WHAT YOU NEED TO KNOW ABOUT YOUR MEDICARE ADVANTAGE PLAN.

2017 Plan Guide

Columbia University

UnitedHealthcare® Group Medicare Advantage (HMO)

Effective: January 1, 2017 through December 31, 2017

Group Number: 40512
Plan INFORMATION

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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 these plans depends on the plan’s contract renewal with Medicare.
Enjoy the Benefits of a UNITEDHEALTHCARE® MEDICARE ADVANTAGE PLAN

Dear Retiree,

Your employer group or plan sponsor has selected UnitedHealthcare® to offer health care coverage for all eligible retirees. At UnitedHealthcare we believe you should have more than just a good insurance plan to help maintain your health. We want to work with you to help you live a healthier life.

We want to:
- Help you get access to the care you may need when you need it
- Give you tools and resources to help you be in more control of your health
- Try to help you find ways to save money on health care costs, so you can spend more on the things that matter most to you

In this book you will find:
- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- Details on how to enroll
- What you can expect after you enroll

Your 2017 plan information is also available online. You will need your Group Number found on the front cover of your booklet to access the website.

Enrolling is easy.

1. Find the Enrollment Request Form(s) in the “Enrollment” section of this book.
2. Fill out completely — make sure you sign and date the form(s).
3. Return your completed form(s) in the enclosed envelope before your enrollment deadline.

Take advantage of healthy extras.

We’re just a phone call away.
1-877-714-0178, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at www.UHCRetiree.com
Plan
INFORMATION
# Benefit Highlights

Columbia University 40512  
Effective January 1, 2017 to December 31, 2017  

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

## Medical Benefits

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits covered by Original Medicare and your plan</strong></td>
<td></td>
</tr>
<tr>
<td>Doctor’s office visit</td>
<td>In-Network</td>
</tr>
<tr>
<td>Primary Care Provider: $20 co-pay</td>
<td></td>
</tr>
<tr>
<td>Specialist: $20 co-pay</td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0 co-pay for Medicare-covered in-network preventive services. Refer to the Evidence of Coverage for additional information.</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$200 co-pay per admission</td>
</tr>
<tr>
<td>Skilled nursing facility (SNF)</td>
<td>$0 co-pay per day: days 1-20</td>
</tr>
<tr>
<td></td>
<td>$50 co-pay per additional day up to 100 days</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$100 co-pay</td>
</tr>
<tr>
<td>Outpatient rehabilitation (physical, occupational, or speech/language therapy)</td>
<td>$25 co-pay</td>
</tr>
<tr>
<td>Diagnostic radiology services (such as MRIs, CT scans)</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Lab services</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Outpatient x-rays</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Therapeutic radiology services (such as radiation treatment for cancer)</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$50 co-pay (worldwide)</td>
</tr>
<tr>
<td>Urgently needed services</td>
<td>$35 co-pay (worldwide)</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$6,700</td>
</tr>
<tr>
<td><strong>Additional benefits and programs not covered by Original Medicare</strong></td>
<td></td>
</tr>
<tr>
<td>Routine physical</td>
<td>$0 co-pay; 1 per plan year</td>
</tr>
<tr>
<td>Foot care - routine</td>
<td>$20 co-pay (Up to 6 visits per plan year)</td>
</tr>
<tr>
<td>Hearing - routine exam</td>
<td>$0 co-pay (1 exam every 12 months)</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Plan pays up to $500 for one hearing aid per ear (every 3 years)</td>
</tr>
<tr>
<td>Fitness program through SilverSneakers® Fitness program</td>
<td>Stay active with a basic membership at a participating location at no extra cost to you</td>
</tr>
<tr>
<td>NurseLine℠</td>
<td>Speak with a registered nurse (RN) 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Virtual Doctor Visits</td>
<td>Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a>.</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Your Cost</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Initial Coverage Stage</td>
<td></td>
</tr>
<tr>
<td>Network Pharmacy (30-day retail supply)</td>
<td>Mail Service Pharmacy (90-day supply)</td>
</tr>
<tr>
<td>Tier 1: Generic</td>
<td>$10 co-pay</td>
</tr>
<tr>
<td></td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Tier 2: Preferred brand</td>
<td>$25 co-pay</td>
</tr>
<tr>
<td></td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Tier 3: Non-preferred drug</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td></td>
<td>$100 co-pay</td>
</tr>
<tr>
<td>Tier 4: Specialty tier</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td></td>
<td>$100 co-pay</td>
</tr>
<tr>
<td>Coverage gap stage</td>
<td>After your total drug costs reach $3,700, the plan continues to</td>
</tr>
<tr>
<td></td>
<td>pay its share of the cost of your drugs and you pay your share of the</td>
</tr>
<tr>
<td></td>
<td>cost</td>
</tr>
<tr>
<td>Catastrophic coverage stage</td>
<td>After your total out-of-pocket costs reach $4,950, you will pay</td>
</tr>
<tr>
<td></td>
<td>the greater of $3.30 co-pay for generic (including brand drugs</td>
</tr>
<tr>
<td></td>
<td>treated as generic), $8.25 co-pay for all other drugs, or 5% of the</td>
</tr>
<tr>
<td></td>
<td>cost</td>
</tr>
</tbody>
</table>

