

2014 Summary of BENEFITS

January 1, 2014 - December 31, 2014

UnitedHealthcare[®] Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): COUNTY OF SACRAMENTO

Group Number: **900215**

H0543-805



Section I

Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare® Group Medicare Advantage (HMO). Our plan is offered by UHC OF CALIFORNIA, INC. which is also called UnitedHealthcare a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the federal government.

This plan is designed for people who meet the eligibility requirements of their former employer, union group or trust administrator (plan sponsor).

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UnitedHealthcare® Group Medicare Advantage (HMO) and ask for the "Evidence of Coverage."

Your Health Care Coverage

This plan is offered through your plan sponsor.

You may be able to join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other plan sponsor retirement benefits you may currently have. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

Please call UnitedHealthcare® Group Medicare Advantage (HMO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

Where is UnitedHealthcare® Group Medicare Advantage (HMO) available?

The service area for this plan includes California: Alameda, Amador, Contra Costa, El Dorado, Fresno, Kern, Mendocino, Merced, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Shasta, Sonoma, Stanislaus, Tulare, Yolo.

The service area for this plan includes these parts of counties in California:

Los Angeles the following zip codes only 90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90009, 90010, 90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019, 90020, 90021, 90022, 90023, 90024, 90025, 90026, 90027, 90028, 90029, 90030, 90031, 90032, 90033, 90034, 90035, 90036, 90037, 90038, 90039, 90040, 90041, 90042, 90043, 90044, 90045, 90046, 90047, 90048, 90049, 90050, 90051, 90052, 90053, 90054, 90055, 90056, 90057, 90058, 90059, 90060, 90061, 90062, 90063, 90064,

90065, 90066, 90067, 90068, 90069, 90070, 90071, 90072, 90073, 90074, 90075, 90076, 90077, 90078, 90079, 90080, 90081, 90082, 90083, 90084, 90086, 90087, 90088, 90089, 90090, 90091, 90093, 90094, 90095, 90096, 90099, 90101, 90189, 90201, 90202, 90209, 90210, 90211, 90212, 90213, 90220, 90221, 90222, 90223, 90224, 90230, 90231, 90232, 90233, 90239, 90240, 90241, 90242, 90245, 90247, 90248, 90249, 90250, 90251, 90254, 90255, 90260, 90261, 90262, 90263, 90264, 90265, 90266, 90267, 90270, 90272, 90274, 90275, 90277, 90278, 90280, 90290, 90291, 90292, 90293, 90294, 90295, 90296, 90301, 90302, 90303, 90304, 90305, 90306, 90307, 90308, 90309, 90310, 90311, 90312, 90401, 90402, 90403, 90404, 90405, 90406, 90407, 90408, 90409, 90410, 90411, 90501, 90502, 90503, 90504, 90505, 90506, 90507, 90508, 90509, 90510, 90601, 90602, 90603, 90604, 90605, 90606, 90607, 90608, 90609, 90610, 90623, 90630, 90631, 90637, 90638, 90639, 90640, 90650, 90651, 90652, 90660, 90661, 90662, 90670, 90671, 90701, 90702, 90703, 90706, 90707, 90710, 90711, 90712, 90713, 90714, 90715, 90716, 90717, 90723, 90731, 90732, 90733, 90734, 90744, 90745, 90746, 90747, 90748, 90749, 90755, 90801, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90813, 90814, 90815, 90822, 90831, 90832, 90833, 90834, 90835, 90840, 90842, 90844, 90846, 90847, 90848, 90853, 90895, 90899, 91001, 91003, 91006, 91007, 91008, 91009, 91010, 91011, 91012, 91016, 91017, 91020, 91021, 91023, 91024, 91025, 91030, 91031, 91040, 91041, 91042, 91043, 91046, 91066, 91077, 91101, 91102, 91103, 91104, 91105, 91106, 91107, 91108, 91109, 91110, 91114, 91115, 91116, 91117, 91118, 91121, 91123, 91124, 91125, 91126, 91129, 91182, 91184, 91185, 91188, 91189, 91199, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91209, 91210, 91214, 91221, 91222, 91224, 91225, 91226, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91313, 91316, 91321, 91322, 91324, 91325, 91326, 91327, 91328, 91329, 91330, 91331, 91333, 91334, 91335, 91337, 91340, 91341, 91342, 91343, 91344, 91345, 91346, 91350, 91351, 91352, 91353, 91354, 91355, 91356, 91357, 91361, 91362, 91364, 91365, 91367, 91371, 91372, 91376, 91380, 91381, 91382, 91383, 91384, 91385, 91386, 91387, 91390, 91392, 91393, 91394, 91395, 91396, 91401, 91402, 91403, 91404, 91405, 91406, 91407, 91408, 91409, 91410, 91411, 91412, 91413, 91416, 91423, 91426, 91436, 91470, 91482, 91495, 91496, 91499, 91501, 91502, 91503, 91504, 91505, 91506, 91507, 91508, 91510, 91521, 91522, 91523, 91526, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608, 91609, 91610, 91611, 91612, 91614, 91615, 91616, 91617, 91618, 91702, 91706, 91709, 91711, 91714, 91715, 91716, 91722, 91723, 91724, 91731, 91732, 91733, 91734, 91735, 91740, 91741, 91744, 91745, 91746, 91747, 91748, 91749, 91750, 91754, 91755, 91756, 91765, 91766, 91767, 91768, 91769, 91770, 91771, 91772, 91773, 91775, 91776, 91778, 91780, 91788, 91789, 91790, 91791, 91792, 91793, 91801, 91802, 91803, 91804, 91896, 91899, 93243, 93510, 93532, 93534, 93535, 93536, 93539, 93543, 93544, 93550, 93551, 93552, 93553, 93560, 93563, 93584, 93586, 93590, 93591, 93599,

