

Time to get what you've earned



more benefits focused on you

MODoT-MSHP



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Original Medicare basics



Plan benefits, programs and features



What to expect next



How to enroll





Original Medicare basics

When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis
of disability or other
special situation

You're a U.S. citizen or a legal
resident who has lived in the United
States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status



Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Offered by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage



Step 2

Decide if you need more coverage

Option 2: Add a Medicare Advantage (Part C) plan

Medicare Advantage plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare





UnitedHealthcare Group Medicare Advantage National PPO

Plan benefits, programs and features

Plan highlights



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D/prescription drug coverage

Included in your Medicare Advantage plan



Additional benefits, programs and features

Bundled with your plan

Medicare Advantage (Part C) plans are provided through private insurers like UnitedHealthcare



Plan highlights



National plan, you can move to or visit any US State or Territory and bring your plan with you



Prescription drug coverage



All the benefits of Medicare Parts A and B as well as eyewear coverage, hearing aid allowance, and other benefits



No referral needed to see a specialist

Coverage for visiting doctors, clinics and hospitals

You may see a doctor outside the network for the same cost share as network providers as long as they participate in the Medicare Program and accept the plan.



Visit any doctor, specialist or hospital that accepts Medicare

Even though you are not required to see a network doctor, your doctor may already be part of our network.

To find out, search our online Provider Directory at retiree.uhc.com/MODOT-MSHP or call UnitedHealthcare Customer Service at **1-844-465-2406**, TTY **711**, 8 a.m.– 8 p.m. local time, Monday–Friday.

If your doctor is in-network, they must accept this plan if you are an existing patient. If your doctor is out-of-network, they may choose not to treat you unless it is an emergency.



Your monthly and annual costs

\$250

Annual deductible

\$250

Annual out-of-pocket maximum*

* Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.



Plan benefits

Benefit coverage	In-Network	Out-of-network
Primary care provider (PCP) office visit	\$0 copay after deductible	\$0 copay after deductible
Specialist office visit	\$0 copay after deductible	\$0 copay after deductible
Urgent care	\$0 copay after deductible	\$0 copay after deductible
Emergency room	\$0 copay after deductible	\$0 copay after deductible
Inpatient hospitalization	\$0 copay after deductible	\$0 copay after deductible
Outpatient surgery	\$0 copay after deductible	\$0 copay after deductible
Medical virtual visits*	\$0 copay after deductible	\$0 copay after deductible

* Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.



Preventive services

Benefit coverage	In-network	Out-of-network
Annual Physical	\$0 copay	\$0 copay
Annual Wellness Visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screenings	\$0 copay	\$0 copay
Colon cancer screenings	\$0 copay	\$0 copay



Additional benefits

Benefit coverage	In-network	Out-of-network
Medicare-covered podiatry	\$0 copay after deductible	\$0 copay after deductible
Medicare-covered chiropractic care	\$0 copay after deductible	\$0 copay after deductible
Medicare-covered vision services	\$0 copay after deductible	\$0 copay after deductible
Medicare-covered hearing services	\$0 copay after deductible	\$0 copay after deductible
Medicare-covered dental care	\$0 copay after deductible	\$0 copay after deductible



Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network



Thousands of covered brand-name and generic prescription drugs



Bonus drug coverage in addition to Medicare Part D drug coverage

Check your plan's drug list at retiree.uhc.com/MODOT-MSHP or call Customer Service to see if your prescription drugs are covered



Changes to Medicare Part D coverage— Inflation Reduction Act

What is it?

The Inflation Reduction Act (IRA) was signed into law in 2022. All UnitedHealthcare Group Retiree Medicare Part D plans (MAPD and PDP) are impacted.

What does this mean?

Beginning January 1, 2025:

- The coverage gap stage (donut hole) is eliminated. The drug stages will be the [deductible,] initial coverage stage and catastrophic coverage stage.
- Your 2025 total out-of-pocket costs for Part D prescription drug costs will be limited to \$2,000[*]. That means that after you and others on your behalf have paid a combined total of \$2,000 for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees will have the option to pay their out-of-pocket prescription drug costs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan.

[*If a plan has a lower out-of-pocket maximum in 2025, it would not increase but it may be calculated differently.]



Medicare Prescription Payment Plan

What is it?

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.

Who can participate in the Medicare Prescription Payment Plan program?

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan beginning on or after January 1, 2025. Information about the program is included in select plan materials.

While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

This program may not be a good fit for members who have low yearly drug costs, who are not likely to reach the \$2,000 annual out-of-pocket maximum, or who have Extra Help or another government program to help save on their prescription drug costs.

How does it work?

