



# 2025 Plan Guide

## TRS-Care Medicare Advantage

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 15725

**Effective:** January 1, 2025 through December 31, 2025

United  
Healthcare®  
Group Medicare Advantage



# With TRS-Care Medicare Advantage, you get more

UnitedHealthcare provides medical coverage for all Medicare-eligible retirees and their dependents enrolled in TRS-Care Medicare Advantage, which is a UnitedHealthcare® Group Medicare Advantage (PPO) plan. As a TRS-Care Medicare Advantage participant, you'll have a team committed to understanding your needs, connecting you to care and helping you manage your health.



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

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- What you can expect after 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 more information at the website below. Select the **Chat now** button to connect with one of our dedicated Customer Service Advocates. Or, use the Group Number on the front cover of this book to access plan materials online.



## You'll be automatically enrolled in the plan

You don't need to take any action to enroll in this plan. However, you must continue to pay your Medicare Part B premium. If you stop paying your Part B premium, you may lose all TRS-Care coverage for you and any covered dependents.

Before you're enrolled in TRS-Care Medicare Advantage, you need to sign up for Medicare.

- You must sign up for Medicare no later than 1 month before you turn 65 to enroll in TRS-Care Medicare Advantage.
- You must enroll in Medicare Part A if you are entitled to premium-free Medicare Part A. However, you must purchase and maintain Medicare Part B coverage to be eligible for benefits through TRS-Care.

Visit [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA) and select the **Chat now** button



Call toll-free **1-866-347-9507**, TTY **711**  
7 a.m.-6 p.m. CT, Monday-Friday

Once you sign up for Medicare, send your Medicare Beneficiary ID number to TRS. TRS will then verify your Medicare status and send your enrollment to UnitedHealthcare for processing.

If you don't want to enroll, please contact TRS Health at **1-888-237-6762**, TTY **711**, 7 a.m.–6 p.m. CT, Monday–Friday. If you don't take action, you and your Medicare-eligible dependents will stay enrolled in TRS-Care Medicare Advantage.

You aren't required to enroll in TRS-Care Medicare Advantage, but it is your only medical option through TRS-Care. If you don't want to join this plan, you and your eligible dependents will lose any medical or prescription coverage through TRS-Care. You may only reenter TRS-Care if you have a special enrollment event like a marriage, adoption or an involuntary loss of comprehensive coverage.

We encourage you to carefully consider your decision before you decide to opt-out of TRS-Care Medicare Advantage. For more information, please call TRS Health at **1-888-237-6762**, TTY **711**, 7 a.m.–6 p.m. CT, Monday–Friday.



### **Take control of your health**

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.

# More ways to use your benefits

## Once you're a member, you'll receive your new UnitedHealthcare UCard® in the mail

Your UCard is your TRS-Care Medicare Advantage member ID — and much more. It gives you easy access to your benefits and programs, so you can take advantage of what your plan has to offer. Reach for your UCard when you:



### Check in at your provider or fill a prescription

Your UCard has the plan information you and your providers need.



### Buy over-the-counter (OTC) products with your benefit card

Use the credit loaded on your UCard as payment in-store or online.



### Go to the gym


Show your UCard for your free membership the first time you visit a SilverSneakers® network gym or fitness location.





# More than health insurance


With the TRS-Care Medicare Advantage plan, you get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.


## Here's just some of what this plan offers

 **UnitedHealthcare UCard®** your all-in-one member ID gives you easy access to your benefits and programs


 **Free eye exam** every 12 months and \$70 allowance to spend on frames or \$105 for contacts lenses every 12 months

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

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

 **Free standard gym membership** at participating locations

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

 **Free hearing exam and \$500** allowance to spend on a broad selection of hearing aids every 3 years

 **Free virtual doctor visits** with Amwell, Doctor on Demand and Teladoc

 **Medicare Advantage's largest national provider network**

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

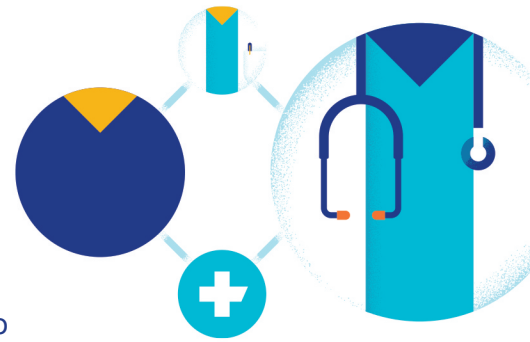
 **\$0 copay for 24 one-way trips** to your doctor appointments and the pharmacy



