2024 Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO) plan for APWU Health Plan Retirees

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United Healthcare | APWU HEALTH PLAN



Medicare Basics & Choices



Plan benefits, programs and features



How to enroll

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Basics

Medicare Alphabet



Medicare A
Inpatient hospital coverage



Medicare D
Prescription drug coverage



Medicare B
Outpatient services



MAPD
Medicare Advantage Prescription Drugs



Medicare C
Medicare Advantage plans



Medigap / Medicare
Supplement plans

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When are you eligible for Medicare?



You're 65 years old

OR



You qualify on the basis of disability or other special situation

AND



You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status

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How to Enroll in Medicare

You will be enrolled **automatically** in Original Medicare (Parts A & B) if:

- You are turning 65 and are getting Social Security or
- You are under 65 and have received disability benefits for 24 months



If you are still actively working, you must notify Medicare if you decide to delay Part B until you retire.

If the above does not apply, you will contact Social Security to sign up for Original Medicare.

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Medicare Advantage Eligibility Requirements



Retired



Medicare parts A and B



APWU Health Plan High Option member

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Medicare Choices

Understanding Medicare choices

Step 1

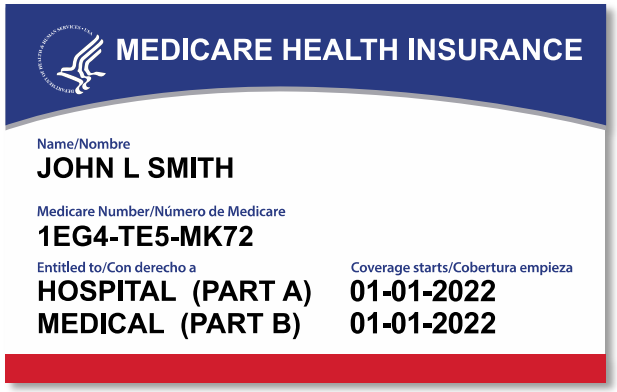
Enroll in Original Medicare – Parts A and B

Even though enrolling in Medicare Part B is not required in the Federal Employees Health Benefits (FEHB) Program, there are some advantages to having it, such as having an additional payer for outpatient medical expenses.

Original Medicare
Provided by the federal government

Part A
Helps pay for hospital stays and inpatient care

Part B
Helps pay for doctor visits and outpatient care



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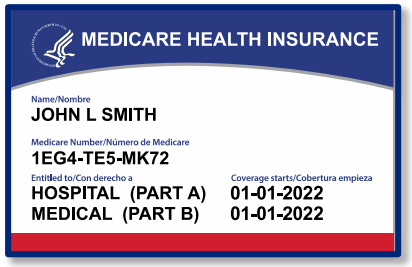
Understanding Medicare choices

Option 1: Combine Original Medicare with the APWU Health Plan High Option

Option 1

Carry two ID cards to coordinate plans





APWU Health Plan High Option as Medicare Supplement

- Medicare will be billed as primary
- APWU Health Plan will be billed as secondary
- Prescription Drug coverage will continue to be provided under the APWU Health plan

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Understanding Medicare choices

Option 2: Suspend FEHB program & enroll in an **Individual** MAPD plan

Option 2

Individual Medicare Advantage plan

Offered by other private companies

Part C
Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan

Not part of the FEHB program

Part D
May include prescription drug coverage

May require you to suspend your FEHB program status

May include benefits, services and programs not provided by Original Medicare

Are not customized for FEHB annuitants

If you cancel your FEHB plan, you will not be able to return if you need it in the future.

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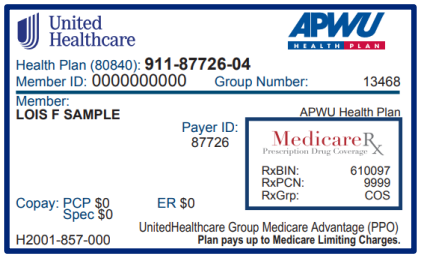
Understanding Medicare choices

Option 3: Remain in the FEHB program and enroll in APWU Health Plan's Medicare Advantage enhanced level of benefits

