



2025 Insurance Guide

Wisconsin Department of Employee Trust Funds

UnitedHealthcare Medicare Plus

Group Number: 06217

Effective: January 1, 2025 through December 31, 2025

United
Healthcare®



UnitedHealthcare is here for what matters to you

The Group Insurance Board has selected UnitedHealthcare to offer the Medicare Plus Senior Supplement plan. We believe you should get more than a good plan, and that's why we have the people, tools and resources in place to help you live a healthier life.



Read through this Insurance Guide to get to know the plan

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Insurance Guide. It has information that will be helpful if you become a member. You can also get plan information at the website below. Use the Group Number on the front cover of this book to access plan materials online.



How to enroll

For instructions on how to enroll, refer to your 2025 Health Benefits Decision Guide or visit etf.wi.gov/benefits-by-employer and select the name of the employer you retired from.

Your prescription drug plan will continue to be provided by Navitus Health Solutions (Navitus).



Take control of your health

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.



retiree.uhc.com/etf



Call toll-free **1-844-876-6175**, TTY **711**,
7 a.m.-6 p.m. CT, Monday-Friday

You get so much more than health insurance


The Medicare Plus plan by UnitedHealthcare is a medical plan for Medicare-eligible retirees and is only available through the Department of Employee Trust Funds (ETF). This plan enhances your existing Medicare Part A (hospital) and Part B (doctor and outpatient care) coverage, helping to pay all of the costs that Original Medicare doesn't cover.

You get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

Here's just some of what this plan offers

 **No deductible**

 **Free standard gym membership** at participating locations

 **Freedom to choose** any doctor, specialist or hospital anywhere in the country or the world



Get to know your plan

It's important that you understand your plan and what benefits are covered. You can find more information at retiree.uhc.com/etf.



Stay within your budget

Your plan helps limit your out-of-pocket expenses by covering the costs that Original Medicare Parts A and B don't cover.



Visit the providers you want

You have the freedom to choose any doctor, specialist or hospital anywhere in the country or the world.



Get additional support and programs

You get additional health and wellness programs, at no additional cost.



Review the Outline of Coverage in this guide to see how much you'll pay for medical services

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at ssa.gov/locator or call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

You're eligible to enroll in this plan if you:



Are entitled to Medicare Part A and enrolled in Medicare Part B.



Continue to pay your Part B premium.



Remember: If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Outline of Benefits

Services and supplies

	Medicare pays per benefit period (2024 information. Updated annually per CMS.)	Medicare Plus pays (2024 information. Updated annually.)
Hospital Semiprivate room and board and miscellaneous HOSPITAL services and supplies such as drugs, X-rays, lab tests and operating room	First 60 days , all but \$1,632* 61st to 90th day , all but \$408* a day 91st to 150th day , all but \$816* a day (lifetime reserve) If lifetime reserve days are exhausted, \$0	Initial \$1,632* deductible \$408* a day \$816* 100% from the 91st to 120th day of confinement
Licensed skilled nursing facility** Medicare covered services in a Medicare approved facility**	Requires a 3- day period of hospital stay First 20 days , 100% of costs 21st – 100th days , all but \$204 a day Beyond 100 days , \$0	Requires a 3- day period of hospital stay Not applicable \$204* a day All covered services up to a maximum of 120 days per benefit period Custodial care is not covered
Licensed skilled nursing facility**	Covers only the same type of expenses normally covered by Medicare in a Medicare approved facility	Covers only the same type of expenses normally covered by Medicare in a Medicare approved facility
Non-Medicare approved facility If admitted within 24 hours following a hospital stay	\$0	Maximum daily rate for up to 30 days per confinement

