



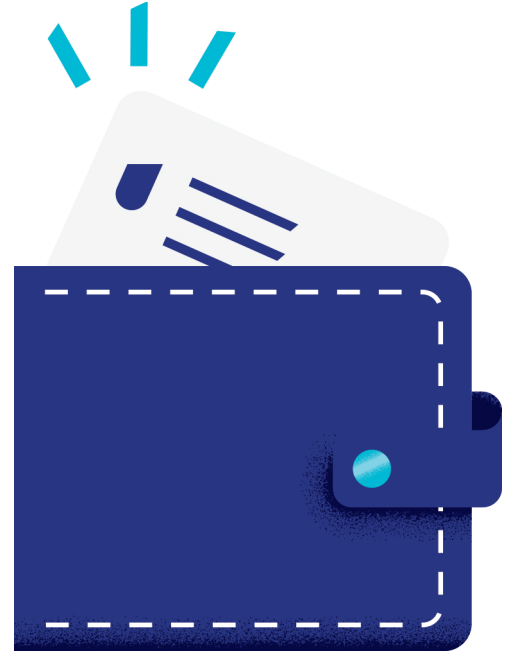
Plan Guide 2024

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

Procter & Gamble Company

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13365



Effective: January 1, 2024 through December 31, 2024

**United
Healthcare®**
Group Medicare Advantage



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Introducing the Plan

UnitedHealthcare® Group Medicare Advantage

Dear P&G Retiree or Dependent,

P&G has selected UnitedHealthcare to offer a custom Medicare Advantage plan for Medicare enrolled retirees and their dependents. As a UnitedHealthcare Group Medicare Advantage plan member, you'll have a team committed to understanding your needs and helping you get the right care.

Let us help you:

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

In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect next

Automatic enrollment

If you are enrolled in a P&G health plan, you will be automatically enrolled in this plan once P&G Benefits Services gets confirmation of your enrollment in Medicare Part A and Part B. The automatic enrollment process will take longer than if you proactively enroll in the Medicare Advantage Plan (possibly as long as four months after your Medicare enrollment is finalized). To ensure timely transition to the Medicare Advantage plan, proactively enroll by submitting a copy of your Medicare card to P&G Benefits Services, if you haven't already done so.

If you do not want this plan

If you are enrolled in a P&G health plan and do not want to be automatically enrolled in this plan, please call P&G Benefits Services at **1-844-786-6588** and select option #1, 8 a.m.–6 p.m. ET, Monday–Friday to opt-out of P&G retiree health care.

Questions? We're here to help.

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



Visit retiree.uhc.com/pg-MAplan



Call toll-free **1-844-481-8834**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday

Take advantage of healthy extras with UnitedHealthcare



HouseCalls



Fitness Program



Health & Wellness Experience

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Plan information

Benefit Highlights

Procter & Gamble Company 13365

Effective January 1, 2024 to December 31, 2024

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

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$250 for this plan year.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,250 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$30 copay
Specialist	\$40 copay
Virtual visits	\$0 copay using Amwell, Doctor on Demand and Teladoc \$30 copay using other providers that have the ability and are qualified to offer virtual medical visits
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$230 copay per day: days 1-7 \$0 copay per day after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$100 copay per day: days 21-42 \$0 copay per additional day up to 100 days
Outpatient surgery	20% coinsurance
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	20% coinsurance
Outpatient mental health	
Group therapy	\$30 copay
Individual therapy	\$30 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Virtual visits	\$30 copay
Diagnostic radiology services such as MRIs, CT scans	20% coinsurance
Lab services	\$0 copay
Outpatient X-rays	20% coinsurance
Therapeutic radiology services such as radiation treatment for cancer	20% coinsurance
Ambulance	\$175 copay
Emergency care	\$100 copay (worldwide)
Urgently needed services	\$40 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Acupuncture – routine	\$20 copay for each visit per plan year*
Chiropractic – routine	\$20 copay, 20 visits per plan year*
Foot care – routine	\$40 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$1,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision – routine eye exam	\$0 copay, 1 exam every plan year*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

*Benefits are combined in and out-of-network

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. The provider network may change at any time. You will receive notice when necessary.

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Plan Details

UnitedHealthcare Group Medicare Advantage

P&G has chosen a UnitedHealthcare Group Medicare Advantage plan. The word “Group” means this is a plan designed just for P&G retirees. Only Medicare enrolled retirees of P&G and their dependents can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

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

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

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient
plus certain drugs

+



Extra Programs
Beyond Original Medicare

Questions? We're here to help.

