

2027 Plan Guide

Compass Rose Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 15937

Effective: January 1, 2027 through December 31, 2027

UnitedHealthcare®
Group Medicare Advantage

Compass Rose Health Plan

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
- Information about covered drugs and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member. You can also get plan information at retiree.uhc.com/compassrose.



How to enroll

Current High Option Compass Rose Health Plan members can call Customer Service for more information.

If you're already enrolled in Compass Rose Medicare Advantage, you don't need to do anything to continue your coverage for 2027. You'll receive a new UCard before January 1, 2027

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 the plan includes

- Monthly $125 Medicare Part B premium reduction
- National PPO network
- No referrals required
- Dental coverage
- Vision coverage
- And much more!

Compare your Compass Rose plan options

Review this side by side plan comparison and learn more about your High Option Compass Rose Health Plan and Compass Rose Medicare Advantage plan options.



Medical benefits	High Option with Medicare Parts A and B	Compass Rose Medicare Advantage
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 aids — every 3 years	$0 copay up to $2,400 allowance	$0 copay up to $1,500 allowance[1]

Pharmacy benefits

	High Option with Medicare Parts A and B*	Compass Rose Medicare Advantage
Deductible	$0	$0
Out-of-pocket max	$6,000	$2,400
Retail pharmacy		
Tier 1: Generic	$5	$3
Tier 2: Preferred brand	$75	$25
Tier 3: Non-preferred brand	$75 or 40% (whichever is greater)	$75
Tier 4: Specialty tier	N/A	25% up to max of $100
Mail order pharmacy		
Tier 1: Generic	$10	$6
Tier 2: Preferred brand	$150	$50
Tier 3: Non-preferred brand	$150 or 40% (whichever is greater)	$150
Tier 4: Specialty tier	Up to a max of $600	25% up to max of $100**

*If your prescription benefits are covered by the Compass Rose Medicare Prescription Drug Plan EGWP, your High Option costs may vary from what is listed above.

**Limited to 1 month supply

Extras

	High Option with Medicare Parts A and B	Compass Rose Medicare Advantage
National network[2]	✓	✓
Dental coverage[3]	Limited	✓
Foreign travel coverage	✓	✓
Remain a Compass Rose member in the FEHB program	✓	✓
Aging Well program	✓	✓
Free gym membership		✓
Digital exercise therapy	✓	

Plus, these extras that only come with Compass Rose Medicare Advantage

$125

Monthly Medicare Part B premium reduction



Allowance for glasses or contacts



Access to at-home workouts



Optum® HouseCalls[4]



Post-discharge home-delivered meals

$40

Quarterly credit for over-the-counter items

More benefits. No additional Medicare Advantage premium.

Access all the added features and benefits included with Compass Rose Medicare Advantage at no additional cost. Simply continue paying your High Option Compass Rose Health Plan premium and Medicare Part A and B premium.[5]

[1]You must contact UHC Hearing and use a UHC Hearing provider for hearing aid coverage. UHC Hearing gives you access to one of the widest selections of prescription and non-prescription hearing aids at significant savings.
[2]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.
[3]Limited dental coverage under Compass Rose Health Plan with Medicare Parts A and B. Check the FEHB Plan brochure for additional details.
[4]HouseCalls may not be available in all areas.
[5]You may be responsible for an Income-Related Monthly Adjustment Amount (IRMAA), if applicable.
This information is not a complete description of benefits. Contact the plan for more information.
Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may 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 Compass Rose Medicare Advantage.

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 Compass Rose Medicare Advantage. 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 includes prescription drug coverage, which is considered a Part D plan. This means that, in addition to any Part B IRMAA you may already pay, you could also be responsible for a 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. Use your UCard when you:

Check in at your provider or fill a prescription

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

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

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

Go to 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 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Compass Rose Medicare Advantage Plan
Group Number: 15937
H1537-862-000

Look inside to learn more about the plan and the health and drug services it covers. Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **retiree.uhc.com/compassrose**

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

United Healthcare
Group Medicare Advantage

Y0066_SB_H1537_862_000_2027_M

Summary of Benefits

January 1, 2027 - December 31, 2027

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** or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Deductible and limits	
	In-network and out-of-network
Part B premium reduction	$125 monthly, per enrolled individual
Maximum out-of-pocket amount (does not include prescription drugs)	$0 for Medicare-covered services from any provider Please note that you will still need to pay your cost-sharing for your Part D prescription drugs. In addition, amounts you pay for some network and out-of-network services don't count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Medical Benefits Chart.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1]	Ambulatory surgical center (ASC)	$0 copay
	Outpatient surgery	$0 copay
	Outpatient hospital services, including observation	$0 copay
Doctor visits	Primary care provider (PCP)	$0 copay
	Virtual visit	$0 copay
	Specialist[1]	$0 copay

Medical benefits		
		In-network and out-of-network
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- "Welcome to Medicare" preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.
This plan covers preventive care screenings and annual physical exams at 100%.