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. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change each plan year.
This page left intentionally blank.
Your employer group or plan sponsor has chosen a UnitedHealthcare® Group Medicare Advantage plan. The word “Group” means this is a plan designed just for an employer group or plan sponsor, like yours. Only eligible retirees of your employer group or plan sponsor can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans combine all the benefits of Original Medicare including Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare.

Make sure you know what parts of Medicare you have.

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you’re not sure if you are enrolled in Medicare Part B, check with your local Social Security office

- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan

- If you stop your payments, you may be disenrolled from this plan

One drug plan at a time.

This plan includes prescription drug coverage. You can only have prescription drug coverage under one plan. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

Remember: If you drop your group-sponsored retiree health coverage, you may not be able to re-enroll. Limitations and restrictions vary by employer group or plan sponsor.
How your medical coverage works.
Your plan is a Health Maintenance Organization (HMO) plan. That means you must get care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist.

<table>
<thead>
<tr>
<th>Question</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the doctor or hospital accept my plan?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>What is my co-pay or co-insurance?</td>
<td>Co-pays and co-insurance vary by service.¹</td>
<td>You must pay the full cost for services.</td>
</tr>
<tr>
<td>Do I need to choose a primary care provider (PCP)?</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Are emergency and urgently needed services covered?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Do I have to pay the full cost for all covered doctor or hospital services?</td>
<td>No, you will pay your standard co-pay or co-insurance for the service you get.¹</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there a limit on how much I spend on medical services each year?</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹Refer to the Summary of Benefits or Benefit Highlights for more information.

Manage your account details online.

Once your plan is effective, create your secure online account at [www.UHCRetiree.com](http://www.UHCRetiree.com). After you’ve registered, you can track your bills and payments, view your account history and plan details and so much more online.
How your prescription drug coverage works.
Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. To check if your drugs are covered, please review your plan’s drug list.

How it works.

What pharmacies can I use?
You can choose from over 67,000 pharmacies across the United States including national chain, regional and independent local retail pharmacies.

What is a drug cost tier?
Drugs are divided into different cost levels or tiers. In general, the higher the tier, the higher the cost of the drug.

What will I pay for my prescription drugs?
What you pay will depend on the coverage your employer group or plan sponsor has arranged. Your exact cost may depend on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the drugs you have taken.¹

Do I need to keep paying my Part B monthly premium?
Yes. Medicare requires that you continue to pay your Part B monthly premium (to Social Security). If you stop paying your monthly Part B premium, you may be disenrolled from your plan.

Can I have more than one prescription drug plan?
No. You can only have one Medicare prescription drug plan at a time. If you enroll in another Medicare prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you may be disenrolled from this plan.

¹Refer to the Summary of Benefits or Benefit Highlights for more information.
What is IRMAA?
The Income-Related Monthly Adjustment Amount (IRMAA) is an amount you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay Part D-IRMAA.

What is a Medicare Part D Late Enrollment Penalty (LEP)?
If, at any time after you first become eligible for Part D, there’s a period of at least 63 days in a row when you don’t have Part D or other creditable prescription drug coverage, a late enrollment penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare provides. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. When you become a member, your employer group or plan sponsor will be asked to confirm that you have had continuous Part D plan coverage. If your employer group or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC).

Call Medicare to see if you qualify for Extra Help.

If you have a limited income, you may be able to get Extra Help from Medicare. If you qualify, Medicare could pay up to 75% or more of your drug costs. Many people qualify and don’t know it. There’s no penalty for applying, and you can re-apply every year.

Toll-Free 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week
Getting the health care
COVERAGE YOU MAY NEED

Your care begins with your doctor.
To get your full coverage through your plan, you will need to choose a primary care provider from our large local network. Your doctor may already be in our network. With your UnitedHealthcare Group Medicare Advantage plan, you’re connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy.

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

The UnitedHealthcare Network of Doctors
There is value in using a doctor in the plan’s network beyond having your benefits covered. UnitedHealthcare is working closely with its network of doctors to help provide them support.

Filling your prescriptions is convenient.
UnitedHealthcare has over 67,000 national, regional and local chains, as well as thousands of independent neighborhood pharmacies in its network.

We’re just a phone call away.

Toll-Free 1-877-714-0178, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at
www.UHCRetiree.com

12015 Internal Report Data
Additional support and programs.
At UnitedHealthcare, we want to make it easier for you and your doctor to take care of your health. Here are just a few of the ways we help.

