

Plan Guide 2020

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

The University of Missouri System

UnitedHealthcare® Group Medicare Advantage (PPO)

Effective: January 1, 2020 through December 31, 2020

Group Number: 13759, 13760



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Introducing the UnitedHealthcare® Group Medicare Advantage plan

Dear University of Missouri Medicare-eligible Retiree or Dependent, Your plan sponsor, the University of Missouri (UM), has selected UnitedHealthcare® to offer health care coverage for all Medicare-eligible retirees and their Medicare-eligible dependents. The University of Missouri and UnitedHealthcare are offering two plan options:

- ✓ A Base Plan (Group #13759) and
- ✓ An Enhanced Plan (Group #13760)

In this book you will find:

- A description of these plans and how they work
- Information on benefits, programs and services – and how much they cost
- Details on how to make changes to your plan choice
- What you can expect after you enroll

Enrolling is easy

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 **1-573-882-2146** for more information.

Additional important information

The term “retiree” is used throughout these materials to refer to individuals who are eligible for Medicare and meet the eligibility requirements as determined by your plan sponsor including whether or not the individual is retired from employment.

Take advantage of healthy extras with UnitedHealthcare



HOUSECALLS



GYM
MEMBERSHIP



HEALTH & WELLNESS
EXPERIENCE

Visit us online anytime

www.UHCRetiree.com/umsystem

Toll-free **1-866-899-5903**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

The University of Missouri System Base Plan 13759
Effective January 1, 2020 to December 31, 2020

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$10 copay	Primary Care Provider: \$10 copay
	Specialist: \$20 copay	Specialist: \$20 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$200 copay per stay	\$200 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$50 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$50 copay per additional day up to 100 days
Outpatient surgery	\$100 copay	\$100 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$25 copay	\$25 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$25 copay	\$25 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$25 copay	\$25 copay
Ambulance	\$50 copay	\$50 copay
Emergency care	\$65 copay (worldwide)	
Urgently needed services	\$35 copay (worldwide)	\$35 copay (worldwide)
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic care	20% coinsurance (Up to 12 visits per plan year)*	20% coinsurance (Up to 12 visits per plan year)*
Foot care - routine	\$20 copay (Up to 6 visits per plan year)*	\$20 copay (Up to 6 visits per plan year)*

	In-Network	Out-of-Network
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Hearing aids	The plan pays up to a \$500 allowance for hearing aids every 3 years* .	The plan pays up to a \$500 allowance for hearing aids every 3 years* .
Vision - routine eye exams	\$20 copay (1 exam every 12 months)*	\$20 copay (1 exam every 12 months)*
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

*Benefits are combined in and out-of-network

Plans are 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.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

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

Benefit Highlights

The University of Missouri System Enhanced Plan 13760
Effective January 1, 2020 to December 31, 2020

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Medical Benefits

Benefits covered by Original Medicare and your plan

	In-Network	Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: \$0 copay
	Specialist: \$0 copay	Specialist: \$0 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	
Inpatient hospital care	\$0 copay per stay	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$0 copay per additional day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Emergency care	\$0 copay (worldwide)	
Urgently needed services	\$0 copay (worldwide)	\$0 copay (worldwide)
Annual out-of-pocket maximum	You pay nothing for Medicare-covered services from any provider	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Chiropractic care	\$0 copay (Up to 12 visits per plan year)*	\$0 copay (Up to 12 visits per plan year)*
Foot care - routine	\$0 copay (Up to 6 visits per plan year)*	\$0 copay (Up to 6 visits per plan year)*

	In-Network	Out-of-Network
Hearing - routine exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Hearing aids	The plan pays up to a \$500 allowance for hearing aids every 3 years* .	The plan pays up to a \$500 allowance for hearing aids every 3 years* .
Vision - routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Fitness program through SilverSneakers®	Stay active with a basic gym membership at a participating location at no extra cost to you.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

*Benefits are combined in and out-of-network

Plans are 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.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

