



# 2025 Plan Guide

**Compass Rose Medicare Advantage Plan**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 15937

**Effective:** January 1, 2025 through December 31, 2025

United  
Healthcare®  
Group Medicare Advantage



# Enhance your coverage with Compass Rose Medicare Advantage

The Compass Rose Health Plan offers a Medicare Advantage plan as an enhanced level of benefits to its members enrolled in the High Option Plan. You must also be retired and enrolled in Medicare Parts A and B to participate. If you choose to enroll in Compass Rose Medicare Advantage, you'll remain a Compass Rose Health Plan member in the FEHB program.



## Read through this Plan Guide to get to know this plan

It includes:

- A description of the plan and how it works
- Information about benefits, programs and services

You can also get more information at the website below. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. Or, you can access plan materials online.



## How to enroll

Current High Option Compass Rose Health Plan members can call UnitedHealthcare at the toll-free number listed below or go online to elect the plan. To elect the plan online, visit [retiree.uhc.com/compassrose](https://retiree.uhc.com/compassrose). Then select **Enrollment and meetings** and **Enroll in plan**. Follow the step-by-step instructions to elect the plan.

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



## Here's just some of what this plan includes

- \$125 per month Medicare Part B premium reduction
- National PPO network
- Dental coverage
- Vision coverage
- And much more!



Visit [retiree.uhc.com/compassrose](https://retiree.uhc.com/compassrose) and select the **Chat now** button



Call toll-free **1-844-279-9286**, TTY 711, 8 a.m.-8 p.m. local time, Monday-Friday

# Compare plans

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

Plan comparison	Compass Rose Health Plan with Medicare Parts A and B	Compass Rose Medicare Advantage
Medical benefits	You pay	You pay
Annual medical deductible	\$0	\$0
Annual medical out-of-pocket maximum	\$0	\$0
Preventive services	\$0	\$0
Physician office visits (primary, specialist and virtual)	\$0	\$0
Hospital visits (inpatient and outpatient)	\$0	\$0
Emergency room or urgent care	\$0	\$0
Ambulance services	\$0	\$0
Physical, speech and occupational therapy	\$0/90 visits combined per year	\$0/unlimited visits per year
Durable medical equipment	\$0	\$0
Prosthetics	\$0	\$0
Diabetic supplies (test strips, lancets, glucose monitors)	\$0	\$0
Massage therapy	Up to \$75 per visit 12 visits per year	Up to \$60 per visit Unlimited visits per year
Routine podiatry	N/A	\$0/6 visits per year
Hearing aid allowance of \$2,400 every 3 years (combined for both ears) <sup>1</sup>	\$0	\$0

Plan comparison	Compass Rose Health Plan with Medicare Parts A and B	Compass Rose Medicare Advantage
<b>Pharmacy benefits</b>		
<b>Deductible</b>	\$0	\$0
<b>Out-of-pocket max</b>	\$5,000/\$10,000	\$2,000
<b>Pharmacy – Retail</b>	<b>You pay</b>	<b>You pay</b>
<b>Tier 1:</b> Generic	\$5	\$1
<b>Tier 2:</b> Preferred brand	\$50	\$25
<b>Tier 3:</b> Non-preferred brand	\$75 or 40% (whichever is greater)	\$75
<b>Tier 4:</b> Specialty tier	N/A	25% up to max of \$100
<b>Pharmacy – Mail Order</b>	<b>You pay</b>	<b>You pay</b>
<b>Tier 1:</b> Generic	\$10	\$2
<b>Tier 2:</b> Preferred brand	\$100	\$50
<b>Tier 3:</b> Non-preferred brand	\$150 or 40% (whichever is greater)	\$150
<b>Tier 4:</b> Specialty tier	Up to a max of \$500	Up to max of \$100
<b>Extras</b>		
<b>Monthly \$125 Medicare Part B premium reduction</b>		✓
<b>National network<sup>2</sup></b>	✓	✓
<b>Dental coverage<sup>3</sup></b>	Limited	✓
<b>Vision materials (glasses &amp; contacts)</b>		✓
<b>Foreign travel coverage</b>	✓	✓
<b>Free gym membership</b>		✓

Plan comparison	Compass Rose Health Plan with Medicare Parts A and B	Compass Rose Medicare Advantage
<b>Extras</b>		
<b>\$40 quarterly over-the-counter item credit</b>		✓
<b>Remain a Compass Rose member in the FEHB program</b>	✓	✓
<b>UnitedHealthcare® HouseCalls<sup>4</sup></b>		✓
<b>Personal Emergency Response System<sup>5</sup></b>		✓
<b>Aging Well program</b>	✓	✓
<b>Digital exercise therapy</b>	✓	

You must continue to pay the High Option Compass Rose Health Plan premium if you elect to enroll in the Medicare Advantage plan. There is no additional premium for the Medicare Advantage plan. If you currently have a part B income-related monthly adjustment amount (IRMAA), you may incur an additional part D IRMAA when enrolling in the Compass Rose Medicare Advantage plan.

