



# Annual Notice of Changes 2025

**UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): SKIDMORE COLLEGE

Group Number: 16147



**retiree.uhc.com**



**Toll-free 1-800-457-8506, TTY 711**

8 a.m.-8 p.m. local time, Monday-Friday

**Do we have the right address for you?**

If not, please let us know so we can keep you informed about your plan.

**United  
Healthcare®**

## 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** to review the details online, which are available anytime.

### Provider Directory

Review the 2025 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

### Pharmacy Directory

Review the 2025 Pharmacy Directory online to see which pharmacies are in our network next year.

### Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

### Evidence of Coverage (EOC)

Review your 2025 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member. You can also find information about your additional prescription drug coverage in your Additional Drug Coverage list and the **Certificate of Coverage**.

### Reduce the clutter and get plan documents faster.

Visit **retiree.uhc.com** to sign up for paperless delivery.

### Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-800-457-8506 (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday-Friday.

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**UnitedHealthcare® Group Medicare Advantage (PPO) offered by  
UnitedHealthcare**

# Annual Notice of Changes for the 2025 plan year



**You are currently enrolled as a member of UnitedHealthcare® Group Medicare Advantage (PPO).**

Next plan year, there will be changes to the plan's costs and benefits. Please see page 7 for a Summary of Important Costs. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at [retiree.uhc.com](https://retiree.uhc.com). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Members enrolled in our plan through a former employer, union group or trust administrator (plan sponsor) can make plan changes at times designated by your plan sponsor.

## What to do now

### 1. **Ask:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - ☐ Review the changes to medical care costs (doctor, hospital).
  - ☐ Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
- ☐ Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- ☐ 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 documents in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call us toll-free at the number on your member ID card or the front of your plan booklet.
- ☐ UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.
- ☐ **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility

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requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About UnitedHealthcare® Group Medicare Advantage (PPO)**

- ☐ Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ☐ When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare® Group Medicare Advantage (PPO).

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## Summary of important costs for 2025

The table below compares the 2024 costs and 2025 costs for UnitedHealthcare® Group Medicare Advantage (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this plan year)	2025 (next plan year)
<b>Deductible</b>	Your plan has no deductible for the 2024 plan year.	\$300 combined in-network and out-of-network (does not apply to insulin furnished through durable medical equipment)  See Chapter 4 of the Evidence of Coverage for a list of items and services that apply to the deductible.
<b>Maximum out-of-pocket amounts</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.  (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
<b>Doctor office visits</b>	Primary care visits: You pay a \$15 copayment per visit (in-network).  You pay a \$15 copayment per visit (out-of-network).  Specialist visits: You pay a \$30 copayment per visit (in-network).  You pay a \$30 copayment per visit (out-of-network).	Primary care visits: You pay a \$20 copayment per visit (in-network).  You pay a \$20 copayment per visit (out-of-network).  Specialist visits: You pay a \$40 copayment per visit (in-network).  You pay a \$40 copayment per visit (out-of-network).



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

Cost	2024 (this plan year)	2025 (next plan year)
<b>Inpatient hospital stays</b>	<p>You pay a \$250 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay a \$250 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>	<p>You pay a \$250 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay a \$250 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	<p>Deductible: Because we have no deductible, this payment stage does not apply to you.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$5 copayment</li> <li><input type="checkbox"/> Drug Tier 2 <sup>1</sup>: Standard retail cost-sharing (in-network) \$20 copayment</li> <li><input type="checkbox"/> Drug Tier 3 <sup>1</sup>: Standard retail cost-</li> </ul>	<p>Deductible: \$250, except for covered insulin products and most adult Part D vaccines.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$5 copayment</li> <li><input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$20 copayment You pay \$20 per month supply of each covered insulin product on this tier<sup>1</sup>.</li> <li><input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-</li> </ul>