- A member can opt in to the program through the plan online, over the phone or by mail
- The member pays \$0 up front for their Part D medication, and the plan pays the pharmacy for the member's cost share
- The plan sends monthly bills to the member, which can be paid online, over the phone or by opting in to autopay
- Future payments increase as the member continues to fill prescriptions throughout the year
- The member won't pay interest or fees on the amount owed even if the payment is late



Your plan's drug coverage stages and costs

Drug payment stages:

Annual deductible

The plan through MODoT-MSHP has no prescription deductible.

Initial coverage

You pay a copay for covered drugs.

Catastrophic coverage

After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.



Part D (prescription drug) benefits

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	OptumRx Mail Order (90-day supply)
1	Preferred Generic All covered generic drugs	\$15 copay	\$37.50 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$35 copay	\$87.50 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$40 copay	\$100 copay
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	\$40 copay	\$100 copay

Your MoDOT-MSHP plan allows you to receive a 90-day supply through OptumRx mail order or your local pharmacy for the same 90-day cost-share.



Common vaccines covered under:



Part B

- ✓ Influenza (flu)
- ✓ Pneumococcal
- ✓ Hepatitis B for those at medium or high risk
- ✓ COVID-19*



Part D

- ✓ Shingles
- ✓ Tetanus, diphtheria, pertussis (Tdap)
- ✓ Hepatitis A
- ✓ Hepatitis B for those at low risk



*You will have \$0 cost-share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers.



Schedule a \$0 Annual Wellness Visit and physical*



Save time by combining your wellness visit and physical into a single office visit



Schedule your appointment early in the year to get any other preventive care you may need



Make sure you follow through with your provider's recommendations for screenings, exams and other care

**You do not have to wait 12 months.
Schedule your Annual Wellness Visit
anytime during the calendar year.**



*A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



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UnitedHealthcare[®] HouseCalls*

Have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.

- ✓ No extra costs
- ✓ A licensed health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- ✓ The visit lasts up to an hour. You can talk about health concerns and ask questions that you haven't had time to ask before.
- ✓ You'll get a personalized checklist of topics to discuss at your next doctor's visit
- ✓ HouseCalls will send a summary of your visit to you and your regular doctor

*HouseCalls may not be available in all areas.



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Prefer a video visit instead?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

Gym and fitness membership

SilverSneakers® is a fitness benefit that includes:

- ✓ A free membership and access to group exercise classes* at participating fitness locations**
- ✓ Classes to get active outside of traditional gyms
- ✓ Virtual resources and a support network through SilverSneakers LIVE™, SilverSneakers On-Demand™ and the SilverSneakers GO™ fitness app
- ✓ SilverSneakers Steps for members 15 miles or more from a participating fitness center. Choose the kit that works best for you: general fitness, strength, walking or yoga.



*Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.



Let's Move

by UnitedHealthcare®

Join the healthy, happy movement

At no additional cost to you, Let's Move by UnitedHealthcare is here to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, get fit, beat the blues and stay connected.



Let's eat well

Treat yourself to tasty recipes, fun cooking events and support.



Let's get fit

Get free access to at-home workouts, participating gyms and local fitness events through your fitness benefit.



Let's beat the blues

Take time to care for your mental health with support services and online tools and resources.



Let's make friends

Find ways to connect through local and online events, classes, volunteering and more.



Get care virtually anywhere

With Virtual Visits, you're able to live video chat* with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.⁴ You can ask questions, get a diagnosis or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.



Virtual Doctor Visits may be good for minor health concerns including:

Allergies, bronchitis, cold/cough

Fever, seasonal flu, sore throat

Migraines/headaches, sinus problems, stomachaches



Virtual Behavioral Health Visits may be best for:

Initial evaluation

Depression

Behavioral health medication management

Trauma and loss

Stress or anxiety

Addiction

You can find a list of participating Virtual Visit providers by logging in to your member website

*The device you use must be webcam-enabled. Data rates may apply.
This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.
Providers cannot prescribe medications in all states.



Personal Emergency Response System (PERS)

With the Personal Emergency Response System, provided by Lifeline, help is a button push away.*

- ✓ In-home medical alert monitoring system
- ✓ Quick access in any situation, whether an emergency or you just need a helping hand
- ✓ Provides safety, independence and peace of mind



*Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. You must have a working landline and/or cellular phone coverage to use PERS.



UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist^{<6>}



6 hours of non-medical personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required.^{<7>}

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



UnitedHealthcare Hearing

With UnitedHealthcare Hearing, you can receive a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings. Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- ✓ Receive friendly, expert advice through our national network of 7,000+ hearing providers* — or try virtual appointments**
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™
- ✓ Your plan includes a \$500 hearing aid allowance every 3 years when you use a UnitedHealthcare Hearing provider



Up to **50%**

To get started and save up to 50% off standard industry prices[^] with exclusive pricing, go online or call UnitedHealthcare Hearing.

*Please refer to your Summary of Benefits for details on your benefit coverage.

**Select products and providers.

[^]Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.