Option 3

Carry one ID card for one plan



Select APWU Health Plan Medicare Advantage plan

Offered by UnitedHealthcare

Part C
Combines Part A (hospital insurance) and Part B (medical insurance) into a single plan with a single ID card

Approved by OPM to be a part of the FEHB program

Part D
Include prescription drug coverage

Retain your FEHB program status

Include benefits, services and programs not provided by Original Medicare, including a part B premium subsidy

Customized for APWU Health Plan retirees

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Difference between Individual and Group Medicare Advantage plans

The APWU Health Plan Medicare Advantage offers more savings and more benefits	Individual Medicare Advantage plans	APWUHP Group MAPD Plan
No copays on covered medical services		✓
National PPO with same cost share in or out of network		✓
Includes prescription drug coverage	✓	✓
Voluntary clinical and wellness programs	✓	✓
Worldwide emergency and urgent care coverage	✓	✓
Value-added benefits not included with Original Medicare	✓	✓
Dedicated customer service for APWU Health plan retirees		✓
Approved by OPM		✓
Part of the FEHB Program		✓

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Costs related to Medicare & Plan

Item	You pay
Medicare Part A	$0 (for most individuals)
Medicare Part B	***$174.70/month***
APWU Health Plan High Option Premium	Self: $269.79 or Self +1: $530.73 (2024 rates)
Medicare Advantage Enhanced Benefits	No additional premium
Medicare Part B Premium Subsidy	$85/month

You must continue to pay the Medicare part B premium and APWU Health Plan High Option premium when you enroll in the Medicare Advantage enhanced level of benefits

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Potential Costs related to Medicare

Late Enrollment Penalty (LEP)	You pay
Part B – if you did not enroll when you were originally eligible	10% for each 12-month period you could've had Part B, but didn't sign up
Part D – if you had a gap in credible prescription drug coverage	1% of the "national base beneficiary premium" ($34.70 in 2024) x uncovered months you didn't have Part

Income Related Monthly Adjustment Amount (IRMAA)	You pay
Part B	$69.90+ monthly for individuals earning more than $103,000 upon Medicare's 2-year lookback
Part D	$12.90 + monthly for individuals earning more than $103,000 upon Medicare's 2-year lookback

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Part B Premium Subsidy

It's automatic!

How you will receive your part B premium subsidy depends upon how you pay your Medicare Part B premium

If…	Then…
Deducted from Social Security benefit	Subsidy will be applied to social security benefit
Receive a quarterly bill from Social Security/Medicare	Bill will be reduced by 3 times the subsidy amount (Ex – subsidy of $85 per month will equate to $255 quarterly premium reduction)
Deducted from Annuity Check	Subsidy will be applied to annuity check



The subsidy will be applied in the form of a reduced part B premium, there will not be a line-item credit on your statement



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Plan benefits, programs and features

New in 2024

- **Over the counter hearing aids**
- **Marriage and family therapy**
- **Over the counter item allowance – debit card**
- **ID Card**



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Monthly and annual costs

$0

Additional monthly plan premium for Medicare Advantage

$0

Annual deductible

$0

Annual out-of-pocket maximum*

$0

Copay's on covered medical expenses

* Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

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Plan benefits

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit / Specialist office visit	$0 copay	$0 copay
Urgent care / Emergency room	$0 copay	$0 copay
Inpatient hospitalization / Outpatient surgery	$0 copay	$0 copay
Medical virtual visits	$0 copay	$0 copay
Preventative services	$0 copay	$0 copay
Diabetic Supplies	$0 copay	$0 copay
Physical, Speech & Occupational Therapies *unlimited visits per year	$0 copay	$0 copay

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Visit any doctor, specialist or hospital that accepts Medicare

Even though you are not required to see a network doctor, your doctor may already be part of our network.

To find out, search our online Provider Directory at **retiree.uhc.com/apwuhp** or call UnitedHealthcare Customer Service at **1-855-383-8793** TTY **711,** 8 a.m.–8 p.m. local time, Monday–Friday.

If your doctor is in-network, they must accept this plan if you are an existing patient. If your doctor is out-of-network, they may choose not to treat you unless it is an emergency.