	Medicare pays per benefit period (2024 information. Updated annually per CMS.)	Medicare Plus pays (2024 information. Updated annually.)
<p>Home health care**</p> <p>Under a doctor for part-time skilled nursing care, part-time home health aide care, physical therapy, occupational therapy, speech-language pathology services, medical social services.</p>	<p>100% of charges for visits considered medically necessary by Medicare.</p> <p>Generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days.</p>	<p>Up to 365 visits per year</p>
<p>Hospice care</p> <p>Medicare certified program of terminal illness care for pain relief and symptom management. Includes: nursing care; physician services; physical, occupational and speech therapy; social worker services; home health aids; homemaker services; medical supplies. First 180 days and any Medicare approved extension</p>	<p>All covered services</p>	<p>Coinsurance or copayments for all Medicare Part A eligible expenses</p>
<p>Hospice facility</p>	<p>All but very limited coinsurance for inpatient respite care</p>	<p>Medicare copayment/coinsurance up to the equivalent reasonable charges of a skilled nursing facility</p>
<p>Miscellaneous services</p> <p>Physical, speech and occupational therapy; ambulance; prosthetic devices; durable medical equipment</p>	<p>After annual \$240* Medicare deductible, 80% of allowable charges</p>	<p>Initial \$240* deductible and 20% of Medicare approved expenses</p>
<p>Physician's services</p> <p>Includes medical care, surgery, home and office calls, dental surgeons, anesthesiologists, etc.</p>	<p>After annual \$240* Medicare deductible, 80% of allowable charges</p>	<p>Initial \$240* deductible and 20% of Medicare approved expenses</p>
<p>Telemedicine, telehealth, or e-visit service</p>	<p>Not covered</p>	<p>100% of costs for allowable providers</p>
<p>Drugs and biologicals (non-hospitalization)</p> <p>Immunosuppressive drugs during the first year following a covered transplant</p> <p>Self-administered drugs prescribed by a physician</p>	<p>After annual \$240* Medicare deductible, 80% of allowable charges</p> <p>Not covered</p>	<p>Initial \$240 deductible and 20% of Medicare approved expenses</p> <p>Refer to Pharmacy Benefit Manager portion of booklet for pharmacy benefits</p>

	Medicare pays per benefit period (2024 information. Updated annually per CMS.)	Medicare Plus pays (2024 information. Updated annually.)
Outpatient hospital services In an emergency room or outpatient clinic, diagnostic lab and X-rays; medical supplies such as casts, splints, and drugs which cannot be self-administered	After the annual \$240* Medicare deductible , 80% of allowable charges	Initial \$240* deductible and 20% of Medicare approved expenses
Psychiatric treatment other than hospital inpatient	After the annual \$240* Medicare deductible , 80% of the allowable charges	Initial \$240* deductible and the amount, which combined with the Medicare benefit , equals 20% of the reasonable charges
Private duty nursing While hospitalized and provided by an RN or LPN	\$0	\$0
Blood	After annual \$240* Medicare deductible , 80% of costs except non-replacement fees blood deductible 1st 3 pints in each benefit period	Initial \$240* deductible and 20% of Medicare approved expenses

*Federal **Medicare deductibles** are adjusted annually. Amounts shown above are for 2024. **Medicare Plus benefits** are also adjusted annually to pay these **deductibles**.

****Custodial care** as defined is not covered.

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

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

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

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

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

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

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

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

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

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。
請撥打本手冊封面的客戶服務部電話號碼。

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

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

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

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

XIN LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

AADACHT: Wann du **Deutsch (Pennsylvania Dutch)** schwetze kann, kantscht du frei Schprooch aushilfe griege. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ (**Laotian**) ແມ່ນມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ. ກະລຸນາໂທຫາເບີຟ່າຍບໍລິການລູກຄ້າທີ່ຢູ່ດ້ານໜ້າຂອງປຶ້ມຄູ່ມືນີ້.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

KUJDES: Në rast se flisni **shqip (Albanian)**, juve ju ofrohen falas shërbimet e ndihmës gjuhësore. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj broshure.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

Here's what you can expect next

Once a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it.



You may file an application and UnitedHealthcare will process your enrollment



Create your account to review your plan online



Receive your member ID card in the mail



Coverage begins! Start using your plan

Manage your plan online

Use your Medicare number or member ID number to create an account at retiree.uhc.com/etf. Online you can:

- Look up your latest claim information
- Find benefit information and plan materials
- Learn more about health and wellness topics

We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. It will also be helpful to have:

- Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card
- Names and addresses for doctors, hospitals and specialists
- List of current health conditions and treatments

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

Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Insurance Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us.

We're happy to help



retiree.uhc.com/etf



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