



2027 Plan Guide

The Episcopal Church Medical Trust

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 16241, 16242

Effective: January 1, 2027 through December 31, 2027

United
Healthcare®
Group Medicare Advantage



UnitedHealthcare Group Medicare Advantage (GMA) PPO plan

The Episcopal Church Medical Trust (ECMT) has selected UnitedHealthcare® to offer medical and prescription drug coverage to you and your Medicare-eligible spouse and/or dependents. For medical coverage, you can enroll in either the Premium or the Comprehensive option of the GMA PPO Plan. When you choose one of these options, you'll be automatically enrolled in the corresponding prescription drug plan option.



Read this Plan Guide to get to know your medical plan

The guide includes:

- A description of the GMA PPO Plan and its Premium and Comprehensive options
- Information about benefits, programs and services, and how much they cost
- What you can expect after your enrollment

To learn about other benefits, (including dental) available to you as a retiree of the Medical Trust, visit cpg.org/otherbenefits.

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

Visit retiree.uhc.com/ECMT to access information about your medical plan and all the benefits it includes. Select the **Chat now** button to connect with one of our Customer Service Advocates. Or, use the Group Number on the front cover of this book to access plan materials online.



You'll be automatically enrolled in new plans

Your current plan will end on December 31, 2026.

- If you currently have the **GMA Premium PPO** plan, you'll be automatically enrolled in the **MA Premium** plan and the corresponding **PDP Premium**.
- If you currently have the **GMA Comprehensive PPO** plan, you'll be automatically enrolled in the **MA Comprehensive** plan and the corresponding **PDP Comprehensive**.

Your new plans will replace your current coverage, starting on January 1, 2027.

If you want different coverage, you'll need to select a new medical plan during Annual Enrollment, which ends on **November 20, 2026**. To choose a medical plan and its corresponding prescription drug plan or to select a dental plan:

- Sign in to MyCPG Accounts

OR

- Complete the enrollment form at cpg.org/MAenrollmentform

Need help enrolling?

Please contact ECMT Client Services at **1-800-480-9967**, 8:30 a.m.–8 p.m. ET, Monday–Friday.

More than health insurance

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

Here's just some of what this plan offers



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



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



Free standard gym membership at participating locations



A large network of providers through our Medicare National Network



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



Free diabetic supplies like needles and test strips



Free hearing exam and an allowance to spend on a broad selection of hearing aids through UnitedHealthcare Hearing



Review the Summary of Benefits in this guide for more details

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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).

You'll enjoy:



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



Worldwide coverage for emergencies and urgent care



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

How the plan works:

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

More ways to learn about your plan

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



Review the online Provider Directory to see if your providers are in the network

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



Review the Summary of Benefits in this guide to see how much you'll pay for medical services

You can also review the Summary of Benefits online.

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

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



You're eligible to enroll in this plan if you:



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



Continue to pay your Part B premium (unless it's paid for you).



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

Summary of Benefits 2027

MA Comprehensive (PPO)

Group Name (Plan Sponsor): The Episcopal Church Medical Trust

Group Number: 16241

H2001-817-000

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



Download the **UnitedHealthcare app**



Visit **retiree.uhc.com/ECMT**



Call toll-free **1-866-519-5401**, TTY **711**

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



**United
Healthcare®**
Group Medicare Advantage

Summary of Benefits

January 1, 2027 - December 31, 2027

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

MA Comprehensive (PPO)

Medical premium, deductible and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$300 each plan year.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$4,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits	
	In-network and out-of-network
Inpatient hospital care ¹	\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) \$150 copay
	Outpatient surgery \$150 copay
	Outpatient hospital services, including observation \$150 copay
 Doctor visits	Primary care provider (PCP) \$5 copay

Medical benefits		
	In-network and out-of-network	
	Virtual visit	\$0 copay for designated providers \$5 copay for other providers
	Specialist ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training	• Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • “Welcome to Medicare” preventive visit (one-time)
	Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
Emergency care	\$100 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	\$10 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	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$0 copay

Medical benefits		
		In-network and out-of-network
services, and X-rays	Lab services ¹	\$0 copay
	Diagnostic tests and procedures ¹	\$0 copay
	Therapeutic radiology ¹	\$0 copay
	Outpatient X-rays ¹	\$0 copay
 Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay
	Routine hearing exam [^]	\$0 copay, 1 exam per plan year*
	Hearing Aids	\$0 copayment for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the \$3,000 allowance amount.*
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
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	\$10 copay
	Outpatient individual therapy visit ¹	\$25 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$10 copay
	Virtual behavioral visits	\$25 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$15 copay
Ambulance²		\$25 copay

Medical benefits		
		In-network and out-of-network
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ¹	20% coinsurance
	Other Part B drugs ¹	20% coinsurance

Additional plan benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$25 copay
	Routine acupuncture services [^]	\$25 copay, up to 12 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services [^]	\$20 copay, for each visit per plan year*
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.

Additional plan benefits		
	In-network and out-of-network	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training ¹	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
 Fitness Program Renew Active, a health and fitness program designed for Medicare plan members. Renew Active includes a standard monthly membership at participating fitness locations. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.	\$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay
	Routine foot care [^]	\$25 copay, 6 visits per plan year*

Additional plan benefits

		In-network and out-of-network	
 UnitedHealthcare Healthy at Home Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: •Meals: 28 home-delivered meals, referral required •Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required •In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		\$0 copay	90% coinsurance if you use an out-of-network provider
 Home health 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.	
In-home non-medical care		\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.	
Opioid treatment program services¹		\$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit ¹	\$10 copay	
	Outpatient individual therapy visit ¹	\$25 copay	

Additional plan benefits

In-network and out-of-network

Renal dialysis¹

\$20 copay

¹Some 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.