Madera the following zip codes only 93601, 93604, 93614, 93643, 93644, 93645, 93669,

Nevada the following zip codes only 95602, 95712, 95924, 95945, 95946, 95949, 95959, 95960, 95975, 95977,

Placer the following zip codes only 95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95703, 95713, 95717, 95722, 95736, 95746, 95747, 95765,

Riverside the following zip codes only 91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92239, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92324, 92373, 92399, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92515, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572,

92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883,

San Bernardino the following zip codes only 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91766, 91784, 91785, 91786, 91792, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92309, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92323, 92324, 92325, 92326, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92338, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92364, 92365, 92366, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92412, 92413, 92415, 92418, 92423, 92427, 92880,

San Diego the following zip codes only 91901, 91902, 91903, 91905, 91906, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91916, 91917, 91921, 91931, 91932, 91933, 91934, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91947, 91948, 91950, 91951, 91962, 91963, 91976, 91977, 91978, 91979, 91980, 91987, 92003, 92007, 92008, 92009, 92010, 92011, 92013, 92014, 92018, 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92066, 92067, 92068, 92069, 92070, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92086, 92088, 92091, 92092, 92093, 92096, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92136, 92137, 92138, 92139, 92140, 92142, 92143, 92145, 92147, 92149, 92150, 92152, 92153, 92154, 92155, 92159, 92160, 92161, 92163, 92164, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92182, 92186, 92187, 92190, 92191, 92192, 92193, 92195, 92196, 92197, 92198, 92199,

San Luis Obispo the following zip codes only 93252, 93401, 93402, 93403, 93405, 93406, 93407, 93408, 93409, 93410, 93412, 93420, 93421, 93424, 93426, 93428, 93430, 93433, 93435, 93442, 93443, 93444, 93445, 93448, 93449, 93452, 93453, 93454, 93475, 93483,

Santa Barbara the following zip codes only 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93199, 93254, 93427, 93434, 93440, 93441, 93454, 93455, 93456, 93457, 93458, 93460, 93463, 93464,

Ventura the following zip codes only 91361, 93001, 93002, 93003, 93004, 93005, 93006, 93007, 93009, 93010, 93011, 93012, 93015, 93016, 93022, 93023, 93024, 93030, 93031, 93032, 93033, 93034, 93035, 93036, 93040, 93041, 93042, 93043, 93044, 93060, 93061, 93064, 93066, 93099

You must live in the service area to join the plan.

Who is eligible to join UnitedHealthcare® Group Medicare Advantage (HMO)?

