



2025 Plan Guide

UAW Retiree Medical Benefits Trust

UAW Trust MedicareRx (PDP)

Group Number: 25530

Effective: January 1, 2025 through December 31, 2025

Optum Rx®

UAW RETIREE
Medical Benefits Trust

We are here for what matters to you

Welcome to the Optum Rx® prescription drug coverage for Medicare-eligible members of the UAW Retiree Medical Benefits Trust (the “Trust”).



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 while you are enrolled in the plan. You can also access 2025 plan materials and get more information at the website below.



Enrollment

You don’t need to do anything to enroll. You are automatically enrolled in the UAW Trust MedicareRx (PDP) plan when you become Medicare eligible.

If you don’t want to be enrolled in this plan, you need to contact Retiree Health Care Connect (RHCC) at **1-866-637-7555**, TTY **711**, Monday–Friday, 8:30 a.m.–4:30 p.m. ET.



UAWTrustPDP.com



Call toll-free **1-855-409-0219**, TTY **711**,
8 a.m.-8 p.m. local time, Monday-Friday

Understanding your Medicare Part D

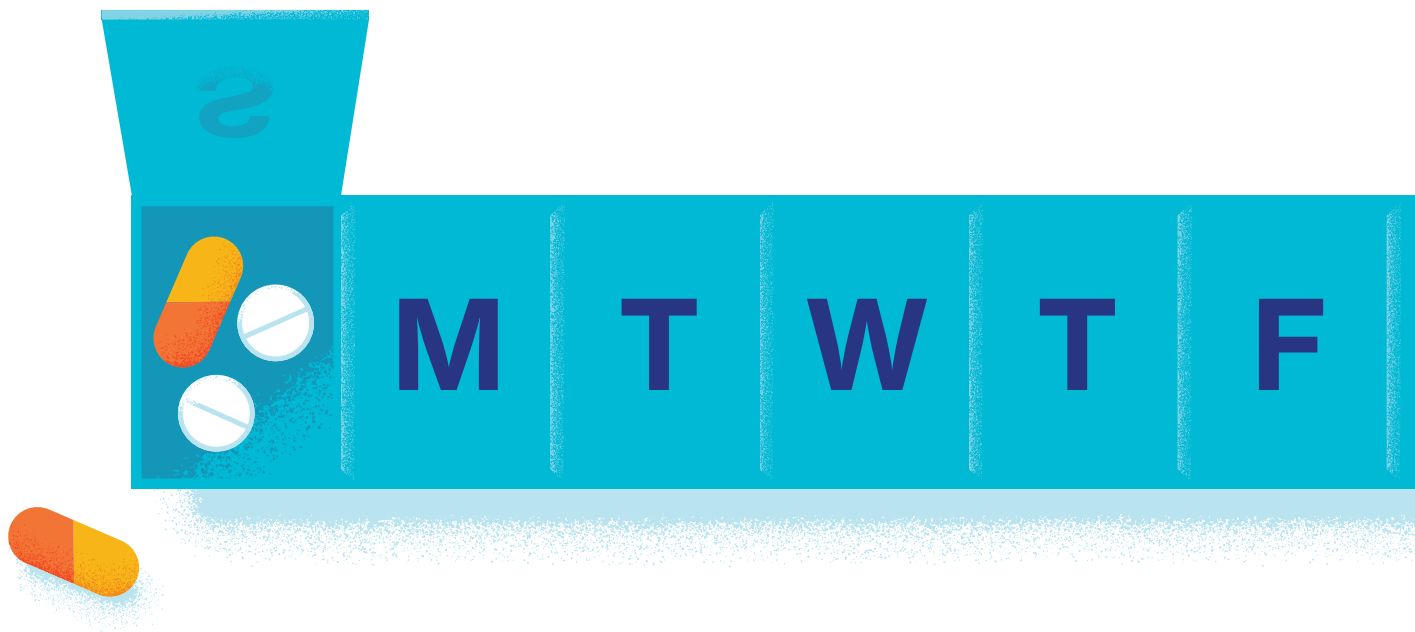
What is Medicare Part D?

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of your healthcare costs, but they don't cover many prescription drugs. Medicare Part D plans help with prescription drug costs. The Trust worked with Optum Rx® to design a Medicare Part D plan specifically for its members and tailored to your needs.

You must have group-sponsored coverage

Your group-sponsored Medicare Part D plan includes only drug coverage. It does not include medical care coverage.

- If you want a Medicare Advantage plan, it must be a group-sponsored plan, like the Trust sponsored Part D prescription drug plan
- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan



This plan has a comprehensive drug list to support your health

Here's how this Medicare Part D plan works



Covered drugs are grouped into tiers

Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers. The copay amount you'll pay is based on what tier the drug is in and how you get it (retail pharmacy or mail order). Copay amounts can change each year and announced in the Benefit Highlights sent out by the Trust every fall.



Always use network pharmacies

There are thousands of network pharmacies you can go to — including local and national options. You can also use the network mail order pharmacy to get up to a 90-day supply for the same cost as a one-month supply at a retail pharmacy. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy. To search for a network pharmacy, visit [UAWTrustPDP.com](https://www.UAWTrustPDP.com).



Enjoy the convenience of prescriptions delivered right to your door

Optum® Home Delivery Pharmacy is part of our network. Optum Home Delivery Pharmacy will send the medications you take regularly right to your door with no cost for standard shipping. You'll also pay the same amount for a 3-month mail order supply as you would for a one-month order at a retail pharmacy. Once you have your member ID number, you can save time by registering online at [UAWTrustPDP.com](https://www.UAWTrustPDP.com) to place your first order, request refills and more.

