# Looking forward to what's ahead



# more support getting ready





#### **LACERS**



# We're here to help explain:

- Original Medicare basics
- Plan benefits, programs and features
- What to expect next



# Get more of what matters with a UnitedHealthcare® Group Medicare Advantage (HMO) plan



#### Care

Whether you need a virtual visit with a provider or a wellness visit from the comfort of home, we can help make it easier to connect you with care so you can stay on top of your health — when, where and how you need it.



## **Support**

At UnitedHealthcare, we provide much more than just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. And we help you get the most from your plan so you can be at your best health.



#### Wellness

Our health and wellness experience helps you take charge of your well-being every day with a wide variety of resources and activities including healthy recipes, fitness activities, education resources and more. All at no additional cost.



#### **Extras**

You and your health needs deserve personal attention and service. Our extra benefits, programs and services support your health so you can live a healthier life — it's all about you.





# 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



# Plan highlights



## Part A

- Hospital stays
- Skilled nursing
- Home health



## Part B

- Provider visits
- Outpatient care
- Screenings and shots
- Lab tests



## Part D

Prescription drugs



Medicare Advantage (Part C) plans include Parts A and B and are bundled with added benefits, programs and services. Part D is also included in this Medicare Advantage plan.

These plans are provided through private insurers like UnitedHealthcare.





**LACERS Medicare Advantage HMO** 

# Medical benefits, programs and features



#### **HMO** plan

# Plan highlights



Prescription drug coverage



Benefit, and vision, hearing, and chiropractic coverage



Choose providers and hospitals from an approved network



\$0 Annual Wellness Visit\*

<sup>\*</sup> A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical



# Choose from a large network of providers, specialists and hospitals

Your provider may already be part of our network.

To find out, search our online Provider Directory at **retiree.uhc.com** or call UnitedHealthcare Customer Service at **1-877-714-0178**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.





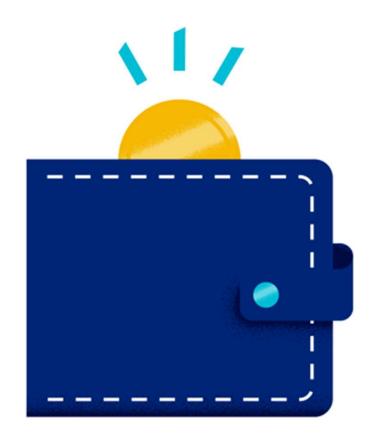
## Your annual costs

\$0

**Annual deductible** 

\$6700

Annual out-of-pocket maximum\*



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



## Plan benefits

Benefit coverage	In-network plan
Primary care provider (PCP) office visit	\$15 copay
Specialist office visit	\$15 copay
Urgent care	\$15 copay
Emergency room – waived if admitted	\$50 copay
Inpatient hospitalization	\$0 copay
Outpatient surgery	\$0 copay
Medical virtual visits*	\$0 copay

<sup>\*</sup> Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.



# **Preventive services**

Benefit coverage	In-network plan
Annual physical	\$0 copay
Annual Wellness Visit*	\$0 copay
Immunizations	\$0 copay
Breast cancer screenings	\$0 copay
Colon cancer screenings	\$0 copay

<sup>\*</sup>A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.



# **Additional benefits**

Benefit coverage	In-network plan	
<ul> <li>Acupuncture – Routine</li> <li>CA - 30 visits per plan year</li> <li>AZ &amp; NV – 12 visits per plan year</li> </ul>	\$15 copay	
<ul> <li>Chiropractic care – Routine</li> <li>CA - 30 visits per plan year</li> <li>AZ &amp; NV – 12 visits per plan year</li> </ul>	\$15 copay	
Hearing exam - Routine (1 exam per plan year)	\$0 copay	
Hearing Aids	S.CA - \$2000 allowance every 3 years AZ & NV - \$500 allowance every 2 years	



# Getting vaccinated is important to your health

Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease.

They do this by copying an infection without causing the disease and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.



## Check with your provider to see if these common vaccines are right for you

#### **Covered by Part B**

- Influenza (flu)
- Pneumococcal
- Hepatitis B for those at medium or high risk
- COVID-19\*

#### **Covered by Part D**

- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Hepatitis A
- Hepatitis B for those at low risk

\*You will have \$0 cost share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers.



# Testing and monitoring supplies to help manage diabetes

When you use one of the approved meters and corresponding strips, your cost share for diabetes testing and monitoring supplies is a \$0 copay.

## These supplies also include any brand of:

- Lancet
- Lancing device
- Glucose control solution (to test the accuracy of your meter)
- Replacement batteries for your meter



To switch to one of the preferred brands, you may be required to get a new prescription from your provider. You can request a temporary supply of your current brand.