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

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Plan Details

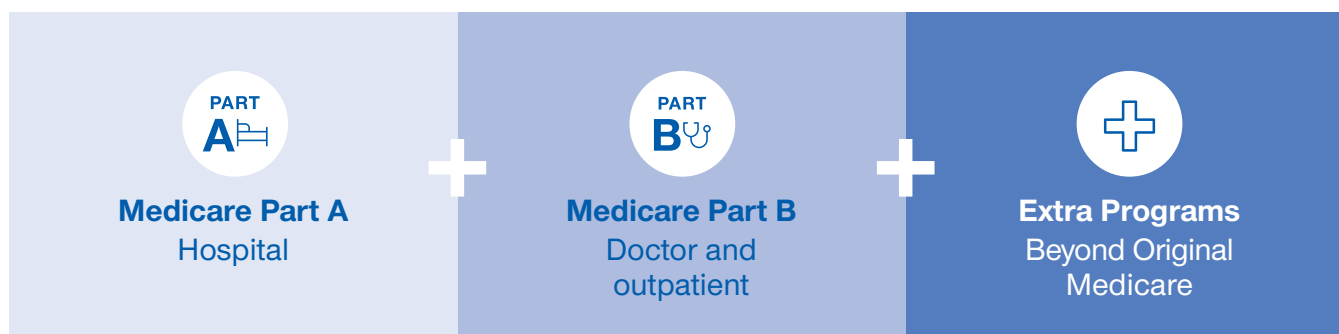
UnitedHealthcare® Group Medicare Advantage (PPO)

The University of Missouri (UM) has selected UnitedHealthcare® to provide health care coverage to Medicare-eligible retirees and Medicare-eligible dependents for 2020. This plan does not include prescription drug coverage which will continue to be administered by Express Scripts.

UM and UnitedHealthcare have worked closely together to create two plan options designed just for eligible UM retirees and their dependents – a Base Plan and an Enhanced Plan. Both plan options are UnitedHealthcare® Group Medicare Advantage (PPO) plans. The Base Plan has improved features, including a \$0 annual deductible. The Enhanced Plan, which may have higher premiums, provides coverage comparable to a Medicare Supplement Plan F.

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

Medicare Advantage coverage



Make sure you know what parts of Medicare you have



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

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

How your Group Medicare Advantage plan works

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

Rule 1: One plan at a time

- You may be enrolled in only one Medicare Advantage plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical coverage through your plan sponsor or former employer.

Rule 2: You must have employer group-sponsored coverage

Your group-sponsored Medicare Advantage plan includes only medical coverage. It does not include prescription drug coverage.

- If you want Medicare Part D coverage, it must come through a group-sponsored plan.
- Your Medicare Part D coverage cannot be an individual prescription drug plan.
- If you enroll in an individual Part D prescription drug plan, you will be disenrolled from your former employer or plan sponsored UnitedHealthcare® Group Medicare Advantage (PPO) plan.



Remember: If you drop or are disenrolled from your group-sponsored retiree health coverage, you may not be able to re-enroll in a UM plan. Limitations and restrictions vary by employer group or plan sponsor.

Visit us online anytime

www.UHCRetiree.com/umsystem

Toll-free **1-866-899-5903**, TTY **711**,
8 a.m. – 8 p.m. local time, 7 days a week

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How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan. You have access to our nationwide coverage. You can see any provider (in-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 from Medicare.

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

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

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

View your plan information online



Once you receive your UnitedHealthcare Member ID card, you can create your secure online account at: www.UHCRetiree.com/umsystem

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

Getting the health care coverage you may need



Your care begins with your doctor

With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network. Even though it's not required it's important to have a primary care provider. Unlike most PPO plans, with this plan, you pay the same share of cost in- and out-of-network as long as they participate in Medicare and accept the plan. With your UnitedHealthcare® Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.



Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions.

Visit us online anytime

www.UHCRetiree.com/umsystem

Toll-free **1-866-899-5903**, TTY**711**,
8 a.m. – 8 p.m. local time, 7 days a week

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together with your doctor, you can identify the preventive screenings you may need, review your medications and talk about any health concerns. You may even get a reward for completing your Annual Wellness Visit.



