



Plan basics 2022



**Take advantage of all your
Medicare Advantage plan
has to offer**

Compass Rose Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15937

Effective: January 1, 2022 through December 31, 2022

**United
Healthcare**



Introducing Compass Rose Medicare Advantage

Compass Rose Medicare Advantage, a UnitedHealthcare® Group Medicare Advantage (PPO) plan

Dear Compass Rose Health Plan Member,

Congratulations on your upcoming 65th birthday! Whether you are looking forward to retirement, traveling or welcoming a grandchild into your family, 65 years is a very special milestone in your life!

Turning 65 also means that you are becoming eligible for Medicare. The Compass Rose Health Plan offers a Medicare Advantage plan as an enhanced level of benefits for all Medicare-enrolled retirees. You must be enrolled in the Compass Rose Health Plan and Medicare Parts A and B to participate. If you choose to enroll in Compass Rose Medicare Advantage, you'll have a team committed to understanding your needs as a retiree and helping you get the care you need.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money on health care, so you can focus more on what matters most to you
- Get access to care when you need it

In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services, including no out-of-pocket costs on covered medical services, a generous \$100 monthly Part B subsidy and specialty benefits like dental and vision

How to enroll

Compass Rose Health Plan members with Medicare Parts A and B can call UnitedHealthcare to enroll at **1-844-279-9286**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week.

Enrollment is voluntary and retirees may opt in or out of the enhanced level of benefits at any time throughout the year.

You can get 2022 plan information online by going to www.UHCRetiree.com/compassrose.

Take advantage of healthy extras



HouseCalls



Gym membership



Health & Wellness Experience



www.UHCRetiree.com/compassrose



Call toll-free **1-844-279-9286**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Important information

Medicare Part B enrollment

Being enrolled in Medicare and Compass Rose Medicare Advantage can help decrease your out-of-pocket health care expenses. Even though enrolling in Medicare Part B is not required in the Federal Employees Health Benefits (FEHB) Program, there are some advantages to having it. The decision to enroll in Medicare is entirely yours, but if you do choose to enroll, it is best to act quickly. If you choose to enroll in Medicare, visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m.–7 p.m. local time, Monday–Friday. You must enroll in Medicare Part B if you wish to enroll in the Compass Rose Medicare Advantage plan.

Medicare Part B Late Enrollment Penalty (LEP)

If you don't get Medicare Part B when you are 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 Compass Rose-sponsored Medicare Advantage plan. If you stop paying your Medicare Part B premium, you may be disenrolled from Compass Rose Medicare Advantage.

Medicare Part D LEP

Once you become a Compass Rose Medicare Advantage member, you may receive a letter to confirm you have had continuous prescription drug coverage. Please respond as quickly as possible to avoid an unnecessary penalty. If, at any time after your initial enrollment period is over, there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage, then your monthly premium may go up. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare. **If you had coverage through the Compass Rose Health Plan or another FEHB plan since you became Medicare eligible, you had what is known as "creditable coverage."**

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. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA. The Centers for Medicare and Medicaid Services may be able to do a "look back" to help you determine your IRMAA status.

Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying, and you can re-apply every year.

Call toll-free at **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday.

Questions? We're here to help.



www.UHCRetiree.com/compassrose



Call toll-free **1-844-279-9286**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

Summary of benefits 2022

Medicare Advantage plan
with prescription drugs

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Compass Rose Medicare Advantage Plan

Group Number: 15937

H2001-858-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-279-9286**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/compassrose



Y0066_SB_H2001_858_000_2022_M

Summary of benefits

January 1, 2022 - December 31, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/compassrose or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

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 www.UHCRetiree.com/compassrose 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.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits

| | In-Network | Out-of-Network |
|---|--|----------------|
| Monthly Plan Premium | Contact your group plan benefit administrator to determine your actual premium amount, if applicable. | |
| Part B Premium Reduction | \$100.00 | |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>\$0 for Medicare-covered services from any provider</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p> | |

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

| | | In-Network | Out-of-Network |
|---|---|--|--------------------|
| Inpatient Hospital Care¹ | | \$0 copay per stay | \$0 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. | |
| Outpatient Hospital¹ Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) | \$0 copay | \$0 copay |
| | Outpatient surgery | \$0 copay | \$0 copay |
| | Outpatient hospital services, including observation | \$0 copay | \$0 copay |
| Doctor Visits | Primary Care Provider | \$0 copay | \$0 copay |
| | Virtual Doctor Visits | \$0 copay | \$0 copay |
| | Specialists ¹ | \$0 copay | \$0 copay |
| Preventive Services | Medicare-covered | \$0 copay | \$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 | |