Plus, your plan provides coverage for many of the Contour and ACCU-CHEK blood glucose testing strips and meters\*.

All trademarks are property of their respective owners.

<sup>\*</sup>Other suppliers/vendors/providers are available in our network.





# Medicare Part D (prescription drug) benefits and features



# How the Inflation Reduction Act has changed Medicare Part D coverage

#### What is it?

The Inflation Reduction Act (IRA) was signed into law in 2022. All UnitedHealthcare Group Retiree Medicare Part D plans (MAPD and PDP) are impacted.

#### What does this mean?

- The coverage gap stage (donut hole) was eliminated in 2025. The drug stages are now the deductible, initial coverage stage and catastrophic coverage stage.
- Your 2026 total out-of-pocket costs for Part D prescription drug costs are limited to \$2,100.
   This means that after you and others on your behalf have paid a combined total of \$2,100 for your Medicare
   Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees have the option to pay their out-of-pocket prescription drug costs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan.

<sup>\*</sup>If a plan has a lower out-of-pocket maximum in 2026, it would not increase but it may be calculated differently.



# **Medicare Prescription Payment Plan**

#### What is it?

The Medicare Prescription Payment Plan is a program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.

# Who can participate in the Medicare Prescription Payment Plan program?

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan. Information about the program is included in select plan materials.

While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

This program may not be a good fit for members who have low yearly drug costs, who are not likely to reach the \$2,100 annual out-of-pocket maximum, or who have Extra Help or another government program to help save on their prescription drug costs.

#### How does it work?

- A member can opt in to the program through the plan online, over the phone or by mail
- The member pays \$0 up front for their Part D medication, and the plan pays the pharmacy for the member's cost share
- The plan sends monthly bills to the member, which can be paid online, over the phone or by opting in to autopay
- Future payments increase as the member continues to fill prescriptions throughout the year
- The member won't pay interest or fees on the amount owed even if the payment is late



# Part D (prescription drug) plan

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic Most generic drugs	\$10 copay	\$20 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs	\$20 copay	\$40 copay
3	Non-preferred Drug Non-preferred generic and non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3	\$50 copay	\$100 copay
4	Specialty Tier Unique and/or very-high-cost brand-name and generic drugs	\$50 copay	\$100 copay



# Ways to help you save on your prescriptions





## **Review your medications**

Discuss all your prescription drugs with your provider at least once a year.



Use your UnitedHealthcare member ID card Show your UnitedHealthcare member ID card at the pharmacy to get the plan's discounted rates.



**Use participating network pharmacies**You may save on the medication you take regularly.



Consider using Optum® Home Delivery through Optum Rx® pharmacy\*\*
You could save time and trips to the pharmacy.

<sup>\*\*</sup>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- or 100-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. Optum® Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.



<sup>\*</sup>Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.



# Extra benefits, programs and services



# Keep your health on track with a \$0 Annual Wellness Visit\*

- Combine visits
  Save time by combining your wellness visit and physical into a single appointment.
- Schedule early
  Schedule your appointment early in the year to get any other preventive care you may need.
- Follow recommendations

  Make sure you follow through with your provider's recommendations for screenings, exams and other care.

We can help you find and schedule your appointment — you don't have to wait 12 months between visits



# What's the difference between your annual physical and wellness visit?

A **physical exam** includes a head-to-toe exam, blood sugar test and cholesterol test. This visit is a good time to review your medications and/or health concerns. Your plan covers this visit once per calendar year.

A **wellness visit** includes a blood pressure check, height and weight measurement and body mass index (BMI) test. Your plan covers this visit once per calendar year.

<sup>\*</sup>A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



# Gym and fitness membership

## SilverSneakers® is a fitness benefit that includes:

- A standard monthly membership and access to group exercise classes\* at a participating fitness location\*\*
- Classes to get active outside of traditional gyms
- → Virtual resources and a support network through SilverSneakers LIVE<sup>TM</sup>, SilverSneakers On-Demand<sup>TM</sup> and the SilverSneakers GO<sup>TM</sup> fitness app
- SilverSneakers Steps for members 15 miles or more from a participating fitness center; choose the kit that works best for you: general fitness, strength, walking or yoga.



Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2025 Tivity Health, Inc. All rights reserved.



<sup>\*</sup>Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

<sup>\*\*</sup>Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

# Let's Move by UnitedHealthcare is your plan's exclusive wellness program

At no additional cost to you, Let's Move by UnitedHealthcare is here to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, stay connected and be financially, physically and mentally fit.