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.

Medical benefits			
		In-network and out-of-network	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$0 copay	
	Lab services[1]	$0 copay	
	Diagnostic tests and procedures[1]	$0 copay	
	Therapeutic radiology[1]	$0 copay	
	Outpatient X-rays[1]	$0 copay	
 **Hearing services**	Exam to diagnose and treat hearing and balance issues[1]	$0 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copay for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $1,500 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $1,500 allowance amount.*
 **Routine dental services** See Evidence of Coverage for more details.	Oral exams	$0 copay, 2 procedures per plan year.	
	Routine cleaning	$0 copay, 2 procedures per plan year.	
	Dental bitewing X-rays	$0 copay, 1 procedure per plan year.	
	Minor services (Includes fillings and nitrous oxide)	$0 copay	
	Benefit limit	$0 yearly deductible and $500 combined in and out-of-network plan year maximum. Preventative 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.	

Medical benefits		
		In-network and out-of-network
 **Vision services**	Exam to diagnose and treat diseases and conditions of the eye[1]	$0 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to $130 for eyeglasses, or up to $175 for contact lenses instead of eyeglasses, every 12 months.*
Mental health	Inpatient visit[1]	$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$0 copay
	Outpatient individual therapy visit[1]	$0 copay
	Outpatient therapy or office visit with a psychiatrist[1]	$0 copay
	Virtual behavioral visits	$0 copay
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $0 copay per day: days 21-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$0 copay
Ambulance[2]		$0 copay
Ambulance, No Transport (Non-Medicare-Covered)		$0 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$0 copay
	Other Part B drugs[1]	$0 copay

Prescription drugs		
Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400 you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	30-day supply	**90-day supply**
Tier 1: Preferred Generic	$3 copay	$6 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 (limited to a 30-day supply)	25% coinsurance, with a $100 copay maximum (limited to a 30-day supply)
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

˜ 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** or call Customer Service to have a hard copy sent to you.

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



You may qualify for Extra Help from Medicare

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

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

Additional plan benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$0 copay
	Routine acupuncture services	$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
	Routine chiropractic services	$0 copay, up to 24 visits per plan year*
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay
	Diabetes self-management training[1]	$0 copay
	Therapeutic shoes or inserts[1]	$0 copay

Additional plan benefits			
		In-network and out-of-network	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$0 copay	
	Prosthetics (e.g., braces, artificial limbs)[1]	$0 copay	
	Wigs	$0 copay The plan pays up to $400 per plan year for wigs for any diagnosis*	
 **Fitness Program** Renew Active, a health and fitness program designed for Medicare plan members. Renew Active includes a standard monthly membership at participating fitness locations. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.		$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment[1]	$0 copay	
	Routine foot care	$0 copay, 6 visits per plan year*	

Additional plan benefits			
		In-network and out-of-network	
 **UnitedHealthcare Healthy at Home** Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		$0 copay	90% coinsurance if you use an out-of-network provider
 **Home health care**[1]		$0 copay	
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Massage therapy Visit with a licensed or certified massage therapist.		The plan pays up to $60 per visit*	
Opioid treatment program services[1]		$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit[1]	$0 copay	
	Outpatient individual therapy visit[1]	$0 copay	
Over-the-counter (OTC) credit $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.		$0 copay	90% coinsurance if you use an out-of-network store or provider. The credit applies to remaining

Additional plan benefits		
	In-network and out-of-network	
		balance, up to the quarterly limit.
Diabetes Prevention and Weight Management Program Call the number on the back of your ID card to get started today. *Weight Management is available to you if you have a BMI of 19 or higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program. Limitations and restrictions apply. **Diabetes Prevention is available to you if you have a BMI of 25 or higher (23 for those of Asian descent), have not previously been diagnosed with type 1 or type 2 diabetes, are not pregnant and have a pre-diabetes diagnosis, have a history of gestational diabetes, or receive a high-risk pre-diabetes test result.	$0 copay	90% coinsurance if you get services from an out-of-network provider
Renal dialysis[1]	$0 copay	
 **Medical nutrition therapy (non-Medicare-covered)**	$0 copay for each visit*	

[1]Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

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

About this plan

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

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

Our service area includes the 50 United States, the District of Columbia and all U.S. 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** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

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

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

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

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

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

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

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

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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

You must continue to pay your Medicare Part B premium.

