



# 2025 Plan Guide

**Wisconsin Department of Employee Trust Funds**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 13889, 13890

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

United  
Healthcare®  
Group Medicare Advantage



# With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you get more

The Group Insurance Board has selected UnitedHealthcare® to offer the It's Your Choice (IYC) Medicare Advantage plan as a health care coverage option for all eligible program participants. We are pleased to have the opportunity to be one of your health plan choices for 2025.

This plan is a UnitedHealthcare Group Medicare Advantage (PPO) plan. The word "Group" means it is designed just for an employer group or plan sponsor like Wisconsin Department of Employee Trust Funds (ETF). Only eligible state and local retirees can enroll in this plan. We have worked closely with the ETF to offer Uniform Benefits with a nationwide network.



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

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 a plan

Please keep this Plan 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 It's Your Choice: 2025 Health Benefits Decision Guide or visit [etf.wi.gov/benefits-by-employer](https://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](https://retiree.uhc.com/etf)





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


# More than health insurance


With the UnitedHealthcare Group Medicare Advantage (PPO) plans, you get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.


## Here's just some of what these plans offer


 **Your plan has an annual combined in-network and out-of-network medical deductible of \$500 for this plan year.**


 **\$0 copay** for home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care to assist with daily activities for up to 30 days after a hospital or skilled nursing facility stay

 **Earn rewards** to spend on eligible items like gifts, clothing, groceries and more

 **Standard gym membership** at participating locations at no cost to you

 **UnitedHealthcare® HouseCalls visit** from one of our licensed health care practitioners at no cost to you

 **Hearing exam** at no cost to you and 20% coinsurance on a broad selection of hearing aids. The plan pays up to a \$1,000 allowance for 1 hearing aid per ear every 3 years.

 **Virtual doctor and behavioral health visits** using your computer, tablet or smartphone – anytime, day or night

 **Medicare Advantage's largest national provider network**

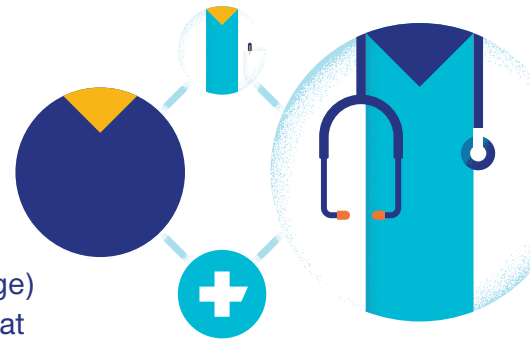
 **\$0 diabetic supplies** like continuous glucose monitors, needles and test strips



**Review the Summary of Benefits in this guide for more details**



# + More from your health plan



Your PPO plan is a Medicare Advantage plan, also known as Medicare Part C. This plan has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B). Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

## Here's how this PPO plan works



**Get care from providers in or out-of-network as long as they accept Medicare and the plan**



**No referral is needed to see a specialist or other provider**



**Select a primary care provider (PCP) to oversee and help manage your care**

It's required by the plan, and it's very beneficial for your long-term health and well-being.



**You pay a standard copay or coinsurance to see a network or out-of-network provider**

We work closely with our network (contracted) providers to make sure they have access to resources and tools to help them work with you for better health outcomes.



**This plan has separate maximum annual out-of-pocket amounts for durable medical equipment and Part A and Part B services**

If you spend \$500 on durable medical equipment and supplies, the plan will pay 100% of those costs for the rest of the plan year. After you spend \$6,700 on Medicare Part A and Part B services, the plan will pay 100% of those services for the rest of the plan year. It is very unlikely that you would spend \$6,700 on this plan.



**Emergency and urgently needed services are covered anywhere in the world**

To search for a network provider, visit [retiree.uhc.com/etf](https://retiree.uhc.com/etf).

# Get to know your plan

It's important that you understand your plan and what benefits are covered. You can find the Provider Directory and more at [retiree.uhc.com/etf](https://retiree.uhc.com/etf).



## Review the online Provider Directory to see if your providers are in the network

It's okay if they're not. This plan allows you to see out-of-network providers at the same cost share as long as they accept Medicare and the plan.



## Review the Summary of Benefits in this guide to see how much you'll pay for medical services

You can also review the Summary of Benefits online.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at [ssa.gov/locator](https://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 may be disenrolled from this plan if you stop paying your Medicare Part B premium.