**Annual Wellness Visit and preventive services at $0 co-pay.**
One of the best ways to stay on top of your health is with an Annual Wellness Visit with your doctor. Together, you can identify the preventive screenings you may need, review all your medications and talk about any health concerns. You may even get a reward just for completing your Annual Wellness Visit.

**You are never alone with NurseLine™**
Doctor’s office not open? Whether it’s a question about a medication or a health concern in the middle of the night, with NurseLine™ registered nurses answer your call 24 hours a day.

**Special programs for people with chronic or complex health needs.**
UnitedHealthcare offers special programs to help doctors with their patients who are living with chronic disease, like diabetes or heart disease. The patients get personal attention and the doctor gets up-to-date information to help them make decisions.

**Enjoy a clinical visit in the comfort of your own home.**
HouseCalls is an annual health program offered to you for no extra cost. The program sends a Nurse Practitioner or Physician who will visit you at home. During the visit, they will check your medical history and current medications. It can also give you a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit so you can share it with your doctor. HouseCalls may not be available in all areas.

**See a doctor using your computer, tablet or mobile phone.**
UnitedHealthcare’s Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smartphone. These doctors are special providers that have the ability to offer virtual medical visits. During a virtual visit, you can ask questions, get a diagnosis and the doctor can even prescribe medication that, if appropriate, can be sent to your pharmacy. You can find a list of participating virtual medical doctors online at www.UHCRetiree.com.

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1 If additional tests are required, there may be a co-pay or co-insurance.
2 Doctors can’t prescribe medications in all states.
Make caring for a loved one easier.
At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning. Also included is an on-site evaluation by a Registered Nurse and a personal plan of care developed by a Geriatric Case Manager. You will also have access to our Caregiver Partners website so you can explore our library of articles, buy caregiver related products and services and share information among family members to help improve communication and decision-making.

And so much more to help you live a healthier life.
We’ll be getting in touch soon to tell you about many more programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.
Tools and resources
TO PUT YOU IN CONTROL

Good health care decisions may help you to live healthier and may help lower your health care costs. It’s no secret that health care has become more complicated. UnitedHealthcare strives to make it easier by giving you the tools and resources you may need to help make good health decisions for you.

Valuable information is just a few clicks away.
As a UnitedHealthcare member, you will have access to a safe, secure and personalized website that gives you access 24 hours a day to:

- Look up your latest claim information
- Review your personal health record
- Search for network doctors
- Search for drugs and how much they cost under your plan
- Learn more about wellness topics and sign up for healthy challenges that are based on your interests

Get active and have fun with SilverSneakers® Fitness.
Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more than 13,000 participating locations. SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness and include a range of options from using light hand weights to more intense circuit training. At-home kits are offered for members who want to start working out at home or for those who can’t get to a fitness location due to injury, illness or being homebound.

We’re just a phone call away.
Toll-Free 1-877-714-0178, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week
Learn more online at www.UHCRetiree.com
One of the advantages of having your health care coverage through UnitedHealthcare is our size and experience. As one of the largest and oldest Medicare Advantage and Medicare prescription drug plans in the country, we bring you savings that are exclusive to UnitedHealthcare.

**Pharmacy Saver.™**
Pharmacy Saver is a cost-saving prescription drug program available to you as a plan member. UnitedHealthcare has worked with our network pharmacies to offer even lower prices on many common generic prescription drugs.¹ You’ll find participating pharmacies located in popular retailers and local drug stores.

Best of all, it’s easy. No additional enrollment is necessary. Simply take your qualifying prescription to a participating pharmacy, show your UnitedHealthcare member ID card, and they can help you switch.

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**The UnitedHealthcare Savings Promise**

UnitedHealthcare is committed to keeping your costs down for prescription drugs. As a member of our Medicare Advantage Prescription Drug plans, you have our Savings Promise that you’ll get the lowest price available. That low price may be your plan co-pay, the pharmacy’s retail price or our contracted price with the pharmacy.

¹Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

To see a listing of drugs available through Pharmacy Saver or to find a participating pharmacy, visit UnitedPharmacySaver.com.
You could save money on prescription drugs with exclusive member pricing at pharmacies in your local grocery, drug and discount stores.

**Save on the medications you take regularly.**
If you prefer the convenience of mail order, you could save time and money on your maintenance medications with our home delivery from OptumRx. You will have access to licensed pharmacists and, in addition, you can get automatic refill reminders with home delivery.

**Get a 90-day supply at retail pharmacies.**
In addition to your home delivery from OptumRx, most retail pharmacies offer 90-day supplies for some prescription drugs.