Benefits

| | | In-Network | Out-of-Network |
|---|--|---|-----------------------------|
| | | <p>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)</p> | |
| | | <p>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%.</p> | |
| | Routine physical | \$0 copay; 1 per plan year* | \$0 copay; 1 per plan year* |
| Emergency Care | | <p>\$0 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p> | |
| Urgently Needed Services | | <p>\$0 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p> | |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI, CT scan) ¹ | \$0 copay | \$0 copay |
| | Lab services ¹ | \$0 copay | \$0 copay |

Benefits

| | | In-Network | Out-of-Network |
|--|--|---|---|
| | Diagnostic tests and procedures ¹ | \$0 copay | \$0 copay |
| | Therapeutic Radiology ¹ | \$0 copay | \$0 copay |
| | Outpatient x-rays ¹ | \$0 copay | \$0 copay |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ¹ | \$0 copay | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 exam per plan year* | \$0 copay, 1 exam per plan year* |
| | Hearing Aids | Through UnitedHealthcare Hearing, the plan pays up to a \$2,400 allowance (combined for both ears) for hearing aid(s) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing. | Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered. |
| Routine dental services See Evidence of Coverage for more details. | Oral exams | \$0 copay, 2 procedures per plan year. | \$0 copay, 2 procedures per plan year. |
| | Routine cleaning | \$0 copay, 2 procedures per plan year. | \$0 copay, 2 procedures per plan year. |
| | Dental bitewing X-rays | \$0 copay, 1 procedure per plan year. | \$0 copay, 1 procedure per plan year. |
| | Minor Services (Includes Fillings and Nitrous Oxide) | 20% coinsurance | 20% coinsurance |

Benefits

| | | In-Network | Out-of-Network |
|------------------------|--|---|--|
| | Major Services (Includes Crowns, Root Canals, and other restorative services) | 50% coinsurance | 50% coinsurance |
| | Benefit Limit | <p>\$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.</p> | |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ¹ | \$0 copay | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay | \$0 copay |
| | Routine eye exam | \$0 copay, 1 exam every 12 months* | \$0 copay, 1 exam every 12 months* |
| | Routine eyewear | Plan pays up to \$130 for eyeglasses every 24 months. Or, up to \$175 for contact lenses instead of eyeglasses every 24 months.* | Plan pays up to \$130 for eyeglasses every 24 months. Or, up to \$175 for contact lenses instead of eyeglasses every 24 months.* |
| Mental Health | Inpatient visit ¹ | \$0 copay per stay | \$0 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. | |
| | Outpatient group therapy visit ¹ | \$0 copay | \$0 copay |
| | Outpatient individual therapy visit ¹ | \$0 copay | \$0 copay |
| | Virtual Behavioral Visits | \$0 copay | \$0 copay |

Benefits

| | | In-Network | Out-of-Network |
|---|---------------------------------|--|--|
| Skilled Nursing Facility (SNF)¹ | | \$0 copay per day: days 1-20 \$0 copay per day: days 21-100 | \$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 | \$0 copay |
| Ambulance² | | \$0 copay | |
| Medicare Part B Drugs | Chemotherapy drugs ¹ | \$0 copay | \$0 copay |
| | Other Part B drugs ¹ | \$0 copay | \$0 copay |

Prescription Drugs

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 has chosen to make supplemental drug coverage available to you. This coverage is 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 prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at www.UHCRetiree.com/compassrose or call Customer Service to have a hard copy sent to you.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

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.

| | | |
|---|---|--|
| Stage 1: Annual Prescription (Part D) Deductible | Since you have no deductible, this payment stage doesn't apply. | |
| Stage 2: Initial Coverage (After you pay your deductible, if applicable) | Retail Cost-Sharing | Mail Order or Retail Cost-Sharing |
| | 30-day supply | 90-day supply |
| Tier 1: Preferred Generic | \$1 copay | \$2 copay |
| Tier 2: Preferred Brand | \$25 copay | \$50 copay |
| Tier 3: Non-preferred Drug | \$75 copay | \$150 copay |
| Tier 4: Specialty Tier | 25% coinsurance, with a \$100 copay maximum | 25% coinsurance, with a \$100 copay maximum (limited to a 30-day supply) |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. | |
| Stage 4: Catastrophic Coverage | After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,050 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage. | |

Additional Benefits

| | | In-Network | Out-of-Network |
|------------------------------|---|--|--|
| Acupuncture Services | Medicare-covered acupuncture (for chronic low back pain) | \$0 copay | \$0 copay |
| | Routine Acupuncture Services | \$0 copay, up to 24 visits per plan year* | \$0 copay up to 24 visits per plan year* |
| Chiropractic Services | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹ | \$0 copay | \$0 copay |
| | Routine chiropractic services | \$0 copay, up to 24 visits per plan year* | \$0 copay, up to 24 visits per plan year* |
| Diabetes Management | Diabetes monitoring supplies ¹ | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> |

