



2025 Plan Guide

UHC Feds PSHB Part D Prescription Drug Plan

UnitedHealthcare® MedicareRx (PDP)

Group Number: 25685

Effective: January 1, 2025 through December 31, 2025

United
Healthcare®

Welcome to the UnitedHealthcare MedicareRx Part D prescription drug plan for Postal Retirees

UnitedHealthcare will provide Postal Retirees Part D prescription drug coverage as a part of the Postal Service Health Benefit (PSHB) Program. You must be retired from the United States Postal Service, with Medicare Part A only, Medicare Part B only, or Medicare Parts A and B to be eligible for this Part D prescription drug plan.



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

The guide includes:

- A description of the plan and how it works
- Information about covered drugs and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member.

You can also get plan information at the website below. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. Or, you can access plan materials online.



You'll be automatically enrolled in the plan

You can choose between the UnitedHealthcare Retiree Advantage plan which includes Part D prescription drugs, or this standalone Part D prescription drug plan paired with UnitedHealthcare PSHB medical coverage. If you don't enroll in the Retiree Advantage plan, you'll be automatically enrolled in this Part D prescription drug plan. It will replace your current prescription drug coverage, starting on the plan's effective date.

To learn more about your plan options, see the plan comparison chart on the next page or call us at the toll-free number below. The Retiree Advantage plan may save you money. For example, it reduces your Medicare Part B premium and lowers your prescription drug copays.



Visit retiree.uhc.com/postal and select the **Chat now** button



Call toll-free **1-844-481-8821**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday

You can only have one plan with Part D prescription drug coverage at a time. If you have a Medicare Advantage plan with Part D prescription drug benefits or another standalone Part D prescription drug plan, you'll be automatically disenrolled from that plan if you're enrolled in this plan.

If you don't want to be enrolled in the Retiree Advantage plan or this plan, you won't receive pharmacy benefits from the Postal Service Health Benefit (PSHB) Program. You won't be able to enroll in a plan again until the next Open Season.

Please call us at the toll-free number below if you don't want to be automatically enrolled in this plan.



Take control of your health

Let us help you find ways to save money on your prescription drugs so you can focus on what matters most to you.

Compare your retirement plan choices

Postal retirees, when you enroll in Medicare you have the choice between the UHC Feds PSHB Retiree Advantage plan or being auto-enrolled into the MedicareRx (PDP) Part D prescription drug plan alongside your Choice Plus PSHB medical benefits. Please see the chart below for a side by side comparison of the plan choices available for you to choose from.

Plan comparison	Choice Plus PSHB Medical with MedicareRx Part D Prescriptions	Retiree Advantage with Part D Prescriptions
Medical benefits	You pay	You pay
Annual medical deductible	\$500/\$1,000	None
Annual medical out-of-pocket maximum ¹	\$7,350/\$14,700	None
Physician visits (primary care or virtual)	\$0	\$0
Preventive services	\$0	\$0
Specialist office visit	\$60	\$0
Inpatient hospital	20% after deductible	\$0
Outpatient – ambulatory	20% after deductible	\$0
Outpatient hospital	20% after deductible plus \$250 per occurrence	\$0
Emergency room or ambulance	20% after deductible	\$0
Urgent care	\$50	\$0
Physical and occupational therapy	20% after deductible 60 visit limit combined	\$0 no visit limit
Durable medical equipment	20% after deductible	\$0
Diabetic supplies	20% after deductible	\$0
Routine podiatry – 6 per year	Not covered	\$0
Hearing aids	20% after deductible \$2,500 allowance	\$0 \$1,500 allowance*

Plan comparison	Choice Plus PSHB Medical with MedicareRx Part D Prescriptions	Retiree Advantage with Part D Prescriptions
Pharmacy benefits		
Part D Prescriptions	Yes	Yes
Deductible	\$0	\$0
Out-of-pocket max	\$2,000	\$2,000
Retail Tier 1	\$10	\$5
Retail Tier 2	\$45	\$25
Retail Tier 3	\$100	\$60
Retail Tier 4	\$100	\$90
Mail order – 90 day supply	2.5 times retail copay	2 times retail copay
Extras		
Monthly \$150 Part B premium subsidy		✓
National network	✓	✓
Dental coverage (preventive care only \$500 annual max)	✓	✓
Free gym membership		✓
\$40 quarterly over-the-counter item credit		✓
Worldwide coverage		✓
One plan – no need to coordinate benefits		✓
Remain in the PSHB program	✓	✓



retiree.uhc.com/postal



1-844-481-8821, TTY 711

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

Important information

Enrollment information

As a part of the PSHBP (Postal Service Health Benefits Program), you will be automatically enrolled into the UnitedHealthcare MedicareRx (PDP) Part D prescription drug plan for your prescription drug benefits **unless** you choose to opt into the UHC Feds PSHB Retiree Advantage (PPO) plan, which includes Part D prescription drugs.