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

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain classes are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

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

Additional Drug Coverage

Your plan provides prescription drug coverage beyond what is listed in the plan's Drug List (Formulary). There are different types of extra covered drugs. We've listed them below.

You pay $0 for the drugs in the chart below.

Allergic Reaction
Epinephrine (Injection)
Asthma
Albuterol (HFA Inhaler)
Albuterol (Nebulized Solution)
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)
Haloette (vaginal ring)
Skyla (intrauterine device)
Xulane (patch)
Zafemy (patch)
Bowel Prep Products
GaviLyte-C
GaviLyte-G
GaviLyte-N
PEG-3350/Electrolytes
PEG-3350/NaCl/Na Bicarbonate/KCl
Breast Cancer Preventive Medications
Anastrozole (1mg Tablet)
Exemestane (25mg Tablet)
Raloxifene (60mg Tablet)
Tamoxifen (10mg & 20mg Tablet)
Breast Cancer Treatment
Letrozole (2.5mg Tablet)
Hypoglycemia (low blood sugar)
Baqsimi
Glucagon
Zegalogue
Insulin
Humalog
Humulin
Lantus
Lyumjev
Toujeo
Opioid Overdose Treatment
Kloxxado
Naloxone (Cartridge, Injection, Nasal Spray & Prefilled Syringe)
Opvee
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)
Nicotrol (Nasal Spray)
Varenicline (0.5mg & 1mg Tablet)

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

You pay $0 for the following preventive drugs not typically covered by a Medicare Part D plan.

These drugs are in addition to your plan's Drug List (Formulary). You will only find them listed here. You won't find them listed on your plan's Drug List.

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 doesn’t count towards your annual out-of-pocket maximum. You cannot file a Medicare appeal or grievance for these drugs.

Your plan includes extra coverage for drugs not included on your plan's Drug List.

The cost of these drugs is based on the tier each drug is placed in. You can find tier descriptions and costs in the Summary of Benefits.

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	
Anorexiants - drugs to promote weight loss		
Alli	3	PA, QL (maximum of 3 capsules per day)
Benzphetamine	1	PA, QL (maximum of 3 tablets per day)
Contrave	3	PA, QL (maximum of 4 tablets per day)
Diethylpropion (25 mg)	1	PA, QL (maximum of 3 tablets per day)
Diethylpropion (75 mg ER)	1	PA, QL (maximum of 1 tablet per day)
Foundayo	4	PA, QL (maximum of 1 tablet per day)
Imcivree	3	PA, QL (maximum of 9 vials (9 mL) per 30 days)
Liraglutide	1	PA, QL (maximum of 5 pens per 30 days)
Phendimetrazine (35 mg)	1	PA, QL (maximum of 6 tablets per day)
Phendimetrazine (105 mg ER)	1	PA, QL (maximum of 2 capsules per day)
Phentermine	1	PA, QL (maximum of 1 capsule/ tablet per day)
Phentermine/Topiramate	1	PA, QL (maximum of 1 capsule per day)
Saxenda	4	PA, QL (maximum of 5 pens per 30 days)

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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 can help ensure safe and effective use of the drug.

PA - Prior Authorization
The plan requires you or your doctor or prescriber to get prior approval for certain drugs. This means the plan needs more information from your doctor or prescriber to make sure the drug is being used and covered correctly for your medical condition.

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

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

BDL: U

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 am covered both inside and outside the United States. Under this plan, all covered medical services and prescription drugs are covered worldwide the same as they are in the U.S., based on my plan benefits. If I receive care outside the U.S., I may need to pay up front and submit a claim for reimbursement.
- **I can only have one Medicare Advantage or Prescription Drug Plan at a time.**
  - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**
  Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- **For members of the Group Medicare Advantage Plan.**
  I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Notice of availability of language assistance services and alternate formats

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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