To find out if a retail pharmacy offers 90-day supplies, you can check your UnitedHealthcare pharmacy directory. Visit [www.UHCRetiree.com](http://www.UHCRetiree.com) to find pharmacies near you or call customer service toll-free at **1-877-714-0178**, TTY **711**, 8 a.m. to 8 p.m., local time 7 days a week to request a printed directory. Look for the symbol to see if a retail pharmacy offers 90-day supplies.

**Ask your doctor about trial supplies.**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced co-pay or co-insurance and make sure the medication works for you before getting a full month’s supply.

**Explore lower cost options.**
Each covered drug in your drug list is assigned to a tier. Generally, the lower the tier, the less you pay. If you’re taking a higher-tier drug, you may want to talk to your doctor to see if there’s a lower-tier drug you could take instead.

**Have an annual medication review.**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

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1Your employer group or plan sponsor may provide coverage beyond 90 days. Please refer to the Benefit Highlights or Summary of Benefits for more information.

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**We’re just a phone call away.**

**Toll-Free 1-877-714-0178, TTY 711**
8 a.m. - 8 p.m. local time, 7 days a week

Learn more online at [www.UHCRetiree.com](http://www.UHCRetiree.com)
2017 Summary of BENEFITS

UnitedHealthcare® Group Medicare Advantage (HMO)

Group Name (Plan Sponsor): Columbia University
Group Number: 40512

H0755-813

Our service area includes the following counties in:
New Jersey: Bergen, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Union.

This is a summary of drug coverages and health services provided by UnitedHealthcare® Group Medicare Advantage (HMO) January 1, 2017 - December 31, 2017.

For more information, please contact Customer Service at:

Toll-Free 1-877-714-0178, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week

www.UHCRetiree.com
Summary of Benefits

January 1, 2017 - December 31, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called “cost-sharing” or “out-of-pocket” costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we provide, it's just an overview. To get a complete list, visit our website at www.UHCRetiree.com to see the “Evidence of Coverage” or call customer service with any questions.

About this plan.

UnitedHealthcare® Group Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join UnitedHealthcare® Group Medicare Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, and be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

What’s inside?

Plan Premiums and Benefits

See plan costs including information about the monthly premium, deductible and maximum out-of-pocket limit.

UnitedHealthcare® Group Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers or pharmacies that are not in our network, the plan may not pay for these services or drugs, or you may pay more than you pay at an in-network pharmacy.

You can search for a network provider and pharmacy in the online directories at www.UHCRetiree.com.

Drug Coverage

Look to see what drugs are covered along with any restrictions in our plan formulary (list of Part D prescription drugs) found at www.UHCRetiree.com.
## UnitedHealthcare® Group Medicare Advantage (HMO)

### Premiums and Benefits

<table>
<thead>
<tr>
<th>Premiums and Benefits</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>Contact your group plan benefit administrator to determine your actual premium amount, if applicable.</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket Amount</strong> (does not include prescription drugs)</td>
<td>$6,700 for Medicare-covered services from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</td>
</tr>
</tbody>
</table>
## UnitedHealthcare® Group Medicare Advantage (HMO) Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Coverage</strong></td>
<td>$200 co-pay per admit</td>
</tr>
<tr>
<td></td>
<td>Our plan covers an unlimited number of days for an inpatient hospital stay.</td>
</tr>
<tr>
<td><strong>Doctor Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Specialists</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
</tr>
<tr>
<td>Medicare-covered</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Routine physical</td>
<td>$0 co-pay; 1 per plan year</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td>$50 co-pay (worldwide)</td>
</tr>
<tr>
<td></td>
<td>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</td>
</tr>
<tr>
<td><strong>Urgently needed services</strong></td>
<td>$35 co-pay (worldwide)</td>
</tr>
<tr>
<td></td>
<td>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Urgently Needed Services co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</td>
</tr>
<tr>
<td><strong>Diagnostic Tests, Lab and Radiology Services, and X-Rays</strong></td>
<td></td>
</tr>
<tr>
<td>Diagnostic radiology services (e.g. MRI)</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Lab services</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Diagnostic tests and procedures</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Therapeutic radiology</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Outpatient x-rays</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>$0 co-pay (1 exam every 12 months)</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Plan pays up to $500 for one hearing aid per ear (every 3 years)</td>
</tr>
<tr>
<td><strong>Vision Services</strong></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Eyewear after cataract surgery</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Mental Health Care</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient visit</td>
<td>$200 co-pay per admit, up to 190 days</td>
</tr>
<tr>
<td></td>
<td>Our plan covers 190 days for an inpatient hospital stay.</td>
</tr>
<tr>
<td>Outpatient group therapy visit</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Outpatient individual therapy visit</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td><strong>Skilled nursing facility (SNF)</strong></td>
<td>$0 co-pay per day: days 1-20</td>
</tr>
<tr>
<td></td>
<td>$50 co-pay per day; days 21-100</td>
</tr>
<tr>
<td></td>
<td>Our plan covers up to 100 days in a SNF.</td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td></td>
</tr>
<tr>
<td>Occupational therapy visit</td>
<td>$25 co-pay</td>
</tr>
<tr>
<td>Physical therapy and speech and language therapy visit</td>
<td>$25 co-pay</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Benefits</td>
<td>In-Network</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Routine Transportation</td>
<td>Not covered</td>
</tr>
<tr>
<td>Foot Care (podiatry services)</td>
<td>Foot exams and treatment $20 co-pay</td>
</tr>
<tr>
<td>Routine foot care</td>
<td>$20 co-pay for each visit (Up to 6 visits per plan year)</td>
</tr>
<tr>
<td>Medical Equipment / Supplies</td>
<td>Durable Medical Equipment (e.g., wheelchairs, oxygen) 20% of the cost</td>
</tr>
<tr>
<td>Prosthetics (e.g., braces, artificial limbs)</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Wellness Programs</td>
<td>Fitness program through SilverSneakers $0 membership fee. Monthly basic membership for SilverSneakers through network fitness centers. If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level - general fitness, strength, walking or yoga.</td>
</tr>
<tr>
<td>Medicare Part B Drugs</td>
<td>Chemotherapy drugs 20% of the cost</td>
</tr>
<tr>
<td></td>
<td>Other Part B drugs 20% of the cost</td>
</tr>
</tbody>
</table>
**Prescription Drugs**