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



retiree.uhc.com/pg-MAplan



Call toll-free **1-844-481-8834**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

How your Group Medicare Advantage plan works

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

One plan at a time

- You may be enrolled in only one Medicare Advantage plan at a time.
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you are currently enrolled in a P&G health plan and do not take any action, you will automatically be enrolled in this plan and disenrolled from your current plan including any other Medicare Advantage plan you may be enrolled in.
- If you are currently enrolled in a P&G health plan and another Medicare prescription drug plan and do not take any action, you will automatically be enrolled in this plan and may be disenrolled from your current Medicare prescription plan.
- If you enroll in another Medicare Advantage plan and/or Medicare prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from P&G sponsored medical and prescription drug coverage.
- Any eligible family members will also be disenrolled from this group-sponsored plan. This means that you and your family will not have medical coverage or prescription drug coverage through P&G.
- If you are currently enrolled in a Medicare Supplement Insurance (Medigap) plan, you may want to consider taking action to disenroll. Medigap plans will not pay for any costs, such as copayments, deductibles and premiums for the P&G Medicare Advantage plan. Medigap plans don't coordinate with Medicare Advantage plans.

You must be enrolled in the P&G Medicare Advantage plan to have P&G prescription drug coverage

Your Medicare Advantage plan provides medical coverage. You must be enrolled in the Medicare Advantage plan to have P&G sponsored prescription drug coverage with Optum Rx®.



Medicare Part B drugs

The way Medicare covers drugs is different. It depends on where and by whom the drug is administered. Once you are a member of the UnitedHealthcare Group Medicare Advantage plan, your Medicare Part B drugs will be covered under the medical plan.

Examples of drugs covered under Medicare Part B are:

- Blood sugar (glucose) test strips (UnitedHealthcare preferred brands covered at a \$0 cost share)
- Certain vaccinations like flu shots (covered at a \$0 cost share)
- Drugs used with a durable medical equipment (DME) item like a nebulizer
- Injectable and infused drugs
- Certain oral cancer drugs and anti-nausea drugs

How your medical coverage works

You have access to our national coverage. Unlike most plans, with this plan, you pay the same share of cost in and out of network as long as the providers are eligible to participate in the Medicare Program and have not opted out.

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

View Your Plan Information Online

Once you receive your new UnitedHealthcare member ID card, you can create your secure online account at your new UnitedHealthcare Medicare Advantage website located at retiree.uhc.com/pg-MAplan

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

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

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

Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network. To see if your providers are in-network, visit retiree.uhc.com/pg-MAplan
- Even though it's not required, it's important to have a primary care provider.
- Unlike most plans, you pay the same share of cost in and out-of-network as long as they participate in the Medicare Program.

Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call at **1-844-481-8834**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

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

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage plan, you can see any out-of-network provider.

Take advantage of UnitedHealthcare's support and programs



Annual Physical and Wellness Visit¹

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



Preventive care visit in the privacy of your own home

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

Every visit includes tailored recommendations on health care screenings and a chance to:

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

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



Virtual visits

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

Virtual doctor visits

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

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

Virtual behavioral health visits

May be best for:

- Initial evaluation
- Medication management, addiction
- Depression, stress or anxiety
- Trauma and loss



24/7 Nurse Support³

Speak to a registered nurse 24/7 about your medical concerns at no additional cost to you. When you call a registered nurse can help you:

- Answer health questions and guide your health care decisions
- Learn about conditions and treatment options
- Choose a health care provider
- Learn about healthy living



Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national network³ of 7,000+ hearing providers⁴ and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected non-prescription hearing aids at UHChearing.com and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you — so you get the care you need to hear better and live life to the fullest.



Chronic Conditions Programs

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



UnitedHealthcare Fitness Program

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



Renew by UnitedHealthcare[®]

Explore Renew by UnitedHealthcare, our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses, Rewards* and more — all at no additional cost. **Learn more at renewuhc.com**



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey.

Tools and resources to help put you in control



Go online for valuable plan information

Visit retiree.uhc.com/pg-MAplan to:

- Review benefit information and plan materials
- Search for network doctors
- Learn more about health and wellness topics



Call UnitedHealthcare for personalized answers and information

Feel the support of the P&G Medicare Advantage dedicated Customer Service team that's committed to helping you:

- Answer questions about finding a provider and provider access
- Understand your benefits and coverage
- Learn more about all your Medicare Advantage plan has to offer

Contact UnitedHealthcare at **1-844-481-8834**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

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

²HouseCalls may not be available in all areas.

³Network size varies by market

⁴Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁵Participation 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. 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 March 2021. 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.

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

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Summary of Benefits 2024

UnitedHealthcare Group Medicare Advantage

Group Name (Plan Sponsor): Procter & Gamble Company

Group Number: 13365

H2001-817-000

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



Toll-free **1-844-481-8834**, TTY **711**

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



retiree.uhc.com/pg-MAplan

**United
Healthcare®**
Group Medicare Advantage

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com/pg-MAplan or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare Group Medicare Advantage

Medical premium, deductible and limits	
	In-network and out-of-network
Monthly plan premium	Contact US Benefits Services to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$250 each plan year.
Maximum out-of-pocket amount	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,250 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

If you join the plan mid-year, we'll apply any deductible and/or out-of-pocket expenses from your prior commercial plan to your new group Medicare Advantage plan.