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



Cost	2024 (this plan year)	2025 (next plan year)
	<p>sharing (in-network) \$35 copayment</p> <p><input type="checkbox"/> Drug Tier 4 <sup>1</sup>: Standard retail cost-sharing (in-network) \$35 copayment</p> <p>Catastrophic Coverage:</p> <p><input type="checkbox"/> After you and others on your behalf have paid a combined total of \$8,000 for your prescription drugs, you will pay \$0 for Medicare-covered Part D drugs for the rest of the plan year.</p> <p><input type="checkbox"/> If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug</p>	<p>network) \$35 copayment You pay \$35 per month supply of each covered insulin product on this tier<sup>1</sup>.</p> <p><input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$35 copayment You pay \$35 per month supply of each covered insulin product on this tier<sup>1</sup>.</p> <p>Catastrophic Coverage:</p> <p><input type="checkbox"/> During this payment stage, you pay nothing for your Medicare-covered Part D drugs.</p> <p><input type="checkbox"/> You may have cost sharing for additional drugs that are covered under our enhanced benefit.</p>



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

Cost	2024 (this plan year)	2025 (next plan year)
	Coverage list for more information.	

<sup>1</sup> You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible.



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

**Section 1** **Changes to Benefits and Costs for Next Plan Year**

**Section 1.1** **Changes to the Monthly Premium**

Your plan sponsor will notify you of any changes to your plan premium amount, if applicable.

**Section 1.2** **Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the plan year.

Cost	2024 (this plan year)	2025 (next plan year)
<b>Combined maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	<b>\$1,500</b>  Once you have paid \$1,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.	<b>\$1,500</b>  Once you have paid \$1,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.

**Section 1.3** **Changes to the Provider and Pharmacy Networks**

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at **retiree.uhc.com**. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next plan year. **Please review the 2025 Provider Directory (retiree.uhc.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.** 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.**

There are changes to our network of pharmacies for next plan year. **Please review the 2025 Pharmacy Directory ([retiree.uhc.com](https://retiree.uhc.com)) to see which pharmacies are in our network.**

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.

<b>Cost</b>	<b>2024 (this plan year)</b>	<b>2025 (next plan year)</b>
<b>Plan year benefits</b>	The plan's coverage begins January 1, 2024.	The plan's coverage begins January 1, 2025.  Please see your Evidence of Coverage for information on benefits and costs for medical services.
<b>Acupuncture for chronic low back pain (Medicare-covered)</b>	You pay a \$20 copayment (in-network)	You pay a \$40 copayment (in-network)  See Chapter 4 of the Evidence of Coverage for details.
<b>Acupuncture for chronic low back pain (Medicare-covered)</b>	You pay a \$20 copayment (out-of-network)	You pay a \$40 copayment (out-of-network)  See Chapter 4 of the Evidence of Coverage for details.
<b>Additional routine podiatry</b>	You pay a \$30 copayment for each routine foot care visit (in-network).	You pay a \$40 copayment for each routine foot care visit (in-network).

Cost	2024 (this plan year)	2025 (next plan year)
<b>Additional routine podiatry</b>	You pay a \$30 copayment for each routine foot care visit (out-of-network).	You pay a \$40 copayment for each routine foot care visit (out-of-network).
<b>Deductible</b>	Your plan has no deductible for the 2024 plan year.	<p>Your combined in-network and out-of-network deductible is \$300.</p> <p>See Chapter 4 of the Evidence of Coverage for a list of items and services that apply to the deductible.</p>
<b>Diabetes self-management training, diabetic services and supplies</b> <b>- Diabetes monitoring supplies</b>	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you</p>	<p>You pay a \$0 copayment (in-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new</p>

Cost	2024 (this plan year)	2025 (next plan year)
	should speak with your doctor to get a new prescription for a covered brand.	prescription for a covered brand.
<b>Diabetes self-management training, diabetic services and supplies - Diabetes monitoring supplies</b>	<p>You pay a \$0 copayment (out-of-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment (out-of-network).</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>
<b>Fitness program</b>	\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a	\$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly

Cost	2024 (this plan year)	2025 (next plan year)
	<p>free gym membership at a fitness location you select from a large nationwide network, plus online classes, and fun social activities.</p> <p>Call or go online to learn more and to get your confirmation code. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.</p>	<p>membership at participating fitness locations plus online classes, workshops and more.</p> <p>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or <a href="https://www.silversneakers.com/StartHere">SilverSneakers.com/StartHere</a>.</p>
<b>Hearing services</b> Medicare-covered hearing and balance exams	You pay a \$30 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Hearing services</b> Medicare-covered hearing and balance exams	You pay a \$30 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).