## You're eligible to enroll in this Medicare Advantage 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.



# Summary of Benefits 2025

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

Group Name (Plan Sponsor): Wisconsin Department of Employee Trust Funds

Group Number: 13889, 13890

H2001-817-000

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



**[retiree.uhc.com/etf](https://retiree.uhc.com/etf)**



**Toll-free 1-844-876-6175, TTY 711**

7 a.m.-6 p.m. CT, 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/etf](http://retiree.uhc.com/etf), or you can call Customer Service with questions you may have.

## UnitedHealthcare® Group Medicare Advantage (PPO)

### Medical premium, deductible and limits

	In-network and out-of-network
<b>Monthly plan premium</b>	Refer to 2025 Health Benefits Decision Guide or <a href="http://etf.wi.gov/benefits-by-employer">etf.wi.gov/benefits-by-employer</a> (select the name of the employer you retired from) to determine your premium amount.
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network individual medical deductible of \$500 each plan year. If you are part of a family policy, the most your family will pay for family deductible is \$1000. See the Your Plan Year Deductible section for a list of covered medical services that apply to the deductible.
<b>Maximum out-of-pocket amount</b>	<p>Your plan has 2 annual service-specific out-of-pocket maximum amounts that are combined in and out-of-network. Cost shares paid toward your durable medical equipment (DME) and supplies amount also apply to your Total amount.</p> <p>You pay 20% of DME, up to \$500 per person, per year. The plan pays 100% of the service-specific DME and supplies costs after you meet your \$500 DME and supplies or \$6,700 Total annual out-of-pocket maximum. It is very unlikely that you spend \$6,700 on this plan.</p> <p>The plan pays 100% of most service-specific costs after you meet your Total annual out-of-pocket maximum. See your Evidence of Coverage (EOC) to find out what's included in each out-of-pocket maximum category.<sup>†</sup></p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services</p>

## Medical premium, deductible and limits

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

and we will pay the full cost for the rest of the plan year.

Please note that you will still need to pay your monthly premiums, if applicable.

## Medical benefits

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

#### Inpatient hospital care<sup>1</sup>

\$0 copay per stay, after your deductible is met

Our plan covers an unlimited number of days for an inpatient hospital stay.

#### Outpatient hospital<sup>1</sup>

Ambulatory surgical center (ASC)

\$0 copay, after your deductible is met

Cost sharing for additional plan covered services may apply.

Outpatient surgery

\$0 copay, after your deductible is met

Outpatient hospital services, including observation

\$0 copay, after your deductible is met



#### Doctor visits

Primary care provider (PCP)

\$0 copay, after your deductible is met

Virtual visit

\$0 copay

Specialist<sup>1</sup>

\$0 copay, after your deductible is met

#### 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



## Medical benefits

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <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> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> </ul> | <ul style="list-style-type: none"> <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%.

### Emergency care

\$60 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 , after your deductible is met

## Medical benefits

	In-network and out-of-network	
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay, after your deductible is met
	Therapeutic radiology <sup>1</sup>	\$0 copay, after your deductible is met
	Outpatient X-rays <sup>1</sup>	\$0 copay, after your deductible is met
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$0 copay, after your deductible is met
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	<p>20% coinsurance applies, the plan pays up to a \$1,000 allowance for 1 hearing aid per ear every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.</p> <p>To access your hearing aid benefits, you must contact UnitedHealthcare Hearing at 1-866-445-2071, TTY 711.</p> <p>Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.</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 each calendar year*

Medical benefits		
		In-network and out-of-network
<b>Mental health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay, after your deductible is met  Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$0 copay, after your deductible is met
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay, after your deductible is met
	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: for days 1-120, after your deductible is met  Our plan covers up to 120 days in a SNF per benefit period.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay, after your deductible is met
<b>Ambulance<sup>2</sup></b>		\$0 copay, after your deductible is met
<b>Routine transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay, after your deductible is met
	Other Part B drugs <sup>1</sup>	\$0 copay, after your deductible is met
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		


## Additional benefits

		In-network and out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay, after your deductible is met
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) when medically necessary <sup>1</sup>	\$0 copay, after your deductible is met
	Routine chiropractic services (medically necessary)	\$0 copay, after your deductible is met, for each visit per plan year*
 <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>	20% coinsurance, after your deductible is met Restrictions apply

## Additional benefits

		In-network and out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
 <b>Fitness program</b> Renew Active® by UnitedHealthcare		<p>Renew Active® by UnitedHealthcare® is a Medicare fitness program. 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>Call or go online to learn more and to get your confirmation code. 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.</p>
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay, after your deductible is met
	Routine foot care	\$0 copay, 6 visits per plan year*
 <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>		<p>\$0 copay</p> <p>Restrictions apply</p>

## Additional benefits

		In-network and out-of-network
<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. Neither the plan nor Original Medicare will pay for Hospice care received from a Medicare non-approved/non-certified Hospice. You will be responsible for the cost of the services.
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	\$0 copay, after your deductible is met
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay, after your deductible is met
<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, after your deductible is met
	<b>Medical nutrition therapy (non-Medicare-covered)</b>	\$0 copay for each visit*

<sup>1</sup> Some of the network benefits listed may require your provider to obtain prior authorization. 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.

