

Frequently asked questions

The IBM-sponsored Group Medicare Advantage plan options administered by UnitedHealthcare®

If your questions are not addressed within this FAQ document, please refer to the IBM contacts below:

Contact	For Assistance With	Contact Information
IBM Retiree Call Center – Administered by UnitedHealthcare	Medical, Prescription Drugs, Dental, Vision, Enrollment, Medical Premium Payment, claims, benefit questions, etc.	877-852-0641 (TTY 711) 8am – 8pm local time Monday – Friday https://retiree.uhc.com/ibm
IBM Dedicated Optum Call Center	Health Reimbursement Arrangement (HRA), HRA Eligible Expenses, Establishing Auto- Reimbursement, etc.	866-882-0397 (TTY 711) 8am – 8pm ET Monday – Friday https://IBM.Optum.com

HOW TO ENROLL

- To enroll in benefits effective January 1, 2024, you need to call the IBM Retiree Call Center – administered by United Healthcare. They can be reached at **877-852-0641**, TTY **711**, 8 a.m.–8 p.m. local time, Monday-Friday.
- If you choose not to enroll in one of the IBM-sponsored Group Medicare Advantage plan options for January 1, 2024, you are able to join in future years and will be eligible for the applicable IBM-sponsored subsidy at such time.
 - Reminder all eligible participants for the IBM-sponsored plan options **MUST** be enrolled in Medicare Parts A & B.
 - Please note Active IBMers are not eligible for these plan options. This includes rehired retirees eligible to participate in the IBM Medical and Dental plan for active employees.

NAVIGATING PLAN BENEFITS

- **If you are currently enrolled** in one of the IBM-sponsored Group Medicare Advantage plan options administered by UnitedHealthcare®, you do not need to do anything to stay enrolled in the same plan option for 2024. Your current coverage will automatically renew with the same premium and benefits (including IBM subsidy, if eligible) you have today
- **If you are actively working beyond age 65:** You and your eligible dependents will remain eligible to participate in the IBM active medical plan regardless of Medicare eligibility. You will need to decide if you would like to enroll or delay enrolling in Medicare Parts A and B. You should not enroll in the IBM-sponsored Group Medicare Advantage plan. When you have a retirement date planned, please reach out to the IBM Benefit Center provided by Fidelity and speak to a Retirement Benefit Coordinator (RBC) about your post-retirement benefits eligibility at 1-866-937-0720 – TTY 711. For more information visit the U.S. Benefits Hub at w3.ibm.com/w3publisher/us-benefits
- **If you are retiring at or after age 65** or have previously retired and are now becoming Medicare-eligible: You and your eligible dependents may have the opportunity to participate in one of two IBM-sponsored Group Medicare Advantage plan options — the Enhanced Plan or the Essential Plan when ready to enroll.
- Centers for Medicare & Medicaid Services (CMS) rules indicate that coverage is effective first of the month following enrollment, and as such retro-active enrollments cannot be accommodated.
- Please note: You must enroll in one of the IBM-sponsored plans within 3 months after your Medicare Part B becomes effective or you will need to wait until the following open enrollment period to enroll.

COMMUNICATION AND ID CARDS

- **Welcome Kit** will arrive within 7-10 business days from when Medicare approves your enrollment.
 - This Welcome kit will include your member ID card, membership ID number, and more information about what's next.
- Please review the HRA Enrollment and Timing section for information about Optum HRA Welcome kit and other HRA details
- **Evidence of Coverage (EOC)** are available and are posted on the Coverage and Benefits tab of the IBM/UnitedHealthcare website <https://retiree.uhc.com/ibm>

HRA ENROLLMENT AND TIMING

- In general, your account will be established within 3 business days of your eligibility for an HRA being passed from UnitedHealthcare to Optum Financial.
 - For FHA participants, your FHA/HRA balance will reflect approximately six weeks following your Medicare eligibility date. Prior to this, the system will reflect a zero balance.
 - The Annual HRA will have funding the week the HRA is established.
 - For both types of HRAs (Annual & FHA/HRA) if you were unable to submit 2022 claims to Via Benefits by January 13, 2023, do not be concerned. You can submit for reimbursement to Optum Financial against your 2022 balances:
 - For those with an Annual HRA, the deadline to submit 2022 claims for the Annual HRA is December 31, 2023.
 - For those with an FHA/HRA there are no deadlines to submit claims, including any 2022 claims.

HRA WELCOME KIT

- The HRA Welcome Kit will be sent following your account set-up completion.
- For new HRA participants, your welcome kit will be sent within 10 business days of your HRA account being established.
- The communications you will receive about your HRA will come from Optum Financial.
- If you have any questions about your HRA, please call the IBM Dedicated Optum Call Center 866-882-0397.

MEDICARE ADVANTAGE DISENROLLMENT

- **IMPORTANT:** If you're currently enrolled in a Medicare Supplement plan and decide to enroll in one of the IBM-sponsored Group Medicare Advantage plan options, please note that you will need to contact your current carrier to disenroll from that plan once you receive confirmation of your enrollment in the IBM-sponsored Group Medicare Advantage plan. You can find their contact information by checking the back of your member ID card or by viewing your latest statement.
 - Don't forget to also cancel your Dental or Vision supplement plan if the benefits offered under the Group Medicare Advantage plan options meet your needs.
 - Medicare Part D (Prescription Drug) Plans will automatically disenroll you upon enrollment in one of the Group Medicare Advantage plan options.
 - Medicare Advantage plans will automatically terminate upon enrollment in the Group Medicare Advantage Plan Options.
 - Your effective date into one of the UnitedHealthcare IBM-sponsored Group Medicare Advantage plan options determines your termination date for your Medicare Supplement plan. i.e., if your effective date for the IBM-sponsored Group Medicare Advantage plan is 10/1/2023 then your termination date for the Medicare Supplement plan would be 9/30/2023.

PREMIUM BILLING

- If you have a premium due, you will be billed monthly by UnitedHealthcare for your portion.
- Payments can be made on the UnitedHealthcare website with an HRA payment card, other funds, or by setting up recurring payments.
- Your first invoice will be mailed to your home address, at which time you can chose to modify your payment method. The first payment will be due prior to your effective date.
 - You will not be able to set-up payment methods prior to your first invoice being received.

IBM GENERAL FAQs

1. Why did IBM transition to the UnitedHealthcare Group Medicare Advantage (PPO) plan options in 2023?

The primary reason for the transition was to provide IBM participants with custom group plan options that will provide an enhanced member experience, help reduce costs for participants and IBM, and provide more comprehensive benefits, including broader provider access and Prescription Drug coverage. In 2023, Medicare Advantage was the fastest growing plan type in the U.S. today and was predicted to be the option the majority of U.S. retirees select for their care. *

* 2021 Centers for Medicare & Medicaid Services (CMS) Medicare Advantage Enrollment, Benefit and Landscape files

2. Why did IBM choose UnitedHealthcare to be our administrator?

IBM completed a comprehensive review of the marketplace and administrator landscape. UnitedHealthcare was chosen as administrator for several reasons, including their prominence in the market, market- leading star rating, member service capabilities, and their ability to customize the benefits offered to our plan participants.