Cost	2024 (this plan year)	2025 (next plan year)
<b>24/7 Nurse Support</b>	Covered	<p>24/7 Nurse Support is being replaced with 24/7 access to doctor visits.</p> <p>Talk with a doctor about medical concerns using your computer, tablet or smartphone - anytime, day or night</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 virtual visits with Amwell and Doctor on Demand®</li> <li><input type="checkbox"/> \$0 virtual and phone visits with Teladoc®</li> </ul> <p>Please see Virtual Doctor Visits in your Evidence of Coverage for more information.</p>
<b>Outpatient mental health care - group therapy session</b>	You pay a \$15 copayment (in-network).	You pay a \$20 copayment (in-network).
<b>Outpatient mental health care - group therapy session</b>	You pay a \$15 copayment (out-of-network).	You pay a \$20 copayment (out-of-network).
<b>Outpatient mental health care - individual therapy session</b>	You pay a \$15 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Outpatient mental health care - individual therapy session</b>	You pay a \$15 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Outpatient mental health care - therapy session or office visit with a psychiatrist</b>	You pay a \$15 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Outpatient mental health care - therapy session or office visit with a psychiatrist</b>	You pay a \$15 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).



<b>Cost</b>	<b>2024 (this plan year)</b>	<b>2025 (next plan year)</b>
<b>Outpatient substance abuse services - group therapy sessions</b>	You pay a \$15 copayment (in-network).	You pay a \$20 copayment (in-network).
<b>Outpatient substance abuse services - group therapy sessions</b>	You pay a \$15 copayment (out-of-network).	You pay a \$20 copayment (out-of-network).
<b>Outpatient substance abuse services - individual therapy sessions</b>	You pay a \$15 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Outpatient substance abuse services - individual therapy sessions</b>	You pay a \$15 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Physician/practitioner services, including doctor's office visits - Medicare-covered hearing and balance exams</b>	You pay a \$30 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Physician/practitioner services, including doctor's office visits - Medicare-covered hearing and balance exams</b>	You pay a \$30 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Physician/practitioner services, including doctor's office visits - non-routine dental care</b>	You pay a \$30 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Physician/practitioner services, including doctor's office visits - non-routine dental care</b>	You pay a \$30 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Physician/practitioner services, including doctor's office visits - primary care provider</b>	You pay a \$15 copayment (in-network).	You pay a \$20 copayment (in-network).
<b>Physician/practitioner services, including doctor's office visits - primary care provider</b>	You pay a \$15 copayment (out-of-network).	You pay a \$20 copayment (out-of-network).

Cost	2024 (this plan year)	2025 (next plan year)
<b>Physician/practitioner services, including doctor's office visits - specialists</b>	You pay a \$30 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Physician/practitioner services, including doctor's office visits - specialists</b>	You pay a \$30 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Podiatry services</b>	You pay a \$30 copayment (in-network).	You pay a \$40 copayment (in-network).
<b>Podiatry services</b>	You pay a \$30 copayment (out-of-network).	You pay a \$40 copayment (out-of-network).
<b>Virtual behavioral visits</b>	You pay a \$15 copayment (in-network).	You pay a \$20 copayment (in-network).
<b>Virtual behavioral visits</b>	You pay a \$15 copayment (out-of-network).	You pay a \$20 copayment (out-of-network).
<b>Vision care</b> Medicare-covered eye exams	You pay a \$0 copayment for glaucoma screenings (in-network).	You pay a \$0 copayment for glaucoma screenings (in-network).
	You pay a \$30 copayment for Medicare-covered eye exams (in-network).	You pay a \$40 copayment for Medicare-covered eye exams (in-network).
<b>Vision care</b> Medicare-covered eye exams	You pay a \$0 copayment for glaucoma screenings (out-of-network).	You pay a \$0 copayment for glaucoma screenings (out-of-network).
	You pay a \$30 copayment for Medicare-covered eye exams (out-of-network).	You pay a \$40 copayment for Medicare-covered eye exams (out-of-network).

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## Section 1.5 Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service (1-800-457-8506) or visiting our website ([retiree.uhc.com](https://retiree.uhc.com)) to look up which drugs will be covered by your plan.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next plan year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this chapter, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called

the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” you will receive a LIS Rider. If you don’t receive it, please call Customer Service and ask for the "LIS Rider" to be sent to you.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this plan year)	2025 (next plan year)
<b>Stage 1: Yearly (Part D) Deductible stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	Because we have no deductible, this payment stage does not apply to you.	The deductible is \$250.

