



2025 Plan Guide

APWU Health Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13468

Effective: January 1, 2025 through December 31, 2025

United
Healthcare®
Group Medicare Advantage



Enhance your coverage with the APWU Health Plan Medicare Advantage Plan

The APWU Health Plan offers a Medicare Advantage plan as an enhanced level of benefits for all Medicare-eligible federal retirees. If you choose to enroll in the Medicare Advantage plan for APWU Health Plan retirees, you will remain an APWU Health Plan member in the FEHB program.



Read through this Plan Guide to get to know this plan

It includes:

- A description of the plan and how it works
- Information about benefits, programs and services

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



How to enroll

If you are already enrolled in the APWU Health Plan High Option, you can call UnitedHealthcare at any time throughout the year to elect the UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan.

If you are not yet a member of the APWU Health Plan High Option, you'll need to enroll during Open Season with the Office of Personnel Management (OPM). Once your enrollment into the High Option has been processed by OPM, you can call UnitedHealthcare to elect the UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan.

Enrollment is voluntary, retirees may opt in or out of the enhanced benefits at any time throughout the year.

Here's just some of what the plan includes

- Monthly \$100 Medicare Part B premium reduction
- National network
- Dental coverage
- Vision coverage
- And much more!



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




Call toll-free **1-855-383-8793**, TTY 711, 8 a.m.-8 p.m. local time, Monday-Friday

Compare plans

Review this side by side plan comparison to help you determine if the Medicare Advantage plan will meet your needs.









Plan comparison	APWU Health Plan High Option with Medicare Parts A and B	APWU Health Plan Medicare Advantage Plan
Medical benefits	You pay	You pay
Annual medical deductible	\$0	\$0
Annual medical out-of-pocket maximum ¹	\$6,500/\$13,000	\$0
Preventive services	\$0	\$0
Physician office visits (primary, specialist and virtual)	\$0	\$0
Hospital visits (inpatient and outpatient)	\$0	\$0
Emergency room or urgent care	\$0	\$0
Ambulance services	\$0	\$0
Acupuncture	\$25/26 visits	\$0/unlimited visits
Chiropractic care	\$25/24 visits	\$0/unlimited visits
Physical, speech and occupational therapy	\$0/60 visits per year combined	\$0/unlimited visits
Durable medical equipment	\$0	\$0
Diabetic supplies	\$0	\$0
Routine podiatry	Not covered	\$0/6 visits per year
Hearing aid allowance of \$1,500 every 3 years (combined for both ears) ²	\$0	\$0

Client Aits  catchfire	Internal & External Team Date: 09.10.24 Client Contact: Shelly Fromm Art Director/Designer: catchfire	Project Details Depot #: SPRJ83553 Name: GRR 2025PY APWU Plan Comparison Chart Updates MAPD Stage: In review File Name: UHEX25NP0197964_000.indd	Color UHC Blue 2147 C + Black	Dimensions Flat: 8.75" x 11.25" Trim: 8.5" x 11" Margins: .75" Live Area: 7.625" x 9.875" Software: InDesign CC 2015	Notes
--	---	---	---	--	--------------

Plan comparison	APWU Health Plan High Option with Medicare Parts A and B	APWU Health Plan Medicare Advantage Plan
Pharmacy – Retail	You pay	You pay
Tier 1: Generic	\$10	\$10
Tier 2: Preferred brand	25% up to max of \$200	\$30
Tier 3: Non-preferred brand	25% up to max of \$300	\$45
Tier 4: Specialty tier	25% up to max of \$300	\$60
Pharmacy – Mail Order		
Tier 1: Generic	\$20	\$20
Tier 2: Preferred brand	25% up to max of \$300	\$60
Tier 3: Non-preferred brand	45% up to max of \$500	\$90
Tier 4: Specialty tier	25% up to max of \$150	\$120

These pharmacy benefits are based on APWU Health Plan’s High Option plan with the Express Scripts Part D prescription drugs and the Medicare Advantage plan which comes with Part D prescription drugs through OptumRX.

You also get these extra benefits with the APWU Health Plan Medicare Advantage Plan

-  \$100 Part B premium reduction
-  National provider network³
-  Dental coverage
-  Vision eyewear allowance
-  Free gym membership
-  Remain in the FEHB/PSHB program
-  Remain an APWU Health Plan member
-  \$60 quarterly over-the-counter item credit

Important information

Enrollment information:

If you elect to enroll in the Medicare Advantage plan it will take over as the primary and only payer so you will not need to coordinate benefits, however, you must remain enrolled in the APWU Health Plan High Option if you elect the Medicare Advantage plan. Do not suspend or cancel your coverage with OPM or you will also be terminated from the Medicare Advantage plan.

Disenrollment Information

Enrollment is voluntary and retirees may opt in or out of the Medicare Advantage enhanced benefits at any time throughout the year. If you elect to disenroll from the Medicare Advantage plan you will be moved back to Original Medicare primary with the High Option medical benefits secondary, and then auto-enrolled into the Express Scripts Part D Prescription Drug plan effective the first of the following month.