<sup>1</sup>You must contact UHC Hearing and use a UHC Hearing provider for hearing aid coverage.

<sup>2</sup>You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as providers are eligible to participate in the Medicare Program and accept the plan. 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.

<sup>3</sup>Limited dental coverage under Compass Rose Health Plan with Medicare Parts A and B. Check the FEHB Plan brochure for additional details.

<sup>4</sup>HouseCalls may not be available in all areas.

<sup>5</sup>You must have a working landline and/or cellular phone coverage to use PERS.

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

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

Plans are 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.

## **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. You must enroll in Medicare Part B if you wish to enroll in the Compass Rose Medicare Advantage plan.

### **Medicare Part B Enrollment Penalty (LEP)**

If you didn't get Medicare Part B when you were first eligible, your monthly premium may be higher. In most cases, you'll have to pay the 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 Late Enrollment Penalty (LEP)**

Once you become a Compass Rose Medicare Advantage member, you will receive a letter to confirm you have had continuous prescription drug coverage.

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" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

### **Income-Related Monthly Adjustment Amount (IRMAA)**

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

### **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. 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.

# More ways to use your benefits

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

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



### Check in at your provider or fill a prescription

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



### Buy over-the-counter (OTC) products

Use the credit loaded on your UCard as payment in-store or online.



### Check in at the gym

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



### Spend your earned rewards

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





# Summary of Benefits 2025

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

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

Group Number: 15937

H2001-858-000

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/compassrose](https://retiree.uhc.com/compassrose)**



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

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

**United  
Healthcare®**  
Group Medicare Advantage



# Summary of Benefits


January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at [retiree.uhc.com/compassrose](https://retiree.uhc.com/compassrose) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## UnitedHealthcare® Group Medicare Advantage (PPO)

Deductible and limits		
		In-network and out-of-network
<b>Part B premium reduction</b>		\$125.00
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)		\$0 for Medicare-covered services from any provider  Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.
Medical benefits		
		In-network and out-of-network
<b>Inpatient hospital care<sup>1</sup></b>		\$0 copay per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient hospital<sup>1</sup></b>	Ambulatory surgical center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay

## Medical benefits

		In-network and out-of-network	
 <b>Doctor visits</b>	Primary care provider (PCP)	\$0 copay	
	Virtual visit	\$0 copay	
	Specialist <sup>1</sup>	\$0 copay	
<b>Preventive services</b>	Routine physical	\$0 copay; 1 per plan year*	
	Medicare-covered	\$0 copay	
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> <li>□ Glaucoma screening</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> </ul>	<ul style="list-style-type: none"> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul>	

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

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

## Medical benefits

### In-network and out-of-network

#### Emergency care

\$0 copay (worldwide)

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

#### Urgently needed services

\$0 copay (worldwide)

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

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

Diagnostic radiology services (e.g. MRI, CT scan)<sup>1</sup>

\$0 copay

Lab services<sup>1</sup>

\$0 copay

Diagnostic tests and procedures<sup>1</sup>

\$0 copay

Therapeutic radiology<sup>1</sup>

\$0 copay

Outpatient X-rays<sup>1</sup>

\$0 copay

#### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>1</sup>

\$0 copay

Routine hearing exam

\$0 copay, 1 exam per plan year\*

Hearing Aids  
UnitedHealthcare Hearing

Through UnitedHealthcare Hearing, the plan pays a \$2,400 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.



#### Routine dental services


Oral exams

\$0 copay, 2 procedures per plan year.

Routine cleaning

\$0 copay, 2 procedures per plan year.