Additional Benefits

| | | In-Network | Out-of-Network |
|---|---|---|----------------|
| | Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹ | \$0 copay | \$0 copay |
| | Diabetes self-management training | \$0 copay | \$0 copay |
| | Therapeutic shoes or inserts ¹ | \$0 copay | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ | \$0 copay | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ¹ | \$0 copay | \$0 copay |
| | Wigs | The plan pays up to \$400 per plan year for wigs for hair loss due to chemotherapy, medical treatment, or a medical condition. | |
| Fitness program Renew Active® by UnitedHealthcare | | <p>You have access to Renew Active at no additional cost. Renew Active is the gold standard in Medicare fitness programs for body and mind and includes:</p> <ul style="list-style-type: none"> • Free gym membership from our nationwide network, including many premium gyms • On-demand digital workout videos and live streaming classes • Social activities • Online Fitbit® Community • AARP® Staying Sharp® <p>To learn more about Renew Active today visit UHCRenewActive.com. Once you become a member you will need a confirmation code. Sign in to your plan website, go to Health & Wellness and look for Renew Active or call the number on the back of your UnitedHealthcare member ID card to obtain your code.</p> | |

Additional Benefits

| | | In-Network | Out-of-Network |
|---|---------------------------------------|---|------------------------------------|
| Foot Care (podiatry services) | Foot exams and treatment ¹ | \$0 copay | \$0 copay |
| | Routine foot care | \$0 copay, 6 visits per plan year* | \$0 copay, 6 visits per plan year* |
| Over-the-counter care FirstLine Medical | | \$0 copay; You receive \$40 each quarter to purchase over the counter personal health care items as shown in the FirstLine Essentials website or catalog. Credits expire the last day of each quarter. To access your benefit please call 1-800-933-2914, 7 a.m. – 7 p.m. CT, Monday – Friday & 7 a.m. – 4 p.m. CT Saturday, visit www.ShopFirstLineBenefits.com or refer to the program materials. | |
| UnitedHealthcare Healthy at Home | | <p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals from Mom’s Meals when referred by an advocate.* To order meals, call 1-866-204-6111, 7 a.m. – 6 p.m. CT, Monday – Friday. <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy with ModivCare when referred by an advocate.* Schedule your ride at www.modivcare.com/BookNow or call 1-833-219-1182, TTY 1-844-488-9724, 8 a.m. – 5 p.m. Local Time, Monday – Friday. <input type="checkbox"/> 6 hours of in-home personal care services through CareLinx – a professional caregiver can help with preparing meals, light housekeeping, medication reminders, and more. To use this benefit, visit www.carelinx.com/UHC-retiree-post-discharge or call 1-844-383-0411, 8 a.m. – 7 p.m. CT Monday – Friday and 10 a.m. – 6 p.m. CT Saturday and Sunday. No referral required. <p>*Call Customer Service to request an advocate referral for each discharge.</p> | |
| Home Health Care¹ | | \$0 copay | \$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. | |

Additional Benefits

| | | In-Network | Out-of-Network |
|--|--|---|----------------------------------|
| Massage Therapy We cover therapeutic services from a licensed massage therapist. | | Plan pays up to \$60 per visit.* | Plan pays up to \$60 per visit.* |
| Personal Emergency Response System (PERS) Philips Lifeline | | \$0 copay; With a Personal Emergency Response System (PERS), help is a button press away. PERS is a monitoring device that can provide you with confidence, knowing you have quick access to the help 24 hours a day in any situation. For additional information or to order your device please call 1-855-595-8485, TTY 711, 7 a.m. - 7:30 p.m. CT, Monday - Friday & 8 a.m.- 4:30 p.m. CT Saturday or visit www.lifeline.philips.com/uhcgroup . | |
| Telephonic Nurse Services | | Receive access to nurse consultations and additional clinical resources at no additional cost. | |
| Opioid Treatment Program Services¹ | | \$0 copay | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ¹ | \$0 copay | \$0 copay |
| | Outpatient individual therapy visit ¹ | \$0 copay | \$0 copay |

Additional Benefits

| | In-Network | Out-of-Network |
|--|---|----------------|
| <p>Private duty nursing¹</p> | <p>We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copay There is a \$5,000 limit per plan year for private duty nursing services. Once the plan has paid \$5,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.</p> | |