### Changes to Your Cost-sharing in the Initial Coverage Stage

Your cost-sharing in the Initial Coverage Stage may be changing. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this plan year)	2025 (next plan year)
<b>Stage 2: Initial Coverage stage</b> Once you pay the yearly deductible, you move to the Initial Coverage stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost</b> . Your cost-sharing in the initial coverage stage may be changing from a	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:  <b>Tier 1 - Preferred Generic:</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:  <b>Tier 1 - Preferred Generic:</b>

Stage	2024 (this plan year)	2025 (next plan year)
<p>copayment to coinsurance or a coinsurance to copayment. Please see the columns to the right for the changes from 2024 to 2025.</p> <p>The costs in this chart 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 <b>Evidence of Coverage</b>.</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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>You pay \$5 per prescription.</p> <p><b>Tier 2 - Preferred Brand</b><sup>1</sup>:</p> <p>You pay \$20 per prescription.</p> <p><b>Tier 3 - Non-preferred Drug</b><sup>1</sup>:</p> <p>You pay \$35 per prescription.</p> <p><b>Tier 4 - Specialty Tier</b><sup>1</sup>:</p> <p>You pay \$35 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap stage).</p>	<p>You pay \$5 per prescription.</p> <p><b>Tier 2 - Preferred Brand:</b></p> <p>You pay \$20 per prescription.</p> <p>You pay \$20 per month supply of each covered insulin product on this tier<sup>1</sup>.</p> <p><b>Tier 3 - Non-preferred Drug:</b></p> <p>You pay \$35 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier<sup>1</sup>.</p> <p><b>Tier 4 - Specialty Tier:</b></p> <p>You pay \$35 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier<sup>1</sup>.</p> <hr/> <p>Once you have paid \$2,000 out-of-pocket for Medicare-covered Part D drugs, you will move to the next stage (the Catastrophic Coverage stage).</p>

<sup>1</sup> You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven’t paid your Part D deductible.

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage stage, you pay nothing for your Medicare-covered Part D drugs. You may have cost sharing for additional drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your **Evidence of Coverage**.

**Section 2**

**Administrative Changes**

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Description	2024 (this plan year)	2025 (next plan year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year (January – December)</b> . To learn more about this payment option, please contact us at 1-800-457-8506 or visit Medicare.gov.

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## Section 3 Deciding Which Plan to Choose

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### Section 3.1 If You Want to Stay in UnitedHealthcare® Group Medicare Advantage (PPO)

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**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare, you will automatically be enrolled in our UnitedHealthcare® Group Medicare Advantage (PPO).

### Section 3.2 If You Want to Change Plans

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**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.**

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the **Medicare & You 2025 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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## Section 4 Deadline for Changing Plans

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**Because you are enrolled in our plan through your plan sponsor, you are only allowed to make plan changes at times designated by your plan sponsor.**

**Important Note:** You may 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 retirement benefits you may currently have through your plan sponsor. 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.

**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.**



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## Section 5 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 6 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- ☐ **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. To be eligible for the ADAP operating in your State, 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please contact the ADAP in your state. You can find your state’s ADAP contact information in Chapter 2 of the **Evidence of Coverage**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- ☐ **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug



costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-457-8506 or visit Medicare.gov.

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## Section 7 Questions?

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### Section 7.1 Getting Help from UnitedHealthcare® Group Medicare Advantage (PPO)

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Questions? We're here to help. Please call Customer Service at 1-800-457-8506. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m. local time, Monday-Friday. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next plan year's benefits and costs)**

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 **Evidence of Coverage** for UnitedHealthcare® Group Medicare Advantage (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at **retiree.uhc.com**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at **retiree.uhc.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

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## Section 7.2 Getting Help from Medicare

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To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read Medicare & You 2025**

Read the **Medicare & You 2025** handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.

## 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, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。



PO Box 31385  
Salt Lake City, UT 84131

**2025 Annual Notice  
of Changes enclosed.**

**Time-sensitive material**  
Important plan information

16147ANOC2025\_000



PO Box 31385  
Salt Lake City, UT 84131

**2025 Annual  
Notice of  
Changes  
enclosed.**

**Time-sensitive material**

Important plan information

16147ANOC2025\_000