**Review the Summary of Benefits in this guide for more details**



# + More from your health plan



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

## Here's how the TRS-Care Medicare Advantage plan works



**Get care from providers in or out-of-network as long as they accept Medicare and are willing to bill UnitedHealthcare**



**You don't need a referral to see a specialist or other provider**



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

The plan doesn't require you to have a PCP, but using a PCP is very beneficial for your long-term health and well-being.



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

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



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

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



**Emergency and urgently needed services are covered anywhere in the world**

To search for a network provider, visit [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA).

# Get to know your TRS-Care Medicare Advantage plan



It's important that you understand your plan and what benefits it covers. You can find the Provider Directory and more at [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA).



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

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



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

You can also review the Summary of Benefits online.

You should enroll in Medicare Part A if you can get it for free. You must also stay enrolled in Medicare Part B to be in this plan.

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

You may lose all TRS-Care coverage if you stop paying your Medicare Part B premium.

## You're eligible to enroll in TRS-Care Medicare Advantage plan if you:



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



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

**Remember:** If you do not want to join this plan, you may only re-enter TRS-Care if you have a special enrollment event such as a marriage, adoption or involuntary loss of coverage. If a TRS retiree or surviving spouse terminates coverage or is no longer eligible for the TRS-Care Medicare Advantage plan, dependents may not remain on any TRS-Care plan beyond the plan termination date. If you decide to terminate coverage, TRS encourages you to carefully consider your decision before you choose to leave the program.



# Summary of Benefits 2025

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): TRS-Care Medicare Advantage

Group Number: 15725

H2001-817-000

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



**[retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA)**



**Toll-free 1-866-347-9507, TTY 711**

7 a.m.-6 p.m. CT, Monday-Friday

**United  
Healthcare®**  
Group Medicare Advantage

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# Summary of Benefits

**January 1, 2025 - December 31, 2025**


This is a summary of what TRS-Care Medicare Advantage covers 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/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA) 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.

## TRS-Care Medicare Advantage

Medical premium, deductible and limits	
	In-network and out-of-network
<b>Monthly plan premium</b>	For information on your TRS-Care premiums and the amount you will pay, please contact TRS Health at 1-888-237-6762. For information about your Medicare Part B premium, contact Social Security.
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$400 each plan year.
<b>Maximum out-of-pocket amount</b>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,500 for this plan year. Services with an asterisk in the Medical Benefits Chart of the EOC do not count toward this amount.</p> <p>If you reach the limit on out-of-pocket costs, the plan keeps covering your hospital and medical services and will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable.</p>

Medical benefits	
	In-network and out-of-network
<b>Inpatient hospital care<sup>1</sup></b>	<p>\$500 copay per stay</p> <p>deductible applies</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>

## Medical benefits

		In-network and out-of-network
<b>Outpatient hospital<sup>1</sup></b>  Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	\$250 copay deductible applies
	Outpatient surgery	\$250 copay deductible applies
	Outpatient hospital services, including observation	\$250 copay deductible applies
 <b>Doctor visits</b>	Primary care provider (PCP)	\$5 copay
	Virtual visit	\$0 for designated providers \$5 copay for other providers
	Specialist <sup>1</sup>	\$10 copay  deductible applies
<b>Preventive services</b>	Routine physical	\$0; 1 per plan year*
	Medicare-covered	\$0
		<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse screening and counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> <li>□ Glaucoma screening</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy and counseling services</li> </ul>

## Medical benefits

### In-network and out-of-network

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

This plan will cover any additional preventive services approved by Medicare during the contract year. This plan covers preventive care screenings and annual physical exams at 100%.

