRS has a network of doctors, hospitals, pharmacies and other providers. The HMO has several networks inside of it to choose from. This health plan requires you to select a primary care provider (PCP) from one of the networks. The network you choose needs to include your PCP, specialists, and hospitals. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in your network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/asrs 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 HMO offered by the ASRS 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 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. 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.

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 plan online



Receive your member ID card in the mail



Coverage begins! Start using your plan

Manage your plan online

If you haven't done so already, use your Medicare number or member ID number and email address to create an account at retiree.uhc.com/asrs. 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 and plan materials
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with Optum® HouseCalls. Visit UHCHouseCalls.com to learn more
- Get your medications with free delivery through Optum® Home Delivery Pharmacy*

Benefits and costs may change at the end of your plan year

We'll send you an Annual Notice of Changes before your plan year ends that will tell you about any changes to your plan for the next plan 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 Plan Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



*Optum® Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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.
- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (HMO) Plan only.**
This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area. 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.
- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (PPO) Plan only.**
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

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.

ATENSIÓN: 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.

אויפֿמערק: 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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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/asrs**
and select the **Chat now** button



Call toll-free **1-844-876-6161**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Scan this code
to download the
UnitedHealthcare
app