You can join UnitedHealthcare® Group Medicare Advantage (HMO) if you are entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and you meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

If you are not entitled to Medicare Part A, please refer to your plan sponsor's enrollment materials, or contact your plan sponsor directly to determine if you are eligible to enroll in our plan. Some plan sponsors have made arrangements with us to purchase Medicare Part A on your behalf.

Individuals with End Stage Renal Disease (ESRD) or who receive routine kidney dialysis may still be eligible to enroll through a plan sponsored Medicare Advantage (MA) health plan or as an individual, in some instances. Please call Customer Service at the phone number listed at the end of this introduction for more information.

Note: If you have received a transplant that has restored your kidney function and you no longer require a regular course of dialysis, you likely **are not** considered to have ESRD and you likely **are** eligible to enroll in UnitedHealthcare® Group Medicare Advantage (HMO).

Can I choose my doctors?

UnitedHealthcare® Group Medicare Advantage (HMO) has formed a network of doctors, specialists, and hospitals.

You can only use doctors who are part of our network.

The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.UHCRetiree.com.

Our Customer Service phone number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

Does my plan cover Medicare Part B or Part D drugs?

UnitedHealthcare® Group Medicare Advantage (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I get my prescriptions if I join this plan?

UnitedHealthcare® Group Medicare Advantage (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current pharmacy directory or visit us at www.UHCRetiree.com. Our Customer Service number is listed at the end of this introduction.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a “daily cost-sharing rate” will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month’s supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

What is a prescription drug formulary?

UnitedHealthcare® Group Medicare Advantage (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members’ ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a Part D Abridged Formulary to you and you can search our complete formulary on our Web site at www.UHCRetiree.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician’s help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week and see www.medicare.gov ‘Programs for People with Limited Income and Resources’ in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full plan year at a time. Plan benefits and cost-sharing may change from plan year to plan year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area, and your plan sponsor will notify you of their options for your coverage.

As a member of UnitedHealthcare® Group Medicare Advantage (HMO) you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance.

You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UnitedHealthcare® Group Medicare Advantage (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UnitedHealthcare® Group Medicare Advantage (HMO) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UnitedHealthcare® Group Medicare Advantage (HMO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin:** By injection if you have end-stage renal disease (permanent kidney failure)

requiring either dialysis or transplantation) and need this drug to treat anemia.

- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through Durable Medical Equipment.**

Please call UnitedHealthcare for more information about UnitedHealthcare® Group Medicare Advantage (HMO).

Visit us at www.UHCRetiree.com or, call us:

Current members should call toll-free at **1-800-457-8506**, 8 a.m. - 8 p.m., local time, Monday through Friday, for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **711**)

Prospective members should call toll-free **1-877-714-0178**, 8 a.m. - 8 p.m., local time, 7 days a week, for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD **711**)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language.

For additional information, call Customer Service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