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<table>
<thead>
<tr>
<th>Stage 1: Annual Prescription Deductible</th>
<th>Since you have no deductible, this payment stage doesn’t apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 2: Initial Coverage</strong> (After you pay your deductible, if applicable)</td>
<td><strong>Retail Cost-Sharing</strong></td>
</tr>
<tr>
<td>One-month supply</td>
<td>Three-month supply</td>
</tr>
<tr>
<td><strong>Tier 1: Generic</strong></td>
<td>$10 co-pay</td>
</tr>
<tr>
<td><strong>Tier 2: Preferred Brand</strong></td>
<td>$25 co-pay</td>
</tr>
<tr>
<td><strong>Tier 3: Non-Preferred Drugs</strong></td>
<td>$50 co-pay</td>
</tr>
<tr>
<td><strong>Tier 4: Specialty Tier</strong></td>
<td>$50 co-pay</td>
</tr>
<tr>
<td><strong>Stage 3: Coverage Gap Stage</strong></td>
<td>After your total drug costs reach $3,700, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.</td>
</tr>
<tr>
<td><strong>Stage 4: Catastrophic Coverage</strong></td>
<td>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,950, you pay the greater of:</td>
</tr>
<tr>
<td>• 5% of the cost, or</td>
<td></td>
</tr>
<tr>
<td>• $3.30 co-pay for generic (including brand drugs treated as generic) and a $8.25 co-pay for all other drugs.</td>
<td></td>
</tr>
<tr>
<td>Additional Benefits</td>
<td>In-Network</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Manual manipulation of the spine to correct subluxation</td>
</tr>
<tr>
<td><strong>Diabetes Management</strong></td>
<td>Diabetes monitoring supplies</td>
</tr>
<tr>
<td></td>
<td>We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2 System, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.</td>
</tr>
<tr>
<td><strong>Diabetes Self-management training</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Therapeutic shoes or inserts</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Home health care</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.</td>
</tr>
<tr>
<td><strong>NurseLine℠</strong></td>
<td>Speak with a registered nurse (RN) 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>$100 co-pay</td>
</tr>
<tr>
<td><strong>Outpatient Substance Abuse</strong></td>
<td>$20 co-pay</td>
</tr>
<tr>
<td><strong>Outpatient group therapy visit</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient individual therapy visit</strong></td>
<td>$20 co-pay</td>
</tr>
</tbody>
</table>
## Additional Benefits

<table>
<thead>
<tr>
<th>In-Network</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UnitedHealth Passport®</strong></td>
<td>Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network co-pay or co-insurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.</td>
</tr>
<tr>
<td><strong>Renal Dialysis</strong></td>
<td>20% of the cost</td>
</tr>
<tr>
<td><strong>Virtual Doctor Visits</strong></td>
<td>Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a>.</td>
</tr>
</tbody>
</table>
This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy 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.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-714-0178.
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-714-0178. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-714-0178. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-714-0178。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-714-0178。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。


French: Nous proposons des services gratuits d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-877-714-0178. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.


Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-714-0178. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
1-877-714-0178

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-714-0178. Un nostro incaricato che parla Italiano vi fornirà l’assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-714-0178. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-714-0178. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-714-0178. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-714-0178 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。
Nurseline should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. SilverSneakers® is a registered trademark of Healthways, Inc. © 2016 Healthways, Inc.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, co-pay amounts may be higher.

