

2027 Plan Guide

13796 - The Curators of the University of Missouri Base Plan
13797 - The Curators of the University of Missouri Enhanced Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13796, 13797

Effective: January 1, 2027 through December 31, 2027

United Healthcare®
Group Medicare Advantage

With a UnitedHealthcare® Group Medicare Advantage plan, you get more

Your former employer or plan sponsor has selected UnitedHealthcare® to provide health and prescription drug coverage to their Medicare-eligible retirees. When you enroll in the UnitedHealthcare Group Medicare Advantage (PPO) plan for health care coverage, you'll also enroll in a separate UnitedHealthcare prescription drug plan. With these plans, you'll enjoy an easier than ever Medicare experience.



Read through this Plan Guide to get to know your Medicare Advantage plan options

The guide includes:

- Descriptions of the 2 plan options and how they work
- Information about benefits, programs and services, and how much they cost
- What you can expect after you're enrolled in a plan

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

Visit **retiree.uhc.com/umsystem** to get your prescription drug plan information and more. You can also select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates.



How to enroll

Simply follow the enrollment instructions provided by UM to indicate your plan selection. Submit the request to UM before your enrollment deadline. Once UM receives your enrollment selection and all other required information, UM will submit your enrollment to UnitedHealthcare for processing.

Important plan information

Before deciding to opt out, make sure you understand what it means for you if you decline this coverage. UM's eligibility rules may not allow you to re-enroll in a University-sponsored medical plan at a later date. Contact UM at **1-800-488-5288** for more information.

More than health insurance

With these plans you get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

Here's just some of what the plans offer

- **Free extra support after a hospital or skilled nursing facility stay,** including home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care
- **Earn rewards** to spend on eligible items like gifts, clothing, groceries and more
- **Free standard gym membership** at participating locations
- **Free Optum® HouseCalls visit** from one of our licensed health care practitioners
- **$0 copay for a hearing exam** and $500 allowance to spend on a broad selection of hearing aids for both ears every 3 years
- **Virtual doctor and behavioral health visits** using your computer, tablet or smartphone – anytime, day or night
- **A large network of providers** through our Medicare National Network
- **Free diabetic supplies** like needles and test strips

Review the Summary of Benefits in this guide for more details



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More from your health plan

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

You'll enjoy:

You pay a standard copay or coinsurance, or $0 in some cases, to see a provider in or out-of-network

Access to a large network of doctors and hospitals equipped with tools to support your health

Worldwide coverage for emergencies and urgent care

How the plan works:

- Select a primary care provider (PCP) to oversee and help manage your care. It's not required, but it's very beneficial for your long-term health and well-being.
- Get care from providers in or out-of-network as long as they accept Medicare and the plan.
- You don't need a referral to see a specialist or other provider.
- These plans have a maximum annual out-of-pocket amount.
- Review your Summary of Benefits to see what's covered.

More ways to learn about your plan



It's important that you understand your plan and what benefits are covered. You can find the Provider Directory and more at **retiree.uhc.com/umsystem**.

Review the online Provider Directory to see if your providers are in the network
It's okay if they're not. This plan allows you to see out-of-network providers at the same cost share as long as they accept Medicare and the plan.

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.

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 to enroll in this 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 drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Summary of Benefits 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The Curators of the University of Missouri Base Plan
Group Number: 13796
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.

Download the **UnitedHealthcare app**

Visit **retiree.uhc.com/umsystem**

Call toll-free **1-866-899-5903**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare Group Medicare Advantage

Y0066_SB_H2001_817_000_2027_M

Summary of Benefits

January 1, 2027 - December 31, 2027

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.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium, deductible and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of $300 each plan year.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $3,400 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we 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.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$200 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$100 copay
	Outpatient surgery	$100 copay
	Outpatient hospital services, including observation	$100 copay
Doctor visits	Primary care provider (PCP)	$10 copay

Medical benefits		
		In-network and out-of-network
	Virtual visit	$0 copay
	Specialist[1]	$20 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.
Emergency care		$65 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$25 copay
	Lab services[1]	$0 copay

Medical benefits			
		In-network and out-of-network	
	Diagnostic tests and procedures[1]	$50 copay	
	Therapeutic radiology[1]	$25 copay	
	Outpatient X-rays[1]	$0 copay	
 **Hearing services**	Exam to diagnose and treat hearing and balance issues[1]	$20 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copay for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.*
 **Vision services**	Exam to diagnose and treat diseases and conditions of the eye[1]	$20 copay	
	Eyewear after cataract surgery	$0 copay	
	Routine eye exam	$0 copay, 1 exam every 12 months*	
Mental health	Inpatient visit[1]	$200 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$10 copay	
	Outpatient individual therapy visit[1]	$20 copay	
	Outpatient therapy or office visit with a psychiatrist[1]	$20 copay	
	Virtual behavioral visits	$20 copay	
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $50 copay per day: days 21-100 Our plan covers up to 100 days in a SNF per benefit period.	

Medical benefits		
		In-network and out-of-network
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$25 copay
Ambulance[2]		$50 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	20% coinsurance
	Other Part B drugs[1]	20% coinsurance

Additional plan benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$20 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$20 copay
	Routine chiropractic services	20% coinsurance, up to 12 visits per plan year*
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.

