



2026 Plan Guide

Wisconsin Department of Employee Trust Funds (ETF)

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13889, 13890

Effective: January 1, 2026 through December 31, 2026

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 2026.

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 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: 2026 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.



Visit **retiree.uhc.com/etf**
and select the **Chat now** button



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.



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



\$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



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*



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



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



Standard gym membership at participating locations at no cost to you



A large network of providers through our Medicare National Network



\$0 diabetic supplies like needles and test strips



Review the Summary of Benefits in this guide for more details

*Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing. Review the Summary of Benefits in this guide for more details.

Y0066_GRP_ModBen_2026_M
UHEX26NP0308118_000



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



You don't need a referral 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, or \$0 in some cases, to see a provider in or out-of-network

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.



More ways to learn about 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.



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 for medical care* 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 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 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.

*Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing. Review the Summary of Benefits in this guide for more details.



Summary of Benefits 2026

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



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

7 a.m.-6 p.m. CT, Monday-Friday

**United
Healthcare®**
Group Medicare Advantage

Y0066_SB_H2001_817_000_2026_M

Summary of Benefits

January 1, 2026 - December 31, 2026

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, 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
Monthly plan premium	Refer to 2026 Health Benefits Decision Guide or etf.wi.gov/benefits-by-employer (select the name of the employer you retired from) to determine your premium amount.
Annual medical deductible	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.
Maximum out-of-pocket amount	<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.[†]</p>

Medical premium, deductible and limits

In-network and out-of-network

If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services 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 care¹

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

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

Outpatient hospital¹

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

Specialist¹

\$0 copay, after your deductible is met

Preventive services

Routine physical

\$0 copay; 1 per plan year*

Medicare-covered

\$0 copay

- | | |
|--|--|
| <input type="checkbox"/> Abdominal aortic aneurysm screening | <input type="checkbox"/> Breast cancer screening (mammogram) |
| <input type="checkbox"/> Alcohol misuse counseling | <input type="checkbox"/> Cardiovascular disease (behavioral therapy) |
| <input type="checkbox"/> Annual wellness visit | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Bone mass measurement | |

Medical benefits

In-network and out-of-network

- | | |
|--|--|
| <ul style="list-style-type: none"> □ 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 | <ul style="list-style-type: none"> □ 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


\$60 copay (worldwide)

If you are admitted to the hospital within 24 hours or held for observation for 24 hours or more, 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 , after your deductible is met
	Lab services ¹	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay, after your deductible is met
	Therapeutic radiology ¹	\$0 copay, after your deductible is met
	Outpatient X-rays ¹	\$0 copay, after your deductible is met
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$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>
 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 each calendar year*

Medical benefits		
		In-network and out-of-network
Mental health	Inpatient visit ¹	\$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 ¹	\$0 copay, after your deductible is met
	Outpatient individual therapy visit ¹	\$0 copay, after your deductible is met
	Outpatient therapy or office visit with a psychiatrist ¹	\$0 copay, after your deductible is met
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF)¹		\$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.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay, after your deductible is met
Ambulance²		\$0 copay, after your deductible is met
Routine transportation		Not covered
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, after your deductible is met
	Other Part B drugs ¹	\$0 copay, after your deductible is met

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay, after your deductible is met
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) when medically necessary ¹	\$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*
 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	\$0 copay

Additional benefits		
		In-network and out-of-network
	Therapeutic shoes or inserts ¹	20% coinsurance, after your deductible is met Restrictions apply
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance Counts towards your \$500 DME and supplies out-of-pocket maximum.
 Fitness program Renew Active by UnitedHealthcare		<p>\$0 copay for Renew Active by UnitedHealthcare, a Medicare fitness program. It includes a gym membership at a fitness location you select from our national network, plus online classes and fun activities outside of the gym, at no additional cost.</p> <p>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>
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay, after your deductible is met
	Routine foot care	\$0 copay, 6 visits per plan year*
 UnitedHealthcare Healthy at Home 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"> <input type="checkbox"/> 28 home-delivered meals, referral required <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required <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 <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>
 Home health care¹		<p>\$0 copay</p> <p>Restrictions apply</p>

Additional benefits		
		In-network and out-of-network
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. 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.
Opioid treatment program services¹		\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$0 copay, after your deductible is met
	Outpatient individual therapy visit ¹	\$0 copay, after your deductible is met
Diabetes Prevention and Weight Management Program		<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 uhc.realappeal.com</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>
Renal dialysis¹		\$0 copay, after your deductible is met
	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. 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.

[†] Refer to your Prescription Drug Plan benefit details at 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 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 ayudarlo 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 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 ntiv, 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.

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 services, classes, activities 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.

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

If you haven't done so already, use your Medicare number or member ID number and email address to create an account at **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 and annual routine physical
- Get a yearly in-home visit with Optum® HouseCalls. Visit **UHCHouseCalls.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.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

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።

ملاحظة: إذا كنت تتحدث اللغة العربية (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 قالب‌های 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 fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSIÓN: 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ヤ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.

NOTES

[illegible]

NOTES

[illegible]

NOTES

[illegible]

NOTES

[illegible]



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

Let us help you. You've earned it.



Download the UnitedHealthcare app



Visit **retiree.uhc.com/etf**
and select the **Chat now** button



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

Scan this code
to download the
UnitedHealthcare
app