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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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.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.
Non-Discrimination Notice
UnitedHealthcare Insurance Company, on behalf of itself and its affiliated companies, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, please call the Customer Service number at the front of this booklet, TTY 711.

If you believe that UnitedHealthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

You can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the Customer Service number at the front of this booklet.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打本手冊封面的客戶服務部電話號碼。

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước Tập sách này.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 있는 고객 서비스 전화번호로 문의하십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasali ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

Kreyòl Ayisyen (French Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri re le nimewo Sèvis Kliyantèl la ki devan tiliv sa a.

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le service clientèle au numéro figurant au début de ce guide.

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número de telefone do Serviço ao Cliente na frente deste folheto.
ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero del Servizio alla clientela indicato all’inizio di questo libretto.

Deutsch (German)

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。本冊子の表紙に記載されているカスタマーサービスの電話番号にお電話ください。

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشند. لطفاً با شماره تلفن خدمات اعضا بر روی جلد این کتابچه تماس بگیرید.

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

Հայերեն (Armenian)
Մենք ձեզ կոչենք երբ հայերեն զգում ենք, պատճառ է, որ այստեղ զգում ենք իրական ուսմիջը, դրանցում են զգում եզրափակում ուսմիջը, որը կարողանան զգելներ զգում իր վրա, որով զգելիլիքը չի կարողանա.

ગુજરાતી (Gujarati)
સૂચના: જે તમે ગુજરાતી બોલતા હો, તો નિશ્ચત કરાય કે સહાય સેવાઓ તમારી ફકીર ઉપલબ્ધ છે. મહિલાઓ કે માણસી પુસ્તિકાની આગળમાં આંતરિક કસ્ટમર સેવાસંવચન ઉપર કોલ કરો.

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

اُردُو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ برائے کرم اس کتابچہ کے پہلے صفحہ پر موجود گلاب سروس نمبر برکل کریں.

ខ្មែរ (Cambodian)
ការប្រការ: ប្រការាការ្ស្រាប ការសិក្សា និង ការសិក្សារឿង ដោយ អ្នកអានប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ការសិក្សារឿង ដោយ អ្នកអានប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ការសិក្សារឿង ដោយ អ្នកអានប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប្រការាការ្ស្រាប ក្នុងប্র 
Punjabi (Punjabi)

विभिन्न हिंदू दिवस: ने उनमें भंजन चढ़ाई दे, उं देवगर्म दिन हरी परिवार यह भगवान भूसेवाय दे। बिंदा चढ़े

बंगाल (Bengali)

নক্ষ কর্মু: যদি আপনি বাংলা, কথা বলতে পারেন, তবে এমনি কথা ভাষায় উপস্থাপন করলে আপনি

Yiddish (Yiddish)

אאמטרקאמונים: איבר או רנטה, אדיבות. תאם פיארמא פבר אייר אдарק תולק תורורקפסה פראי פניל. ביטא רופא

Amharic (Amharic)


Thai (Thai)

เรื่อง: ถ้าคุณต้องการข้อมูลสามารถใช้บริการเบื้องต้นทางหน้าได้ที่ โปรดโทรศัพท์ที่หมายละเอียดอีบริการลูกค้า

Oromiffa (Oromo)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Maaloo fuula barruulee kana irraa karaa lakkoofsa bilbila Tajaajila Maamiltootaatiin bilbili.

Ilocano (Ilocano)

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenym. Maidawat nga awagan iti numero ti Customer Service ayan iti sango na daytoy nga booklet.

Lao (Lao)

ไปคูมอ: ท่านต้องการสิ่งแวดล้อม วิน, ทุกบริการของตัวเองทั้งหมดทั้งสิ้น, วัยนี้จะสิ้นสุดที่ทํา.

Albanian (Shqip)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj broshure.

Serbo-Croatian (Srpsko-hrvatski)


Ukrainian (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером телефону Відділу по роботі з клієнтами, вказаному на лиціовій стороні цієї брошури.
Nepali (Nepali)

ध्यान दिन्नुहोस्: तपाईंले नेपाली बोल्नु//= भने तपाईंको निमित्त भाषा सहयोग सेवाहुँ निश्चित रूपमा उपलब्ध छ। कृपया यो पृष्ठकार्यको अनुरोध उल्लेख गरिएको ग्राहक सेवा (Customer Service) मा कल गर्नुहोस्।

Nederlands (Dutch)

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Gelieve het telefoonnummer van de Consumentenservice die op de voorkant van dit boekje geschreven staat op te bellen.

Kajin Majöl (Marshallese)

LALE: Ňe kwōj kōmono Kajin Majöl, kwomaroñ bōk jerbal in jipaŋ ilo kajin ñe am ejjelǒk wōnāan. Kwon kaljol nõmba in telpon in Jipaŋ ñian Ri Wia eo ej jeje ñimaan buik in.