Enjoy a preventive care visit in the privacy of your own home

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

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health

HouseCalls may not be available in all areas.



You are never alone with NurseLine

Health questions can come up anytime. NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis



Virtual Visits

See a doctor or a Behavioral Health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand or Amwell apps.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

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

¹If additional tests are required, there may be a copay or coinsurance.

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



Special programs for people with chronic or complex health needs

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



Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning.

- Get helpful advice and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- Have a registered nurse perform an in-person assessment of your situation if needed



Hear the moments that matter most with custom-programmed hearing aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to receive a hearing exam and a wide selection of custom-programmed hearing aids – available in-person at any of our 5,000 UnitedHealthcare Hearing providers nationwide* or through home delivery – so you'll get the care you need to hear better and live life to the fullest.

Other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

* 2019 UnitedHealthcare Internal Data

Tools and resources to put you in control



Get valuable plan information online

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary member ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



Get active and have fun with a gym membership

Designed for all fitness levels and abilities, SilverSneakers® includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations¹
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.



Go beyond the plan benefits to help you live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.² Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

As a UnitedHealthcare member you can explore all that Renew has to offer by logging in to your member website.

¹At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

²Renew by UnitedHealthcare is not available in all plans.

Summary of Benefits 2020



Overview of your plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The University of Missouri System Base Plan
Group Number: 13759

H2001-817-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-899-5903**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/umsystem



Summary of Benefits

January 1, 2020 - December 31, 2020

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/umsystem or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

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 US 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 www.UHCRetiree.com/umsystem to search for a network provider using the online directory.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits	In-Network	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	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 each plan year.</p> <hr/> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital¹		\$200 copay per stay	\$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$100 copay	\$100 copay
	Outpatient hospital, including surgery	\$100 copay	\$100 copay
	Outpatient hospital observation services	\$100 copay	\$100 copay
Doctor Visits	Primary	\$10 copay	\$10 copay
	Specialists ¹	\$20 copay	\$20 copay
Preventive Care	Medicare-covered	\$0 copay	\$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 Hepatitis C screening HIV screening 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	

Benefits		In-Network	Out-of-Network
		<p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>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%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$65 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$35 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>	<p>\$35 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$25 copay	\$25 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$50 copay	\$50 copay
	Therapeutic Radiology ¹	\$25 copay	\$25 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$20 copay	\$20 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years*.	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years*.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$20 copay	\$20 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$20 copay (1 exam every 12 months)*	\$20 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$200 copay per stay, up to 190 days	\$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	\$10 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$50 copay per day: days 21-100	\$0 copay per day: days 1-20 \$50 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$25 copay	\$25 copay
Ambulance²		\$50 copay	\$50 copay
Routine Transportation		Not covered	

Benefits

		In-Network	Out-of-Network
Medicare Part B Drugs	Chemotherapy drugs ¹	20% coinsurance	20% coinsurance
	Other Part B drugs ¹	20% coinsurance	20% coinsurance

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$20 copay	\$20 copay
	Routine chiropractic care	20% coinsurance (Up to 12 visits per plan year)*	20% coinsurance (Up to 12 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training ¹	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance	20% coinsurance

Additional Benefits		In-Network	Out-of-Network
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance	20% coinsurance
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$20 copay	\$20 copay
	Routine foot care*	\$20 copay for each visit (Up to 6 visits per plan year)*	\$20 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit¹		\$25 copay	\$25 copay
Opioid Treatment Services		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$10 copay	\$10 copay
	Outpatient individual therapy visit ¹	\$20 copay	\$20 copay
Outpatient surgery¹		\$100 copay	\$100 copay
Renal Dialysis¹		20% coinsurance	20% coinsurance

Additional Benefits	In-Network	Out-of-Network
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

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

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

*Benefits are combined in and out-of-network

Required Information

Plans are 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 <https://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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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

Benefits, premium and/or copayments/coinsurance may change each plan year.