Section II

Summary of Benefits

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Important Information		
<p>1 Premium and Other Important Information</p>	<p>In 2013 the monthly Part B Standard Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>Contact your group plan benefit administrator to determine your actual premium amount, if applicable.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>\$3,400 out-of-pocket maximum limit.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
<p>2 Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
Inpatient Care		
<p>3 Inpatient Hospital Care</p>	<p>In 2013 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1,184 deductible • Days 61 - 90: \$296 per day • Days 91 - 150: \$592 per lifetime reserve day <p>These amounts may change for 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of</p>	<p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>\$0 copay for each hospital stay.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
3 Inpatient Hospital Care (continued)	<p>benefit periods you can have.</p>	
4 Inpatient Mental Health Care (includes Substance Abuse and Rehabilitation Services)	<p>In 2013 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1,184 deductible • Days 61 - 90: \$296 per day • Days 91 - 150: \$592 per lifetime reserve day. <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>\$0 copay for each hospital stay, up to 190 days.</p>
5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2013 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$148 per day. <p>These amounts may change for 2014.</p> <p>100 days for each benefit period.</p>	<p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>\$0 copay per SNF day, up to 100 days.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
5 Skilled Nursing Facility (SNF) (continued)	A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	\$0 copay for each Medicare-covered home health visit.
7 Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.
Outpatient Care		
8 Doctor Office Visits	20% coinsurance	\$15 copay for each Medicare-covered primary care doctor visit.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
8 Doctor Office Visits (continued)		\$15 copay for each Medicare-covered specialist visit.
9 Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	\$15 copay for each Medicare-covered chiropractic visit.
10 Podiatry Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>\$15 copay for each Medicare-covered podiatry visit.</p> <p>See Section III for information about Routine Podiatry Services.</p>
11 Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC).</p> <p>Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment</p>	<p>\$15 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$55 copay each day for Medicare-covered partial hospitalization program services.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
11 Outpatient Mental Health Care (continued)	that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.	
12 Outpatient Substance Abuse Care	20% coinsurance	\$15 copay for each Medicare-covered individual or group substance abuse outpatient treatment visit.
13 Outpatient Services	<p>20% coinsurance for the doctor's services.</p> <p>Specified copay for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>
14 Ambulance Services (medically necessary ambulance services)	20% coinsurance	\$20 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services.</p> <p>Specified copay for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$20 copay for each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>Worldwide coverage.</p>
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>\$0 copay for each Medicare-covered urgently needed care visit.</p> <p>Worldwide coverage.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered	\$0 copay for each Medicare-covered occupational therapy visit. \$0 copay for each Medicare-covered physical therapy and/or speech and language pathology visit. \$0 copay for each Medicare-covered comprehensive outpatient rehabilitation facility (CORF) visit.
Outpatient Medical Services and Supplies		
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	\$0 copay for Medicare-covered durable medical equipment.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	\$0 copay for Medicare-covered prosthetic devices. \$0 copay for Medicare-covered medical supplies related to prosthetics, splints, and other devices.
20 Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts.	\$0 copay for Medicare-covered Diabetes self-management training. \$0 copay for each Medicare-covered Diabetes monitoring supply.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
20 Diabetes Programs and Supplies (continued)		\$0 copay for Medicare-covered Therapeutic shoes or inserts.
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.</p> <p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for each Medicare-covered diagnostic procedure and test.</p> <p>\$0 copay for each Medicare-covered X-ray.</p> <p>\$0 copay for each Medicare-covered diagnostic radiology service (not including X-rays).</p> <p>\$0 copay for each Medicare-covered therapeutic radiology service.</p>
22 Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary</p>	\$0 copay for each Medicare-covered cardiac rehabilitation service.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
22 Cardiac and Pulmonary Rehabilitation Services (continued)	<p>Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p>	<p>\$0 copay for each Medicare-covered pulmonary rehabilitation service.</p> <p>\$0 copay for each Medicare-covered intensive cardiac rehabilitation service.</p>
Preventive Services		
23 Preventive Services	<p>No coinsurance, copayment or deductible for the following:</p> <p>Abdominal Aortic Aneurysm Screening</p> <p>Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> <p>Cardiovascular Screening</p> <p>Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>Colorectal Cancer Screening</p> <p>Diabetes Screening</p>	<p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
23 Preventive Services (continued)	<p>Influenza Vaccine</p> <p>Hepatitis B Vaccine for people with Medicare who are at risk</p> <p>HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p>Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35 and 39.</p> <p>Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	No referral needed for Flu and pneumonia vaccines

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
23 Preventive Services (continued)	<p>Personalized Prevention Plan Services (Annual Wellness Visits)</p> <p>Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <p>Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <p>Smoking and Tobacco Use Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>Screening and behavioral counseling interventions in primary care to reduce alcohol misuse</p> <p>Screening for depression in adults</p> <p>Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs</p> <p>Intensive behavioral counseling for Cardiovascular Disease (bi-annual)</p> <p>Intensive behavioral therapy for obesity</p> <p>Welcome to Medicare Preventive</p>	

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
23 Preventive Services (continued)	<p>Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
24 Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Kidney Disease Education Services</p>	<p>\$0 copay for Medicare-covered renal dialysis.</p> <p>\$0 copay for Medicare-covered kidney disease education services.</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network