Română (Romanian)

ATENŢIE: Dacă vorbiţi limba română, vă stau la dispoziţie servicii de asistenţă lingvistică, gratuit. Vă rugăm să sunaţi la numărul Serviciului Clienţi de pe partea din faţă a acestei broşuri.

Tonga (Tongan)

FAKATOKANGA‘I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatoni lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Kataki o tā ki he fika ae vaha kihe kau kasitomaa ‘oku tuku atu ihe tohi ni.

Bisaya (Bisayan)

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Palihog kog tawag sa customer service nga numero sa atubangan aning booklet.

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Tafadhali piga nambari ya Huduma kwa Wateja iliyoko mbele ya kijitabu hiki.

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Deitsch (Pennsylvania Dutch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

ho'okomo 'òlelo (Hawaiian)
E NĀNAI: Inā ho'opuka ‘oe i ka ‘òlelo [ho'okomo ‘òlelo], loa'a ke kōkua manuahi iā ‘oe. E 'olu'olu ‘oe e kāhea i ka helu kelepona o Kōkua (Customer Service) ma mua o kēia pepelu.

Adamawa (Fulfulde)
MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Kusu noddum limngal hakkilanki Waroobe gonngal yeeso deftel nge’el.

tsalagi gawonihisdi (Cherokee)
Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Hwaclinohvli undalsdedi hia disesdi tsidoghwela agyvididla gohwelli’i

I linguahén Chamoru (Chamorro)
ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha. Pot fabot agang i numerun Setbision Taotao gi me’nane este na leblo.

(Assyrian)

(Burmese)

Diné Bizaad (Navajo)
Díí baa akó níníchí: Díí saad bee yánííí’tígo Diné Bizaad, saad bee áká’áñida’áwo’déé’, t’áá jiik’eh, éí ná hóló, T’áá shqdí díí nínaaltsos wólta’í bidáahí Na’díinííhí Biká’ana’áwo’í bích’í’ běéshí bee hane’í biká’ígií bee hólne’ dooleel.

(Bassa)
Dë dë nià ké dyédé gbo: Ó jù ké m [Básó-wudú-po-nyà] jú ní, níi, à wudú kà kò ço po-po bén m gbo kpàà. Soho, sébél i nsinga i homa bolo i nyuu mbon nlong i yé ntilgá bissu bi kat yon.

Chahta (Choctaw)
ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chি tosholahinla. Holisso tikba ilvppa itatoba toksvli ya ish í paya chike.
Drug LIST
This is a partial alphabetical list of drugs covered by the plan.

- **Brand name** drugs appear in **bold** type
- Generic drugs appear in plain type
- Each covered drug is in one of four cost-sharing tiers. The tier number is listed after the drug name
- Each tier has a co-pay or co-insurance amount
- For a description of the tiers, see the Summary of Benefits in this book

This list was last updated August 1, 2016. Please call Customer Service for more information or for a complete list of covered drugs. Our contact information is on the cover of this book.

<table>
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<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
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<td>Acetaminophen/Codeine (Tablet), T1</td>
<td>Acetazolamide (Tablet Immediate-Release), T1</td>
<td>Acetazolamide ER (Capsule Extended-Release 12 Hour), T1</td>
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<td>Acyclovir (Tablet), T1</td>
<td>Adacel (Injection), T2</td>
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<tr>
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<tr>
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<td>Allopurinol (Tablet), T1</td>
<td>Alprazolam (Tablet Immediate-Release), T1</td>
<td>Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup), T1</td>
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<tr>
<td>Amiodarone HCl (Tablet), T1</td>
<td>Amitiz (Capsule), T2</td>
<td>Amitriptyline HCl (Tablet), T1</td>
<td>Amlodipine Besylate (Tablet), T1</td>
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<td>Ammonium Lactate (12% Cream, 12% Lotion), T1</td>
<td>Amoxicillin (Capsule, Tablet), T1</td>
<td>Amlodipine Besylate/Benazepril HCl (Capsule), T1</td>
<td>Argatroban (125mg/125ml-0.9% Injection), T1</td>
</tr>
<tr>
<td>Apriso (Capsule Extended-Release 24 Hour), T2</td>
<td>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection), T4</td>
<td>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection), T3</td>
<td>Argatroban (250mg/2.5ml Injection), T1</td>
</tr>
<tr>
<td>Anastrozole (Tablet), T1</td>
<td>AndroGel (1.62% Packet, 1.62% Pump), T2</td>
<td>AndroGel (1.62% Packet, 1.62% Pump), T2</td>
<td>Arnusit Ellipta (Aerosol Powder), T2</td>
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<tr>
<td>Anorox (Capsule Extended-Release 12 Hour), T3</td>
<td>Arnuity Ellipta (Aerosol Powder), T2</td>
<td>Arnuity Ellipta (Aerosol Powder), T2</td>
<td>Atenolol (Tablet), T1</td>
</tr>
<tr>
<td>Atorvastatin Calcium (Tablet), T1</td>
<td>Apriso (Capsule Extended-Release 24 Hour), T2</td>
<td>Apriso (Capsule Extended-Release 24 Hour), T2</td>
<td>Atenolol (Tablet), T1</td>
</tr>
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T1 = Tier 1  T2 = Tier 2  T3 = Tier 3  T4 = Tier 4  
Y0066_160616_092405
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone), T1
Atripla (Tablet), T4
Atrovent HFA (Aerosol Solution), T3
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Avastin (Injection), T4
Avonex (Injection), T4
Azathioprine (Tablet), T1
Azelaic Acid (Topical Suspension), T1
Azithromycin (Oral Solution), T1
Azelastine HCl (0.05% Nasal Solution), T1
Azilect (Tablet), T2
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Bisoprolol Fumarate/Hydrochlorothiazide (Tablet), T1
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T1 = Tier 1  T2 = Tier 2  T3 = Tier 3  T4 = Tier 4
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Gabapentin (Capsule, Tablet), T1