²Authorization 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. ^Covered services that do not count toward your maximum out-of-pocket amount.

About this plan

MA Comprehensive (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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

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

About providers

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

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

Required Information

MA Comprehensive (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation 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 at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain classes 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.

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.

Summary of Benefits 2027

MA Premium (PPO)

Group Name (Plan Sponsor): The Episcopal Church Medical Trust
Group Number: 16242
H2001-817-000

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



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



Summary of Benefits

January 1, 2027 - December 31, 2027

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

MA Premium (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$2,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable.

Medical benefits	
	In-network and out-of-network
Inpatient hospital care ¹	\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) \$150 copay
	Outpatient surgery \$150 copay
	Outpatient hospital services, including observation \$150 copay
 Doctor visits	Primary care provider (PCP) \$5 copay
	Virtual visit \$0 copay for designated providers \$5 copay for other providers

Medical benefits		
	In-network and out-of-network	
	Specialist ¹	\$25 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training	• Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • “Welcome to Medicare” preventive visit (one-time)
	Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
Emergency care	\$50 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	\$10 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$0 copay
	Lab services ¹	\$0 copay

Medical benefits		
		In-network and out-of-network
	Diagnostic tests and procedures ¹	\$0 copay
	Therapeutic radiology ¹	\$0 copay
	Outpatient X-rays ¹	\$0 copay
 Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$25 copay
	Routine hearing exam [^]	\$0 copay, 1 exam per plan year*
	Hearing Aids	\$0 copay for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the \$4,000 allowance amount. *
 Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$25 copay
	Eyewear after cataract surgery	\$0 copay
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	\$10 copay
	Outpatient individual therapy visit ¹	\$25 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$10 copay
	Virtual behavioral visits	\$25 copay
	Skilled nursing facility (SNF)¹	\$0 copay per day: days 1-100 Our plan covers up to 100 days in a SNF per benefit period.
	Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹	\$15 copay
	Ambulance²	\$25 copay

Medical benefits		
	In-network and out-of-network	
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ¹	10% coinsurance
	Other Part B drugs ¹	10% coinsurance
Additional plan benefits		
	In-network and out-of-network	
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$25 copay
	Routine acupuncture services [^]	\$25 copay, up to 12 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
	Routine chiropractic services [^]	\$20 copay, for each visit per plan year*
 Diabetes management	Diabetes monitoring supplies ¹	\$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay

Additional plan benefits

		In-network and out-of-network	
	Diabetes self-management training ¹	\$0 copay	
	Therapeutic shoes or inserts ¹	10% coinsurance	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	10% coinsurance	
	Prosthetics (e.g., braces, artificial limbs) ¹	10% coinsurance	
 Fitness Program Renew Active, a health and fitness program designed for Medicare plan members. Renew Active includes a standard monthly membership at participating fitness locations. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.		\$0 copay	90% coinsurance if you use an out-of-network fitness provider
Foot care (podiatry services)	Foot exams and treatment ¹	\$25 copay	
	Routine foot care [^]	\$25 copay, 6 visits per plan year*	

Additional plan benefits

		In-network and out-of-network	
 UnitedHealthcare Healthy at Home Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: •Meals: 28 home-delivered meals, referral required •Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required •In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits		\$0 copay	90% coinsurance if you use an out-of-network provider
 Home health 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.	
In-home non-medical care		\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.	
Opioid treatment program services¹		\$0 copay	
Outpatient substance abuse disorder services	Outpatient group therapy visit ¹	\$10 copay	
	Outpatient individual therapy visit ¹	\$25 copay	

Additional plan benefits

In-network and out-of-network

Renal dialysis¹

\$20 copay

¹Some 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.

²Authorization 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.

^Covered services that do not count toward your maximum out-of-pocket amount.

About this plan

MA Premium (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

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

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

About providers

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

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

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

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation 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 at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain classes 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.

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.

Here's what you can expect next

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



You are here

UnitedHealthcare will process your enrollment



Create your account to review your plans online



Receive your member ID cards



Coverage begins!

Start using your plans

Manage your plans online

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

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

Once your coverage begins

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

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

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

Thank you for trusting UnitedHealthcare with your health care coverage

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

Scan this code to access the member site



Statements of understanding

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

- ✓ **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

- ✓ **I can only have one Medicare Advantage Plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
- If I enroll in a different Medicare Advantage Plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.

- ✓ **For members of the Group Medicare Advantage Plan.**

I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Notice of availability of language assistance services and alternate formats

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

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

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات

المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

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

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

توجه: اگر به زبان فارسی (Farsi) صحبت میکنید خدمات رایگان کمک

زبانی و ارتباطات رایگان در قالب های دیگر مانند چاپ بزرگ در دسترس

شما هستند با شماره رایگان مندرج روی کارت شناسایی عضویت تان

تماس بگیرید.

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

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

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

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

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

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

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

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

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

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

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

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

Notes & doodles

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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/ECMT
and select the **Chat now** button



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

Scan this code
to download the
UnitedHealthcare
app