3. Who is eligible for IBM retiree medical coverage for Medicare eligible participants?

If you and your dependents/ spouse are eligible for benefits under the IBM Benefits Plan for Retired Employees (and are Medicare-eligible), **you can enroll in the IBM-sponsored Group Medicare Advantage plan options.**

Medicare requires the following in order for you to be enrolled in the Group Medicare Advantage plan insured by UnitedHealthcare®.

- You must be enrolled in Medicare Parts A and B
- You must continue paying your Medicare Part B premium
- You must have a permanent street address (this cannot be a P.O. Box)
- You must have your Medicare ID number
- You must live within the 50 United States, the District of Columbia or U.S. territories

4. How does it work if I am not yet Medicare Eligible, but my spouse is Medicare Eligible?

Eligibility follows the primary IBMer, meaning that if the IBMer is not Medicare eligible, the dependent will be eligible for coverage through the same pre-Medicare-eligible plan option you enroll in. Once the primary IBMer is Medicare eligible then the coverage for all Medicare eligible participants will transition to the plan options for Medicare eligible participants.

5. **My spouse is currently enrolled in the IBM pre-Medicare eligible option under the IBM plan. If I enroll in an IBM Medicare-eligible plan option, can my spouse remain covered under the pre-Medicare eligible option?**

If your spouse is currently enrolled in a pre-Medicare eligible option under the IBM plan, they can remain enrolled until they are Medicare eligible. Once Medicare eligible your spouse will then have the opportunity to enroll in the Group Medicare Advantage plan options administered by UnitedHealthcare.

6. **How will the Group Medicare Advantage plan options benefit me? What will these plan options provide that my current individual plan does not?**

The IBM-sponsored Group Medicare Advantage plan options have all the benefits of Medicare Part A (hospital coverage), Medicare Part B (doctor and outpatient care) and Medicare Part D (prescription drugs) plus extra features and enhancements designed exclusively for IBM Medicare-eligible participants that go beyond Original Medicare (Medicare Parts A and B). These extra features and benefits include routine dental and vision care, discounts on hearing aids, clinical programs, removal of certain lifetime maximums, and more.

The IBM-sponsored Group Medicare Advantage plan options provide certain enhancements and protections outside of just the custom plan designs. Through IBM's contract with UnitedHealthcare these Group Medicare Advantage plan options provide guaranteed enrollment as long as you are an eligible IBM participant and enrolled in Medicare Parts A and B. The plan options also help provide for longer-term cost stability, due to the financial terms and contract duration of IBM's contract with UnitedHealthcare.

The IBM-sponsored Group Medicare Advantage plan options have lower out-of-pocket costs than most plans offered on the individual market,¹ as well as a low or no cost premium plan option. Once you reach \$750 in medical out-of-pocket costs for the Enhanced Plan or \$5,000 in medical out-of-pocket costs for the Essential Plan, the plan will pay in full for all of your eligible medical expenses for the rest of the calendar year. This means you will not have to pay any additional costs for eligible medical expenses once you hit your out-of-pocket maximum per calendar year. The plan options also feature out-of-network coverage.

The unique IBM-sponsored Group Medicare Advantage plan options offer you:

Continued coverage for:	Plus, you will now have:
All services covered by Original Medicare	Additional benefit enhancements and protections that are not offered within individual plans including the removal of limits on certain benefits including skilled nursing as an example
All providers who accept Medicare and the plan*	Additional benefit of worldwide emergency and urgent care coverage
Part D medications	Additional coverage for an expanded formulary (drug list) designed for IBM
Retail pharmacies and access to a Mail Order benefit	Access to an expanded pharmacy network with thousands of retail pharmacies

¹ 2022 UnitedHealthcare Group member and provider reporting data, member utilization and individual market plan premiums.

*If an out-of-network provider participates in Medicare and accepts the plan this 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.

7. How will the IBM-sponsored Group Medicare Advantage plan options ensure that I will have the coverage I need?

Medicare Advantage plans are highly regulated by CMS and must provide to all covered individuals benefits that are equal to, or better than, traditional Medicare. In addition, MA plans must follow all applicable Medicare guidelines on coverage and determinations of medical necessity.

With these UnitedHealthcare Group Medicare Advantage plan options, you can see any provider (in-network or out-of-network) at the same cost share, as long as they are a Medicare provider and accept the plan. You do not need a referral to see a specialist.

- When you go out-of-network for care, the plan pays providers just as much as Medicare would have paid, resulting in broad provider access.
- You do not need a referral or approval to seek care out-of-network.
- You can obtain a pre-treatment determination for coverage to determine how a service or provider is covered.
- Under these plan options, you are not responsible for any balance billing when seeing health care providers who have not opted out of or been excluded or precluded from the Medicare Program.

If you have any questions on whether your provider accepts the plan, or if they state that they do not accept the plan, please call the IBM Retiree Call Center, administered by UnitedHealthcare, at **877-852-0641**, TTY **711**, 8 a.m.–8 p.m. local time, Monday-Friday. UnitedHealthcare will check their records to determine their accepting status or contact them on your behalf and explain how the plan works, which generally results in provider acceptance.

8. Will premiums increase over the years? What about the plan design stability?

The premiums and plan design are expected to remain stable for the next three to five years due to IBM's contract terms with UnitedHealthcare. IBM intends to maintain, in the aggregate, the prior 'capped' retiree medical subsidy, as well as HRA balances for those with the Future Health Account (FHA) subsidy. Any increases in the cost of coverage for the plan options in the future, remain subject to IBM's overall limits on aggregate contributions to the plan for Medicare-eligible participants.

IBM Specific Plan Design FAQs

9. What options do I have for IBM-sponsored coverage?

The Options you have as it relates to the IBM sponsored coverage:

- **First**, you can enroll in either of the two IBM-sponsored custom Group Medicare Advantage plan options – the Enhanced Plan the Essential Plan. You can find more information about these two plan options on the IBM Retiree Medical website at retiree.uhc.com/ibm.
- **Second**, you can remain in the Option you are enrolled in today. No action is required to remain enrolled in your current Option.
- **Important note**, the HRA is intended to subsidize IBM-sponsored retiree medical plans. Please be aware that if you remain enrolled in coverage outside of the IBM-sponsored Group Medicare Advantage plan options, you will not be able to access the IBM subsidy (if eligible) while you remain enrolled. This means that you will not be able to submit expenses for reimbursement from your annual HRA or your FHA that was converted to an HRA, while you remain enrolled in coverage outside of the Group Medicare Advantage plan options. Please see FAQ 15 and 16 for special rules.

