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MR SAMPLE A MEMBER
123 MAIN STREET
SUITE 2022
NEW YORK, NY 10001

2022 Quick Start Guide

Take advantage of your Medicare Advantage plan



An illustration at the top of the page shows two hands, one on the left and one on the right, reaching towards each other. The hands are yellow with blue sleeves. They are positioned so that their fingers meet at the top, and their palms are facing each other, forming a heart shape in the center. The heart is white with a subtle shadow, giving it a three-dimensional appearance.

Welcome to your plan

Medicare has approved your enrollment. This guide explains your plan and what steps you can take to be ready for when your coverage begins.

Your plan coverage begins January 1, 2022.

Your new UnitedHealthcare® member ID card is attached to the front cover of this guide.

Remove the card so you can start using it when your coverage begins. You'll need to show it each time you get care or fill a prescription.

We look forward to helping you live a happier and healthier life.

Questions?

Call toll-free **1-866-519-5401**, TTY **711**,
8 a.m. - 8 p.m. local time, Monday - Friday

Get to know your plan

What are my costs with this plan?

You'll get a bill from us or your former employer or plan sponsor if you're responsible for some or all of your monthly premium. Please talk with your former employer or your plan sponsor if you have questions about your premium amount.

Stay on top of your preventive care





Preventive care is important for your health and may help catch health issues early. Ask your provider to recommend a personalized preventive care plan based on your health and medical history. Let us help you set up appointments and access preventive care like flu shots, screenings and other immunizations.

A few things before we get started

Can I get help with my prescription drug costs?

People with limited income may qualify for Medicare's Extra Help program. This program helps pay your prescription drug costs.

If you qualify:

-  Medicare could pay for 75% or more of your monthly premiums, annual deductibles and prescription copays or coinsurance
-  You won't have a coverage gap or a Late Enrollment Penalty (LEP)
-  You may change plans once per quarter for the first 9 months of the year
-  If you lose Extra Help during the year, you can change plans up to 3 months after you lose it or after you're notified that you no longer qualify (whichever is later).

Many qualify for Extra Help and don't even know it. If you'd like to apply or want more information, contact your local Social Security office or call toll-free at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also visit **[socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp)**.

If you think you qualify, but you don't have or can't find proof, please call toll-free **1-866-519-5401**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday.

What is a Late Enrollment Penalty (LEP)? Will I have to pay one?

An LEP is an amount Medicare adds to your monthly premium. If you have an LEP, you'll need to pay it for as long as you have Medicare Prescription Drug coverage. This penalty is required by law. It's designed to encourage people to enroll in a Medicare Prescription Drug plan when they are first eligible.

You may owe an LEP if:



You didn't join a Medicare plan that included prescription drug coverage when you were first eligible for Medicare

AND



You didn't have other prescription drug coverage that met Medicare's minimum standards

OR



You had a break in coverage of at least 63 days

We'll send you a separate letter if you owe an LEP. If you had an LEP with your last plan, you'll also have one with this new plan.

For more information about the LEP, call us toll-free at **1-866-519-5401**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. If you still have questions, you can contact Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week, or visit **medicare.gov** for online help.

What if I have Medigap (Medicare Supplemental Insurance) coverage?

Medigap plans don't work with Medicare Advantage plans. If you have both, your Medigap plan won't cover any of your costs. However, enrolling in this Medicare Advantage plan will not automatically disenroll you from your Medigap plan. So, now that you're a member of this Medicare Advantage plan, you should contact your Medigap plan to cancel your policy. If this is the first time you've enrolled in a Medicare Advantage plan, you may have a trial period during which you can disenroll from this plan and switch back to a Medigap plan.

For more information about Medigap and the Late Enrollment Penalty (LEP), you can call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week, or visit **medicare.gov** for online help.

Can I change plans?

Talk with your former employer or plan sponsor before you change plans. You may not be able to re-enroll in your group-sponsored plan if you enroll in another plan.



Manage your account



Verify your contact information

To update your address, phone number and email address, please call us toll-free at **1-866-519-5401**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday.



Share access with someone you trust

You can name a spouse or someone else you trust to speak with us about your account. To complete the Authorized Representative form, follow these steps:

Log in to your account at

www.UHCRetiree.com/ECMT

1. Click on the “**Coverage and Benefits**” tab in the header navigation
2. Click on “**Plan Documents and Resources**”
3. Scroll down to “**Forms and Resources**”
4. Select “**Authorization Forms**”

You can also call the UnitedHealthcare Customer Service number on the back of your ID card affixed to the front cover of this guide.



