

Time to get what you've earned



more reasons to choose our plan

Plan on great coverage and exciting extras with your UnitedHealthcare® Group Medicare Advantage (PPO) plan



© 2024 United Healthcare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Y0066_SPRJ83383_061724_M

SPRJ83383

1 Original Medicare basics

2 Plan benefits, programs and features

3 How to enroll

4 What to expect next



Statement about the UnitedHealthcare® Group Medicare Advantage Edge (PPO) plan



The UHC Medicare Advantage Edge PPO plan will be discontinued effective January 1, 2025

- Members currently enrolled this plan will automatically be transferred to the UHC Group Medicare Advantage PPO plan effective January 1st
- Members will still have the opportunity to switch health plans during Open Enrollment from September 16 through October 11
 - If no election is made, you will remain in the UHC Group Medicare Advantage PPO plan





Original Medicare basics

When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis of disability or other special situation

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

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



Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Offered by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care

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



Understanding your Medicare choices

Step 2

Decide if you need more coverage

Option 1: Add 1 or both of the following to Original Medicare

Medicare Supplement plan

Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

Medicare Part D plan

Offered by private companies



Helps pay for prescription drugs

Option 2: Choose a Medicare Advantage (Part C) plan

Medicare Advantage plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare



Understanding Original Medicare rules

You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium.

You can be in only one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.

If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty.

You are encouraged to read the plan's Evidence of Coverage (EOC)], including appeals and grievance rights, which can be found by logging in at retiree.uhc.com/CalPERS.

The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.

Please review the full text of the Statement of Understanding in your 2025 enrollment plan guide.





Plan benefits, programs and features

**UnitedHealthcare[®] Group Medicare
Advantage Prescription Drug (PPO)
plan**

Plan highlights



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

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



Part D/prescription drug coverage

Included in your Medicare Advantage plan



Additional benefits, programs and features

Bundled with your plan

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



Freedom to see any provider who accepts Medicare

Even though you are not required to see a network provider, they may already be part of our network.

To find out, search our online Provider Directory at retiree.uhc.com/CalPERS or call UnitedHealthcare Customer Service at **1-888-867-5581**, TTY **711**, 7 a.m.–8 p.m. Monday–Friday.

With this plan, you pay the same share of cost in and out-of-network as long as the provider is eligible to participate in the Medicare Program.

If your provider is in-network, they must accept this plan if you are an existing patient. If your provider is out-of-network, they may choose not to treat you unless it is an emergency.



UnitedHealthcare Group Medicare Advantage (PPO) plans – Monthly Premium

Rates	Group MAPD PPO	MA Edge PPO
2024	\$341.72	\$366.01
2025	\$442.25	N/A



Plan benefits

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit	\$10 copay	\$10 copay
Specialist office visit	\$10 copay	\$10 copay
Urgent care	\$25 copay	\$25 copay
Emergency room	\$50 copay	\$50 copay
Inpatient hospitalization	\$0 copay	\$0 copay
Outpatient surgery	\$0 copay	\$0 copay
Medical virtual visits*	\$10 copay	\$10 copay

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



Preventive services

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

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



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group.
Do not distribute or reproduce without express permission of UnitedHealth Group.

Additional benefits

Benefit coverage	In-network	Out-of-network
Routine podiatry	\$10 copay at 6 visits per year	\$10 copay at 6 visits per year
Routine Chiropractic care	\$15 copay; limited to 20 combined visits per year	\$15 copay; limited to 20 combined visits per year
Routine Acupuncture	\$15 copay; limited to 20 combined visits per year	\$15 copay; limited to 20 combined visits per year
Hearing Aids	The plan pays up to a \$1,000 allowance for hearing aid(s) every 3 years	Not covered



Well-tuned care for your hearing

With UnitedHealthcare Hearing, you can receive a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings.

Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- ✓ Receive friendly expert advice through our national network of 6,500+ hearing providers* — or try virtual appointments**
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands including Phonak, Starkey®, Signia, ReSound, Widex® and Unitron™

Save up to
50%

To get started and save up to 50% off standard industry prices[^] with exclusive pricing, go online or call UnitedHealthcare Hearing.