### Emergency care

\$65 copay (worldwide)

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

### Urgently needed services

There is no additional cost share if you get multiple services in a visit.

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay 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) (when you get the service at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center)<sup>1</sup>

5% coinsurance  
deductible applies

## Medical benefits


	In-network and out-of-network
Diagnostic radiology services (e.g. MRI) performed in a doctor's office (doctor's office visit copay will apply) <sup>1</sup>	\$0
Lab services <sup>1</sup>	\$0 for Medicare-covered lab services deductible applies
Diagnostic tests and procedures (when you get the service at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) <sup>1</sup>	5% coinsurance deductible applies
Diagnostic tests and procedures performed in a doctor's office (doctor's office visit copay will apply) <sup>1</sup>	\$0
Therapeutic Radiology (when you get the service at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) <sup>1</sup>	5% coinsurance deductible applies

## Medical benefits


	In-network and out-of-network	
	Therapeutic radiology services performed in a doctor's office (doctor's office visit copay will apply) <sup>1</sup>	\$0
	Outpatient X-rays (when you get the service at a hospital, outpatient facility or a freestanding facility, imaging or diagnostic center) <sup>1</sup>	5% coinsurance deductible applies
	Outpatient X-rays in a doctor's office (doctor's office visit copay will apply) <sup>1</sup>	\$0
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$10 copay
	Routine hearing exam	\$0, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is available only through UnitedHealthcare Hearing.
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$10 copay
	Eyewear after cataract surgery	\$0

Medical benefits		
	In-network and out-of-network	
	Routine eye exam	\$0, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$70 for eyeglasses, or up to \$105 for contact lenses instead of eyeglasses, every 12 months.*
	Exam for people with diabetes or a diabetic condition	\$0
<b>Mental health</b>	Inpatient visit <sup>1</sup>	\$500 copay per stay  deductible applies  Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
	Outpatient therapy or office visit with a psychiatrist <sup>1</sup>	\$10 copay
	Virtual behavioral visits	\$10 copay
	<b>Skilled nursing facility (SNF)<sup>1</sup></b>	\$0 per day: days 1-20 \$50 copay per day: days 21-70 \$0 per day: days 71 and beyond  Our plan covers unlimited days in a SNF per benefit period.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>	\$5 copay  deductible applies	
<b>Ambulance<sup>2</sup></b>	5% coinsurance	


## Medical benefits

		In-network and out-of-network
	<b>Routine transportation</b>	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 100 miles per trip. Restrictions apply.
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	5% coinsurance
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs <sup>1</sup>	\$0



## Additional benefits

		In-network and out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	5% coinsurance deductible applies
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	5% coinsurance deductible applies
	Routine chiropractic services	5% coinsurance, up to 20 visits per plan year* deductible applies
 <b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	\$0  We cover only Accu-Chek® and OneTouch® brands.  Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.  Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.

## Additional benefits

	In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0
	Diabetes self-management training	\$0
	Therapeutic shoes or inserts <sup>1</sup>	\$0
<b>Durable medical equipment (DME) and related supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	5% coinsurance deductible applies
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	5% coinsurance deductible applies
	Wigs	5% coinsurance for wigs for hair loss due to chemotherapy, medical treatment, or a medical condition.  Does not count towards maximum out-of-pocket amount
<b>Compression stockings (Non-Medicare-Covered)</b>		\$0 for unlimited stockings per plan year, for select stockings.
 <b>Fitness program</b> SilverSneakers®		\$0 for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more.  Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.



