



# There's so much more

**Plan on great coverage and exciting extras with your UnitedHealthcare® Group MedicareRx (PDP) plan**

Transit Employees Health & Welfare Plan

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## Original Medicare basics

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## Plan benefits, programs and features

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## What to expect next

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# **Original Medicare basics**

# When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis  
of disability or other  
special situation

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**



# Understanding your Medicare choices

## Step 1

### Enroll in Original Medicare

#### Original Medicare

Offered by the federal government



#### Part A

Helps pay for hospital stays and inpatient care



#### Part B

Helps pay for doctor visits and outpatient care

**After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage**



# Understanding your Medicare choices

## Step 2

Decide if you need more coverage

**Option 1:** Add 1 or both of the following to Original Medicare

### Medicare Supplement plan

Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

### Medicare Part D plan

Offered by private companies



Helps pay for prescription drugs

**Option 2:** Choose a Medicare Advantage (Part C) plan

### Medicare Advantage plan

Offered by private companies



#### Part C

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



#### Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare





UnitedHealthcare® Group MedicareRx (PDP)

# Plan benefits, programs and features

# Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network



Thousands of covered brand-name and generic prescription drugs



Bonus drug coverage in addition to Medicare Part D drug coverage

Check your plan's drug list at [retiree.uhc.com](https://retiree.uhc.com) or call Customer Service to see if your prescription drugs are covered





# Late Enrollment Penalty (LEP) – Part D

## What is it?

An LEP is a late fee Medicare charges if you had 63 days or more without prescription drug coverage. This can happen if:

- You didn't enroll in a Medicare Prescription Drug plan when you were first eligible
- You didn't have a plan that met Medicare's minimum standards

The LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

## Why does LEP exist?

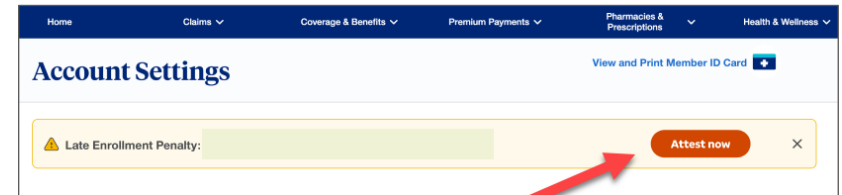
It is the Federal Government's method to encourage enrollment in the Part D (Rx) product so that people who have low utilization offset those who have high utilization.

## How will I be notified?

If you are identified as having a gap in your Medicare Part D prescription coverage, CMS will notify UnitedHealthcare of the dates of the gap. UnitedHealthcare must then notify you via an Attestation Letter within 7 days of the CMS determination.

## What do I need to do next?

This letter will provide instructions on how to self-attest to your prior creditable coverage, if applicable. You will be able to attest online or directly over the phone with UnitedHealthcare (toll-free number will be provided in the letter). You will also have an option to attest in writing. **You have 30 days from the date of notification to attest.**



# Full coverage in the gap

## Drug payment stages:

### Initial coverage

In this drug payment stage, you pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest.

**You stay in this stage until your total drug costs reach \$5,030.**

### Coverage gap

Your plan provides additional coverage through the gap, and you continue to pay the same copay or coinsurance as you did in the initial coverage stage.

**You stay in this stage until your out-of-pocket costs reach \$8,000.**

### Catastrophic coverage

After your out-of-pocket costs reach \$8,000, you pay \$0.

**You stay in this stage for the rest of the plan year.**



# Part D (prescription drug) benefits

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
<b>1</b>	<b>Preferred Generic</b> All covered generic drugs	\$10 copay	\$20 copay
<b>2</b>	<b>Preferred Brand</b> Many common brand-name drugs, called preferred brands	\$25 copay	\$50 copay
<b>3</b>	<b>Non-preferred Drug</b> Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$40 copay	\$80 copay
<b>4</b>	<b>Specialty Tier</b> Unique and/or very-high-cost brand-name drugs	\$40 copay	\$80 copay



# Ordering with Optum<sup>®</sup> Home Delivery through Optum Rx<sup>®</sup> pharmacy<sup><2></sup>

- 1 Order submitted**  
Your Optum Home Delivery order enters the Optum Rx pharmacy system.
- 2 Pharmacist review**  
A pharmacist reviews your information for drug interactions, allergies and dosage.
- 3 Safety review**  
For your safety, another pharmacist reviews your medication for accuracy after it is dispensed.
- 4 Packaging**  
Optum Rx pharmacy seals your medication in a tamper-evident package.
- 5 Shipping**  
Optum Home Delivery mails your medication to you and notifies you when it has been shipped.



# 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.

**Medicare allows you to have different** plans for medical (Medicare Advantage) and prescription drug coverage (Part D), but they both must be group-sponsored retiree health coverage. If you are enrolled in a group Medicare Advantage plan without prescription drug coverage and need Part D coverage, you cannot enroll in an individual Part D plan. You must enroll in a group-sponsored Part D prescription drug plan.

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

If/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](https://retiree.uhc.com).

**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.





**What to expect next**

# What to expect after enrollment

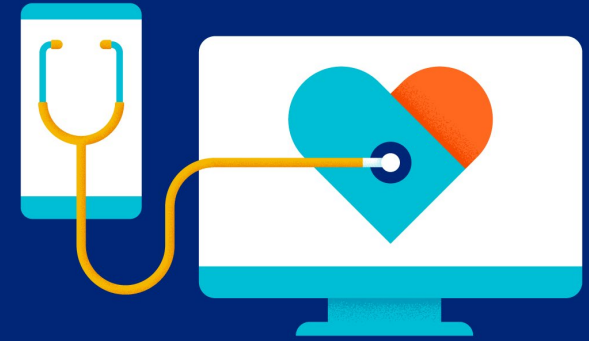
- 1 Get your UnitedHealthcare member ID card and read your Quick Start Guide**  
The Quick Start Guide gives you more information on how your benefits work and how to get the most out of your plan. Your member ID card will be attached to the front cover of your guide.
- 2 Register online to access your plan information**  
After you receive your member ID card, you can register online at [retiree.uhc.com](https://retiree.uhc.com)
- 3 Start using your card**  
You can start using your member ID card as soon as your plan is effective
- 4 Help us understand your unique health needs**  
Soon after your effective date, we will contact you to complete a short health survey. Throughout the year, we'll also provide reminders about preventive care as well as offer programs and resources to help you live a healthier life.



# Register for your secure personal online account at [retiree.uhc.com](https://retiree.uhc.com)

Follow these easy steps to register for your secure and personal online account:

- ✓ Visit the website and click on the **Sign In or register** button and then click **Register Now**
- ✓ Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare member ID number) and click **Continue**
- ✓ Create your username and password, enter your email address, and click **Create my ID**
- ✓ For security purposes, you will need to verify your account by email, call or text



**After you sign up, you can:**

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Search** for network doctors
- **Sign up** to get your Explanation of Benefits online







# Questions and answers



# Thank you

We look forward to welcoming you to our Medicare family

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 <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].

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.

**<sup>1</sup> Preferred Retail Pharmacy Network**] Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail

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.

<sup>3</sup>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.

<sup>4</sup>Benefits and availability may vary by plan and location.

<sup>7</sup>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.

<sup>8</sup>Real Appeal® Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI  $\geq 25$  (BMI  $\geq 23$  for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program. Real Appeal is offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements.

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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 <1-844-808-4553, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week>, for additional information.

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