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

**Select products and providers.

[^]Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



Dental & Vision Option – Public Agency Retirees on Group MAPD PPO Plan

Dental coverage for your oral health needs

With UnitedHealthcare® Dental, you'll have access to a large national network with a combined 358,000 providers and locations.

- 100% coverage for exams, X-rays, cleanings and periodontal maintenance
- 80% coverage for minor services, including fillings, pulp protection and nitrous oxide*
- 20% coverage for major services, including crowns, root canals, dentures and more*
- Option of seeing out-of-network providers, if desired
- Dental contact information can be found on the back of your UnitedHealthcare member ID card

Vision coverage eye exams and eyewear benefits

- A routine eye exam once every 12 months with a \$10 copay*
- \$70 allowance toward eyeglasses (frames and lenses), every 12 months*
- \$105 allowance toward contact lenses instead of eyeglasses, every 12 months*

UnitedHealthcare will bill you \$29.54 per month for this optional coverage

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



Testing and monitoring supplies to help manage diabetes

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

These supplies also include any brand of:

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

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

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

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



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group.
Do not distribute or reproduce without express permission of UnitedHealth Group.

Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in the network



Thousands of covered brand-name and generic prescription drugs



Bonus drug coverage in addition to Medicare Part D drug coverage



Check your plan's drug list at retiree.uhc.com/CalPERS after October 1st or call Customer Service to see if your prescription drugs are covered



Changes to Medicare Part D coverage— Inflation Reduction Act

What is it?

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

What does this mean?

Beginning January 1, 2025:

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

[*If a plan has a lower out-of-pocket maximum in 2025, it would not increase but it may be calculated differently.]



Medicare Prescription Payment Plan

What is it?

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

Who can participate in the Medicare Prescription Payment Plan program?

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

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

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

How does it work?

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



Your plan's drug coverage stages and costs

Drug payment stages:

Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach your deductible.

Initial coverage

You pay a coinsurance (percentage of a drug's total cost) for covered drugs.

Catastrophic coverage

After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.



Part D (prescription drug) plan/benefits

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	Preferred Mail Order (90-day supply)
1	Preferred Generic All covered generic drugs	\$5 copay	\$10 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$20 copay	\$40 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$50 copay	\$100 copay
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	\$20 copay	\$40 copay



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

- 1 Order submitted**
[After your account is set up,] <Y/y>our Optum Home Delivery order enters the pharmacy system.
- 2 Pharmacist review**
A pharmacist reviews your information for drug interactions, allergies and dosage.
- 3 Safety review**
For your safety, another pharmacist reviews your medication for accuracy after it is dispensed.
- 4 Packaging**
Optum Home Delivery Pharmacy seals your medication in a tamper-evident package.
- 5 Shipping**
Optum Home Delivery mails your medication to you and notifies you when it has been shipped.



Getting vaccinated is important to your health

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

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



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

Covered by Part B

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

Covered by Part D

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

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



Keep your health on track with a \$0 Annual Wellness Visit*



Combine visits

Save time by combining your wellness visit and physical into a single office visit.



Schedule early

Schedule your appointment early in the year to get any other preventive care you may need.



Follow recommendations

Make sure you follow through with your provider's recommendations for screenings, exams and other care.

**Schedule anytime —
you don't have to wait 12 months**

What's the difference between your annual physical and wellness visit?

A **physical exam** includes a head-to-toe exam, blood sugar test and cholesterol test. This visit is a good time to review your medications and/or health concerns. Your plan covers this visit once per calendar year.

A **wellness visit** includes a blood pressure check, height and weight measurement and body mass index (BMI) test. Your plan covers this visit once per calendar year.

*A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Housecalls brings yearly check-in care to you*

Get a yearly in-home visit from one of our licensed health care practitioners at no additional cost to you. The visit includes:

- ✓ Up to an hour of 1:1 time with the health care practitioner
- ✓ Health screenings tailored to you
- ✓ A medication review
- ✓ A chance to get advice and ask questions to help you manage your health
- ✓ A visit summary that is sent to you and your primary care provider



Prefer a video visit?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

*HouseCalls may not be available in all areas.