## Medical benefits

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

Medical benefits		
		In-network and out-of-network
<b>Mental health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay  Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay
	Outpatient therapy or office visit with a psychiatrist <sup>1</sup>	\$0 copay
	Virtual behavioral visits	\$0 copay
<b>Skilled nursing facility (SNF)<sup>1</sup></b>		\$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.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay
<b>Ambulance, No Transport (Non-Medicare-Covered)</b>		\$0 copay
<b>Routine transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay
	Other Part B drugs <sup>1</sup>	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

## Good news for 2025

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

Prescription drugs		
<b>Deductible</b>	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
<b>Initial coverage</b>	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000 you move to the Catastrophic Coverage stage.	
<b>Tier drug coverage</b> (After you pay your deductible, if applicable)	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>30-day supply</b>	<b>90-day supply</b>
<b>Tier 1:</b> Preferred Generic	\$1 copay	\$2 copay
<b>Tier 2:</b> Preferred Brand ~	\$25 copay	\$50 copay
<b>Tier 3:</b> Non-preferred Drug ~	\$75 copay	\$150 copay
<b>Tier 4:</b> Specialty Tier ~	25% coinsurance, with a \$100 copay maximum (limited to a 30-day supply)	25% coinsurance, with a \$100 copay maximum (limited to a 30-day supply)
<b>Catastrophic coverage</b>	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.	

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

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

Compass Rose Medicare Advantage Plan offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at [retiree.uhc.com/compassrose](http://retiree.uhc.com/compassrose) or call Customer Service to have a hard copy sent to you.

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

**\$0 You may qualify for Extra Help from Medicare**

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

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




Additional benefits		
	In-network and out-of-network	
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
	Routine acupuncture services	\$0 copay, up to 24 visits per plan year*
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	\$0 copay
	Routine chiropractic services	\$0 copay, up to 24 visits per plan year*

## Additional benefits

		In-network and out-of-network
 <b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, 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>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay
<b>Durable medical equipment (DME) and related supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay
	Wigs	\$0 copay
		The plan pays up to \$400 per plan year for wigs for any diagnosis*



## Additional benefits

		In-network and out-of-network
	<b>Fitness program</b> Renew Active® by UnitedHealthcare	<p>\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities.</p> <p>Show your UnitedHealthcare UCard® to access your free membership the first time you visit a network gym or fitness location. Call or go online to learn more.</p>
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*
<b>Over-the-counter (OTC) credit</b>		\$40 credit each quarter to buy covered OTC products from network retail locations or through the website. Credits expire the last day of each quarter.
	<b>UnitedHealthcare Healthy at Home</b> Post-discharge program	<p>\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 28 home-delivered meals, referral required</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required</li> <li><input type="checkbox"/> 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required</li> </ul> <p>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.</p>
	<b>Home health care<sup>1</sup></b>	\$0 copay
<b>Hospice</b>		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.
<b>Massage therapy</b> from a licensed or certified massage therapist		The plan pays up to \$60 per visit*

## Additional benefits

		In-network and out-of-network
<b>Personal emergency response system (PERS)</b>		<p>\$0 copay</p> <p>Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.</p>
<b>Opioid treatment program services<sup>1</sup></b>		<p>\$0 copay</p>
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	<p>\$0 copay</p>
	Outpatient individual therapy visit <sup>1</sup>	<p>\$0 copay</p>
<b>Private duty nursing<sup>1</sup></b>		<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 copayment for each visit, up to \$5,000 per plan year</p>

## Additional benefits

	In-network and out-of-network
<b>Diabetes Prevention and Weight Management Program</b>	<p>\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.</p> <p>Call or go online to get started today. 1-844-924-7325, TTY 711 or <a href="http://uhc.realappeal.com">uhc.realappeal.com</a></p> <p>*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.</p>
<b>Renal dialysis<sup>1</sup></b>	\$0 copay
 <b>Medical nutrition therapy (non-Medicare-covered)</b>	\$0 copay for each visit, up to 4 visits*

<sup>1</sup> 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.

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

\*Benefits are combined in and out-of-network

## About this plan

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

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

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

## About providers and network pharmacies

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

You can go to [retiree.uhc.com/compassrose](https://retiree.uhc.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.

## Required Information

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

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

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

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

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

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

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

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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

You must continue to pay your Medicare Part B premium.

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

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

# Additional Drug Coverage

**This is not a complete list of prescription drugs and supplies available to you.** The prescription drugs and supplies on this list are covered in addition to the plan's Drug List (Formulary). You can find the plan's Drug List on your member site or scan the QR code at the end of this Additional Drug Coverage section.

