



# 2025 Plan Guide

## **UAW Retiree Medical Benefits Trust**

UnitedHealthcare® Group Medicare Advantage (PPO)

**Group Number:** 16500, 16504, 16508

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

United  
Healthcare®  
Group Medicare Advantage

UAW RETIREE  
Medical Benefits Trust

# With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you get more

Welcome to the UnitedHealthcare Medicare Advantage with prescription drugs (MAPD) plan. This plan was designed exclusively for UAW Retiree Medical Benefits Trust (“Trust”) members. With this plan, you’ll enjoy an easier than ever Medicare experience. You’ve earned it.



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

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- Information about covered drugs and how much they cost
- What you can expect after you’re enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful while you are enrolled in the plan.

You can access 2025 plan materials and get more information at the website below. You can also select the Chat now button to connect with one of our knowledgeable Customer Service Advocates.



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



Call toll-free **1-844-320-5021**, TTY **711**  
8 a.m.-8 p.m. local time, Monday-Friday

# More than health insurance

With this UnitedHealthcare Group Medicare Advantage (PPO) plan you get medical and prescription drug coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

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



**You will have one UnitedHealthcare ID card** that can be used for both medical and prescription drugs



**Free standard gym membership** at participating locations



**\$10 copay** for each routine podiatry visit, up to **6** visits each plan year



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



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



**Speak to a registered nurse 24/7** about your medical concerns at no additional cost to you



**Virtual doctor and behavioral health visits** using your computer, tablet or smartphone – anytime, day or night



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



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



**Free prescription delivery with Optum® Home Delivery Pharmacy** - pay the same amount for a 3-month mail order supply as you would for one-month order at a retail pharmacy. Plus, you can get automatic refill reminders and access to licensed pharmacists if you have questions.



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



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



# + More from your health plan



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

## Here's how this PPO plan works



**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 agree to treat you**



**No referral is needed to see a specialist or other provider**



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

It's not required by the plan, but it's recommended by the Trust and beneficial for your long-term health and well-being.



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

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



**Emergency and urgently needed services are covered anywhere**



**This plan covers thousands of brand name and generic drugs**



**This plan has separate maximum annual out-of-pocket amounts for medical, Part B drugs and Part D drugs**

### **Medical and Part B drugs**

**combined** - After you've paid \$1,500 for medical services and Part B drugs, you won't pay anything for covered services and Part B drugs for the rest of the plan year.

**Part B drugs only** - After you've paid \$500 for Part B drugs at retail or mail order pharmacies, you'll pay \$0 for Part B covered drugs for the rest of plan year. Your costs for Part B drugs also apply towards your Medical and Part B drug out-of-pocket maximum.

**Part D drugs** - After you've paid \$1,000 for Tier 2 drugs you'll pay \$0 for Tier 2 drugs for the rest of the plan year. After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you'll pay \$0 for Medicare Part D drugs for the rest of the calendar year.

**Scan this code to view the Drug List**



# Get to know your plan

It's important that you understand your plan and how it works. You can find the Drug List, Provider and Pharmacy directories and more at [retiree.uhc.com/UAWTrust](https://retiree.uhc.com/UAWTrust).



## Review the online Drug List

Drugs are assigned to categories called tiers. The copay amount for each drug is based on what tier the drug falls into and how it is filled (retail pharmacy or mail order). Copays are set annually and included in the Benefit Highlights sent out by the Trust every fall.



## Review the online Provider Directory

It's okay if your provider isn't in the network. This plan allows you to see out-of-network providers at the same cost share as long as they participate in Medicare and agree to treat you.



## Review the online Pharmacy Directory

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



## Review the Summary of Benefits in this guide or online

It includes how much you'll pay for medical services and prescription drugs.

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

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

## You're eligible for this Medicare Advantage plan if you:



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



Continue to pay your Part B premium.

**Remember:** If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after enrollment in this Trust-sponsored plan, you will be disenrolled from this plan and defaulted into the Traditional Care Network (TCN) plan.



# Summary of Benefits 2025

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

Group Name (Plan Sponsor): UAW Retiree Medical Benefits Trust

Group Number: 16500, 16504, 16508

H2001-870-000

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/UAWTrust](https://retiree.uhc.com/UAWTrust)**



**Toll-free 1-844-320-5021, TTY 711**

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

**United  
Healthcare®**  
Group Medicare Advantage

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# Summary of Benefits

January 1, 2025 - December 31, 2025

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

## UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits		
		In-network and out-of-network
Monthly plan contribution		\$0
Maximum out-of-pocket amount (does not include prescription drugs)		<p>Your plan has an annual out-of-pocket maximum of \$1,500 for this plan year.</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 plan year.</p> <p>Your plan also has a \$500 Primary out-of-pocket maximum for Part B drugs at retail and mail order pharmacies only. The Primary out-of-pocket maximum is the most you will pay for Part B drugs at retail and mail order pharmacies in a plan year. Once this amount is met, the plan will pay benefits at 100%.</p> <p>Please note that you will still need to pay your copay for your Part D prescription drugs.</p>
Medical benefits - This is what you pay for services		
		In-network and out-of-network
Inpatient hospital care <sup>1</sup>		<p>\$0 copay per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient hospital <sup>1</sup>	Ambulatory surgical center (ASC)	\$0 copay