Additional benefits		
		In-network and out-of-network
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$10 copay deductible applies
	Routine foot care	\$10 copay, 6 visits per plan year* deductible applies
<b>Over-the-counter (OTC) credit</b>		\$40 credit each quarter (\$160 a year) to buy covered OTC products from network retail locations. Credits expire at the end of the year.
	<b>UnitedHealthcare Healthy at Home</b> Post-discharge program	<p>\$0 for the following benefits for up to 30 days following each inpatient hospital and SNF stay:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 28 home-delivered meals, referral required</li> <li><input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 100 miles per trip, referral required</li> <li><input type="checkbox"/> 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required</li> </ul> <p>Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.</p>
	<b>Home health care<sup>1</sup></b>	\$0 deductible applies
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. Hospice is covered by Original Medicare, outside of our plan. (Please see the Evidence of Coverage for more information.)
<b>In-home non-medical care</b>		\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.

Additional benefits		
		In-network and out-of-network
<b>Personal Emergency Response System (PERS)</b>		<p>\$0</p> <p>Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.</p>
<b>Opioid treatment program services<sup>1</sup></b>		\$0
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	\$10 copay
	Outpatient individual therapy visit <sup>1</sup>	\$10 copay
<b>Private duty nursing<sup>1</sup></b>		<p>We cover medically necessary skilled nursing services in the hospital or in the home by a private duty nurse with a valid, recognized nursing certificate and is licensed according to state law in the state where you get services. We cover services from a Medicare certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home or hospital.</p> <p>The treating practitioner or specialist must request the services after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity.</p> <p>The face-to-face evaluation must occur no more than 90 days before the service request. The request must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>20% coinsurance</p> <p>deductible applies</p> <p>Private duty nursing services have no allowance limit per plan year</p>

## Additional benefits

	In-network and out-of-network
<b>Diabetes Prevention and Weight Management Program</b>	<p>\$0 for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.</p> <p>Call or go online to get started today. 1-844-924-7325, TTY 711 or <a href="http://uhc.realappeal.com">uhc.realappeal.com</a></p> <p>*Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program.</p>
<b>Renal dialysis<sup>1</sup></b>	<p>\$10 copay</p> <p>deductible applies</p>
<b>Steady Together</b>	<p>\$0 for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> You can get up to 8 hours per month of in-home personal care for 6 months following program enrollment</li><li><input type="checkbox"/> Enrollment into the program can be done at any point during the plan year</li><li><input type="checkbox"/> Benefits must be utilized by December 31, 2025</li><li><input type="checkbox"/> Unused benefits do not roll over</li><li><input type="checkbox"/> All benefits are provided through our participating vendors.</li><li><input type="checkbox"/> The benefits mentioned are a part of a special supplemental benefit. To be eligible, you must have a qualifying condition, such as Dementia, and who also meet all applicable plan coverage criteria. Contact us for details.</li></ul>

<sup>1</sup> 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.

<sup>2</sup> Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

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

## About this plan

TRS-Care Medicare Advantage is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A (if applicable), stay enrolled and continue to pay your Medicare Part B premiums, and live in our service area as listed below. Please refer to the Evidence of Coverage for further eligibility requirements.

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

## About providers

TRS-Care Medicare Advantage has a network of doctors, hospitals, and other providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept Medicare and will bill UnitedHealthcare.

You can go to [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA) to search for a network provider using the online directory.

## Required Information

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://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 comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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

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

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

You must continue to pay your Medicare Part B premium.

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

Always talk with your doctor before starting an exercise program.

1. 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.

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

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

# Here's what you can expect next

Once you're a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it. And your UnitedHealthcare UCard® makes it easier than ever to unlock more from your plan.



**You are here**  
UnitedHealthcare will process your enrollment



Create your account to review your plan online



Receive your UCard in the mail



Coverage begins!  
Start using your plan

## Manage your plan online

Use your Medicare number or member ID number to create an account at [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA). Online you can:

- Find information on joining a New to your TRS – Care Medicare Plan Welcome Webinar to review common questions, explore covered benefits and find out what you can expect in the first 90-120 days of enrollment
- Look up your latest claim information and complete your health assessment
- Find network providers and other benefit information and plan materials
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online
- Review UCard balances

## Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more

## Benefits and costs may change for your next plan year

We'll send you an Annual Notice of Changes before your plan year ends that will tell you about any changes to your plan for the next plan year.

### Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Plan Guide. This number will also be on your UCard when you get it.

Scan this code to access the member site



# Statements of understanding

By enrolling in TRS-Care Medicare Advantage, 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 (if applicable) and Part B, and continue to pay my Medicare Part B premium and, if applicable, Part A premium, if my premiums are not paid for by Medicare or a third party. To be eligible for this plan, I must live in the plan's service area. Please refer to the Evidence of Coverage for further eligibility requirements.
- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**  
I may not have coverage 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 the TRS-Care Medicare Advantage Plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan, I will risk losing all TRS-Care coverage for myself and any covered dependents.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- ✓ **UnitedHealthcare will release my information 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 TRS-Care Medicare Advantage.**  
I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

## Nondiscrimination notice

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

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

- **Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto: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 serbisyonang ito ay libre.

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

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

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

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

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

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

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

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

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

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante 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。



With exclusive benefits for retirees like you, get more of what matters for your health with a group Medicare Advantage plan from UnitedHealthcare.

## Let us help you. You've earned it.



Download the UnitedHealthcare app



Visit [retiree.uhc.com/TRS-CareMA](https://retiree.uhc.com/TRS-CareMA)  
and select the **Chat now** button



Call toll-free **1-866-347-9507**, TTY **711**  
7 a.m.-6 p.m. CT, Monday-Friday

Scan this code  
to download the  
UnitedHealthcare  
app





888.237.6762  
www.trs.texas.gov

**Brian K. Guthrie**  
*Executive Director*  
1000 Red River St.  
Austin, Texas 78701

Dear Participant,

## **ACTION REQUIRED: Send TRS Your Medicare Information**

**This is important required information regarding your Medicare ID Number.**

Remember to give TRS  
your Medicare number. →

A sample Medicare Health Insurance card. The card has a dark header with the TRS logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the name "JOHN L SMITH" is listed under "Name/Nombre". The Medicare Number "1EG4-TE5-MK72" is circled in red and labeled "Medicare Number/Número de Medicare". Below this, the card lists "Entitled to/Con derecho a" and "Coverage starts/Coertura empieza" for "HOSPITAL (PART A)" and "MEDICAL (PART B)", both starting on "03-01-2016". A large "SAMPLE" watermark is visible across the card.

Once you receive your Medicare card, please complete the enclosed form and return it to TRS or call TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**) Monday – Friday, 7 a.m. – 6 p.m., Central time. If you do not provide your Medicare Beneficiary ID number to TRS, you risk delaying or not having any medical or prescription drug coverage through TRS-Care.

Federal rules governing Medicare Advantage require UnitedHealthcare® to have your Medicare number on file.

If you're adding dependents to your TRS-Care coverage, you'll still need to complete the application that TRS sends in a packet to you.

Thank you for your prompt attention to this matter.

Sincerely,

TRS Health and Insurance Benefits

### **DISCRIMINATION IS AGAINST THE LAW**

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call 1-888-237-6762 (TTY: 711).

Please complete the form below and return by mail or fax or calling TRS Health and Insurance Benefits at **1-888-237-6762** (TTY: **711**) Monday – Friday 7 a.m. – 6 p.m., Central time.

TRS Health and Insurance Benefits  
 1000 Red River Street  
 Austin, TX 78701-2698

or

Fax: 512-542-6575

Last Name:		First Name:	
Residential Address (Not a P.O. Box):			Phone Number:
City:	State:	Zip:	
Medicare Beneficiary ID Number:		Medicare Part A & B Effective Date(s):	
Signature:		Date:	

Please complete the form below for Medicare-eligible spouse/dependent, if applicable.

Last Name:		First Name:	
Residential Address (Not a P.O. Box):			Phone Number:
City:	State:	Zip:	
Medicare Beneficiary ID Number:		Medicare Part A & B Effective Date(s):	
Signature:		Date:	