<sup>†</sup> Refer to your Prescription Drug Plan benefit details at [etf.wi.gov](http://etf.wi.gov) for more information on your annual maximum out-of-pocket amount.

\*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), ETF.

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

## About providers

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, 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.

You can go to [retiree.uhc.com/etf](https://retiree.uhc.com/etf) to search for a network provider using the online directory.

# Additional Information About UnitedHealthcare Group Medicare Advantage (PPO)

## Your Plan Year Deductible

**Your combined in-network and out-of-network deductible is \$500 per individual.** This is the amount you have to pay out-of-pocket before we will pay our share for your covered medical services.

Until you have paid the deductible amount, you must pay the full cost for most of your covered services. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your copayment or coinsurance amount) for the rest of the plan year.

### The deductible applies to the following services:

- Acupuncture for Chronic Low Back Pain
- Ambulance Services
- Cardiac Rehabilitation Services
- Chiropractic Services (Medicare-covered)
- Accidental Dental Services (Medicare-covered)
- Diagnostic Procedure/Test
- Diagnostic Radiology Services
- Durable Medical Equipment
- Eye Exam (Medicare-covered)
- Hearing Exam (Medicare-covered)
- Inpatient Hospital Stay
- Inpatient Mental Health
- Kidney Dialysis
- Medical Supplies
- Occupational Therapy
- Orthotics and Prosthetics
- Outpatient Hospital Services
- Outpatient Mental Health/Substance Abuse
- Outpatient Surgery
- Outpatient X-ray Services
- Part B Drugs
- Physical Therapy and Speech/Language Therapy
- Podiatry Visit (Medicare-covered)
- Primary Care Physician Office Visit
- Skilled Nursing Facility Care
- Specialist Office Visit
- Therapeutic Radiology Service

### The deductible does not apply to the following services:

- All Medicare Preventive Services
- Blood
- Diabetes Monitoring Supplies
- Diabetes - Self Management Training (Medicare-covered)
- Emergency Care
- Home Health Services
- Hospice Services
- Laboratory tests
- Medicare-covered eye wear after cataract surgery
- Routine Podiatry (Non-Medicare-covered)
- Routine Vision Care – Routine Eye Exam
- Telehealth
- Urgently Needed Services (in-network)



- Urgently Needed Services (out-of-network)
- Virtual Behavioral Visits
- Virtual Cognitive Behavioral Health Therapy (AbleTo Program)
- Virtual Doctor Visits

## 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 benefits.

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.

UnitedHealthcare muab kev pab dawb rau koj kom koj sib txuas lus tau nrog peb xws li muab tej ntaub ntawv sib txuas lus no sau ua lwm cov ntawv, sau ntawv rau neeg dig muag xua, luam tawm kom loj, tso ua suab, los sis koj tuaj yeem thov ib tug kws txhais lus. Yog xav paub ntau ntxiv, thov hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus nab npawb xov tooj nyob rau ntawm koj daim npav tswv cuab ID los sis nyob sab xub ntiag ntawm koj phau ntawv npaj kho mob.

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

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

You 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 maximum out-of-pocket displayed in this document only includes out-of-pocket medical costs. It does not include your prescription drug out-of-pocket costs. Please contact Navitus Health Solutions to confirm how much you have accumulated in your prescription drug out-of-pocket costs.

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.

# Here's what you can expect next

Once you're 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 are here**  
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](https://retiree.uhc.com/etf). Online you can:

- Look up your latest claim information and complete your health assessment
- Find network providers and other benefit information and plan materials
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

## Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more

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

We'll send you an Annual Notice of Changes before your plan year ends that will tell you about any changes to your plan for the next 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 Plan Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



# 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.
- ✓ **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 Plan at a time.**
  - I may be enrolled in only one Medicare Advantage plan at a time. The plan I enroll in last is the plan that Medicare considers to be my final decision.
  - If I enroll in another Medicare Advantage Plan after my enrollment in this group-sponsored plan, I will be disenrolled from this plan. Any eligible family member may also be disenrolled from their group-sponsored coverage.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
  - Enrollment in this plan is for the entire plan year.
- ✓ **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 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.

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](mailto: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.

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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 Schprouch aushilfe griege. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

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

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.



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