#### Let's eat well

Treat yourself to tasty recipes, fun cooking events and support.



## Let's get fit

Get free access to at-home workouts, participating gyms and local fitness events.



## Let's be mentally fit

Support your mental health with services, online tools and resources.



#### Let's make friends

Find ways to connect through local and online events, classes, volunteering and more.



#### Let's live well

From helping to manage your financial well-being to supporting caregivers to helping stop tobacco use, we're here for your wellness.



# Get care anywhere with Virtual Visits

With Virtual Visits, you can live video chat\* with a medical provider or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.\*\*

Ask questions, get a diagnosis, or even get medication prescribed\*\*\* and sent to your pharmacy. All you need is a strong internet connection.

Find participating Virtual Visit providers by logging in to your member website

#### Virtual Provider Visits may be best for:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

#### **Virtual Behavioral Health Visits may be best for:**

- Initial evaluation
- · Behavioral health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

<sup>\*\*\*</sup>Providers cannot prescribe medications in all states.



<sup>\*</sup>The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

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

Take care of your mental health with behavioral health resources

You have access to many resources to help improve your emotional and mental health, including:

- Ongoing mental health support with Optum® Behavioral Health
- Resources through our Health and Wellness experience
- Calm Health app, a self-paced digital tool





# Support your mental and physical well-being with Calm Health

As a UnitedHealthcare Group Medicare Advantage plan member, Calm Health is included in your health plan and available at no additional cost.

# The Calm Health app provides programs and tools to help you:

- Learn techniques to improve well-being: Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- Work toward goals: Join self-guided self-care programs, and track your progress along the way
- Support your mind and body: Access mental health information and support to help you strengthen the mind-body connection

Look for more information in your plan materials.



Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product, and is not intended to make any mental health recommendations or give clinical advice. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.



# Get answers to your health questions with 24/7 provider support

## With 24/7 provider support:

- Providers can diagnose, treat a wide range of conditions and prescribe medication\*
- Connect by phone, web or app from anywhere
- Results of the visit can be shared with your primary care provider\*\*

Get help making health decisions — at no cost to you



<sup>\*\*</sup>With member consent.



<sup>\*</sup>When medically necessary.

# UnitedHealthcare members get discounts on major purchases and everyday essentials

As a UnitedHealthcare plan member, you have access to discounts on a variety of products and services. This may include:

Travel

- Nutrition
- Home services
- + Fitness gear
- Meal delivery and in-home personal care
- Vision services
- And much more

Visit **uhcretireediscounts.lifemart.com** for a list of discounts available to you



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



# Extra help recovering with UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days after all inpatient hospital and skilled nursing facility discharges\*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



**12 one-way rides** to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist



**6 hours of non-medical personal care** provided by a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more; a referral is not required

<sup>\*</sup>A new referral is required after every discharge to access your meal and transportation benefit.



## Trusted care at home

You are eligible for 12 hours of non-medical personal care through the approved vendor.

## This may include:



**Grocery shopping** 



Personal care



Meal preparation



**Medication reminders** 



Transportation



And more



<sup>\*</sup>Please refer to your Summary of Benefits for details on your benefit coverage.



# Get to health-related appointments easier

This transportation program can help you get to your health care appointments — at no extra cost to you.

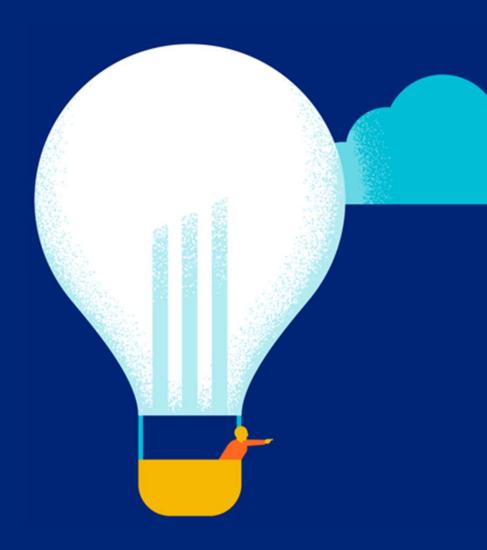
Transportation provided to and from approved locations and must be medically related, such as provider appointments. Transportation cannot be used for emergency-related situations.







What to expect next



# Register for your secure personal online account at 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, UnitedHealthcare member ID number or Medicare 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 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
- Look up drugs and how much they cost under your plan
- Search for network providers
- Sign up to get your Explanation of Benefits online





# 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.

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.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Copays apply after deductible.

Other pharmacies are available in our network.

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.

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.

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.