PRESCRIPTION DRUGS BENEFITS

<p>25 Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part B</p> <p>General</p> <p>\$0 copay for Medicare Part-B drugs (not including Medicare Part B chemotherapy drugs).</p> <p>\$0 copay for Medicare Part B chemotherapy drugs.</p> <p>Drugs Covered Under Medicare Part D</p> <p>This plan uses a formulary. The plan will send you the Abridged Formulary. You can also see the formulary at www.UHCRetiree.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> ● have limited incomes, ● live in long term care facilities, or ● have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia. This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p>
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Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
<p>25 Outpatient Prescription Drugs (continued)</p>		<p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UnitedHealthcare® Group Medicare Advantage (HMO) for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and UnitedHealthcare® Group Medicare Advantage (HMO) approves the exception, you will pay the Tier 3: Non-Preferred</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
<p>25 Outpatient Prescription Drugs (continued)</p>		<p>Brand cost-sharing for that drug.</p> <p>Your Plan Sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. Once you are enrolled in this plan, you will receive a separate document called the “Certificate of Coverage” with more information about this supplemental drug coverage.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,850.</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> ● \$10.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> ● \$20.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> ● \$35.00 copay for a one-month (30-day) supply of

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Outpatient Prescription Drugs (continued)		<p>drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$35.00 copay for a one-month (30-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$20.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx™ <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$70.00 copay for a three-month (90-day) supply of drugs in this tier from the plan's preferred mail order pharmacy, OptumRx

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Outpatient Prescription Drugs (continued)		<p>Coverage Gap</p> <p>The plan covers all formulary drugs through the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> ● 5% coinsurance, <p>or</p> <ul style="list-style-type: none"> ● \$2.55 copay for generic (including brand drugs treated as generic) and \$6.35 copay for all other drugs. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from UnitedHealthcare® Group Medicare Advantage (HMO).</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> ● \$10.00 copay for a one-

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
25 Outpatient Prescription Drugs (continued)		<p>month (30-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$20.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35.00 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • \$35.00 copay for a one-month (30-day) supply of drugs in this tier <p>Non-Formulary (drugs not covered under Medicare Part D)</p> <p>Your Plan Sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see the Bonus Drug List for more information.</p>
Outpatient Medical Services and Supplies		
26 Dental Services	Preventive dental services (such as cleaning) not covered.	\$15 copay for Medicare-covered dental benefits.

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
27 Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>\$15 copay for each Medicare-covered diagnostic hearing exam.</p> <p>See Section III for information about Routine Hearing Exam.</p> <p>See Section III for information about Hearing Aids.</p>
28 Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p>	<p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$15 copay for each Medicare-covered exam to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for an annual Medicare-covered glaucoma screening for people at risk.</p> <p>See Section III for information about Routine Vision Exam.</p>

Section III

Additional Benefits

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Routine Hearing Exam	Not covered.	\$0 copay for each supplemental routine hearing exam, limited to one exam every 12 months.
Hearing Aids	Not covered.	Plan pays up to a \$500 allowance for hearing aids every 3 years.
Routine Vision Exam	Not covered.	\$0 copay for a supplemental routine eye exam, limited to one exam every 12 months.
Routine Podiatry	Not covered.	\$15 copay for each supplemental routine podiatry visit up to 6 visits each year.
Fitness Program	Not covered.	<p>\$0 membership fee.</p> <p>SilverSneakers® Fitness Program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.</p> <p>SilverSneakers® Steps at Home program is available for members living 15 miles away or more from a SilverSneakers® fitness center. Includes a self-directed pedometer-based physical activity and walking</p>

Benefit	Original Medicare	UnitedHealthcare® Group Medicare Advantage (HMO)
		In-Network
Fitness Program (continued)		program.
NurselineSM	Not covered.	You may call the Nurseline, 24 hours a day, 7 days a week and speak to a registered nurse (RN) about your medical concerns and questions.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-457-8506. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-457-8506. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-457-8506。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-457-8506我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-457-8506. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-457-8506. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-457-8506 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-457-8506. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-457-8506번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-457-8506. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: ٤يودألا لودج وأ ءحصلا اب قل عتت ءلئسأ ي أ نع ءباج إلل ءيناجملا يروفلا مجرتملا تامدخ مدقن اننا! صخش موقيس 1-800-457-8506 ىلع انب لاصتالا ىوس كىل ع سيل ، يروف مجرتم ىلع لوصحلل انيدل

ةين اجم قمدخ هذہ .كتتدع اسمب ةيبرعلا شدحتي ام

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-457-8506. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-457-8506. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-457-8506. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-457-8506. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-457-8506 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-457-8506にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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