



Plan Guide 2024

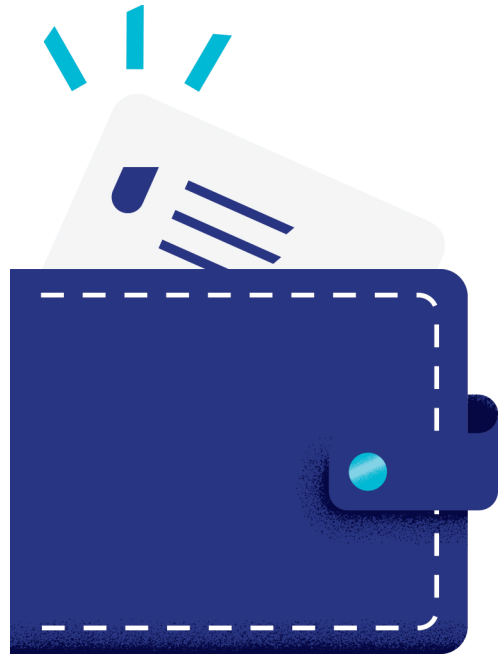
**Take advantage of all your
Medicare Advantage plan has to
offer**

**Bank of America
IMS# H000270679**

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12322, 12323, 12324, 12325

Effective: January 1, 2024 through December 31, 2024



**United
Healthcare®**
Group Medicare Advantage

BANK OF AMERICA 

Table of Contents

Introduction 3

Plan information

Benefit highlights 6
Plan details 9
Summary of benefits 16

What's next

Here's what you can expect next 34
Statements of understanding 35

Introducing the Plan

UnitedHealthcare® Group Medicare Advantage (PPO) plan

Your plan sponsor had selected UnitedHealthcare to offer health care coverage for all Medicare-eligible retirees. Plan options include the Medicare Advantage Core Plan and Medicare Advantage Comprehensive Plan. Under both plans, you have coverage for hospital and medical services as well as access to additional programs and services not offered under traditional Medicare.

As a UnitedHealthcare Medicare Advantage Group plan member, you'll have a team committed to understanding your needs and helping you get the right care.

Let us help you:

- Get tools and resources to help you be more in control of your health
- Find ways to save money on health care so you can focus more on what matters to you
- Get access to care when you need it

In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services
- What you can expect after your enrollment

The term “retiree” is used throughout these materials to include retirees and individuals covered under the bank’s long-term disability plan who are Medicare eligible. The term also includes eligible dependents of retirees and individuals on long-term disability, who are Medicare-eligible.

Take advantage of healthy extras

To learn about the additional programs available under these plans, go to the Plan Details section in this guide.

Questions? We're here to help.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7.**



retiree.uhc.com/healthplans



Call toll-free **1-866-460-8856**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness
Experience

Important notes about enrolling in one of the Medicare Advantage plans

All Bank of America retirees, individuals on long-term disability and their family members who are eligible for Medicare can participate in the Medicare Advantage plans.

Please see the enclosed Enrollment Worksheet from Bank of America to see what your specific options and costs will be for 2024 – and whether you will be automatically enrolled in the Medicare Advantage plans or whether you will be required to take certain enrollment action. Also enclosed is an enrollment guide from Bank of America that explains other benefits that may be available to you.

You have the option not to enroll in either the Medicare Advantage Core Plan or Medicare Advantage Comprehensive Plan. However, opting out could cause you to incur higher Medicare Part D premiums at a future date, known as the late enrollment penalty. In addition, for some retirees, opting out of coverage now may mean that you cannot re-enroll in Bank of America retiree medical coverage in the future. To receive more information about what could happen if you decline this coverage, call the Bank of America Global HR Service Center at **1-800-556-6044**.

Please note: If you have questions about the Medicare Advantage Core Plan or the Medicare Advantage Comprehensive Plan and the benefits and services included in these plans, call UnitedHealthcare at **1-866-460-8856** (TTY: **711**). Representatives are available from 8 a.m.–8 p.m. local time, Monday–Friday.

