Looking forward to what's ahead

+

more support getting ready

United Healthcare Group Medicare Advantage

Arlington Public Schools

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We're here to help explain:

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

Original Medicare basics

When are you eligible for Medicare?

You're 65 years old

OR

You qualify on the basis of disability or other special situation

AND

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

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

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 provider visits and outpatient care

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

Option 2

Step 2

Decide if you need more coverage

Option 2: Add a Medicare Advantage (Part C) plan that includes Part D

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 Medicare Advantage PPO

Medical benefits, programs and features

Plan highlights

- Prescription drug coverage
- Vision, hearing and chiropractic coverage
- No referral needed to see a specialist

Coverage for visiting providers, clinics and hospitals

You may see a provider outside the network for the same cost share as network providers as long as they participate in the Medicare Program.

Regulatory Drivers of Premium Increase for 2026

There are multiple drivers behind the premium increase for plan year 2026. These drivers include:

- Changes to Medicare funding for 2,000+ diagnosis codes
- Lack of increased funding for Part D program
- Increased claims/prescription utilization

Medicare has changed the way they reimburse certain diagnosis codes for Medicare Advantage plans for all carriers. In the past, chronic conditions received additional funding from Medicare to cover costs associated with chronic diagnoses. This additional funding has been removed for 2,000+ diagnosis codes, though the services are still covered by your plan. This change in funding impacts the 2026 rate by an increase of $50.

The Inflation Reduction Act implemented a $2,000 Part D out of pocket maximum for plan year 2025 from $8,000 in 2024. While this is a richer benefit design, no additional funding was provided to cover the plan's costs for this change. As a result, this enhanced benefit impacts 2026 premiums by an increase of $40.

Lastly, insurance carriers nationally have experienced an increase in claims submissions and medical costs. These medical trends impact the 2026 rate by an increase of $39.40.

Freedom to see any provider who accepts Medicare

Even though you are not required to see a network provider, they 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 **1-844-518-9530,** TTY **711,** 8 a.m.–8 p.m. CST time, Monday–Friday.

Support you can count on

With this plan, you pay the same share of cost in and out-of-network as long as the provider is eligible to participate in the Medicare Program.

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

Plan benefits

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit	$20 copay	$20 copay
Specialist office visit	$20 copay	$20 copay
Urgent care	$0 copay	$0 copay
Emergency room	$50 copay	$50 copay
Inpatient hospitalization	$0 copay	$0 copay
Outpatient surgery	$0 copay	$0 copay
Medical virtual visits using preferred vendors*	$0 copay	$0 copay

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

UnitedHealthcare® Group Medicare Advantage
National PPO Plan

Preventive services

Benefit coverage	In-network	Out-of-network
Annual physical	$0 copay	$0 copay
Annual Wellness Visit*	$0 copay	$0 copay
Optum® HouseCalls visit	$0 copay	$0 copay
Immunizations	$0 copay	$0 copay
Breast cancer screenings	$0 copay	$0 copay
Colon cancer screenings	$0 copay	$0 copay

*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	Out-of-network
Medicare-covered podiatry	$20 copay	$20 copay
Medicare-covered chiropractic care	$20 copay	$20 copay
Medicare-covered vision services	$20 copay	$20 copay
Medicare-covered hearing services	$20 copay	$20 copay

Medicare Part D (prescription drug) benefits and features

Part D prescription drug coverage

- UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in the network
- Thousands of covered brand-name and generic prescription drugs
- Bonus drug coverage in addition to Medicare Part D drug coverage
- You can also get a 3-month supply of your prescription drugs

Check your plan's drug list at **retiree.uhc.com** or call Customer Service at 1-844-518-9530, TTY 711 8 a.m.-8 p.m. local time, Monday-Friday to see if your prescription drugs are covered

Your plan's drug coverage stages and costs

Drug payment stages:

Annual deductible	Initial coverage	Catastrophic coverage
Your plan does not have a deductible.	You pay a copay (fixed amount) for covered drugs.	After you and others on your behalf have paid a combined total of $2,100 for your prescription drugs, you will pay $0 for Medicare Part D-covered drugs 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
1	**Preferred Generic** All covered generic drugs	$10 copay	$20 copay
2	**Preferred Brand** Many common brand-name drugs, called preferred brands	$25 copay	$50 copay
3	**Non-preferred Drug** Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	$40 copay	$80 copay
4	**Specialty Tier** Unique and/or very-high-cost brand-name drugs	$40 copay	$80 copay

Extra benefits, programs and services

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

1. **Combine visits**
   Save time by combining your wellness visit and physical into a single appointment.