## Medical benefits - This is what you pay for services

		In-network and out-of-network
	Outpatient surgery	\$0 copay
	Outpatient hospital services, including observation	\$0 copay
 <b>Doctor visits</b>	Primary care provider (PCP)	\$0 copay
	Virtual visit	\$0 copay
	Specialist <sup>1</sup>	\$10 copay
<b>Preventive services</b>	Routine physical	\$0 copay; 1 per plan year
	Medicare-covered	\$0 copay
<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Diabetes – Self-Management training</li> <li>□ Dialysis training</li> <li>□ Glaucoma screening</li> </ul>		<ul style="list-style-type: none"> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Kidney disease education</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> <li>□ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>




## Medical benefits - This is what you pay for services

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


- 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%.

<b>Emergency care</b>		\$50 copay (worldwide)
		You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.
<b>Urgently needed services</b>		\$15 copay (worldwide)
There is no additional cost share if you get multiple services in a visit.		You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.
<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>1</sup>	\$0 copay
	Lab services <sup>1</sup>	\$0 copay
	Diagnostic tests and procedures <sup>1</sup>	\$0 copay
	Therapeutic radiology <sup>1</sup>	\$0 copay
	Outpatient X-rays <sup>1</sup>	\$0 copay
<b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>1</sup>	\$10 copay
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	\$10 copay
	Eyewear after cataract surgery	\$0 copay

## Medical benefits - This is what you pay for services

		In-network and out-of-network
	Routine eye exam	\$0 copay, 1 exam every 12 months
<b>Mental health</b>	Inpatient visit <sup>1</sup>	\$0 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>1</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay
	Outpatient therapy or office visit with a psychiatrist <sup>1</sup>	\$0 copay
	Virtual behavioral visits	\$0 copay
<b>Skilled nursing facility (SNF)<sup>1</sup></b>		\$0 copay per day Our plan covers unlimited days in a SNF per benefit period. A 3 day prior hospital stay is not required.
<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>		\$0 copay
	<b>Routine transportation</b>	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	\$0 copay at PCP, \$10 copay with Specialist in office setting
		\$0 copay when administered at home \$0 copay when administered in an outpatient facility 10% coinsurance up to \$500 max at mail and retail pharmacies

## Medical benefits - This is what you pay for services

	In-network and out-of-network
Other Part B drugs <sup>1</sup>	<p>\$0 copay at PCP, \$10 copay with Specialist in office setting</p> <p>\$0 copay when administered at home</p> <p>\$0 copay when administered in an outpatient facility</p> <p>10% coinsurance up to \$500 max at mail and retail pharmacies</p> <p>Your cost for Part B insulin drugs will not be more than \$35 for a one month supply.</p>

## Prescription drugs

Initial coverage	You'll pay your plan copays. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000 you move to the Catastrophic Coverage stage.	
Tier drug coverage	Retail Cost-Sharing	Mail Order Cost-Sharing
	31-day supply <sup>^</sup>	90-day supply <sup>^</sup>
<b>Tier 1:</b> ~	\$0	\$0
<b>Tier 2:</b> ~	\$33 copay	\$33 copay
<b>Tier 3:</b> ~	\$115 copay	\$115 copay

## Pharmacy out-of-pocket maximum

When your total out-of-pocket costs (what you pay) for Tier 2 drugs reach \$1,000, you will pay a \$0 copay for Tier 2 drugs for the rest of the plan year.

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

<sup>^</sup>Most specialty drugs are limited to a 31-day supply through retail and mail order.

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

Your plan sponsor offers 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/UAWTrust](https://retiree.uhc.com/UAWTrust) 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 31-day supply at a retail pharmacy.



**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





**The UnitedHealthcare Savings Promise**

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you’ll get the lowest price available. That low price may be your plan copay, the pharmacy’s retail price or our contracted price with the pharmacy.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$10 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$10 copay
 Diabetes management	Diabetes monitoring supplies <sup>1</sup>	\$0 copay

Additional benefits		
	In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	\$0 copay
	Wigs	\$0 copay
	The plan pays up to \$250 per plan year for wigs for any diagnosis*	
 <b>Fitness program</b> SilverSneakers®	\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more.  Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.	
Foot care (podiatry services)	Foot exams and treatment <sup>1</sup>	\$10 copay
	Routine foot care	\$10 copay, 6 visits per plan year
 <b>UnitedHealthcare Healthy at Home</b> Post-discharge program	\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay:  ☐ 28 home-delivered meals, referral required	