Plan information

Benefit Highlights

Bank of America 12322, 12323, 12324, 12325

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$300 each plan year.	No deductible
Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,000 for this plan year.	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$600 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Doctor's office visit		
Primary care provider (PCP)	\$20 copay	\$5 copay
Specialist	\$30 copay	\$10 copay
Virtual visits	\$0 copay	\$0 copay
Preventive services Medicare-covered	\$0 copay	\$0 copay
Inpatient hospital care	\$100 copay per day: days 1-9 \$0 copay per day after that	\$100 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$100 copay per day: days 21-55 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$50 copay per additional day up to 100 days

Medical benefits

Medical benefits covered by the plan and Original Medicare

	Medicare Advantage Core In-network and out-of-network†	Medicare Advantage Comprehensive In-network and out-of-network†
Outpatient surgery	\$20 copay	\$20 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$20 copay	\$20 copay
Outpatient mental health		
Group therapy	\$20 copay	\$20 copay
Individual therapy	\$30 copay	\$25 copay
Virtual visits	\$30 copay	\$25 copay
Diagnostic radiology services such as MRIs, CT scans	\$20 copay	\$20 copay
Lab services	\$20 copay	\$0 copay
Outpatient X-rays	\$20 copay	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$20 copay	\$20 copay
Ambulance	\$100 copay	\$50 copay
Emergency care	\$75 copay (worldwide)	\$65 copay (worldwide)
Urgently needed services	\$65 copay (worldwide)	\$35 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	Medicare Advantage Core In-network and out-of-network†	Medicare Advantage Comprehensive In-network and out-of-network†
Routine physical	\$0 copay, 1 per plan year*	\$0 copay, 1 per plan year*
Acupuncture – routine	\$30 copay for each visit per plan year*	\$25 copay for each visit per plan year*
Chiropractic – routine	\$30 copay, 20 visits per plan year*	\$20 copay, 20 visits per plan year*
Foot care – routine	\$30 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Hearing – routine exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*

Additional benefits and programs not covered by Original Medicare

	Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Hearing aids UnitedHealthcare Hearing	Plan pays a \$1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.	Plan pays a \$1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.	Receive access to nurse consultations and additional clinical resources at no additional cost.

[†]As a member of our plan, you can choose to receive care from out-of-network providers. However, please note providers that do not contract with us are under no obligation to treat you, except in emergency situations. Our plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. Because you are a member of the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out or been excluded or precluded from the Medicare Program.

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The provider network may change at any time. You will receive notice when necessary.

Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

Bank of America is working with UnitedHealthcare Group Medicare Advantage plans, which are Preferred Provider Organization (PPO) plans. Only retirees, individuals covered under the Bank of America's long-term disability plan and dependents who are eligible for Medicare can enroll in these plans.

"Medicare Advantage" is also known as Medicare Part C. The UnitedHealthcare Group Medicare Advantage plans provide all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs, like Renew Active® and HouseCalls, that go beyond traditional Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security.
- Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m.–7 p.m. local time, Monday–Friday or call your local office.
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan.
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ **One plan at a time**

- You may be enrolled in only one Medicare Advantage plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from the UnitedHealthcare Group Medicare Advantage (PPO) plan.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical coverage through your plan sponsor or former employer.

✓ **You must have employer group-sponsored coverage**

These UnitedHealthcare Group Medicare Advantage (PPO) plans only provide medical coverage. It does not include prescription drug coverage. Prescription drug coverage is available through SilverScript®, a CVS Health company. Refer to those plan materials for more details.

- If you want Medicare Part D coverage, it must also come through a group-sponsored plan.
- Your Medicare Part D coverage cannot be an individual prescription drug plan.
- If you enroll in an individual Part D prescription drug plan, you will be disenrolled from your UnitedHealthcare Group Medicare Advantage (PPO) plan.



Remember: If you drop or are disenrolled from your group-sponsored retiree health coverage, you may not be able to re-enroll. Your Medicare-eligible dependents must also be enrolled in the same UnitedHealthcare Group Medicare Advantage (PPO) plan. Limitations and restrictions vary by former employer or plan sponsor.

Questions? We're here to help.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7.**



retiree.uhc.com/healthplans



Call toll-free **1-866-460-8856**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

	In-network	Out-of-network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
What is my copay or coinsurance?	Copays and coinsurance vary by service ²	Copays and coinsurance vary by service ²
Do I need to choose a primary care provider (PCP)?	No, but recommended	No, but recommended
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get ²	You will pay your standard copay or coinsurance for the services you get ²
Is there a limit on how much I spend on medical services each year?	Yes ²	Yes ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing. You pay the same share of cost in and out of network as long as they are eligible to participate in the Medicare Program.	