## Lower-cost Medicare prescription drugs and supplies

The following drugs have a \$0 copay.

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

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

## Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

### Colon preparation products

Bisacodyl (Tablet)

Bisacodyl (Suppository)

Magnesium Citrate (Solution)

Polyethylene Glycol (Powder)

### Blood Clot Prevention

Aspirin (generic only)

### Tobacco cessation medications

Nicotine (Gum)

Nicotine (Lozenges)

Nicotine (Patches)

### Vitamins

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

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). This non-Medicare drug coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, the Medicare appeal or grievance processes do not apply to these drugs.

## Bonus drug list

Drug name	Drug tier	Coverage rules or limits on use
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Anorexiants - drugs to promote weight loss</b>		
<b>Alli</b>	3	QL (maximum of 3 capsules per day)
<b>Contrave</b>	3	QL (maximum of 4 tablets per day)
<b>Imcivree</b>	3	QL (maximum of 9 vials (9 mL) per 30 days)
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
<b>Qsymia</b>	3	QL (maximum of 1 capsule per day)
<b>Wegovy</b>	3	PA, QL (maximum of 4 pens per 28 days)
<b>Anticoagulants - drugs to prevent clotting</b>		
Heparin Lock Flush	1	
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry, Itchy Skin</b>		
Sulfacetamide Sodium (Liquid Wash 10%)	1	
Sulfacetamide Sodium w/Sulfur (Cream 10-5%)	1	
<b>Itching or Pain</b>		
Pramoxine/Hydrocortisone (Cream 1-2.5%)	1	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Hemorrhoids</b>		
Hydrocortisone Acetate (Suppository 25 mg)	1	
Lidocaine/Hydrocortisone (Perianal Cream 3%-0.5%)	1	
<b>Irritable Bowel or Ulcers</b>		
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	

**Bold type = Brand name drug** Plain type = Generic drug



Drug name	Drug tier	Coverage rules or limits on use
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		
<b>Edex</b>	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)
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	QL (maximum of 1 tablet per day)
<b>Vyleesi</b>	3	QL (maximum of 8 injections per 30 days)
<b>Urinary Tract Infection</b>		
<b>Uro-MP (118 mg)</b>	3	
<b>Urinary Tract Spasm and Pain</b>		
Belladonna Alkaloids & Opium (Suppositories)	1	MME, 7D, DL
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
NP Thyroid	1	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos (Tab)</b>	3	
Potassium Bicarbonate (Effervescent Tab 25 mEq)	1	
<b>Vitamins and Minerals</b>		
Cyanocobalamin (Injection) (Vitamin B12) (1000 mcg)	1	
Folic Acid (1 mg) (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 (Tablet 2.5-25-1 mg)	1	
Phytonadione (Tab)	1	

**Bold type = Brand name drug** Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Reno (Cap)	1	
Vitamin D (50,000 unit) (Rx only)	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
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

Covered drugs are placed in tiers. Each tier may have a different cost. See the Summary of Benefits to find out what you'll pay for these drugs.

Although you pay the same copay 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**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Medicare prescription drug coverage under the plan. Unlike your Medicare prescription drug coverage under the plan, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list.

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.

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.

### **QL - Quantity limits**

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

### **MME - Morphine Milligram Equivalent**

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

**7D - 7-day limit**

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

**DL - Dispensing limit**

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

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

Limitations, copay, and restrictions may apply.

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

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

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

# Statements of understanding

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

- ✓ **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- ✓ **I must continue to pay my FEHBP or PSHBP premium and not cancel or suspend my FEHBP or PSHBP coverage with the Office of Personnel Management (OPM), or I will be disenrolled from this Medicare Advantage plan.**
- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- ✓ **I can only have one Medicare Advantage or Prescription Drug Plan at a time.**
  - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- ✓ **For members of the Group Medicare Advantage Plan.**

I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

## Nondiscrimination notice

**Discrimination is against the law.** The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

- **Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW, HHH Building, Room 509F  
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**).

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

## Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

## We're happy to help



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Visit [retiree.uhc.com/compassrose](https://retiree.uhc.com/compassrose)  
and select the **Chat now** button



Call toll-free **1-844-279-9286**, TTY 711,  
8 a.m.-8 p.m. local time, Monday-Friday

Important plan information

Scan this code  
to download the  
UnitedHealthcare  
app

QR code