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	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. 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. 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.[†]

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 care[1]		$0 copay per stay, after your deductible is met
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services may apply.	Ambulatory surgical center (ASC)	$0 copay, after your deductible is met
	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[1]	$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

Medical benefits	
	In-network and out-of-network
	• 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	$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	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. **To access your hearing aid benefits, you must contact UnitedHealthcare Hearing at 1-866-445-2071, TTY 711.** **Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.**
 **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
Ambulance[2]		$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		$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. 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.
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		$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: •28 home-delivered meals, referral required •12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required •6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required 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.
Home health care[1]		$0 copay Restrictions apply

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 services[1]		$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		$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results. Call or go online to get started today. 1-844-924-7325, TTY 711 or uhc.realappeal.com *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.
Renal dialysis[1]		$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 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 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.

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.