If you elect to enroll in the Retiree Advantage plan it will take over as the primary and only payer so you will not need to coordinate benefits, however, you must remain enrolled in the Choice Plus PSHB plan and continue to pay that plan premium if you elect the Retiree Advantage plan. Do not suspend or cancel your coverage with OPM or you will also be terminated from the Retiree Advantage plan.

Disenrollment Information

As a part of the PSHBP (Postal Service Health Benefits Program), you will be automatically enrolled into the UnitedHealthcare MedicareRx (PDP) Part D prescription drug plan for your prescription drug benefits **unless** you choose to opt in to the UHC Feds PSHB Retiree Advantage (PPO) plan, which includes Part D prescription drugs.

If you opt out or disenroll from the UnitedHealthcare MedicareRX (PDP) and do not elect to enroll in the UHC Feds PSHB Retiree Advantage plan, your premium will not change and you will no longer have prescription drug coverage through the PSHB program, until next Open Season.

If you enroll in the Retiree Advantage plan and find that it's not the right fit, you can disenroll at any time.

If you disenroll from the Retiree Advantage plan you will be moved back to Original Medicare primary with the Choice Plus PSHB Health Plan secondary for medical, and auto-enrolled into the MedicareRX (PDP) plan for prescription benefits.

Medicare Part B enrollment

In most cases, if you retire after January 1, 2025 you must enroll in Medicare Part B when you are first eligible to continue retiree coverage in the PSHB Program. Having Medicare Part B makes you eligible for the Retiree Advantage plan. You must continue paying your Medicare Part B premium to be eligible for the UHC Feds PSHB Retiree Advantage plan. If you stop paying your Medicare Part B premium, you may be disenrolled from PSHB coverage.

Medicare Part B Late Enrollment Penalty (LEP)

If you didn't get Medicare Part B when you were first eligible, your monthly premium may go up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Medicare Part B. You must continue paying your Medicare Part B premium to be eligible for coverage under the PSHB program. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

Medicare Part D Late Enrollment Penalty (LEP)

Once you become a MedicareRx (PDP) or Retiree Advantage plan member, you will receive a letter to confirm you have had continuous prescription drug coverage. If you had coverage through the UnitedHealthcare FEHB or PSHB health plan or another FEHB or PSHB plan since you became Medicare eligible, you had what is known as “creditable coverage” and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

Income-Related Monthly Adjustment Amount (IRMAA)

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Part B and D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. The MedicareRx (PDP) plan and Retiree Advantage plan’s included prescription drug coverage is considered Part D coverage. Therefore if you currently have a Part B IRMAA, then you may incur an additional Part D IRMAA when enrolling in either of these plans.

Copay cards

In most cases, coupons and prescription drug copay cards can't be used with a Part D plan. Copay cards include disclaimer language that state that they can't be used with Federal health care programs. Part D prescription drug plans are a Federal program.

Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. Many people qualify and don't know it. There's no penalty for applying, and you can re-apply every year.

Call toll-free at **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday.

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

¹Out-of-pocket maximum excludes premiums, prescription drug costs, and non-Medicare covered benefits.

*Allowance for unlimited aids every 3 years. Allowance is combined for both ears.

This information is not a complete description of benefits. Contact the plan for more information. 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.



Summary of Benefits 2025

UnitedHealthcare Medicare Rx (PDP)

Group Name (Plan Sponsor): UHC Feds PSHB Part D Prescription Drug Plan

Group Number: 25685

S5805-803-000

Look inside to learn more about the plan and the drug services it covers.
Contact us for more information about the plan.



retiree.uhc.com/postal



Toll-free 1-844-481-8821, TTY 711

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

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Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com/postal 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 Medicare Rx (PDP)

Premium and limits

Annual prescription drug deductible This plan does not have a deductible.

Good news for 2025

The Coverage Gap, or “donut hole”, has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is \$2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs

Prescription drugs	
Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000 you move to the Catastrophic Coverage stage.

Prescription drugs		
Tier drug coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Generic	\$10 copay	\$25 copay
Tier 2: Preferred Brand ~	\$45 copay	\$112.50 copay
Tier 3: Non-preferred Drug ~	\$100 copay	\$250 copay
Tier 4: Specialty Tier ~	\$100 copay	\$250 copay
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

~ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

UHC Feds PSHB Part D Prescription Drug Plan offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at retiree.uhc.com/postal or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There's no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

About this plan

UnitedHealthcare Medicare Rx (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join UnitedHealthcare Medicare Rx (PDP), you must be entitled to Medicare Part A, and/or 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 U.S. territories.

Use network pharmacies

UnitedHealthcare Medicare Rx (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/postal to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare Medicare Rx (PDP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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 and features vary by plan. Limitations and exclusions may apply.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, 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. There may be other pharmacies in our network.

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

You must continue to pay your Medicare Part B premium.