Additional Benefits

| | In-Network | Out-of-Network |
|-----------------------------------|--|----------------|
| Rally Coach programs | <p>\$0 copay; Start living a healthier and happier life with help from the Rally Coach programs:</p> <p>Real Appeal Weight Loss and Real Appeal Diabetes Prevention* - online weight loss programs, Wellness Coaching - online and live coaching support program on topics that promote whole person health and the Quit for Life Tobacco cessation program. Get started today at rallyhealth.com/retiree.</p> <p>For Real Appeal call 1-844-924-7325, TTY 711, 6 a.m. - 10 p.m. CT, Monday – Friday.</p> <p>For Rally Wellness Coaching call 1-800-478-1057, TTY 711, 7 a.m. - 10 p.m. CT, Monday – Thursday; 7 a.m. - 7 p.m. CT, Fridays; 8 a.m.- 4:30 p.m. CT, Saturdays.</p> <p>For Quit for Life call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day, 7 days a week.</p> <p>*Refer to the Evidence of Coverage for eligibility requirements</p> | |
| Renal Dialysis¹ | \$0 copay | \$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 ground and air transportation. Emergency ambulance does not require authorization.

*Benefits are combined in and out-of-network

Required 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.

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-279-9286 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-279-9286, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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 Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, 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 are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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

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

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

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をご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyanam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Additional drug coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain drugs as shown below. These drugs are either not generally covered under Medicare Part D or are covered at a different cost level than the one shown on your plan's drug list (formulary).

This is not a complete list of prescription drugs covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book.

Lower-cost Medicare prescription drugs and supplies

These drugs are part of your Medicare prescription drug coverage.¹

The following drugs have a \$0 copayment.

Birth Control

All oral contraceptives (generic only)
Annovera (vaginal ring)
Kyleena (intrauterine device)
Liletta (intrauterine device)
Medroxyprogesterone 150mg/mL injection
Mirena (intrauterine device)
Nexplanon (contraceptive implant)
EluRyng (vaginal ring)
Skyla (intrauterine device)
Xulane (patch)
Zafemy (patch)

Emergency Birth Control

Ella

Bowel Prep Products

GaviLyte-C
GaviLyte-G
GaviLyte-N
PEG-3350/Electrolytes
PEG-3350/NaCl/Na Bicarbonate/KCl
TriLyte

Breast Cancer Preventive Medications

Anastrozole 1mg Tablet
Exemestane 25mg Tablet
Raloxifene 60mg Tablet
Tamoxifen 10mg & 20mg Tablet

HIV PrEP (pre-exposure prophylaxis)

Descovy 200-25mg Tablet
Emtricitabine-Tenofovir Disoproxil Fumarate 200-300mg Tablet

Opioid Overdose Treatment

Naloxone Cartridge, Injection & Prefilled Syringe
Narcan Nasal Spray

Statins for High Cholesterol

Atorvastatin 10mg, 20mg, 40mg & 80mg Tablet
Lovastatin 10mg, 20mg & 40mg Tablet
Simvastatin 5mg, 10mg, 20mg & 40mg Tablet

Tobacco Cessation Medications

Bupropion 150mg Tablet SR
Chantix 0.5mg & 1mg Tablet
Nicotrol Inhaler
Nicotrol Nasal Spray

Vaccines

Select Part D Immunizations

Lower-cost non-Medicare prescription drugs

These preventive drugs are covered in addition to the drugs in your plan's drug list (formulary).²

The amount you pay for these additional preventive drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments made for these drugs (made by you or the plan) are treated differently from payments made for the drugs in your plan's drug list (formulary).

The following drugs have a \$0 copayment.

Colon preparation products

Bisacodyl

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

¹Information about the appeals and grievance process for these prescription drugs can be found in your Evidence of Coverage.

²This non-Medicare drug coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, you cannot file a Medicare appeal or grievance for non-Medicare drug coverage. If you have questions, please call Customer Service using the information on the cover of this book.

Bonus drug list

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

The drug tier for each prescription drug is shown on the list.

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. However, these costs will apply to your annual drug out-of-pocket maximum.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage rules or limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL - Quantity limits

The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

DL - Dispensing limit

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

| 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 | | |
| Phentermine | 1 | QL (maximum of 1 capsule/tablet per day) |
| 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 | | |

Bold type = Brand name drug Plain type = Generic drug

| Drug name | Drug tier | Coverage rules or limits on use |
|--|------------------|--|
| Edex | 3 | QL (maximum of 6 cartridges 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) |
| Urinary Tract Infection | | |
| Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg | 1 | |
| 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 | |

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits and/or copayments/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.

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Statements of understanding

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

- ✓ **This is a Medicare Advantage plan and has a contract 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.

- ✓ **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.

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Call toll-free **1-844-279-9286**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



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