2. **Schedule early**
   Schedule your appointment early in the year to get any other preventive care you may need.

3. **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.

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

Optum® HouseCalls brings yearly check-in care to you*

Get a yearly in-home visit from a licensed health care practitioner at no cost to you. The visit includes:

- Up to an hour of 1-on-1 time with the health care practitioner
- A comprehensive exam
- Tailored health screenings
- A medication review
- An opportunity to get advice and ask questions to help you manage your health
- Education, prevention tips and referrals to health services, if needed

Prefer a video visit?

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

*HouseCalls may not be available in all areas.

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™, SilverSneakers On-Demand™ and the SilverSneakers GO™ 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.

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

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

*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.
**Benefits and availability may vary by plan and location.
***Providers cannot prescribe medications in all states.

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.

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

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

Hear the moments that matter most

With UnitedHealthcare Hearing, you can get a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings.

Plus, you'll get personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- Get friendly expert advice through our national network of 6,500+ hearing providers*
- Get personalized support to help you adjust to your new hearing aids
- Choose from the latest technology from popular brands including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™
- $500 hearing aid allowance every 3 years when you use a UHC Hearing provider

Save thousands of dollars, up to

50%

off standard industry prices^ with exclusive pricing

*Please refer to your Summary of Benefits for details on your benefit coverage.
^Based on suggested manufacturer pricing.
Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.

Vision exam and eyewear*

With the vision benefit, you will have access to a national network of providers with the freedom to see any participating vision provider. You will have access to an annual routine eye exam from a vision provider and an allowance toward eyeglasses (frame and lenses) or contacts for vision correction not related to cataract surgery.

- A routine eye exam once every calendar year with a $0 copay
- $100 allowance toward eyeglasses (frames and lenses) every 12 months
- $100 allowance toward contact lenses instead of eyeglasses every 12 months
- Out-of-network providers may require you to pay up front and submit a reimbursement claim to UnitedHealthcare
- The network is UnitedHealthcare Medical Network

Before you schedule routine vision services (routine eye exam and eyeglasses or contact lenses), make sure your vision and eyewear provider(s) will bill the UnitedHealthcare medical plan

*Please refer to your Summary of Benefits for details on your benefit coverage.

What to expect next

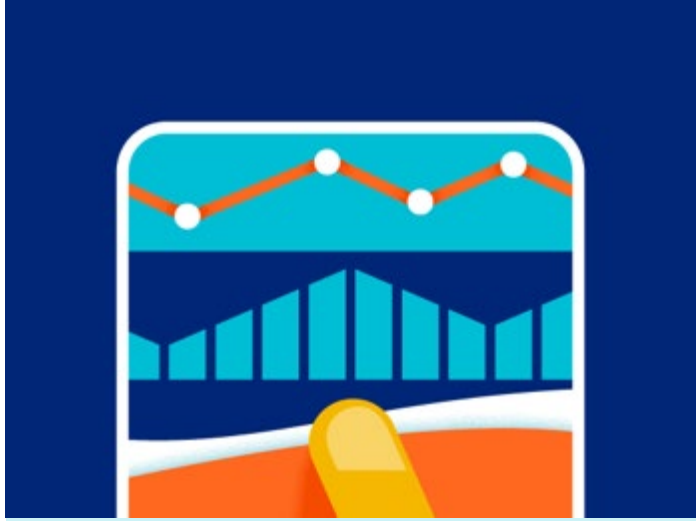
What to expect after enrollment

Call Customer Service to make sure your most current contact information is on file.

Register for your secure personal online account at retiree.uhc.com

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

1. Visit the website and click on the **Sign In or register** button and then click **Register Now**
2. Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
3. Create your username and password, enter your email address, and click **Create my ID**
4. 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

Questions and answers

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.

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.