Additional benefits		
	In-network and out-of-network	
		<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  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.
<b>Diabetes support program premium</b>		\$0 copay for the following services if you qualify for the diabetes support program and complete the required health care activities:  A choice of 1 of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1-time pest control service treatment</li> <li><input type="checkbox"/> 12 hours of non-medical personal care</li> <li><input type="checkbox"/> 1 housekeeping service</li> </ul> The benefits mentioned are a part of a special supplemental benefit. To be eligible, you must have a qualifying condition, such as diabetes, and meet all applicable plan coverage criteria. Contact us for details.
 <b>Home health care<sup>1</sup></b>		\$0 copay
<b>Hospice</b>	Medicare-covered	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.
	5th Level Care (In Home or Facility Based)	\$0 copay  Our plan provides additional coverage for non-Medicare-covered hospice care in a SNF or hospice facility. Limited to 210 days per lifetime.
 <b>24/7 Nurse Support</b>		Receive access to nurse consultations and additional clinical resources at no additional cost.
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay

Additional benefits		
		In-network and out-of-network
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	\$0 copay
	Outpatient individual therapy visit <sup>1</sup>	\$0 copay
<b>Diabetes Prevention and Weight Management Program</b>		<p>\$0 copay for Real Appeal®, an online weight management and healthy lifestyle program proven to help you achieve lifelong results.</p> <p>Call or go online to get started today. 1-844-924-7325, TTY 711 or <a href="http://uhc.realappeal.com">uhc.realappeal.com</a></p> <p>*Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program.</p>
<b>Renal dialysis<sup>1</sup></b>		\$0 copay

<sup>1</sup> Some of the network benefits listed may require your provider to obtain prior authorization. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

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

## 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 **(in-network or out-of-network)** at the same cost share, as long as they accept Medicare and as long they are willing to bill the plan. 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/UAWTrust](https://retiree.uhc.com/UAWTrust)** 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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen 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.

24/7 Nurse Support 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.

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

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

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24/7 Nurse Support 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.

# Additional Drug Coverage

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

## Lower-cost Medicare supplies

\$0 copay
Alcohol Swabs
Insulin Syringes
Insulin Pen Needles

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

## Bonus drug list

Drug name	Drug tier	Coverage rules or limits on use
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Salsalate	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Urinary Alkalizer</b>		
<b>Oracit (Solution)</b>	2	
Sodium Citrate/Citric Acid (Solution)	1	
<b>Urinary Tract Infection</b>		
Methenamine Mandelate	1	
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	2	
NP Thyroid	1	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos (Tab)</b>	2	
Effer-K (Tab)	1	
Klor-Con (EF Tab)	1	
<b>Vitamins and Minerals</b>		
Phytonadione (Tab)	1	
Vitamin D (50,000 unit) (Rx only)	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate (100 mg, 200 mg)	1	
Guaifenesin/Codeine (Syrup)	1	DL
Promethazine/Codeine (Syrup)	1	DL
Promethazine/Dextromethorphan (Syrup)	1	

**Bold type = Brand name drug** Plain type = Generic drug

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply**

**to your Medicare Part D out-of-pocket costs.** However, these costs will apply to your annual drug out-of-pocket maximum.

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

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

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

#### **QL - Quantity limits**

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

#### **MME - Morphine Milligram Equivalent**

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

#### **7D - 7-day limit**

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

#### **DL - Dispensing limit**

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

**Scan this  
code to view  
the Drug List**



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

Limitations, copay, and restrictions may apply.

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

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

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

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# Here's what you can expect next

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



## You are here

UnitedHealthcare will process your enrollment



Create your account to review your plan online



Receive your member ID card in the mail



Coverage begins!  
Start using your plan

## Manage your plan online

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

- Look up your latest claim information and complete your health assessment
- Find network providers, pharmacies, your Drug List (Formulary) and other benefit information and plan materials
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

## Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more
- Get the medications you take regularly through Optum® Home Delivery Pharmacy
- Earn rewards by completing specific health care screenings. You will get information after your plan's effective date about the rewards program and how to sign up

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

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

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

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

Scan this code to access the member site



# Statements of understanding

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

- ✓ **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/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. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**  
I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- ✓ **I can only have one Medicare Advantage 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.
  - You may disenroll from this plan at any time if you are not satisfied. To disenroll from this plan or enroll in a different Trust sponsored plan, you must call Retiree Health Care Connect (RHCC) at 866-637-7555.
- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**  
Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- ✓ **For members of the Group Medicare 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.



## **Notice of nondiscrimination, and Notice of availability of language assistance services and alternate formats**

Our Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

**UHC\_Civil\_Rights@uhc.com**

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

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

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

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

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

This notice is available at **<https://www.uhc.com/legal>**.

## 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 serbisyo ng ito ay libre.

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

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

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

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

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

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

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

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

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

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

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

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

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[illegible]

[illegible]

[illegible]

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

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



Download the UnitedHealthcare app



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



Call toll-free **1-844-320-5021**, TTY **711**  
8 a.m.-8 p.m. local time, Monday-Friday

Scan this code  
to download the  
UnitedHealthcare  
app