Additional Drug Coverage

This is not a complete list of prescription drugs and supplies available to you. The prescription drugs and supplies on this list are covered in addition to the plan's Drug List (Formulary). You can find the plan's Drug List at retiree.uhc.com or scan the QR code at the end of this Additional Drug Coverage section.

Lower-cost Medicare prescription drugs and supplies

The following drugs have a \$0 copay.

Allergic Reaction

Epinephrine Injection

Symjepi

Asthma

Albuterol MDI (generic ProAir HFA)

Albuterol MDI (generic Proventil HFA)

Albuterol Nebulized Solution

Birth Control

All oral contraceptives (generic only)

Annovera (vaginal ring)

Kyleena (intrauterine device)

Liletta (intrauterine device)

Medroxyprogesterone 150mg/mL injection

Mirena (intrauterine device)

Nexplanon (contraceptive implant)

EluRyng (vaginal ring)

Haloette (vaginal ring)

Skyla (intrauterine device)

Xulane (patch)

Zafemy (patch)

Bowel Prep Products

GaviLyte-C

GaviLyte-G

GaviLyte-N

PEG-3350/Electrolytes

PEG-3350/NaCl/Na Bicarbonate/KCl

Breast Cancer Preventive Medications

Anastrozole 1mg Tablet

Exemestane 25mg Tablet

Raloxifene 60mg Tablet

Tamoxifen 10mg & 20mg Tablet

HIV PrEP (pre-exposure prophylaxis)

Apretude 600mg ER Injection

Descovy 200-25mg Tablet

Emtricitabine-Tenofovir Disoproxil Fumarate 200-300mg Tablet

Hypoglycemia (low blood sugar)

Baqsimi

Glucagon

Zegalogue

Insulin

Humalog

Humulin

Lantus

Lyumjev

Toujeo

Opioid Overdose Treatment

Kloxxado

Naloxone Cartridge, Injection, Nasal Spray & Prefilled Syringe

Narcan Nasal Spray

Zimhi

Statins for High Cholesterol

Atorvastatin 10mg, 20mg, 40mg & 80mg Tablet

Lovastatin 10mg, 20mg & 40mg Tablet

Simvastatin 5mg, 10mg, 20mg & 40mg Tablet

Tobacco Cessation Medications

Bupropion 150mg Tablet SR

Nicotrol Inhaler

Nicotrol Nasal Spray

Varenicline 0.5mg & 1mg Tablet

Information about the appeals and grievance process for these prescription drugs and supplies can be found in your Evidence of Coverage.

Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

Colon preparation products

Bisacodyl Tablet

Bisacodyl Suppository

Magnesium Citrate Solution

Polyethylene Glycol Powder

Blood Clot Prevention

Aspirin (generic only)

Tobacco cessation medications

Nicotine Gum

Nicotine Lozenges

Nicotine Patches

Vitamins

Folic Acid 0.4mg, 0.8mg & 1mg Tablet

The amount you pay for these additional preventive drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments made for these drugs (made by you or the plan) are treated differently from payments made for the drugs in your plan's Drug List (Formulary). This non-Medicare drug coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, you cannot file a Medicare appeal or grievance for non-Medicare drug coverage.

Bonus drug list

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Anti-obesity agents - drugs to promote weight loss		
Alli	3	QL (maximum of 3 capsules per day)
Contrave	3	QL (maximum of 4 tablets per day)
Imcivree	3	QL (maximum of 9 vials (9 mL) per 30 days)
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Qsymia	3	QL (maximum of 1 capsule per day)
Saxenda	3	QL (maximum of 5 pens per 30 days)
Wegovy	3	QL (maximum of 4 pens per 28 days)
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Perianal Cream 3%-0.5%	1	
Irritable Bowel or Ulcers		
Hyoscyamine Sulfate	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP 118 mg	3	
Urinary Tract Spasm and Pain		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Covered drugs are placed in tiers. Each tier may have a different cost. See the Summary of Benefits to find out what you'll pay for these drugs.

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Medicare prescription drug coverage under the plan. Unlike your Medicare prescription drug coverage under the plan, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

If your drug has any coverage rules or limits, there will be code(s) in the "Coverage rules or limits on use" column of the chart. The codes and what they mean are shown below.

QL - Quantity limits

The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the

limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copay, and restrictions may apply.

Benefits and/or copay/coinsurance may change each plan/benefit year.

The Drug List may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number on the cover.

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Statements of understanding

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

- ✓ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if 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.

- ✓ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Medicare Part D Prescription Drug Plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

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

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

- ✓ **For members of the Group Medicare Part D Prescription Drug Plan.**

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

Nondiscrimination notice

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

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

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

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

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

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

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

- Qualified interpreters
- Information written in other languages

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

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

Multi-language Interpreter Services

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

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

Chinese Mandarin: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

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

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình bảo hiểm sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

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

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

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

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

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

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

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

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

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



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