Medicare Part B enrollment

In most cases, postal retirees who retire after January 1, 2025 will be required to enroll in Medicare Part B to continue retiree coverage in the PSHB Program. If you are a Federal retiree, you are not required to take Medicare Part B to continue retiree coverage in the FEHB program, however, there are some advantages to having it. Having Medicare Part B makes you eligible for the Medicare Advantage plan for APWU Health Plan. You must continue to pay your Medicare Part B premiums if you elect to enroll in the Medicare Advantage plan.

Medicare Part B Late Enrollment Penalty (LEP)

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

Medicare Part D (LEP)

Once you become a UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan member, you will receive a letter to confirm you have had continuous prescription drug coverage. If you had coverage through the APWU High Option Plan or another FEHB or PSHB plan since you became Medicare eligible, you had what is known as "creditable coverage" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

Income-Related Monthly Adjustment Amount (IRMAA)

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Part B and D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. The UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan's included prescription drug coverage is considered a Part D plan therefore if you currently have a Part B IRMAA then you may incur an additional Part D IRMAA when enrolling in this plan.

Copay cards

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

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. Call your plan or review your Evidence of Coverage (EOC) for more information.

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

²Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. This information is not a complete description of benefits. Contact the plan for more information.

³You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as providers are eligible to participate in the Medicare Program and accept the plan. Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract, and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

More ways to use your benefits

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

Your UCard is your member ID — and much more. It makes it easier to access your benefits and programs, so you can take advantage of what your plan has to offer. Reach for your UCard when you:



Check in at your provider or fill a prescription

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



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

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



Go to the gym

Show your UCard to access your free membership the first time you visit a Renew Active® network gym or fitness location.



Spend your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.





Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): APWU Health Plan

Group Number: 13468

H2001-857-000

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



retiree.uhc.com/APWUHP



Toll-free 1-855-383-8793, TTY 711

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

**United
Healthcare®**
Group Medicare Advantage

Summary of Benefits


January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com/APWUHP or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Deductible and limits		
		In-network and out-of-network
Part B premium reduction		\$100.00
Maximum out-of-pocket amount (does not include prescription drugs)		\$0 for Medicare-covered services from any provider Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.
Medical benefits		
		In-network and out-of-network
Inpatient hospital care¹		\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$0 copay
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay

Medical benefits

		In-network and out-of-network	
 Doctor visits	Primary care provider (PCP)	\$0 copay	
	Virtual visit	\$0 copay	
	Specialist ¹	\$0 copay	
Preventive services	Routine physical	\$0 copay; 1 per plan year*	
	Medicare-covered	\$0 copay	
	<ul style="list-style-type: none"> □ 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 		<ul style="list-style-type: none"> □ 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%.

Medical benefits

In-network and out-of-network

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 services¹

\$0 copay

Diagnostic tests and procedures¹

\$0 copay

Therapeutic radiology¹

\$0 copay

Outpatient X-rays¹

\$0 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$0 copay

Routine hearing exam

\$0 copay, 1 exam per plan year*

Hearing Aids
UnitedHealthcare Hearing

Through UnitedHealthcare Hearing, the plan pays a \$1,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.



Routine dental services


Oral exams

\$0 copay, 2 procedures per plan year.

Routine cleaning

\$0 copay, 2 procedures per plan year.

Medical benefits

		In-network and out-of-network
See Evidence of Coverage for more details.	Dental bitewing X-rays	\$0 copay, 1 procedure per plan year.
	Minor services (Includes fillings and nitrous oxide)	20% coinsurance
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance
	Benefit limit	<p>\$50 yearly deductible</p> <p>\$1,000 combined in and out-of-network plan year maximum. Preventive and diagnostic procedures do not count toward this maximum.</p> <p>If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule.</p> <p>You pay all fees in excess of this amount.</p>
 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*
	Routine eyewear	Plan pays up to \$130 for eyeglasses, or up to \$175 for contact lenses instead of eyeglasses, every 24 months.*

Medical benefits

		In-network and out-of-network
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.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$0 copay
Ambulance²		\$0 copay
Ambulance, No Transport (Non-Medicare-Covered)		\$0 copay
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
	Other Part B drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.		

