



2025 Plan Guide

Bank of America
IMS# H000270679

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12322, 12323, 12324, 12325

Effective: January 1, 2025 through December 31, 2025

United
Healthcare®
Group Medicare Advantage

BANK OF AMERICA 

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

Your plan sponsor has selected UnitedHealthcare® to provide health care coverage to their Medicare-eligible retirees. With this plan, you'll enjoy an easier than ever Medicare experience. You've earned it.



Read through this Plan Guide to get to know your new plan

The guide includes:

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

Please keep this Plan Guide. It has information that will be helpful once 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.



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 2025 — 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.



retiree.uhc.com/healthplans



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

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 at the toll-free number below.



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.

More than health insurance

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

Here's just some of what this plan offers



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



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



Free standard gym membership at participating locations



Free UnitedHealthcare® HouseCalls visit from one of our licensed health care practitioners



Free hearing exam and \$1,000 allowance to spend on a broad selection of hearing aids



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



Medicare Advantage's largest national provider network



Special programs to help you if you are living with a chronic disease, like diabetes or heart disease, or other complex health needs



Free diabetic supplies like continuous glucose monitors, needles and test strips



Review the Summary of Benefits in this guide for more details

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More from your health plan

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



Here's how this PPO plan works



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



No referral is needed to see a specialist or other provider



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

It's not required by the plan, but it's very beneficial for your long-term health and well-being.



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

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



This plan has a maximum annual out-of-pocket amount

If you reach the limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



Emergency and urgently needed services are covered anywhere in the world

To search for a network provider, visit retiree.uhc.com/healthplans.

Get to know your plan

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



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

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



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

You can also review the Summary of Benefits online.

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

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

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



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



Continue to pay your Part B premium (unless it's paid for you).



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



Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): 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.
Contact us for more information about the plan.



retiree.uhc.com/healthplans



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

**United
Healthcare®**

BANK OF AMERICA 

Y0066_SB_H2001_817_000_2025_M

Summary of Benefits

January 1, 2025–December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can 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 In-network and out-of-network [†]	Medicare Advantage Comprehensive 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	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,000 each plan year.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$600 each plan year.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>


Medical benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Inpatient hospital care ¹		\$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 hospital ¹ Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	\$20 copay	\$20 copay
	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 visit	\$0 copay	\$0 copay
	Specialist ¹	\$30 copay	\$10 copay



Medical benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Preventive services	Routine physical	\$0 copay, 1 per plan year*	\$0 copay, 1 per plan year*
	Medicare-covered	\$0 copay	\$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 In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
Emergency care		\$75 copay (worldwide) 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.	\$65 copay (worldwide) 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.
Urgently needed services		\$65 copay (worldwide) 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.	\$35 copay (worldwide) 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.
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*
Mental health	Inpatient visit ¹	\$100 copay per day: days 1–8	\$100 copay per stay, up to 190 days
		\$0 copay per day: days 9–190	
		Our plan covers 190 days for an inpatient hospital stay.	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

Medical benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
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
Ambulance ²		\$100 copay	\$50 copay
 Routine transportation		Not covered	Not covered
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*

Additional benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
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*
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	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

Additional benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive In-network and out-of-network [†]
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
 Fitness program Renew Active® by UnitedHealthcare		\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities. Call or go online to learn more and to get your confirmation code. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.	\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities. Call or go online to learn more and to get your confirmation code. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.
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 care ¹		\$0 copay	\$0 copay

Additional benefits		Medicare Advantage Core In-network and out-of-network [†]	Medicare Advantage Comprehensive 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.
Opioid treatment program services ¹		\$0 copay	\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$20 copay	\$20 copay
	Outpatient individual therapy visit ¹	\$30 copay	\$25 copay
Renal dialysis ¹		\$20 copay	\$20 copay

[†]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.

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.

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

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.

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 comuniquen 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.

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.

Here's what you can expect next

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



You are here
UnitedHealthcare will process your enrollment



Create your account to review your plan online



Receive your member ID card in the mail



Coverage begins!
Start using your plan

Manage your plan online

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

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

Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com 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.**
 - 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.

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

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

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

- **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 auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**).

This notice is available at
<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.

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 on your member identification card or listed on the cover 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 su tarjeta de identificación de miembro o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 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，請撥打您的會員識別卡或手冊封面列出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。

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，請撥打您的會員識別卡或手冊封面列出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 libreng 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 libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat 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 ou sur la première de couverture de la brochure. 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 bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. 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 Ihrem Mitgliedsausweis oder auf dem Umschlag 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, 가입자 ID 카드 또는 이 소책자 표지에 나와 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 Вашей идентификационной карте участника плана или спереди на буклете. 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، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर 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 sulla tessera identificativa o indicato sulla copertina 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 no seu cartão de identificação de membro ou indicado na parte da frente do folheto. 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 ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an ouwa ki endike sou kouvèti ti liv la. 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 Pana/Pani karcie identyfikacyjnej lub na okładce 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、会員 ID カードまたは本冊子の表紙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。

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