View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: retiree.uhc.com/healthplans

You'll be able to view plan documents, find a provider and access lifestyle and learning articles, recipes, educational videos and more.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out-of-network as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program.
- With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment. When you call your doctor, tell them you have a Medicare Advantage PPO plan.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is contracted with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider. You pay your copay or coinsurance according to your plan benefits. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay are some of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns.



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls², you get a yearly in-home visit from one of our licensed health care practitioners at no cost to you. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care.

The visit takes up to an hour and is tailored to your needs. It includes select health screenings and a chance to:

- Review medications
- Receive health education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave a personalized checklist and send a summary of the visit to your regular doctor.



24/7 Nurse Support

Speak to a registered nurse 24/7 about your medical concerns at no additional cost to you.



Chronic Conditions Programs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease or complex health needs. You get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat – anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ or Teladoc™ Health (medical visits only) apps.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Mental and Behavioral Health

Nothing is more important than your health, which includes your mental health. You have access to many virtual resources that may help improve your emotional and mental health, including:

- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare®



UnitedHealthcare Fitness Program

Renew Active® is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online program offering content about brain health from AARP® Staying Sharp®.



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources to put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure member site where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and explore all Renew has to offer based on your interests and goals
- Sign up to get your Explanation of Benefits online

¹A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

²HouseCalls may not be available in all areas.



Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Bank of America

Group Numbers: 12322, 12323, 12324, 12325

H2001-817-000

Look inside to learn more about the plan and health services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-460-8856**, TTY **711**

8 a.m.–8 p.m. local time, Monday–Friday



retiree.uhc.com/healthplans

United
Healthcare®

BANK OF AMERICA 

Y0066_SB_H2001_817_000_2024_M

Summary of Benefits

January 1, 2024–December 31, 2024

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 call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits	Medicare Advantage Core	Medicare Advantage Comprehensive
	In-network and out-of-network†	In-network and out-of-network†
Monthly plan premium	Contact the Bank of America Global HR Service Center at 1-800-556-6044 to determine your actual premium amount, if applicable.	
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$300 each plan year.	This plan does not have a deductible.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,000 each plan year.	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$600 each plan year.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.	If you reach the limit on out-of-pocket costs, you keep getting covered 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.	Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits		Medicare Advantage Core In-network and out-of-network†	Medicare Advantage Comprehensive In-network and out-of-network†
Inpatient hospital care¹		\$100 copay per day: for days 1–9 \$0 copay per day: for days 10 and beyond	\$100 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$20 copay	\$20 copay
Cost sharing for additional plan covered services will apply.	Outpatient surgery	\$20 copay	\$20 copay
	Outpatient hospital services, including observation	\$20 copay	\$20 copay
Doctor visits	Primary care provider	\$20 copay	\$5 copay
	Virtual doctor visits	\$0 copay	\$0 copay
	Specialists ¹	\$30 copay	\$10 copay

Medical benefits	Medicare Advantage Core	Medicare Advantage Comprehensive
	In-network and out-of-network†	In-network and out-of-network†
Preventive services	Routine physical <hr/> Medicare-covered	\$0 copay, 1 per plan year* <hr/> \$0 copay
		\$0 copay, 1 per plan year* <hr/> \$0 copay <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • “Welcome to Medicare” preventive visit (one-time)
		<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>This plan covers preventive care screenings and annual physical exams at 100%.</p>

Medical benefits		Medicare Advantage Core	Medicare Advantage Comprehensive
		In-network and out-of-network†	In-network and out-of-network†
Emergency care		<p>\$75 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital care cost sharing instead of the emergency care copay. See the “inpatient hospital care” section of this booklet for other costs.</p>	<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital care cost sharing instead of the emergency care copay. See the “inpatient hospital care” section of this booklet for other costs.</p>
Urgently needed services		<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital care cost sharing instead of the urgently needed services copay. See the “inpatient hospital care” section of this booklet for other costs.</p>	<p>\$35 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital care cost sharing instead of the urgently needed services copay. See the “inpatient hospital care” section of this booklet for other costs.</p>
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$20 copay	\$20 copay
	Lab services ¹	\$20 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$20 copay	\$20 copay
	Therapeutic radiology ¹	\$20 copay	\$20 copay
	Outpatient X-rays ¹	\$20 copay	\$0 copay