Complete your health survey

Medicare requires us to ask you a few questions, so we'll be calling you early in the year and asking you to complete a short survey. Your answers will help us suggest programs and resources that may help meet your needs. If we can't reach you by phone, we'll mail the survey to you. You can also go online to your plan website and take the survey.

We'll be in touch soon

We'll send you mailings throughout the year that will help you stay informed and take advantage of plan benefits, programs and services.



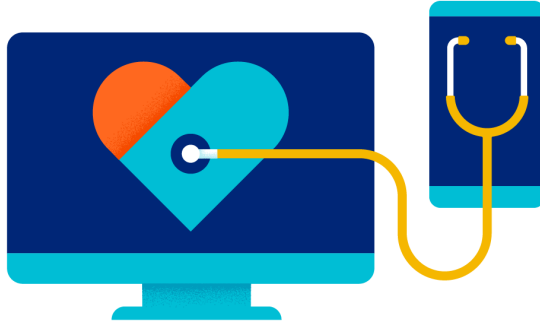
Explanation of Benefits (EOB)

Your EOB summarizes your medical claims and prescription drug costs each month.



Annual Notice of Changes

Your Annual Notice of Changes explains any plan cost or benefit changes for the year.



Create your online account

Use your new UnitedHealthcare member ID card to register your account at www.UHCRetiree.com/ECMT.

Once you've registered, you can access plan details including:

Search for providers, drug(s) and pharmacies

Use our online search tools to find providers, hospitals, drugs and pharmacies near you.

Formulary look up tool to search for prescription drugs covered under the plan.

 Searches are based on your ZIP code.

Print your UnitedHealthcare member ID card

Print a temporary member ID card and request a new one if you need a replacement.

Go paperless

We'll send you an email when documents are ready to view in your secure online account.

Review the following documents online

Provider Directory

See which providers (primary care provider, specialists, hospitals, etc.) are in the network.

Pharmacy Directory


See which pharmacies are in the network.

Drug List (Formulary)

Review changes and make sure the drugs you take are covered.

Evidence of Coverage (EOC)

This is the legal, detailed description of your plan benefits. It explains your rights and responsibilities as a member. It also has information about the quality program and how medical coverage decisions are made. You can also find information about your prescription drug coverage in the **Certificate of Coverage**.

 If you want a paper copy of any of these documents, please call the UnitedHealthcare Customer Service number on the back of your UnitedHealthcare member ID card.

Why use a UnitedHealthcare network provider?

A network health care provider is one who has a contract with us to provide services to our members

We work closely with our network of providers to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any out-of-network provider that has not opted out of Medicare or been excluded or precluded from the Medicare program. You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the provider and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.



Get the right care



Your care begins with your provider

With this plan, you have the flexibility to see providers inside or outside the UnitedHealthcare network.^ If you do see a provider outside of the network, you'll want to make sure that the provider accepts the plan and has not opted out of Medicare or been excluded or precluded from the Medicare program. Even though it's not required, it's important to have a primary care provider.

Providers in the network can change at any time

For the most up-to-date information on network providers, visit www.UHCRetiree.com/ECMT or call the UnitedHealthcare Customer Service number on the back of your member ID card.

Take advantage of preventive care

Once your plan begins, you can schedule these preventive care appointment(s).



Annual Physical and Wellness Visits^Δ

Your preventive care starts with two yearly visits: your Annual Wellness Visit and routine physical exam. The Annual Wellness Visit is a great way to start your year, meet with your provider and create a plan for prevention. During your routine physical exam, a copay or coinsurance may apply if your provider orders lab work or includes additional screenings or tests.

For your convenience, your Annual Physical and Wellness Visits can be combined, and you don't have to wait a full year before scheduling your next visit.



UnitedHealthcare[®] HouseCalls visit

UnitedHealthcare HouseCalls¹ offers yearly check-in care between regular provider visits to help you stay in good health. With no travel or waiting rooms required, a visit is quick to schedule, simple to complete and a great idea to help maintain good health.

Medical benefits

This is a short list of your 2022 benefits and costs. You can review the Evidence of Coverage at www.UHCRetiree.com/ECMT for detailed benefit information.

Annual medical deductible

No deductible

Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)

Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 each plan year.