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Prescription benefits

Plan comparison	APWU Health Plan High Option with Medicare Parts A&B	APWU Health Plan Medicare Advantage Plan
Pharmacy — Retail		
Tier 1 — Generic	$10	$10
Tier 2 — Preferred brand	25% up to max of $200	$30
Tier 3 — Non-preferred brand	45% up to max of $300	$45
Tier 4 — Specialty tier	25% up to max of $300	$60
Tier 5 — Specialty tier	25% up to max of $600	N/A
Tier 6 — Specialty tier	45% up to max of $1000	N/A
Pharmacy — Mail Order		
Tier 1 — Generic	$20	$20
Tier 2 — Preferred brand	25% up to max of $300	$60
Tier 3 — Non-preferred brand	45% up to max of $500	$90
Tier 4 — Specialty tier	25% up to max of $150	$120
Tier 5 — Specialty tier	25% up to max of $300	N/A
Tier 6 — Specialty tier	45% up to max of $500	N/A

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Dental coverage for your oral health needs

With UnitedHealthcare® Dental, you'll have access to the largest national Medicare network in the industry with more than 103,000 providers.*

100%

coverage for exams, X-rays, cleanings and periodontal maintenance when you see a network dental provider

80%

coverage for minor services, including fillings, pulp protection and nitrous oxide**

50%

coverage for major services, including crowns, root canals, dentures and more**

You can see any dentist who accepts the plan. You may get greater savings from a network dentist.

If you have a dental plan through FEDVIP, the UnitedHealthcare Dental benefits will be primary, and your FEDVIP dental plan will be secondary

*Please refer to your Summary of Benefits for details on your benefit coverage.
**Provider network may vary in local market.

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UnitedHealthcare Hearing

With UnitedHealthcare Hearing, you can receive a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings. Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- Receive friendly, expert advice through our national network of 7,000+ hearing providers* — or try virtual appointments**
- Get personalized support to help you adjust to your new hearing aids
- Choose from the latest technology from popular brands, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™



Up to 50%

To get started and save up to 50% off standard industry prices^ with exclusive pricing, go online or call UnitedHealthcare Hearing.

*Please refer to your Summary of Benefits for details on your benefit coverage.
**Select products and providers.
^Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.

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UnitedHealthcare® HouseCalls*



Have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.

- No extra costs
- A licensed health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- The visit lasts up to an hour. You can talk about health concerns and ask questions that you haven't had time to ask before.
- You'll get a personalized checklist of topics to discuss at your next doctor's visit
- HouseCalls will send a summary of your visit to you and your regular doctor

Prefer a video visit instead?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

*HouseCalls may not be available in all areas.

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Renew Active®[3] by UnitedHealthcare

Renew Active is the gold standard in Medicare fitness programs for the body and mind — and is available with the UnitedHealthcare® Group Medicare Advantage plan, at no additional cost.



Stay active with a free gym membership at a location you select from the largest national network of gyms and fitness locations. If you prefer to exercise at home, you can access thousands of on-demand workout videos and streaming fitness classes.



Stay active socially with local health and wellness classes, clubs and events. Also, connect socially by joining the online Fitbit® Community for Renew Active. No Fitbit device is needed.



Stay focused with an online program offering content about brain health with exclusive content for Renew Active members.

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Healthy Benefits Plus

With the Healthy Benefits Plus program, you are provided with a quarterly credit to spend on over-the-counter (OTC) items from network retail locations, the OTC catalog, website or mobile app. The credit is automatically loaded to a prepaid card every quarter.

Choose how to shop for products

- Catalog – Will arrive 4-6 weeks after enrollment
- Online – Use your digital account on the Health Benefits website.
- Pre-paid card – Make purchase from a network retail location
- All credits will expire quarterly



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UnitedHealthcare Healthy at Home Post Discharge & Annual Benefit



Home delivered meals



Transportation to medically related appointments and to the pharmacy



Non-medical personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more.

*A new referral is required after every discharge to access your meal and transportation benefit.

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Expanded Foreign Travel

The APWU health plan Medicare Advantage program covers you even when you're traveling outside the United States just as if you were in the United States.

UnitedHealthcare will reimburse you for any covered services or prescriptions you may need while traveling minus any copays that may apply.

