

# Annual Notice of Changes 2023

UnitedHealthcare® Group Medicare Advantage (PPO)

## Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to [retiree.uhc.com](http://retiree.uhc.com) to review the details online, which are available anytime.

### Provider Directory

Review the 2023

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UnitedHealthcare® Group Medicare Advantage (PPO) offered by  
UnitedHealthcare

# Annual Notice of Changes for the 2023 plan year



You are currently enrolled as a member of UnitedHealthcare® Group Medicare

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- Think about your overall health care costs.
  - Think about whether you are happy with our plan.
  - Because you are a member of the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

## 2. Choose: Decide whether you want to change your plan

- If you want to keep UnitedHealthcare® Group Medicare Advantage (PPO), you don't need to do anything. You will stay in UnitedHealthcare® Group Medicare Advantage (PPO).
- Members enrolled in our plan through a plan sponsor can make plan changes at times designated by your plan sponsor.
- You should consult with your plan sponsor regarding the availability of other "employer-sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's 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 retirement 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.

## Additional Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio. You can also ask for an interpreter. Please contact our Customer Service number at 1-800-457-8506 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday-Friday.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número





## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for UnitedHealthcare® Group Medicare Advantage (PPO) in several important areas. Please note this is only a summary of costs.

| Cost   | 2022 (this plan year)  | 2023 (next plan year)  |
|--|--|--|
| Maximum out-of-pocket amounts<br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.<br>(See Section 1.2 for details.) | From in-network and out-of-network providers combined: \$1,500 | From in-network and out-of-network providers combined: \$1,500 |
| Doctor office visits   | Primary care visits:<br>You pay a \$15 copayment per visit     |  |



Questions? Call Customer Service at 1-800-457-8506, TTY 711, 8 a.m.-8 p.m. local time, Monday-Friday

Cost

Part D prescription drug coverage  
(See Section 1.5 for details.)

2023 (next plan year)

Deductible: Because we  
have no deductible, this  
payment stage does

...s? Call Customer Service  
Friday





It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the plan year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

#### Section 1.4 Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost   | 2022 (this plan year)                       | 2023 (next plan year)  |
|--|---|--|
| Plan Year Benefits                                 | The plan's coverage begins January 1, 2022. | The plan's coverage begins January 1, 2023.<br><br>Please see your Evidence of Coverage for information on Benefits and Costs for Medical Services.  |
| Personal Emergency Response System (PERS) Lifeline | Not Covered.                                | \$0 copayment; With a Personal Emergency Response System (PERS), help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. It's a lightweight, discreet button that can be worn on your wrist or as a pendant. It's also safe to wear in the shower or bath. Depending on the model you choose, it may even automatically detect falls.<br><br>You must have a working landline or live in an area that has AT&T wireless coverage to get a PERS device. The cellular device works nationwide |

| Cost                                | 2022 (this plan year)   | 2023 (next plan year)                                      |
|-------------------------------------|---|--|
|                                     |   | with t<br>netw<br>requi<br>AT&T<br><br>Provi               |
| Pulmonary Rehabilitation            | You pay a \$30 copayment (in-network).                                | You pay a \$20 copayment (in-network).                     |
| Pulmonary Rehabilitation            | You pay a \$30 copayment (out-of-network).                            | You pay a \$20 copayment (out-of-network).                 |
| Vision Services<br>Routine Eye Exam | \$15 copayment for 1 exam every 12 months (in-network).               | \$0 copayment for 1 exam every 12 months (in-network).     |
| Vision Services<br>Routine Eye Exam | \$15 copayment for 1 exam every 12 months (out-of-network).           | \$0 copayment for 1 exam every 12 months (out-of-network). |
| Vision Services<br>Routine Eyewear  | Plan pays up to \$130 for eyeglasses every 24 months. Or, up to \$175 |  |



Changes to Your Cost-sharing in the Initial Coverage Stage

Your cost-sharing in the Initial Coverage Stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Please see the following chart for the changes from 2022 to 2023.

| Stage   | 2022 (this plan year)   | 2023 (next plan year)   |
|---|---|---|
| <p>Stage 2: Initial Coverage Stage<br/>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. Your cost-sharing in the initial coverage stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Please see the columns to the right for the changes from 2022 to 2023.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p> <p>For information about the costs for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic:<br/>You pay \$5 per prescription.</p> <p>Tier 2 - Preferred Brand:<br/>You pay \$20 per prescription.</p> <p>Tier 3 - Non-preferred Drug:<br/>You pay \$35 per prescription.</p> <p>Tier 4 - Specialty Tier:<br/>You pay \$35 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic:<br/>You pay \$5 per prescription.</p> <p>Tier 2 - Preferred Brand:<br/>You pay \$20 per prescription.</p> <p>Tier 3 - Non-preferred Drug:<br/>You pay \$35 per prescription.</p> <p>Tier 4 - Specialty Tier:<br/>You pay \$35 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> |

2023

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## Section 4 Programs That Offer Free Counseling about Medicare

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The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your SHIP number and address in Chapter 2, Section 3 of the Evidence of Coverage.

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## Section 5 Programs That Help Pay for Prescription Drugs

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You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- “Extra Help” from Medicare. People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- Help from your state’s pharmaceutical assistance program. State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state’s ADAP contact information in Chapter 2 of the Evidence of Coverage.





at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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PO Box 31385  
Salt Lake City, UT 84131

2023 Annual Notice

PO Box 31385  
Salt Lake City, UT 84131

2023 Annual  
Notice of  
Changes  
enclosed.

Time-sensitive material  
Important plan  
information

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