Office and hospital visits

Primary care provider

\$5 in-network copay

\$5 out-of-network copay

Specialist

\$10 in-network copay

\$10 out-of-network copay

Inpatient hospital care

\$0 in-network copay per stay

\$0 out-of-network copay per stay

Outpatient surgery

\$0 in-network copay

\$0 out-of-network copay

Diagnostics, imaging, and labs

Diagnostic radiology services (such as MRIs and CT scans)

\$0 in-network copay

\$0 out-of-network copay

Lab services

\$0 in-network copay

\$0 out-of-network copay

Outpatient x-rays

\$0 in-network copay

\$0 out-of-network copay

Emergency and urgent care

Emergency care

\$50 copay (worldwide)

Urgently needed services

\$10 in-network copay (worldwide)

\$10 out-of-network copay (worldwide)

Ambulance

\$25 in-network copay

\$25 out-of-network copay

i For a full listing of your benefits, visit www.UHCRetiree.com/ECMT or call the UnitedHealthcare Customer Service number on the back of your member ID card.

Get the right care, at the right time

UnitedHealthcare provides personal guidance and solutions to help you navigate the complexities of health care and makes it easier for you to get the care, tests and treatment you need as quickly as possible.



When to go to your primary care provider (PCP)

Visit your PCP for preventive and routine care.

- Checkups and immunizations
- Making a wellness plan
- Sickness or sudden illness, like fever or strep throat
- Preventive care and general health management



When to go to urgent care

Visit urgent care when your issue isn't an emergency and your PCP isn't available to help.

- Sprains and strains
- Minor broken bones (like a broken finger)
- Sickness or sudden illness, like fever or strep throat
- Minor burns



When to go to the emergency room

For life-threatening or very serious conditions, call 911 or go to the nearest emergency room to get immediate care.

- Heavy bleeding
- Major burns
- Chest pain
- Breathing difficulty

The above lists are examples of conditions and not complete lists.

Your drug benefits

Getting started



Make sure your drugs are covered

It is important to make sure your prescription drugs are covered by your plan and that you know how much they will cost. Find your drug in the Drug List (Formulary) by going online at www.UHCRetiree.com/ECMT or you can call Customer Service at the number on the back of your UnitedHealthcare member ID card for help.



Fill your prescription

UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network. Find a pharmacy at www.UHCRetiree.com/ECMT or call toll-free **1-866-519-5401**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday.

Save time and money filling prescriptions

Get your prescriptions delivered to your door

You may save money by receiving your maintenance medications through OptumRx® home delivery. They are delivered to your mailbox with no additional cost for standard shipping.† In addition to OptumRx® home delivery, most retail pharmacies offer 3-month§ supplies for some prescription drugs.

i Learn more at www.UHCRetiree.com/ECMT.



Your drug coverage stages and costs

Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial coverage

If you don't have a deductible, your coverage begins in the initial coverage stage. You pay a copay or coinsurance and the plan pays the rest.

Coverage gap

After your total drug costs reach a certain dollar amount, you move into the coverage gap stage.

Catastrophic coverage

After your out-of-pocket costs reach a certain amount, you enter the catastrophic coverage stage. You pay a copay or coinsurance and you stay in this stage for the rest of the plan year.

Total drug costs

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2022. This does not include premiums.

Out-of-pocket costs

The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2022. This does not include premiums.

Initial Coverage Stage

Network Pharmacy (31-day retail supply)

Tier 1: Preferred Generic	\$5 copay
Tier 2: Preferred Brand	\$25 copay
Tier 3: Non-preferred Drug	\$40 copay
Tier 4: Specialty Tier	\$40 copay

Mail Service Pharmacy (90-day supply)

Tier 1: Preferred Generic	\$12 copay
Tier 2: Preferred Brand	\$60 copay
Tier 3: Non-preferred Drug	\$100 copay
Tier 4: Specialty Tier	\$100 copay

For complete prescription drug information, see your Evidence of Coverage.

Get some great extras



Renew Active® by UnitedHealthcare®^Y

Stay active with a free gym membership at a participating fitness location. Stay focused on brain health with AARP® Staying Sharp®, an online program. Stay active socially with local wellness classes and events, and by joining the online Fitbit® Community for Renew Active. No Fitbit® device is needed. To get started, you need a confirmation code. Log in to your plan website, click **Health & Wellness** and look for **Renew Active**, or call the number on the back of your UnitedHealthcare member ID card to obtain your code.