Additional plan benefits			
		In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	
	Diabetes self-management training[1]	$0 copay	
	Therapeutic shoes or inserts[1]	20% coinsurance	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	20% coinsurance	
	Prosthetics (e.g., braces, artificial limbs)[1]	20% coinsurance	
 **Fitness Program** SilverSneakers®, a health and fitness program designed for Medicare plan members. SilverSneakers includes a standard monthly membership at participating fitness locations. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.		$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment[1]	$20 copay	
	Routine foot care	$20 copay, 6 visits per plan year*	

Additional plan benefits			
		In-network and out-of-network	
 **UnitedHealthcare Healthy at Home** Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		$0 copay	90% coinsurance if you use an out-of-network provider
 **Home health care**[1]		$0 copay	
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Opioid treatment program services[1]		$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit[1]	$10 copay	
	Outpatient individual therapy visit[1]	$20 copay	
Renal dialysis[1]		20% coinsurance	

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

[2]Authorization is required for non-emergency Medicare-covered ambulance 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

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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

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

About providers

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

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

Required Information

UnitedHealthcare® Group 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 medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

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

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

You must continue to pay your Medicare Part B 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. © 2025 Tivity Health, Inc. All rights reserved.

Summary of Benefits 2027

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Group Number: 13797
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United Healthcare
Group Medicare Advantage

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Summary of Benefits

January 1, 2027 - December 31, 2027

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UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount	$0 for Medicare-covered services from any provider In addition, amounts you pay for some network and out-of-network services don't count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Medical Benefits Chart. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we 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.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$0 copay
	Outpatient surgery	$0 copay
	Outpatient hospital services, including observation	$0 copay
Doctor visits	Primary care provider (PCP)	$0 copay
	Virtual visit	$0 copay

Medical benefits		
		In-network and out-of-network
	Specialist[1]	$0 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.
Emergency care		$0 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$0 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$0 copay
	Lab services[1]	$0 copay

Medical benefits			
		In-network and out-of-network	
	Diagnostic tests and procedures[1]	$0 copay	
	Therapeutic radiology[1]	$0 copay	
	Outpatient X-rays[1]	$0 copay	
 **Hearing services**	Exam to diagnose and treat hearing and balance issues[1]	$0 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copay for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.*
 **Vision services**	Exam to diagnose and treat diseases and conditions of the eye[1]	$0 copay	
	Eyewear after cataract surgery	$0 copay	
	Routine eye exam	$0 copay, 1 exam every 12 months*	
Mental health	Inpatient visit[1]	$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$0 copay	
	Outpatient individual therapy visit[1]	$0 copay	
	Outpatient therapy or office visit with a psychiatrist[1]	$0 copay	
	Virtual behavioral visits	$0 copay	
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $0 copay per day: days 21-100 Our plan covers up to 100 days in a SNF per benefit period.	

Medical benefits		
		In-network and out-of-network
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$0 copay
Ambulance[2]		$0 copay
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$0 copay
	Other Part B drugs[1]	$0 copay

Additional plan benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$0 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$0 copay
	Routine chiropractic services	$0 copay, up to 12 visits per plan year*
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.

Additional plan benefits			
		In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	
	Diabetes self-management training[1]	$0 copay	
	Therapeutic shoes or inserts[1]	$0 copay	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$0 copay	
	Prosthetics (e.g., braces, artificial limbs)[1]	$0 copay	
 **Fitness Program** SilverSneakers®, a health and fitness program designed for Medicare plan members. SilverSneakers includes a standard monthly membership at participating fitness locations. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.		$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment[1]	$0 copay	
	Routine foot care	$0 copay, 6 visits per plan year*	

Additional plan benefits			
		In-network and out-of-network	
 **UnitedHealthcare Healthy at Home** Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		$0 copay	90% coinsurance if you use an out-of-network provider
 **Home health care**[1]		$0 copay	
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Opioid treatment program services[1]		$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit[1]	$0 copay	
	Outpatient individual therapy visit[1]	$0 copay	
Renal dialysis[1]		$0 copay	

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

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

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

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

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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 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.

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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Always talk with your doctor before starting an exercise program.

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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. © 2025 Tivity Health, Inc. All rights reserved.

Here's what you can expect next

You'll receive 2 separate member ID cards in the mail – one for your health plan and one for your prescription drug plan. When your coverage begins, be sure to show your health plan ID card to your providers and your prescription drug ID card to the pharmacy. This will help make sure your benefits work the right way.



You are here
UnitedHealthcare will process your enrollment

Create your account to review your plans online

Receive your member ID cards

Coverage begins! Start using your plans

Manage your plans online

If you haven't already, use your Medicare number or member ID number and email address to create an account at **retiree.uhc.com/umsystem**. Online you can:

- Look up your latest claim information and complete your health assessment
- Find network providers and other plan information
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

Once your coverage begins

- Schedule your annual wellness visit
- Schedule your yearly in-home Optum® HouseCalls visit to help support your health. Visit **optum.com/healthvisitUHC** to learn more

Benefits and costs may change at the end of your plan year

Before your plan year ends, we'll send you an Annual Notice of Changes that explains what's changing for next 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 member ID card when you get it.

Scan this code to access the member site

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Statements of understanding

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

- **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**
  I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**
  I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- **I can only have one Medicare Advantage Plan at a time.**
  - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan, I will be automatically disenrolled from this plan.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
  - Enrollment in this plan is 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 Advantage Plan.**
  I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت میکنید خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب های دیگر مانند چاپ بزرگ در دسترس شما هستند با شماره رایگان مندرج روی کارت شناسایی عضویت تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפמערק: אויב איר רעדט **אידיש (Yiddish)**, קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

Notes & doodles

Notes & doodles

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Call toll-free **1-866-899-5903,** TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Scan this code to download the UnitedHealthcare app

Important Plan Information
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