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

Renew Active^{®3}

Renew Active is the gold standard in Medicare fitness programs and available at no additional cost to you.

- ✓ Provides you the chance to stay physically fit with a free gym membership and access to our nationwide network of fitness centers
- ✓ Access to on-demand workout videos and livestreaming fitness classes if you want access to the benefit from your home
- ✓ Social activities at local health and wellness classes and events
- ✓ Gyms can be found here at <https://www.uhcrenewactive.com>



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.



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

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



Let's eat well

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



Let's be mentally fit

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



Let's get fit

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



Let's make friends

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



Let's live well

Learn ways to help manage your financial well-being.



Let's support

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



Get care anywhere with Virtual Visits

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

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



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

Virtual Provider Visits may be best for:

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

Virtual Behavioral Health Visits may be best for:

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

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

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

***Providers cannot prescribe medications in all states.



Extra help recovering with UnitedHealthcare Healthy at Home

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



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



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



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

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



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group.
Do not distribute or reproduce without express permission of UnitedHealth Group.

Trusted care at home when you need it



You are eligible for in-home, non-medical care through our national provider CareLinx

This may include grocery shopping, meal preparation, transportation, personal care, medication reminders and more.³

\$0 copay for 16 hours of personal care services each month

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



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.

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

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

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



**Help is just a push
button away**

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

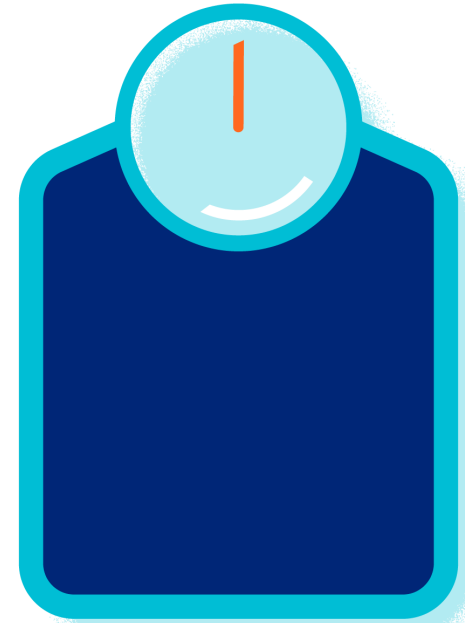


© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group.
Do not distribute or reproduce without express permission of UnitedHealth Group.

See real results with Real Appeal®

Real Appeal® is an online weight management* and healthy lifestyle program proven to help you achieve lifelong results, and Real Appeal Diabetes Prevention is a CDC-recognized lifestyle program for prediabetes and high-risk individuals.**

The programs are designed to help you feel your best, reduce risk of developing serious health conditions and achieve your long-term health goals through behavior change strategies and support.



*Real Appeal Weight Management is available to you if you have a BMI of 19 or higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program. Limitations and restrictions apply.

**Real Appeal Diabetes Prevention is available to you if you have a BMI of 25, not previously diagnosed with type 1 or type 2 diabetes, not pregnant and have a pre-diabetes, gestational diabetes history, or high-risk pre-diabetes test result.





How to enroll

How to enroll – my|CalPERS

Enrollment Process

- If you are currently enrolled on the Medicare Advantage Edge PPO plan, you will automatically be transferred to the Group Medicare Advantage Prescription Drug PPO plan effective January 1st.
- You may enroll in a health plan, change health plans, or add/delete eligible dependents during Open Enrollment, online through myCalPERS at my.calpers.ca.gov. Plan changes you make during Open Enrollment take effect January 1 of the following year.
- Apply for Medicare Parts A and B three months before you turn 65 by contacting the SSA toll free at (800) 772-1213 or TTY (800) 325-0778. Be prepared to provide your and your spouse's Social Security numbers.
- If you are retired and qualify for Medicare Part A at no cost, you must enroll in Part B when first eligible.
- Your CalPERS Medicare health plan will become effective on your Medicare effective date or the first day of the month following CalPERS receipt of your Medicare information, whichever is later.
- Enrollment by you or your family members in a CalPERS Medicare health plan will not affect other family members who are enrolled in a CalPERS Basic health plan. Unless they are Medicare-eligible, they will continue their enrollment in a CalPERS Basic health plan as part of a Combination Plan.
 - A Combination Plan means that at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.