What to expect next

What to expect next

- 1 Get your UnitedHealthcare member ID card and read your Quick Start Guide**
The Quick Start Guide gives you more information on how your benefits work and how to get the most out of your plan. Your member ID card will be attached to the front cover of your guide.
- 2 Register online to access your plan information**
After you receive your member ID card, you can register online at retiree.uhc.com/MODOT-MSHP
- 3 Start using your card**
You can start using your member ID card as soon as your plan is effective
- 4 Help us understand your unique health needs**
Soon after your effective date, we will contact you to complete a short health survey. Throughout the year, we'll also provide reminders about preventive care as well as offer programs and resources to help you live a healthier life.



Visit the Virtual Education Center to explore and learn more

- ✓ Learn more about the custom programs offered to UnitedHealthcare Group Medicare Advantage PPO members
- ✓ Watch videos about the plan benefits
- ✓ Print additional plan program information
- ✓ Access via any tablet, computer or smartphone



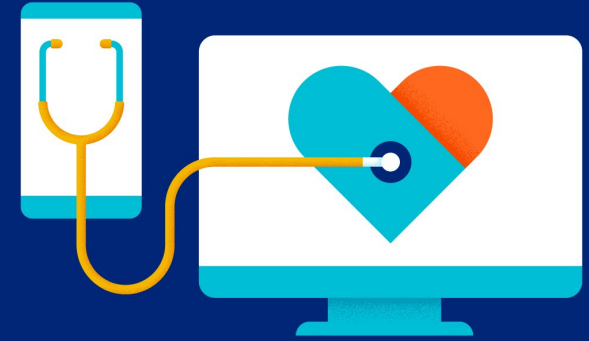
uhcvirtualretiree.com/MODOT-MSHP



Register for your secure personal online account at retiree.uhc.com/MODOT-MSHP

Follow these easy steps to register for your secure and personal online account:

- ✓ Visit the website and click on the **Sign In or register** button and then click **Register Now**
- ✓ Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare member ID number) and click **Continue**
- ✓ Create your username and password, enter your email address, and click **Create my ID**
- ✓ For security purposes, you will need to verify your account by email, call or text



After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Look up** drugs and how much they cost under your plan
- **Search** for network doctors
- **Sign up** to get your Explanation of Benefits online





How to enroll

Enrolling for MoDOT-MSHP Subscribers

You will be automatically enrolled

MoDOT-MSHP has selected UnitedHealthcare Group Medicare Advantage National PPO for its Medicare-eligible retirees, and Medicare-eligible spouses and dependents.

MoDOT-MSHP Medicare-eligible retirees, and Medicare-eligible spouses and dependents will be automatically enrolled in the plan and no action is needed.

If you wish to continue to receive medical and prescription drug coverage through MoDOT-MSHP you do not need to take any action.

You can opt out

- You will have the opportunity to opt out of this plan if you don't want to be enrolled
- You can opt out by contacting MoDOT's Employee Benefit Office at **1-877-863-9406**, TTY **711**, Monday – Friday from 7:30 a.m. – 5:00 p.m. or at benefits@modot.mo.gov no later than **November 15th**





Thank you

We look forward to welcoming you to our Medicare family

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Formularies and/or provider/pharmacy networks

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

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract [and a Medicare-approved Part D sponsor]. Enrollment in the plan depends on the plan's contract renewal with Medicare

[<2>Optum Home Delivery is a service of Optum Rx pharmacy. Optum Rx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery for a 90-day supply of your maintenance medication. If you have not used Optum Home Delivery, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.



Other pharmacies are available in our network.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing.

Renew by UnitedHealthcare is not available in all plans. Resources may vary.

<3>The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership 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 are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

<4>Benefits and availability may vary by plan and location.

<5>24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

<6>ModivCare may subcontract to other vendors or individuals. Subcontracting is at the discretion of ModivCare. ModivCare does not guarantee urgent requests will be met when scheduled less than 2 days in advance for standard services. ModivCare supports any language the member requires, through a third-party translator service.

<7>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. This is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. Limitations and exclusions apply. UnitedHealthcare does not make any representations regarding the content or accuracy of the materials on such sites. CareLinx will share only non-identifiable, aggregate information with UnitedHealthcare that is collected through the use of the CareLinx platform. This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members. CareLinx is the network administrator of this in-home care service offer. CareLinx does not employ or recommend any care provider or individual seeking services nor is it responsible for the conduct of any care provider or care seeker. The CareLinx website is a venue that provides tools to help care seekers and care providers connect online. Each individual is solely responsible for selecting a care provider or care seeker for themselves or their families and for complying with all laws in connection with any employment relationship they establish. All decisions about medications and care are between you and your health care provider.

<8>Real Appeal® Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI ≥ 25 (BMI ≥ 23 for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program. Real Appeal is offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements.

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