10. How does the IBM subsidy work with these plan options?

The HRA is intended to subsidize IBM-sponsored retiree medical plan options.

If you are eligible for an annual HRA, IBM will share in the cost of your Group Medicare Advantage plan option through a premium subsidy or HRA subsidy.

- **Enhanced Plan:** IBM subsidizes the premium for certain participant populations. You may find the Enhanced plan option is the best option for you, as it helps reduce your financial exposure with a \$750 out-of-pocket maximum and provides a simpler member experience.
- **Essential Plan:** The Essential plan is a zero premium plan option with a \$5,000 out-of-pocket. IBM subsidizes the Essential Plan through an HRA (for those eligible) and a Part B credit which is provided regardless of your HRA eligibility. The Part B credit will be provided in the form of a \$25 per month credit to your Social Security check that will automatically be applied on your behalf.

Retiree benefit participants who are eligible for a Future Health Account (FHA) that was converted to an HRA, will continue to have access to their HRA balance provided they are enrolled in one of the IBM-sponsored Group Medicare Advantage plan options.

IMPORTANT: special rules apply to those currently enrolled in Medicaid, TRICARE, VA Benefits, those living abroad, or you have transitioned to a Kaiser plan from IBM active or pre-65 retiree medical plan as a Kaiser participant (you were enrolled in an IBM Kaiser plan at the time you became Medicare eligible and transitioned to a Kaiser plan). Call the IBM Retiree Call Center administered by UnitedHealthcare for details.

11. I am eligible for an annual FHA/HRA. How does this impact me?

Your HRA amount will be dependent on several factors including your population segment, and your plan election (Enhanced or Essential).

Please see the first three rows of the table below if you are eligible for the Annual HRA.

Please see the fourth row labeled FHA/HRA if you have an FHA/HRA and are withdrawal eligible.

If in any year, you do not enroll in one of the IBM-sponsored Group Medicare Advantage plan options, you will not be able to withdraw from your HRA, until you enroll in an IBM plan option.

Population Segment	Population Segment Cohort	Enhanced Plan Option		Essential Plan Option	
		Monthly Premium	Annual HRA	Monthly Premium	Annual HRA + Part B Credit
Annual HRA	Retirees without Survivor benefit; LTD and MDIP	\$0	N/A	\$0	\$1,300 + \$300
	Retirees with survivor benefits	\$27	N/A	\$0	\$1,000 + \$300
	Surviving Spouse of Retiree with survivor benefit	\$82	N/A	\$0	\$500 + \$300
FHA/HRA	FHA converted to HRA	\$131.50	Access to HRA	\$0	Access to HRA + \$300
Access Only or Spouses	Eligible for coverage, no IBM subsidy (Access Only)	\$131.50	N/A	\$0	\$0 + \$300

**** Regardless of your HRA eligibility, if you choose to enroll in the Essential Plan, you will receive a monthly Part B credit of \$25 (\$300 annually). The Part B credit will automatically be applied to your monthly Social Security check.**

12. I have dual HRA funding from IBM and another employer, how does this impact me?

If you have funding from IBM and another employer, you should confirm if the funding of the other employer's HRA contribution is tied to enrollment in a Medicare Exchange. If the other HRA contribution is tied to enrollment in a Medicare Exchange, you will need to decide if you wish to enroll or remain enrolled through a Medicare Exchange and maintain the other employer's HRA or transition to the IBM-sponsored group Medicare Advantage plans, administered by UnitedHealthcare, to be able to access the IBM subsidy.

13. Was the Catastrophic Rx coverage eliminated under the plan options?

Yes. The current program provides enhanced catastrophic Rx coverage through unique features built into the plan design, therefore, eliminating the need for a separate catastrophic Rx plan under the previous program.

14. Given the recently passed laws related to prescription drug costs, will those new laws impact me and these plan options?

Yes, they do. The expansion of coverage and negotiation of prescription drug prices by Medicare will begin in 2024. In addition, member cost sharing has been eliminated in the catastrophic stage of your Part D plan. Further changes will take effect in 2025.

15. I am enrolled in coverage through Kaiser, TRICARE, VA Benefits, Medicaid or live abroad, how does this impact me?

If you are currently enrolled in coverage through Medicaid, TRICARE, VA Benefits, live abroad, or you have transitioned from the IBM (active or pre-65 retiree) medical plan as a Kaiser participant the need to enroll in coverage through UnitedHealthcare does not apply to you. If you are currently eligible for an annual HRA there will be no change to the amount, however, the HRA administrator is Optum Financial, effective January 1, 2023. You should outreach to the IBM Retiree Call Center to ensure you are captured as meeting this exception criteria, see question below.

16. If the exception criteria apply to me, how do I report this and how will the plan confirm?

You should call the IBM Retiree Call Center - administered by UnitedHealthcare to report this. For those currently enrolled in a Kaiser plan, the IBM Plan Administrator will confirm prior IBM coverage with Kaiser. Those enrolled in Medicaid, TRICARE or VA benefits, and those who live abroad will self-report. As the plan has always provided, IBM reserves the right to verify eligibility for plan benefits, including the plan options and/or the HRA, and includes provisions regarding fraudulent enrollments. Also, the IBM Plan Administrator has the sole discretion to make the final decision with respect to eligibility for benefits under the plan, including the plan options and/or the HRA.

IBM Specific Enrollment FAQs

17. How do the plan options available through IBM and UnitedHealthcare differ from those I can purchase on the individual market?

The IBM-sponsored Group Medicare Advantage plan options have been specifically designed and customized for IBM. In general, these plans will help provide more comprehensive coverage, lower monthly premiums and lower out-of-pocket costs.

The IBM-sponsored Group Medicare Advantage plan options provide certain enhancements and protections outside of just the custom plan designs. Through IBM's contract with UnitedHealthcare these Group Medicare Advantage plan options provide guaranteed enrollment as long as you are an eligible IBM participant and enrolled in Medicare Parts A and B. The plan options also help provide for longer-term cost stability, due to the financial terms and contract duration of IBM's contract with UnitedHealthcare.

Every Medicare-eligible participant's situation is different, so compare your available plan options before you decide which plan to choose.

18. Why do I only have two plan options?

Based on continuous retiree feedback, many were unhappy with the complexity of shopping for healthcare coverage in the individual marketplace. Too many options left retirees overwhelmed, and the plans were not providing financial value, clinical value, and had limited network options and overall plan coverage. IBM believes the Group Medicare Advantage plan options administered by UnitedHealthcare will offer additional value by providing appropriate choices that will help maximize your financial savings, provide better health outcomes, and provide you with the broadest network possible.