Late Enrollment Penalty (LEP) – Part D

What is it?

The LEP is a late fee Medicare charges if you had 63 days or more without prescription drug coverage. This can happen if:

- You didn't enroll in a Medicare Prescription Drug plan when you were first eligible
- You didn't have a plan that met Medicare's minimum standards

The LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

Why does LEP exist?

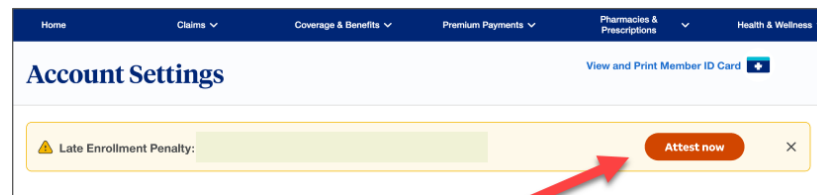
It is the federal government's method to encourage enrollment in the Part D (prescription drug) product so that people who have low utilization offset those who have high utilization.

How will I be notified?

If you are identified as having a gap in your Medicare Part D prescription coverage, Centers for Medicare & Medicaid Services (CMS) will notify UnitedHealthcare of the dates of the gap. UnitedHealthcare must then notify you with an Attestation Letter within 7 days of the CMS determination.

What do I need to do next?

This letter will provide instructions on how to self-attest to your prior creditable coverage, if applicable. You will be able to attest online or over the phone with UnitedHealthcare (toll-free number will be provided in the letter). You will also have an option to attest in writing. **You have 30 days from the date of notification to attest.**





What to expect next

What to expect after enrollment

- 1 Get your UnitedHealthcare member ID card and read your Welcome Letter**

The Welcome Letter gives you more information on how your benefits work and how to get the most from your plan. Your UnitedHealthcare member ID card will be attached to the card carrier you get in a separate mailing.
- 2 Register online to access your plan information**

After you get your member ID card, you can register online at retiree.uhc.com/CalPERS.
- 3 Start using your card**

You can start using your member ID card as soon as your plan is effective.
- 4 Help us understand your unique health needs**

Soon after your effective date, we will contact you to complete a short health survey. Throughout the year, we'll provide reminders about preventive care as well as offer programs and resources to help you live a healthier life.



How to use your new UnitedHealthcare member ID card

Sometime in the month of December 2024, you and any Medicare-eligible dependent covered by the plan will each be receiving a UnitedHealthcare Quick Start Guide and member ID card, which is your confirmation of enrollment.*

- ✓ Beginning January 1, 2025, simply use your UnitedHealthcare member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy
- ✓ The back of your member ID card lists important phone numbers you may need throughout the year
- ✓ Store this card in a safe place
- ✓ Don't discard your red, white and blue Medicare card