Medical benefits		Medicare Advantage Core In-network and out-of-network†	Medicare Advantage Comprehensive In-network and out-of-network†
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$30 copay	\$25 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
	Hearing aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.	Through UnitedHealthcare Hearing, the plan pays a \$1,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$30 copay	\$25 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*	\$0 copay, 1 exam every 12 months*

Medical benefits		Medicare Advantage Core	Medicare Advantage Comprehensive
		In-network and out-of-network†	In-network and out-of-network†
Mental health	Inpatient visit ¹	\$100 copay per day: days 1–8 \$0 copay per day: days 9–190 Our plan covers 190 days for an inpatient hospital stay.	\$100 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$25 copay
	Virtual behavioral visits	\$30 copay	\$25 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1–20 \$100 copay per day: days 21–55 \$0 copay per day: days 56–100 Our plan covers up to 100 days in a SNF per benefit period.	\$0 copay per day: days 1–20 \$50 copay per day: days 21–100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient rehabilitation (physical, occupational, or speech/language therapy)¹		\$20 copay	\$20 copay
Ambulance²		\$100 copay	\$50 copay
Routine transportation		Not covered	Not covered

Medical benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Medicare Part B drugs	Chemotherapy drugs ¹	\$20 copay	\$20 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$20 copay	\$20 copay

Additional benefits		Medicare Advantage Core In-network and out-of-network†	Medicare Advantage Comprehensive In-network and out-of-network†
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$30 copay	\$25 copay
	Routine acupuncture services	\$30 copay for each visit per plan year*	\$25 copay for each visit per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay	\$20 copay
	Routine chiropractic services	\$30 copay, up to 20 visits per plan year*	\$20 copay, up to 20 visits per plan year*

Additional benefits		Medicare Advantage Core	Medicare Advantage Comprehensive
		In-network and out-of-network [†]	In-network and out-of-network [†]
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek[®] and OneTouch[®] brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex[®], OneTouch Verio Reflect[®], OneTouch[®] Verio, 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>	<p>\$0 copay</p> <p>We only cover Accu-Chek[®] and OneTouch[®] brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex[®], OneTouch Verio Reflect[®], OneTouch[®] Verio, 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 ¹	\$0 copay	\$0 copay
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$20 copay	\$20 copay
	Prosthetics (e.g., braces, artificial limbs) ¹	\$20 copay	\$20 copay

Additional benefits		Medicare Advantage Core	Medicare Advantage Comprehensive
		In-network and out-of-network [†]	In-network and out-of-network [†]
Fitness program Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>	<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$30 copay	\$25 copay
	Routine foot care	\$30 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Home health care¹		\$0 copay	\$0 copay

Additional benefits		Medicare Advantage Core	Medicare Advantage Comprehensive
		In-network and out-of-network [†]	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.	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.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.	Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay	\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$25 copay
Renal dialysis¹		\$20 copay	\$20 copay

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

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

[†]As a member of plan you can see any provider (in-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.

*Benefits are combined in-network 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 (plan sponsor).

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 (in-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/healthplans to search for a network provider using the online directory.

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.

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

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

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

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.

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

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

24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, 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 are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

Civil Rights Notice

The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarlo. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libheng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libheng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्च का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell’opuscolo. Una persona che parla italiano potrà fornire l’assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

What's next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card

We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. **Please note, your member ID card will be attached to the front cover of your guide.** You will receive a separate member ID card and welcome packet from SilverScript® for your prescription drug coverage. If you are covering a spouse or partner, he or she will receive his or her own ID cards and welcome packet.

Member site access

After you receive your member ID card, you can register online at the member site listed below to get access to plan information.

Health assessment

In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call and ask you to complete a short health survey. You can also go to the member site below and take the survey online.

Start using your plan on your effective date. Remember to use your UnitedHealthcare Group Medicare Advantage member ID card when you visit your health care providers.

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. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses for your doctors and clinics**

Questions? We're here to help.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7.**



retiree.uhc.com/healthplans



Call toll-free **1-866-460-8856**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

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.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage Plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **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.

- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**

This page left intentionally blank.



Call toll-free **1-866-460-8856**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday



retiree.uhc.com/healthplans

**United
Healthcare**[®]
Group Medicare Advantage

BANK OF AMERICA 