19. The IBM-sponsored Group Medicare Advantage plan options do not appear to be the best option for me. Can I elect other coverage?

IBM supports your retiree healthcare benefits by offering plan options that help provide comprehensive benefits, with lower out-of-pocket costs and premiums. Overall, these plan options will help reduce costs for the majority of retiree participants and are designed exclusively to support your health and well-being. However, it is important to think about how the IBM plan options may be better for you in the future, when your needs change, which is why UnitedHealthcare is here to help by providing you with a personalized needs conversation to ensure those needs are met.

If you believe that other coverage options are the right choice for you, then you can elect to enroll in that coverage; however, keep in mind that the IBM subsidy/HRA is only available when enrolling in one of the two IBM-sponsored Group Medicare Advantage plan options. We strongly encourage all IBM retirees to evaluate all of their options and make the decision that's right for them, whether that be the IBM-sponsored plan options or alternative coverage options.

20. Do I need to actively enroll in these Group Medicare Advantage plan options?

If you are currently enrolled in one of the IBM-sponsored Group Medicare Advantage plan options administered by UnitedHealthcare®, you do not need to do anything to stay enrolled in the same plan option for 2024. Your current coverage will automatically renew with the same premium and benefits (including IBM subsidy, if eligible) you have today

If you are actively working beyond age 65: You and your eligible dependents will remain eligible to participate in the IBM active medical plan regardless of Medicare eligibility. You will need to decide if you would like to enroll or delay enrolling in Medicare Parts A and B. You should not enroll in the IBM-sponsored Group Medicare Advantage plan. When you have a retirement date planned, please reach out to the IBM Benefit Center provided by Fidelity and speak to a Retirement Benefit Coordinator (RBC) about your post-retirement benefits eligibility at **1-866-937-0720 – TTY 711**. For more information visit the U.S. Benefits Hub at w3.ibm.com/w3publisher/us-benefits

If you are retiring at or after age 65 or have previously retired and are now becoming Medicare-eligible: You and your eligible dependents may have the opportunity to participate in one of two IBM-sponsored Group Medicare Advantage plan options — the Enhanced Plan or the Essential Plan when ready to enroll.

- Please note: You must enroll in one of the IBM-sponsored plans within 3 months after your Medicare Part B becomes effective or you will need to wait until the following open enrollment period to enroll.

Centers for Medicare & Medicaid Services (CMS) rules indicate that coverage is effective first of the month following enrollment, and as such retro-active enrollments cannot be accommodated.

- To enroll in benefits effective January 1, 2024, you need to call the IBM Retiree Call Center – administered by United Healthcare. They can be reached at **877-852-0641**, TTY **711**, 8 a.m.–8 p.m. local time, Monday-Friday.

The Customer Service Advocate can provide a personal needs conversation to help you understand the plan options and confirm how your providers and prescription medications are covered.

The current Open Enrollment period for January 1, 2024, coverage, is October 15, 2023, thru December 7, 2023, if you do not take action -- unless you're already enrolled in the IBM-sponsored Group Medicare Advantage plan options -- you will not receive an IBM subsidy for 2024, if eligible. If you would like to enroll now, please contact the IBM Retiree Call Center, administered by UnitedHealthcare.

21. What happens if I missed the enrollment period?

If you have missed the Open Enrollment period and would like to enroll, please contact the IBM Retiree Call Center, administered by UnitedHealthcare. Your enrollment will be prospective meaning, your coverage will be effective first of the month following your enrollment date.

IMPORTANT: The IBM Plan Administrator has the sole discretion to make the final decision with respect to eligibility for benefits under the plan.

22. Do I need to take action to disenroll from my current coverage if I chose to enroll in the Group Medicare Advantage plan options?

If you enroll in one of the IBM- sponsored Group Medicare Advantage plan options, and you are currently enrolled in a:

1. **Medicare Supplement plan**, you will need to actively disenroll from your plan by contacting the Insurance Company directly. That phone number can usually be found on your member ID card or most recent billing statement. UnitedHealthcare can aid you in your disenrollment with your current insurance provider. If you do not disenroll from your current plan, you will be paying for two different plans that do not coordinate payment. This process can take some time and is variable depending upon your current carrier.
 - Your effective date into one of the IBM-sponsored Group Medicare Advantage plan options determines your termination date for your Medicare Supplement plan. i.e., if your effective date for the IBM-sponsored Group Medicare Advantage plan is 10/1/2023 then your termination date for the Medicare Supplement plan would be 9/30/2023.
2. **Medicare Advantage plan**, no further action is needed from you. By enrolling in an IBM-sponsored Group Medicare Advantage plan option, you will automatically be disenrolled from your individual plan.

You can confirm the current plan you are enrolled in today by reviewing your current member ID card, referencing your current carrier billing statement, or by calling your carrier directly. Remember to also check that you have successfully disenrolled from other supplement plans such as Dental and Vision if you wish to do so.

IMPORTANT: While speaking with the current plan administrator please also remember to stop any automatic billing payments such as credit card or electronic fund transfers.

23. Should I keep my Medicare Supplement plan?

Medicare Supplement plans DO NOT work with Medicare Advantage plans, and you would not be able to use your Medicare Supplement to pay for any health care coverage.

Once you are a member of the IBM Group Medicare Advantage plan – either the Enhanced Plan or the Essential Plan, you will have to actively disenroll from any Medicare Supplement plan when you receive your Medicare Advantage member ID card, otherwise, you will be paying for two different plans that do not coordinate payment. UnitedHealthcare can assist you with disenrolling from your Medicare Supplement Plan.

If you are currently enrolled in a Medicare Supplement plan and new to Medicare Advantage, you can try an IBM-sponsored Group Medicare Advantage plan for up to one year and still have the option to go back to your former Medicare Supplement plan and carrier on a guaranteed issue basis.

Remember to also check that you have successfully disenrolled from other supplement plans like Dental and Vision if you wish to do so. The Group Medicare Advantage plan options include dental and vision coverage, so if that meets your needs you will no longer need to be enrolled in these supplement plans.

24. If I change my mind after 12 months and want to go back to my former Medicare Supplement plan – how does that work?

Your ability to enroll in a Medicare Supplement (or Medigap) Plan, is determined by government (CMS) rules. Currently published CMS guidance provides ["guaranteed issue rights"](#).

Currently published CMS guidance also provides there a ["trial right"](#) under which you could switch from a Medicare Advantage plan to a Medigap plan.