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

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 the customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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Summary of Benefits 2020



Overview of your plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The University of Missouri System Enhanced Plan
Group Number: 13760

H2001-817-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-899-5903**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/umsystem



Summary of Benefits

January 1, 2020 - December 31, 2020

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/umsystem or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

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 US 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 www.UHCRetiree.com/umsystem to search for a network provider using the online directory.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits	In-Network	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	<p>\$0 for Medicare-covered services from any provider</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital¹		\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	\$0 copay	\$0 copay
	Outpatient hospital, including surgery	\$0 copay	\$0 copay
	Outpatient hospital observation services	\$0 copay	\$0 copay
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists ¹	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$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 Hepatitis C screening HIV screening 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	

Benefits		In-Network	Out-of-Network
		<p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>	
		<p>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%.</p>	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		<p>\$0 copay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$0 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>	<p>\$0 copay (worldwide)</p> <p>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” section of this booklet for other costs.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ¹	\$0 copay	\$0 copay
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay	\$0 copay
	Therapeutic Radiology ¹	\$0 copay	\$0 copay
	Outpatient x-rays ¹	\$0 copay	\$0 copay

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years*.	The plan pays up to a \$500 allowance for hearing aid(s) every 3 years*.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exams	\$0 copay (1 exam every 12 months)*	\$0 copay (1 exam every 12 months)*
Mental Health	Inpatient visit ¹	\$0 copay per stay	\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100	\$0 copay per day: days 1-20 \$0 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF.	
Physical Therapy and speech and language therapy visit¹		\$0 copay	\$0 copay
Ambulance²		\$0 copay	\$0 copay
Routine Transportation		Not covered	

Benefits		In-Network	Out-of-Network
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay	\$0 copay
	Other Part B drugs ¹	\$0 copay	\$0 copay

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	\$0 copay	\$0 copay
	Routine chiropractic care	\$0 copay (Up to 12 visits per plan year)*	\$0 copay (Up to 12 visits per plan year)*
Diabetes Management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.</p>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.</p>
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training ¹	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay	\$0 copay

Additional Benefits		In-Network	Out-of-Network
	Prosthetics (e.g., braces, artificial limbs) ¹	\$0 copay	\$0 copay
Fitness program through SilverSneakers®		<p>\$0 membership fee.</p> <p>Access to a basic fitness membership offered through SilverSneakers® participating locations.</p> <p>If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	\$0 copay	\$0 copay
	Routine foot care*	\$0 copay for each visit (Up to 6 visits per plan year)*	\$0 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit¹		\$0 copay	\$0 copay
Opioid Treatment Services		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	\$0 copay	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay	\$0 copay
Outpatient surgery¹		\$0 copay	\$0 copay
Renal Dialysis¹		\$0 copay	\$0 copay

Additional Benefits	In-Network	Out-of-Network
Virtual Behavioral Visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at www.UHCRetiree.com .	
Virtual Doctor Visits	See and speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com .	

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

*Benefits are combined in and out-of-network

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

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Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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The company does not treat members differently because of sex, age, race, color, disability or national origin.

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

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

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をご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníl'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment




This chart shows you what we'll be sending and how we'll be contacting you after your enrollment.

Item	Description	Delivery Method
UnitedHealthcare Member ID Card	Watch for your UnitedHealthcare Member ID card in the mail.	
Quick Start Guide	Once you're enrolled, you will get a Quick Start Guide to review to help you start using your new plan.	
Website Access	After you receive your UnitedHealthcare Member ID card, you can register online at the website listed below to get access to plan information.	
Health Assessment	In the first 90 days after your plan's effective date, we'll give you a call. Medicare requires us to call you and ask you to complete a short health survey. You can also go to the website below and take the survey online.	

Start using your plan on your effective date. Remember to use your UnitedHealthcare Member ID card.

We're here for you

When you call, be sure to let Customer Service know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

-  **Your group number on the front of this book**
-  **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**
-  **Names and addresses for doctors and clinics**

Visit us online anytime

www.UHCRetiree.com/umsystem

Toll-free **1-866-899-5903**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

Statements of Understanding

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



This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A and/or 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.



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 or Prescription Drug plan at a time.

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- 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.



If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.



I will receive information on how to get an Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.



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.

Questions? We're here to help.



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