Telephonic Nurse Support

Speak with a registered nurse about your medical concerns and questions. Nurses are available anytime, day or night. **1-877-365-7949, TTY 711.**



UnitedHealthcare Hearing

Get a hearing exam and access to brand-name and private-labeled hearing aids from any of our 7,000+ UnitedHealthcare Hearing providers nationwide.*

www.uhchearing.com/retiree | 1-866-445-2071, TTY 711



Renew Rewards[†]

You may be eligible to earn rewards for completing certain health care activities. Look for additional information after your plan's effective date.



Virtual Doctor and Behavioral Visits

Meet with a network provider or behavioral health specialist virtually — using your computer, tablet, or smartphone — anytime, day or night.



Post-discharge meals

You have access to 84 home-delivered meals immediately after an inpatient hospital or skilled nursing stay from Mom's Meals. A referral from a UnitedHealthcare Advocate is required. Learn more at www.MomsMeals.com/uhc. Or call **1-866-204-6111** to place your order.



Get to post-hospitalization health-related appointments easier

This transportation program can help you get to your health care appointments at no cost to you. The program is available to members recently discharged from the hospital and a referral from a UnitedHealthcare Advocate is required.

Learn more about ModivCare at

www.modivcare.com/BookNow. Call

1-833-219-1182, TTY **1-844-488-9724** to schedule your ride.



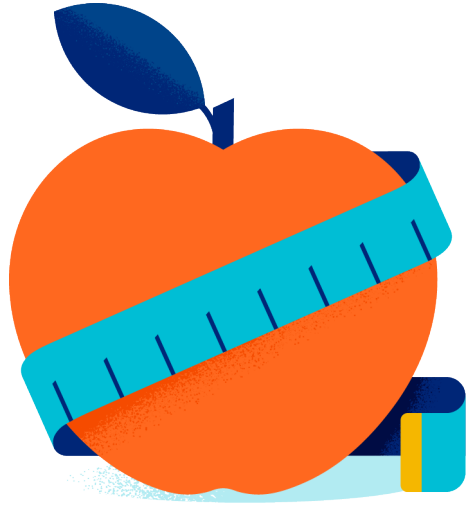
Trusted care at home when you need it

You are eligible for 8 hours per month of in-home non-medical care through our national provider CareLinx. This may include grocery shopping, meal preparation, bathing, personal care, medication reminders and more. You can access your benefit offer by calling **(833) 253-5403**, 8 a.m.–7 p.m. CT, Monday–Friday; 10 a.m.–6 p.m. CT, Saturday and Sunday, or by visiting **www.carelinx.com/uhcgroup**.



Chronic conditions programs

Members living with chronic conditions will be connected to programs designed to support their specific health needs. We'll contact you if there's a program that's right for you.



Live healthier with Renew

Renew by UnitedHealthcare[®]# is our health and wellness experience that offers a wide variety of resources and activities designed to help support your health and wellness goals. Renew includes:

- Brain games
- Recipes
- Learning courses
- Workout videos
- Renew* magazine
- And more!

i Visit www.UHCRetiree.com/ECMT to sign in or register and go to **Health & Wellness** to explore all Renew has to offer.

Required information

^ΔIf additional tests are required, there may be a copay or coinsurance.

[§]Your plan sponsor may provide coverage beyond 3 months. Please refer to the Summary of Benefits or Evidence of Coverage for more information.

[†]Maintenance medications are typically those drugs you take on a regular basis for a chronic or long-term condition.

^{*}Please refer to your Evidence of Coverage for details on your benefit coverage.

¹HouseCalls may not be available in all areas.

[¶]The products and services described in this guide are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

This information is not a complete description of benefits. Limitations and restrictions may apply.

[‡]Renew Rewards is not available in all plans.

[^]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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 3-month supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your provider to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within 10 business days from the date the completed order is received, and refill orders should arrive in about 7 business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711.

The Telephonic 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 provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

^YParticipation in the Renew Active[®] program is voluntary. Consult your

doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, 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 are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

#Renew by UnitedHealthcare® is not available in all plans. Resources may vary.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at the number located on the back of your member ID card for additional information.

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P.O. Box 30770
Salt Lake City, UT 84130-0770



B102680300004

MR SAMPLE A MEMBER
123 MAIN STREET
SUITE 2022
NEW YORK, NY 10001

Welcome to your new plan

We can help you get started

Important plan information. Do not discard.

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