At a high-level:

- When you enroll in a Medicare Advantage Plan **for the first time**, if you are not happy with the plan, you have a “trial right” to buy a Medicare Supplement plan and a separate Medicare Drug plan if you return to Original Medicare within 12 months of joining the Medicare Advantage plan.
- If you had a Medicare Supplement plan before you joined the IBM Medicare Advantage Plan, you may be able to enroll in the same policy if the company still sells it.
- If you are currently in a Plan C or Plan F, you will not be able to return to those plans as they are not open to new members. You will be able to buy a Plan D or Plan G.
- Some states provide additional special rights to buy a Medicare Supplement/Medigap policy beyond the 12-month trial period. Call 1-800-MEDICARE to get the phone number for your State Insurance Department.

Please refer to current CMS guidance and your applicable state law for further information.

25. I would like to keep my existing coverage outside of these group Medicare Advantage plans. What should I know or what actions do I need to take?

No action is needed if you are happy in your current plan option and continue to pay premiums (if applicable). Please remember that IBM will only be sponsoring the Group Medicare Advantage plan options administered by UnitedHealthcare. While enrolled in coverage outside of these IBM-sponsored plans you will not be eligible for the IBM subsidy (HRA), and IBM will not be able to assist with administrative issues on your behalf.

26. How long is the process to enroll with a UnitedHealthcare Customer Service Advocate?

Because the Customer Services Advocates work with you personally over the phone, call duration will depend upon your needs. Allow at least thirty minutes to complete the entire phone call, including enrollment. On each call, you will be asked to verify some personal information. This is a security measure to prevent others from fraudulently gaining access to your account. Part of the enrollment process requires legal disclaimers to be read. This can take a significant amount of time. Please be prepared for this and understand that these disclaimers are required by the Centers for Medicare and Medicaid Services (CMS) in order to complete the enrollment. Most people are able to complete their enrollment in one call.

27. What if I do not have subsidy through IBM? Can UnitedHealthcare still help me?

The IBM-sponsored Group Medicare Advantage plan options, administered by UnitedHealthcare, are available to all Medicare-eligible individuals eligible for the IBM retiree medical plan. If you are eligible, you will be able to enroll in the plans now or in the future, regardless of your eligibility for the IBM subsidy.

28. Can I cover my Medicare-eligible spouse as a dependent under the same individual plan I choose?

No. While you and your spouse may both choose to enroll in the same individual medical and prescription drug plan, the coverage elections are not linked. Each Medicare-eligible person eligible for IBM Group Medicare Advantage plan options must choose his or her own plan separately. Coverage elections follow Medicare requirements which treat each Medicare beneficiary separately.

29. My spouse is under age 65 and I (the retiree) am over age 65. Do we need different coverage?

Yes. Every retiree and their dependent(s) who are age 65 or over will need to choose their own coverage. Eligible dependents who are under age 65 and not Medicare-eligible will continue to be able to enroll in IBM medical, prescription drug, dental and vision plan options for participants under age 65 during the annual enrollment period. If your dependents do not make an enrollment choice, they will default into "no coverage". Your spouse can also be enrolled in coverage outside of the IBM retiree medical plan.

30. If I don't enroll this year, am I able to enroll in one of these plan options in the future?

If you choose not to enroll in one of the IBM-sponsored Group Medicare Advantage plan options this year, you are able to join in future years and will be eligible for the applicable IBM-sponsored subsidy at such time.

Prescription Drug Coverage

31. What do I need to know about my prescription drug coverage with the plan options?

Both Group Medicare Advantage plan options have a large formulary (drug list) uniquely designed for IBM Medicare-eligible participants to cover eligible Part D medications. Your Plan Guide will provide information on the covered drug list and plan design.

Your cost for prescriptions may change. What you pay will depend on what drug cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled. UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price will be the lower of your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

Additionally, both plan options include an expanded pharmacy network with thousands of national chains, regional and independent local retail pharmacies across the 50 United States, the District of Columbia and U.S. territories. The UnitedHealthcare pharmacy network is substantially larger than many offered on the individual market.

We recommend calling the IBM Retiree Call Center, administered by UnitedHealthcare, to review all your prescription medications.

32. Will my home delivery prescriptions transfer?

We are not able to transfer your prescriptions from your current mail order pharmacy. The preferred mail order provider is OptumRx®, a UnitedHealth Group company. We encourage you to have your doctor submit a new prescription to OptumRx Home Delivery. Once you are enrolled, the UnitedHealthcare Quick Start Guide you receive will include OptumRx contact information.

Member ID card

33. When will I get my UnitedHealthcare member ID card?

Once your enrollment in one of the Group Medicare Advantage plan options is processed, a Quick Start Guide will be mailed to you in 7–10 business days along with your UnitedHealthcare member ID card. Please note, your member ID card will be attached to the front cover of the Quick Start Guide.

If you haven't received your ID card and need to seek care, a digital copy of your ID card is available on the UnitedHealthcare member website. You can also call the IBM Retiree Call Center for assistance at **877-852-0641**, TTY **711**, 8 a.m. –8 p.m., Monday-Friday.

With the Group Medicare Advantage plan options, you will no longer need to use your red, white and blue Medicare card. You will only use your UnitedHealthcare member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare member ID card each time you receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

Network and Service Area

34. Can I continue to see my current provider? What about if they are out-of-network?

The IBM-sponsored Group Medicare advantage plan options offer you national provider access. Which means you will be able to utilize any doctor, clinic, or hospital- across the country- at the same cost share, whether they are in or out-of-network. That includes over 900,000 in-network providers, as well as any other provider that participates in Medicare and accepts the plan. In other words, the provider accepts Medicare, is willing to see you and willing to bill UnitedHealthcare.

35. How are out-of-network claims processed?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare member ID card and in your Quick Start Guide, which you'll receive after you enroll. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all Federal regulations.

If you go to a provider who is not eligible to participate in Medicare, you will be responsible for the full cost of the services you receive, except in emergency situations. Check with your provider before receiving services to confirm that they are eligible to participate in Medicare.

Health Reimbursement Arrangement (HRA)/FHA

36. How do I qualify for an HRA?

IBM has certain eligibility criteria for HRAs, for more information visit the IBM Summary Plan Document (SPD). To access the IBM subsidy in **2024** you will need to be enrolled in coverage through the IBM-sponsored Group Medicare Advantage Plan options.

The following are exceptions to the requirement to be enrolled in coverage through the IBM-sponsored Group Medicare Advantage options:

- If you live outside the U.S.
- If you are currently enrolled in an IBM Kaiser Permanente plan, having previously transitioned from the IBM active or pre-65 Kaiser Permanente plan.
- If you are a U.S. Veteran enrolled in health coverage through TRICARE for Life or eligible to obtain services from the Veterans Administration
- If you are currently enrolled in Medicaid

37. What is a health reimbursement arrangement (HRA)?

A health reimbursement arrangement (HRA) is an employer-sponsored plan, in this case IBM, which can be used to reimburse a portion of your out-of-pocket medical expenses, such as deductibles, coinsurance and/or copays for you and your eligible family members. It's a financial reimbursement arrangement provided entirely by IBM that is paired with your IBM- sponsored medical plan option.