Medical benefits		
	In-network and out-of-network	
Inpatient hospital care¹	\$230 copay per day: for days 1-7 \$0 copay per day: for days 8 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	20% coinsurance
	Outpatient surgery	20% coinsurance
	Outpatient hospital services, including observation	20% coinsurance
Doctor visits	Primary care provider	\$30 copay
	Virtual doctor visits	\$0 copay using Amwell, Doctor on Demand and Teladoc. \$30 copay using other providers that have the ability and are qualified to offer virtual medical visits.
	Specialists ¹	\$40 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
<div> <div> <ul style="list-style-type: none"> □ Abdominal aortic aneurysm screening □ Alcohol misuse counseling □ Annual wellness visit □ Bone mass measurement □ Breast cancer screening (mammogram) □ Cardiovascular disease (behavioral therapy) □ Cardiovascular screening □ Cervical and vaginal cancer screening </div> <div> <ul style="list-style-type: none"> □ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) □ Depression screening □ Diabetes screenings and monitoring □ Diabetes – Self-Management training □ Dialysis training □ Glaucoma screening □ Hepatitis C screening □ HIV screening </div> </div>		

Medical benefits

In-network and out-of-network

- | | |
|--|--|
| <ul style="list-style-type: none"> □ Kidney disease education □ Lung cancer with low dose computed tomography (LDCT) screening □ Medical nutrition therapy services □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) | <ul style="list-style-type: none"> □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 □ “Welcome to Medicare” preventive visit (one-time) |
|--|--|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$100 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$40 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)¹

20% coinsurance

Lab services¹

\$0 copay

Diagnostic tests and procedures¹

20% coinsurance

Medical benefits		
		In-network and out-of-network
	Therapeutic radiology ¹	20% coinsurance
	Outpatient X-rays ¹	20% coinsurance
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$40 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$1,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every plan year*
Mental Health	Inpatient visit ¹	\$230 copay per day: days 1-7 \$0 copay per day: days 8 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$30 copay
	Outpatient individual therapy visit ¹	\$30 copay
	Virtual behavioral visits	\$30 copay
Skilled nursing facility (SNF) ¹		\$0 copay per day: days 1-20 \$100 copay per day: days 21-42 \$0 copay per day: days 43-100

Medical benefits		
		In-network and out-of-network
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		20% coinsurance
Ambulance²		\$175 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ¹	\$0 copay
	Other Part B drugs ¹	20% coinsurance

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay
	Routine acupuncture services	\$20 copay for each visit per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services	\$20 copay, up to 20 visits per plan year*
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay

Additional benefits		
	In-network and out-of-network	
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
	Wigs	\$0 copay
		The plan pays up to \$500 per plan year for wigs for any diagnosis *
Fitness program Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$40 copay
	Routine foot care	\$40 copay, 6 visits per plan year*

Additional benefits		
		In-network and out-of-network
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>* Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care¹		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$30 copay
	Outpatient individual therapy visit ¹	\$30 copay
Renal Dialysis¹		20% coinsurance

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

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

*Benefits are combined in and out-of-network

About this plan

UnitedHealthcare Group Medicare Advantage is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers

UnitedHealthcare Group Medicare Advantage has a network of doctors, hospitals, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

You can go to **retiree.uhc.com/pg-MAplan** to search for a network provider using the online directory.

Required Information

UnitedHealthcare Group Medicare Advantage is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

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

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

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

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

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

You must continue to pay your Medicare Part B and Medicare Part A (if applicable) premium.

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

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

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

Civil Rights Notice

The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.

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

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** **<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What's next

Here's What You Can Expect Next

Quick Start Guide and UnitedHealthcare Medicare Advantage member ID card

We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare Medicare Advantage member ID card. **Please note, your new member ID card will be attached to the front cover of your guide.**

Member site access

After you receive your member ID card, you can register online at the P&G Medicare Advantage member site **retiree.uhc.com/pg-MAplan** to get access to plan information. This is different than the member site you use today. If you already have an account with **myuhc.com** you will need to re-register, but you will be able to use the same log-in information on the new member site.

Health assessment

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

Start using your plan on your effective date. Remember to use your UnitedHealthcare Medicare Advantage member ID card for medical coverage. You may also use your new member ID card for Medicare Part B drugs.

We're here for you

When you call, you will be connected with a Customer Service Advocate dedicated to P&G retirees who will be able to answer specific questions about the UnitedHealthcare Group Medicare Advantage plan. In addition, it will be helpful to have names and addresses for your doctors and clinics.

Questions? We're here to help.

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



retiree.uhc.com/pg-MAplan



Call toll-free **1-844-481-8834**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

Statements of Understanding

By enrolling in this plan, I agree to the following:

- ✓ **This is a Medicare Advantage plan contracted with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

- ✓ **I can only have one Medicare Advantage plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

- ✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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

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NOTES

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**United
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