- Doctors' office visits
- Prescription drugs
- Surgical procedures
- Mental health/ Substance use care
- Emergency room services



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How to enroll

How to enroll

If already enrolled in the APWU Health Plan High Option

Call UnitedHealthcare to enroll at

1-855-383-8793

TTY: **711** - 8:00 a.m. to 8:00 p.m. local time, Monday-Friday

Eligible Plan Codes:

High Option Plan: 471, 472, or 473

Do not cancel or suspend the High Option plan with OPM it will automatically cancel the enrollment in the Medicare Advantage plan.

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How to enroll

If not yet enrolled in the APWU Health Plan High Option

Two-Steps to enroll

Step 1

Enroll in the APWU Health Plan High Option (plan code 471, 472, or 473)

Enroll during Open Season with the Office of Personnel Management (OPM) at **1-888-767-6738** TTY **711,** Monday-Friday, 7:40 a.m.-5 p.m. ET or online at **retireefehb.opm.gov**.

Step 2

Enroll in the UnitedHealthcare Medicare Advantage (PPO) plan

Once your initial enrollment has been processed and confirmed by OPM, call UnitedHealthcare to enroll toll-free at **1-855-383-8793**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday-Friday.

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Additional Information

Additional information

- ✓ Special election period for those who did not take part B – that is the time to get part B if member wants to enroll in MAPD
- ✓ OPM requires the Medicare Advantage plan to be as good or better than the High Option
- ✓ Retirees who are already eligible for the Medicare Advantage plan may enroll or disenroll from the plan at any time throughout the year
- ✓ Current MAPD members will not be auto-enrolled in the new Express Scripts Part D prescription drug plan
- ✓ Prescription copay assistance or coupons are not allowed under part D plans

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Open Season Kit

Open Season Kit Contents

Mailing to your homes in November

- ✓ **Materials request card**
- ✓**Thank-you gift**





Please stop by our table to ensure we have your address on file

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Questions & Answers

How to Learn More:



Call UnitedHealthcare at **1-855-383-8793**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday-Friday to speak with our knowledgeable agents



Go online to **retiree.uhc.com/apwuhp** for plan information

Thank You!

We look forward to welcoming you to our Medicare family

Understanding Original Medicare's rules

You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium.

You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.

If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty.

You must inform us of any current prescription drug coverage or future enrollment that includes prescription drug coverage.

When you are a member, **you are encouraged to read the plan's Evidence of Coverage (EOC),** including appeals and grievance rights, which can be found by logging in at **retiree.uhc.com/apwuhp.**

The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.

Please review the full text of the Statement of Understanding in your 2024 enrollment plan guide.

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

Formularies and/or provider/pharmacy networks
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, if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Group Medicare Advantage (PPO) plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

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

[2]Optum Home Delivery is a service of Optum Rx pharmacy. Optum Rx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery for a 90- day supply of your maintenance medication. If you have not used Optum Home Delivery, 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. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing.

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

[3]The Renew Active® Program 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 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. 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. Gym network size is based on comparison of competitor's website data as of May 2023.

[6]ModivCare may subcontract to other vendors or individuals. Subcontracting is at the discretion of ModivCare. ModivCare does not guarantee urgent requests will be met when scheduled less than 2 days in advance for standard services. ModivCare supports any language the member requires, through a third-party translator service.

[7]The CareLinx services are made available to you from a third party through your UnitedHealthcare® Group Medicare Advantage insurance plan. CareLinx is not a UnitedHealthcare company. UnitedHealthcare and your Plan are not responsible for any services you receive from this third party. This is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. Limitations and exclusions apply. UnitedHealthcare does not make any representations regarding the content or accuracy of the materials on such sites. CareLinx will share only non-identifiable, aggregate information with UnitedHealthcare that is collected through the use of the CareLinx platform. This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members. CareLinx is the network administrator of this in-home care service offer. CareLinx does not employ or recommend any care provider or individual seeking services nor is it responsible for the conduct of any care provider or care seeker. The CareLinx website is a venue that provides tools to help care seekers and care providers connect online. Each individual is solely responsible for selecting a care provider or care seeker for themselves or their families and for complying with all laws in connection with any employment relationship they establish. All decisions about medications and care are between you and your health care provider.

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OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.

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