The HRA is a “notional” account that’s tracked for record-keeping purposes only. There are no actual funds held in your name, and the account is not portable. When the time comes to pay benefits on your behalf, the money comes out of the Plan Trust or IBM’s operating funds.

The HRA plan benefits participants by allowing them to be reimbursed up to a specified amount each year for certain eligible health care expenses. Each dollar that goes into the plan is provided by IBM for the purpose of health care expenses, so the benefit is free from federal, state and Social Security taxes. Eligible reimbursable expenses are defined by the IRS.

38. I am a new enrollee, and am an Annual HRA eligible IBMer, when will my HRA funds be available?

Once a member enrolls, their Annual HRA balance will be available within the HRA once established.

Your HRA will be established within two weeks of your enrollment with UnitedHealthcare.

39. When will my FHA/HRA funds/balance be available?

Funding for FHA/HRA balances will be received approximately 6 weeks from the Medicare eligibility start date.

This is to allow Fidelity time to reconcile the final balances to account for those who were using their FHA balance to pay for their pre-65 coverage.

40. How can I be reimbursed for out-of-pocket expenses from my HRA?

You can use the HRA payment card issued to you to pay for eligible expenses for yourself and any eligible dependent. In the event you do not want to use your HRA payment card or cannot use your HRA payment card, you can file a claim in two ways:

- File an online claim. First, sign into your account. Click on **File a Claim** in the **I want to...** section and walk through the steps to enter the details of the claim. Make sure you upload an itemized receipt or explanation of benefits with eligible expense identified, or your claim will not be processed.
- File your claim using the claim reimbursement request form. Follow the provided instructions to complete this form. Claims and copies of your supporting documentation can be submitted.
- Any supporting documentation for eligible expenses, such as a third-party itemized receipt or explanation of benefits (EOB), is required by the IRS to contain the following information:
 - Date(s) of service (or date expense was incurred, such a product purchase date)
 - Itemized list of purchases, or detailed description of services.
 - Name of the merchant or health care professional
 - Dollar amount(s) (after insurance, if applicable)

41. Is there a daily transaction limit on my card?

There is a \$10,000.00 daily transaction limit on your HRA payment card.

42. How can my HRA be used?

You can use your HRA to reimburse expenses for you and your tax-qualified dependents/spouses for eligible medical expenses as defined in the Internal Revenue Code Section 213(d), up to the amount available in your HRA. Some examples are medical premiums, Medicare Part B, eligible out of pocket expenses such as coinsurance, copayments, deductibles, dental and/or vision premiums.

You will be responsible for paying premiums and out-of-pocket expenses such as deductibles, coinsurance and copays, and applying for reimbursement for those costs from the HRA. If you receive IBM's annual contribution, any unused amounts at the end of the year will not roll over to the next year. If you were eligible for a one-time transition credit in 2023, any balance on December 31, 2023, will roll over to 2024.

You will have 12 months to submit any expenses from the previous year (ending December 31) against your HRA.

If you have an HRA that was transitioned from an FHA after you've reached Medicare eligibility, you're remaining HRA balance will rollover year-to-year until depleted.

Regardless of whether or not you receive an annual HRA, or your FHA was converted to an HRA, the reimbursement process is the same. You can use your HRA payment card to pay for eligible expenses or you can pay out of pocket and submit for reimbursement from your HRA account administered by Optum Financial. As a reminder to access the HRA you need to be enrolled in one of the Group Medicare Advantage plan options or meet exception criteria. To view your HRA account balance, please visit <https://ibm.optum.com>.

43. How will I be billed for my coverage?

If you have a premium due, you will be billed monthly by UnitedHealthcare for your portion. Payments can be made on the UnitedHealthcare website with an HRA payment card, other funds, or by setting up recurring payments. Your first invoice will be mailed to your home address, at which time you can choose to modify your payment method.

44. If I do not enroll in one of the IBM-sponsored Group Medicare Advantage plan options, will I continue to receive my HRA?

No. If you do not have coverage from one of the UnitedHealthcare Group Medicare Advantage plan options, your HRA (annual or FHA/HRA balance) will not be accessible to you while enrolled outside of the IBM-sponsored plan options, unless you meet exception criteria.

You can enroll in future years, and when you enroll, you will be eligible for the applicable IBM subsidy at that time.

45. My spouse is currently enrolled in an IBM retiree medical plan (or other coverage), can I use my HRA to pay for their premiums?

Yes, you can use your HRA to pay for your spouse's (and other dependents you claim as dependents on your federal tax return) premiums or any other eligible expenses if you are enrolled in one of the IBM-sponsored Group Medicare Advantage plan options. Your spouse is not required to be enrolled in one of the IBM-sponsored plan options.

46. What happens if there's not enough money in my HRA to cover a claim?

If there's not enough money in your HRA account to cover a claim, Optum Financial would pay out whatever the balance in your account is at the time of the claim. You will be responsible for payment of any remaining balance.

47. My spouse and I are both IBM retirees eligible for HRA contributions. Will we have individual accounts or a join account?

If you and your spouse both had an FHA held jointly with the prior HRA administrator, your account will continue being administered jointly under the name of the participant that became Medicare eligible first. All others will have individual accounts established.

48. If I do not agree with a denial of an HRA request, can I appeal?

Yes, we do have an appeals process, which is detailed on the denial letter. If you have additional questions about this process, you can also outreach to Optum Financial, which is the administrator of the HRA accounts.

49. What happens to my HRA for my eligible dependent(s) when I die?

Annual HRAs: If you die before your eligible dependent(s), your eligible dependent(s) will continue to have access to the remaining balance in your current year's HRA so long as they are enrolled in the IBM-sponsored Group Medicare Advantage plan. For those with an annual HRA, if you previously elected survivor coverage, your eligible survivor would continue to be eligible for an HRA as long as they remain enrolled in an IBM-sponsored plan option.

FHA converted to HRA: your spouse will be able to access the remaining balance after your passing as long as they remain enrolled in an IBM-sponsored plan option.

50. How long do I have to submit HRA reimbursement requests?

If you have an Annual HRA, all requests for reimbursements for the prior year must be submitted by December 31 of the following year. For example, all requests for 2023 expenses must be received by Optum Financial on or before December 31, 2024.

If you have an FHA account that was converted to an HRA, there is no deadline to submit your requests for reimbursement.

Note that in the event of a death, the estate will have 12 months following the date of death to submit requests for reimbursement from the individual's HRA. Please contact Optum Financial at 1-866-882-0397, TTY 711 from 8 a.m. to 8 p.m. ET, Monday-Friday for the necessary IRS documentation requirements.