Good news for 2025

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

Prescription drugs		
Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000 you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand ~	\$30 copay	\$60 copay
Tier 3: Non-preferred Drug ~	\$45 copay	\$90 copay
Tier 4: Specialty Tier ~	\$60 copay	\$120 copay
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

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

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

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

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


\$0

You may qualify for Extra Help from Medicare



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

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



Additional benefits

		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$0 copay
	Routine acupuncture services	\$0 copay for each visit per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$0 copay
	Routine chiropractic services	\$0 copay, for each visit per plan year*
 Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>

Additional benefits

		In-network and out-of-network
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$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 Renew Active® by UnitedHealthcare	<p>\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities.</p> <p>Show your UnitedHealthcare UCard® to access your free membership the first time you visit a network gym or fitness location. Call or go online to learn more.</p>	
Foot care (podiatry services)	Foot exams and treatment ¹	\$0 copay
	Routine foot care	\$0 copay, 6 visits per plan year*
Over-the-counter (OTC) credit	\$60 credit each quarter to buy covered OTC products from network retail locations. Credits expire the last day of each quarter.	
 UnitedHealthcare Healthy at Home Post-discharge program	<p>\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals, referral required 	

Additional benefits

		In-network and out-of-network
		<ul style="list-style-type: none"> <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required <input type="checkbox"/> 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required <p>Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.</p>
	UnitedHealthcare Healthy at Home Premium	\$0 copay for the following benefits: <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals <input type="checkbox"/> 24 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip <input type="checkbox"/> 8 hours of non-medical personal care services like companionship, meal prep, medication reminders, and more with a professional caregiver <p>Call Customer Service for more information and to use your benefits.</p>
	Home health care¹	\$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 services¹		\$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$0 copay
	Outpatient individual therapy visit ¹	\$0 copay
Renal dialysis¹		\$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.

*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 US territories.

About providers and network pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies 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. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

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

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 and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

The Formulary, pharmacy network, and/or 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.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.

Additional Drug Coverage

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

Lower-cost Medicare prescription drugs

The following drugs have a \$0 copay.

Allergic Reaction

Epinephrine (Injection)

Asthma

Albuterol (HFA Inhaler)

Albuterol (Nebulized Solution)

Birth Control

(All oral contraceptives) (generic only)

Annovera (vaginal ring)

Kyleena (intrauterine device)

Liletta (intrauterine device)

Medroxyprogesterone (150mg/mL injection)

Mirena (intrauterine device)

Nexplanon (contraceptive implant)

EluRyng (vaginal ring)

Haloette (vaginal ring)

Skylla (intrauterine device)

Xulane (patch)

Zafemy (patch)

Bowel Prep Products

GaviLyte-C

GaviLyte-G

GaviLyte-N

PEG-3350/Electrolytes

PEG-3350/NaCl/Na Bicarbonate/KCl

Breast Cancer Preventive Medications

Anastrozole (1mg Tablet)

Exemestane (25mg Tablet)

\$0 copay

(Generic oral diabetes medications)

Raloxifene (60mg Tablet)

Tamoxifen (10mg & 20mg Tablet)

Hypoglycemia (low blood sugar)

Baqsimi

Glucagon

Zegalogue

Insulin

Humalog

Humulin

Lantus

Lyumjev

Toujeo

Opioid Overdose Treatment

Kloxxado

Naloxone (Cartridge, Injection, Nasal Spray & Prefilled Syringe)

Opvee

Zimhi

Statins for High Cholesterol

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

Lovastatin (10mg, 20mg & 40mg Tablet)

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

Tobacco Cessation Medications

Bupropion (150mg Tablet SR)

Nicotrol (Inhaler)

Nicotrol (Nasal Spray)

Varenicline (0.5mg & 1mg Tablet)

\$25 copay for a 30-day supply

Farxiga (Tablet)

Glyxambi (Tablet)
Jardiance (Tablet)
Ozempic (Injection)
Rybelsus (Tablet)
Synjardy (IR Tablet)
Synjardy (XR Tablet)
Trijardy (XR Tablet)
Trulicity (Injection)
Xigduo (XR Tablet)

The amount you pay for these prescription drugs **does apply to your Medicare prescription drug out-of-pocket costs**. Payments for these prescription drugs (made by you or the plan) are treated the same as payments made for drugs in your plan’s Drug List (Formulary).

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

Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

Colon preparation products
Bisacodyl (Tablet)
Bisacodyl (Suppository)
Magnesium Citrate (Solution)
Polyethylene Glycol (Powder)
Blood Clot Prevention
Aspirin (generic only)
Tobacco cessation medications
Nicotine (Gum)
Nicotine (Lozenges)
Nicotine (Patches)
Vitamins
Folic Acid (0.4mg, 0.8mg & 1mg Tablet)

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

Bonus drug list

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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

QL - Quantity limits

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

MME - Morphine Milligram Equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

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

Limitations, copay, and restrictions may apply.

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

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

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

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.
- ✓ **I must continue to pay my FEHBP or PSHBP premium and not cancel or suspend my FEHBP or PSHBP coverage with the Office of Personnel Management (OPM), or I will be disenrolled from this Medicare Advantage plan.**
- ✓ **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 enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
 - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- ✓ **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 and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Nondiscrimination notice

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

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

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

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

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

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

This notice is available at

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

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We're happy to help



Download the UnitedHealthcare app



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



Call toll-free **1-855-383-8793**, TTY 711,
8 a.m.-8 p.m. local time, Monday-Friday

Important plan information

Scan this code
to download the
UnitedHealthcare
app

QR code