Get to know your plan

It's important that you understand your plan and how it works. You can find the Drug List, Pharmacy Directory and more at [UAWTrustPDP.com](https://www.uawtrustpdp.com).



Review the online Drug List to see what prescription drugs are covered

The plan's Drug List (Formulary) includes most generic and commonly used brand name drugs covered by Medicare Part D. Your plan includes additional drug coverage beyond what Medicare allows.



Review the online Pharmacy Directory to see what pharmacies are in our network

If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.



Review the Summary of Benefits in this guide to see how much you'll pay for prescription drugs

You can also review the Summary of Benefits online.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at 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 be disenrolled from this plan if you stop paying your Medicare Part B premium.

You're eligible for this Medicare Part D plan if you:



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



Continue to pay your Part B premium.



Remember: If you enroll in another plan with prescription drug coverage after your enrollment in this Trust-sponsored plan, you will be disenrolled from this plan.

Summary of Benefits 2025

UAW Trust MedicareRx (PDP)

Group Name (Plan Sponsor): UAW Trust (PDP)

Group Number: 25530

S5820-823-000

Look inside to learn more about the drug coverage the plan provides.
Contact us for more information about the plan.



UAWTrustPDP.com



Toll-free **1-855-409-0219**, TTY **711**

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

Optum Rx[®]

UAW RETIREE
Medical Benefits Trust

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 call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UAW Trust MedicareRx (PDP)

Premium and limits

Monthly plan contribution	\$0
Annual prescription drug deductible	This plan does not have a deductible.

Prescription drugs

Initial coverage	You'll pay your plan copays. 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.	
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Tier drug coverage	Retail Cost-Sharing	Mail Order Cost-Sharing
	31-day supply [^]	90-day supply [^]
Tier 1: [~]	\$0	\$0
Tier 2: [~]	\$33 copay	\$33 copay
Tier 3: [~]	\$115 copay	\$115 copay

Pharmacy out-of-pocket maximum

When your total out-of-pocket costs (what you pay) for Tier 2 drugs reach \$1,000, you will pay a \$0 copay for Tier 2 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. For some vaccines, you will need to pay the applicable copay.

[^]Most specialty drugs are limited to a 31-day supply through retail and mail order.

If the actual cost for a drug is less than your copay amount, you will only be responsible for the actual cost of the drug.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

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

\$0

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

UAW Retiree Medical Benefits Trust has selected Optum Rx,[®] (Administered by UnitedHealthcare Insurance Company or one of its affiliates) to offer UAW Trust MedicareRx (PDP) drug plan, a Medicare Prescription Drug Plan with a Medicare contract.

To be eligible for UAW Trust MedicareRx (PDP) drug plan, 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

UAW Trust MedicareRx (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 **[UAWTrustPDP.com](https://www.UAWTrustPDP.com)** 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

UAW Trust MedicareRx (PDP) is provided by 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.

Optum Rx®

Administered by UnitedHealthcare® Insurance Company or one of its affiliates

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 on your member site or scan the QR code at the end of this Additional Drug Coverage section.

Lower-cost Medicare supplies

\$0 copay

Alcohol Swabs

Insulin Syringes

Insulin Pen Needles

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

Preventive drugs

Drug name	Brand or Generic	Copay
Vaccines		
Covid-19 Vaccine	B	\$0 copay
Flu Vaccine	B	\$0 copay
Pneumonia Vaccine	B	\$0 copay

Bold type = Brand name drug Plain type = Generic drug

Your plan covers some preventive drugs at a lower drug copay than in your Drug List (Formulary).

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	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Urinary Alkalizer		
Oracit (Solution)	2	
Sodium Citrate/Citric Acid (Solution)	1	
Urinary Tract Infection		
Methenamine Mandelate	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	2	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos (Tab)	2	
Effer-K (Tab)	1	
Klor-Con (EF Tab)	1	
Vitamins and Minerals		
Phytonadione (Tab)	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	
Guaifenesin/Codeine (Syrup)	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. However, these costs will apply to your annual drug out-of-pocket maximum.

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 will only cover a certain amount of this drug for one copay or over a certain number of days. These limits can help ensure safe and effective use of the drug.

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It’s designed to monitor safe dosing levels of opioids for people who may be taking more than one opioid drug for pain management. If your doctor or provider prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don’t have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit 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 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.

Here's what you can expect next

Once you're a member, the Customer Service team and your online account make it easier to get the care you need, when and how you need it.



You are here
We will process your enrollment



Create your account to review your plan online



Receive your member ID card 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 **UAWTrustPDP.com**. Online you can:

- Find network pharmacies
- View plan documents, like your plan's covered Drug List (Formulary)

Once your coverage begins

- Review your prescriptions with your provider and ask about lower-cost options that may be available
- Be sure to use a network pharmacy to pay only your applicable copayments
- Get the medications you take regularly through Optum® Home Delivery Pharmacy

Benefits and costs may change at the end of your 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 us with your prescription drug coverage

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

Scan this code to access the member site



Statements of understanding

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

- ✓ **UAW Retiree Medical Benefits Trust has selected Optum Rx® (Administered by UnitedHealthcare Insurance Company or one of its affiliates) to offer UAW Trust MedicareRx (PDP) drug plan, a Medicare Prescription Drug Plan and has a Medicare 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.

- ✓ **UAW Trust MedicareRx (PDP) drug plan 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.
- You may disenroll from this plan at any time if you are not satisfied. To disenroll from this plan or enroll in a different Trust sponsored plan, you must call Retiree Health Care Connect (RHCC) at 866-637-7555.

- ✓ **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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