51. Do I still need to keep my receipts and documentation for prescriptions and office visits, plus the Explanation of Benefits that are sent to me?

Yes. Throughout the year, you should keep your original receipts and documentation for prescriptions and health-related expenses for all transactions (including payment card transactions), so you'll have them if needed to verify a claim. The IRS requires that all transactions be validated, including the payment card transactions.

In most cases involving payment card transactions, the electronic data we already have will be sufficient to accommodate this requirement. If we need additional documentation, we'll contact you and you'll be asked to provide documentation with receipts. Failure to respond promptly to a request can result in the expense being labeled as "ineligible," in which case, you would be obligated to reimburse your account. In addition, your payment card could become suspended to ensure compliance with IRS requirements. During this time, you cannot use your Optum Bank payment Mastercard® but you can continue to file manual claims. To reactivate your card, you will either need to submit correct documentation or repay the expense.

Additional Programs and Features

52. What is the Renew Active® program?

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

53. What is a UnitedHealthcare® HouseCalls visit?

UnitedHealthcare HouseCalls is an annual preventive care visit designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health.

HouseCalls may not be available in all areas.

54. What is the Healthy at Home program?

With UnitedHealthcare® Healthy at Home, you are eligible for the following benefits up to 30 days following an inpatient and skilled nursing facility discharge with a \$0 copay:

- 28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist*.
- 12 one-way trips to medically related appointments and to the pharmacy with ModivCare™ when referred by a UnitedHealthcare Engagement Specialist*.

- 6 hours of in-home personal care provided through a CareLinx® professional caregiver¹ to perform tasks such as preparing meals, bathing, medication reminders and more. No referral required.

*A new referral is required after every discharge to access your meal and transportation benefit

55. What is the Healthy at Home Premium program?

With UnitedHealthcare® Healthy at Home Premium, you are eligible for the following benefits at no cost to you, once per year:

- Receive 28 home-delivered meals every year. Meals are sent in shipments of 14 meals or more.
- Receive 24 one-way rides every year for non-emergency trips to and from medically related appointments and the pharmacy.
- Receive 8 hours every year of non-medical in-home personal care like companionship, meal prep, medication reminders and more with a CareLinx® professional caregiver.¹

There are no special requirements to use these benefits. Some restrictions and limitations may apply.

¹ The CareLinx services are made available to you from a third party through your UnitedHealthcare® Group Medicare Advantage insurance plan. CareLinx is not a UnitedHealthcare company. UnitedHealthcare and your Plan are not responsible for any services you receive from this third party.

COBRA COVERAGE

56. Who administers COBRA coverage?

UMR COBRA Administration, a UnitedHealthcare company, administers COBRA coverage.

57. In the event of a divorce, am I eligible for COBRA coverage?

Yes. The retiree, qualified beneficiary or representative must notify the IBM Retiree Call Center – administered by United Healthcare or the IBM Benefits Center with the qualifying event effective date and divorce decree.

The covered retiree, qualified beneficiary or representative must provide notification within 60 days from the later of:

- The date of the qualifying event or
- The date that the qualified beneficiary loses (or would lose) coverage because of the qualifying event.

58. How long will I be on COBRA, if elected?

COBRA continuation coverage is a temporary continuation of coverage. It lasts for up to a total of 36 months when the qualifying event is due to divorce.

59. Will my plan benefits be different on the COBRA plan?

No. You will have the same benefits that you had prior to the COBRA coverage.

HEARING AID COVERAGE

60. Why would a member utilize the UHC Hearing network and not choose our own providers?

UnitedHealthcare provides full transparency in pricing for hearing aids. A person would pay double or triple for hearing aids without the discounts that are provided thru the UHC Hearing network. Therefore, the UHC Hearing network was created.

The hearing aids provided through UHC Hearing offer 30-60% off manufacturer's suggested retail price (MSRP), which you would not receive outside of our program. Additionally, our program includes a 60-day, or 100-day trial period based on the type of hearing aid, three additional follow up visits, 3-year extended warranty, 1 time loss/damage replacement, and extra batteries or charging case. All these items would be billed separately outside of our program but are included in the purchase of your device when utilizing UHC Hearing.

61. Do I have to use the UHC Hearing network?

Yes. You must use the UHC Hearing network. If you utilize a provider out of network you will not be reimbursed, and it will not be paid.

All appointments must be made either by phone utilizing the toll-free number **1-855-523-9355, TTY 711** or via the website at **UHChearing.com/retiree**.

The customer care agents at UHC Hearing can also advise which devices are sold at a specific provider's office. If you have a certain brand or device in mind, please discuss with our agents using the toll-free number at **1-855-523-9355, TTY 711** and they can assist in ensuring you are visiting a provider that fits your needs.

62. Are the UHC Hearing network and the UnitedHealthcare Medical directory the same?

The UnitedHealthcare Hearing network and UnitedHealthcare Medical directory are different networks. UnitedHealthcare Hearing contracts and supports a network of hearing professionals independent of the UnitedHealthcare Medical network. While some providers may overlap, to access your hearing benefits or eligible savings, you must work with UnitedHealthcare Hearing or a UnitedHealthcare Hearing network provider by first contacting UnitedHealthcare Hearing.

63. How is an over-the-counter hearing device different than a prescription hearing aid?

Over-the Counter hearing aids are not covered under the plan hearing aid allowance.

- OTC hearing aids have fewer features, and their performance may not be equivalent to similar prescription devices.
- OTC devices are self-serve, meaning you will set them up with a smartphone app and make all the adjustments on your own. Professional follow-up care or support depends on the individual manufacturer.
- OTC hearing aids have a shorter warranty period than traditional prescription devices.

64. What is the difference between an online hearing test and a hearing test at a provider's office?

Online hearing tests are covered under the hearing benefit. An online hearing test or screening can tell you how well you are hearing and whether you should schedule an in-person hearing test with a hearing provider. An online screening requires you to wear headphones and listen to a variety of different tones and frequencies. This screening can help determine if a more thorough in-person examination with a professional is needed.

A comprehensive hearing test is conducted by an audiologist or hearing care professional in person to fully assess your hearing. The test can include looking in your ear for wax or abnormalities, listening to beeps and tones, repeating words in silence and in noise and even trying hearing aids. After the test, the provider will determine if hearing loss exists, the extent of the loss and your treatment options. Many people wait until they have symptoms of hearing loss to schedule a hearing test. Studies have shown that early identification and treatment of hearing loss may lead to an overall increased sense of wellness.

DENTAL

65. Will I get a UnitedHealthcare dental ID card?

Your dental plan includes the convenience of a digital ID card, available whenever you need it on **retiree.uhc.com/ibm**, or your mobile app. Sign in to **retiree.uhc.com/ibm** > **View & Print Member ID Cards**. Your card lists the subscriber, but everyone enrolled in the plan can use it. If you prefer a printed copy of your card, simply sign in to **retiree.uhc.com/ibm**, or call **1-800-445-9090**, TTY **711**.