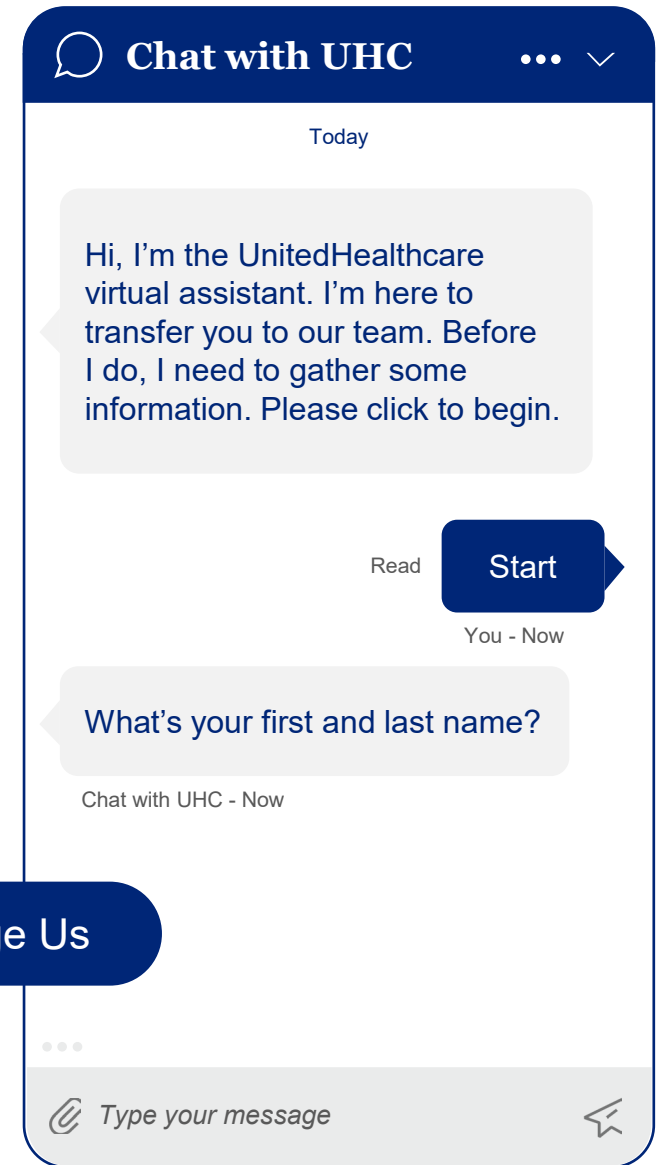
*Retirees in the same household may receive these on different days, which is a normal part of the mail stream.



retiree.uhc.com/CalPERS chat:

Key features:

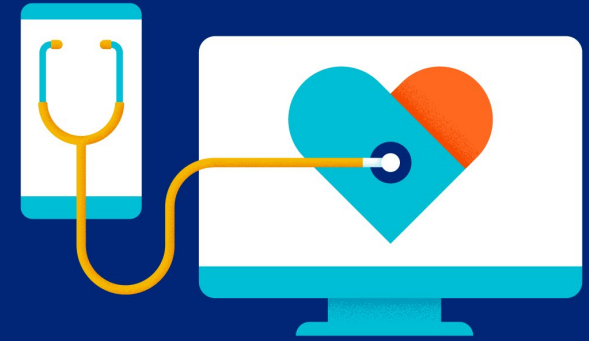
- ✓ Chat online with a UnitedHealthcare representative 6 a.m–6 p.m. Pacific Time, Monday–Friday
- ✓ Ask questions
- ✓ Receive and send plan documents in real time
- ✓ Access online chat conversation history up to 13 months
- ✓ Easier communication method for those with disabilities — online chat is Americans with Disabilities Act (ADA) compliant



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

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

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



After you sign up, you can:

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



UnitedHealthcare mobile app

With the UnitedHealthcare mobile app, you can stay on top of your benefits 24/7 anywhere you go.

Find care

- Find network care options for providers, clinics and hospitals in your area
- Talk to a provider 24/7

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims [and rewards]

Stay on top of costs

- View your copay, annual deductible and out-of-pocket expenses

Fitness

- Find a gym location



To download the app, scan the QR code with the camera on a smartphone or tablet



Apple and the Apple logo are trademarks of Apple Inc. registered in the U.S. and other countries. App Store is a service mark of Apple Inc.. Google Play and the Google Play logo are trademarks of Google LLC.



© 2024 United HealthCare Services, Inc. All Rights Reserved. Proprietary information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.



Questions and answers



Thank you

We look forward to welcoming you to our Medicare family

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

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

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

This document is available in alternative formats.

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

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

[Other pharmacies are available in our network.]

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

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

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

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