66. How do I submit a Dental Claim?

Sign in to **retiree.uhc.com/ibm** and go to **Resources and Support > Forms and Resources** or call **1-800-445-9090**, TTY **711** to obtain a copy of the Dental ADA Claims Reimbursement Form that you can complete and submit for reimbursement.

Requests for claim reimbursement with itemized receipt and member information, including member ID, can be submitted to:

UnitedHealthcare
P.O. Box 30567
Salt Lake City, UT 84130-0567

See plan documents or call the dental number on the back of your member ID card **1-800-445-9090** for a detailed list of required information for submission.

67. Where can I find a list of ALL covered Dental services?

A full spectrum of services for Dental can be found in the Evidence of Coverage (EOC). If you're planning to have a procedure that costs more than \$500, ask your dentist to send UnitedHealthcare the X-rays and notes about your condition. The treatment will be reviewed to make sure it's clinically appropriate. After review, you and your dentist will get an estimate of what the plan will pay and what your out-of-pocket costs will be.

68. Would this Dental plan coordinate benefits with my other Dental plan?

Yes. There is coordination of benefits with this UnitedHealthcare Dental plan. In the event UnitedHealthcare Dental adjudicates and pays the claim first, the secondary carrier can be used to cover services that are not covered by our plan and/or cover out of pocket costs that you may have based on the current plan design. The retiree will need to coordinate with any secondary payers.

In the event UnitedHealthcare Dental would pay secondary, the retiree can submit the appropriate documentation of the primary dental carrier payment for reimbursement for only covered services under this plan.

VISION

69. Can you explain what is covered under the Routine Vision exam versus a regular vision exam?

A regular vision exam, or what we like to call a visit with a “diagnosis” is an outpatient physician service with a \$30 copayment provided by an ophthalmologist or optometrist for the diagnosis and treatment of diseases and injuries of the eye, including but not limited to diagnosis or treatment for age-related macular degeneration or cataracts.

A routine vision exam is “non diagnosis related” and truly is your one exam per 12 months and would have a \$0 copayment.

70. Is there an allowance for eyewear or contacts?

Yes. Your plan pays up to \$150 for eyeglasses every 12 months, or up to \$150 for contact lenses instead of eyeglasses every 12 months. Please note, non-prescription eyeglasses are not covered under this benefit.

71. What type of providers do I need to see.

You may visit any vision service provider for routine vision services in or out of network.

72. The vision provider does not submit claims to UnitedHealthcare, how can I be reimbursed?

When you obtain services, the service provider normally submits a claim on your behalf. If the service provider is unwilling to do so, you can ask us for reimbursement.

You may contact customer service at 1-877-852-0641). TTY 711 to obtain a Direct member Reimbursement for or for registered users you can complete the form online via retiree.uhc.com/ibm.

You may also request us to pay you back by sending us a request in writing. If you send a request in writing, send your bill and documentation of any payment you have made. It's a good idea to make a copy of your bill and receipt(s) for your records.

Medical claims payment requests:

UnitedHealthcare

P.O. Box 31362

Salt Lake City, UT 84131-0362

If you Live Outside the U.S.

73. I live in the U.S. Virgin Islands, a U.S. territory, or outside the U.S. Can I select a plan through UnitedHealthcare?

If you maintain a residence in the U.S. and are enrolled in Medicare, plan options will be available to you for care obtained in the U.S. If you do not have a U.S. residence but decide to return to the U.S. permanently or just part of the year, you should take steps to enroll in Medicare Parts A and B, if you haven't already, and contact UnitedHealthcare to inquire about plan options available to you given your change in residence.

74. I live outside the U.S. do I receive an HRA if I do not enroll in a plan? Do I need to show proof of enrolling in a plan to have access to my HRA?

Yes, you can enroll in an HRA by calling the IBM Retiree Call Center – Administered by UnitedHealthcare. UnitedHealthcare will then assist with passing this information to Optum Financial to have your HRA account established. Once your HRA is established, you can use it to reimburse yourself for plan premiums or out-of-pocket expenses such as coinsurance, copays and deductibles. You do not need to show proof of enrolling in a plan.

Other

75. I am a Power of Attorney for an IBM Retiree, what actions do I need to take to ensure UnitedHealthcare can enroll the individual?

The advocate can complete the enrollment with the Power of Attorney (POA). After completing an Enrollment Application Attestation with the UnitedHealthcare representative, following the enrollment, the Power of Attorney should provide additional documentation to UnitedHealthcare/Optum or complete an authorized representative form.

There are multiple ways this documentation can be provided to UnitedHealthcare/Optum:

Option 1: UnitedHealthcare

- The retiree's POA/Authorized Representative can send to the following for verification.
 - **Mailing Address:** Correspondence Unit
P.O. Box 400046
San Antonio, TX 78229
 - **Fax** the documents to UnitedHealthcare Correspondence @ 888.950.1169

Option 2: Optum HRA/FHA

- The retiree's POA/Authorized Representative can send to the following for verification:
 - **Email:** optumonline@optumbank.com
 - **Fax:** 844-881-1946
 - **Mailing Address:**
PO Box 30516
Salt Lake City, Utah 84130

- **IMPORTANT:** Please include the following information with your submission in an effort to expedite processing:
- Member First Name
 - Member Last name
 - SSN and Medicare Beneficiary Identification Number
 - Member Date of Birth

The Authorized Representative Form can be found on the UnitedHealthcare member portal or can be requested from the IBM Retiree Call Center.

Power of Attorney documentation should be inclusive of the legal document appointing you as Power of Attorney with all the applicable signatures.

Once completed, the forms can be submitted accordingly to the above via email, fax or mailing address

If you have any questions, please contact the IBM Retiree Call Center.

If any conflict should arise between the content of this communication (including accompanying material) and the official documents, or if any point is not discussed in this communication or is only partially discussed, official documents of the IBM retiree medical plan ("Plan") will govern in all cases. As always, IBM reserves the right, in its sole discretion, to amend and/or terminate the Plan and any of IBM's other benefit plans.

OptumRx® is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within seven business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279- 1828, TTY 711.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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, discounts, 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 is subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of May 2023. 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. Renew Active premium gym and fitness location network only available with certain plans.

Health Reimbursement Arrangements (HRAs) are Employer-Sponsored Plans administered on behalf of your plan sponsor by Optum Financial, Inc. ("Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer- Sponsored Plan are not FDIC insured. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

This information is not a complete description of benefits. Call 877-852-0641 for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Plans are 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.

Benefits and features vary by plan/area. Limitations and exclusions apply.

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