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Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection), T4

Gabapentin (Capsule, Tablet), T1

Gammagard Liquid (Injection), T4
Gemfibrozil (Tablet), T1

Genotropin (12mg Injection, 5mg Injection), T4
Genotropin Miniquick (0.2mg Injection), T3
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection), T4

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Bold type = Brand name drug
Plain type = Generic drug
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What’s NEXT
HERE’S WHAT YOU CAN EXPECT NEXT

UnitedHealthcare® will process your enrollment.

This timeline shows you what we’ll be sending and how we’ll be contacting you in the coming months.

1. You will receive your member ID card. Keep your red, white and blue Medicare card somewhere safe.
2. Review your Welcome Packet. Once you’re enrolled in the plan, you will receive a Welcome Packet.
3. After your effective date, register online at the website listed below. Get easy, convenient access to all your plan information.
4. We’ll give you a call. Soon after your enrollment, Medicare requires us to call you asking to complete a short health survey.

We’re here for you.

We are always ready to help you, but it may save time if you have some information handy when you call. Be sure to let the Customer Service advocate know that you are calling about a group-sponsored plan. In addition, it is helpful to have:

- Your group number on the front of this book
- Medicare claim number and Medicare effective date — you can find this on your red, white and blue Medicare card
- If you have a question about your doctor or clinic, please have the names and addresses handy, and name and address of your pharmacy
- If you’re calling about drug coverage, please have a list of current prescriptions and dosages ready

We’re just a phone call away.

Toll-Free 1-877-714-0178, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan’s contract renewal with Medicare.
UnitedHealthcare® Group Medicare Advantage (HMO) and (Regional PPO) are Medicare Advantage Plans. UnitedHealthcare® RxSupplement™ is an Outpatient Prescription Drug Plan that works together with your Medicare Advantage plan.

Please complete BOTH of the Enrollment Request Forms on the next page using the instructions provided here. You can also enroll right over the phone by giving us a call at the number listed below.

<table>
<thead>
<tr>
<th>Plan Information</th>
<th>Please confirm the Plan Sponsor and Group Number match what is listed on the front cover of this booklet. If the information is incorrect or missing, please provide the correct information.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Include the date you expect your coverage to begin.</td>
</tr>
<tr>
<td></td>
<td>Write in the name of the Primary Care Physician (PCP) you have selected. The provider number can be found under the provider’s name at <a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a> or by calling us at the number below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>You must complete a separate form for each person enrolling in this plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please write your name exactly as it appears on your red, white and blue Medicare card. This is how it will appear on your member ID card.</td>
</tr>
<tr>
<td></td>
<td>Attach a copy of your Original Medicare card or your Letter of Verification from Social Security or the Railroad Retirement Board, if possible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Information</th>
<th>Please complete the questions about End-Stage Renal Disease (ESRD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In order to process this form, you must sign the form where indicated.</td>
</tr>
<tr>
<td></td>
<td>If someone helped you complete this form, that person must also sign this form and indicate his/her relationship to you. If you are receiving assistance from a sales agent, broker, or other individual employed by or contracted with our plan, he/she may be paid a commission based on your enrollment in the plan.</td>
</tr>
<tr>
<td></td>
<td>If your authorized representative helped you complete this form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows him/her to act on your behalf, if requested by the plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sign and Date the Enrollment Request Form</th>
<th>Return the completed forms in the enclosed envelope and send to: UnitedHealthcare P.O. Box 29650 Hot Springs, AR 71903-9973</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Incomplete information may delay your enrollment.

Questions? Call Customer Service:

- **Toll-Free 1-877-714-0178**
- **Learn more online at [www.UHCRetiree.com](http://www.UHCRetiree.com)**
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.

UnitedHealthcare RxSupplement is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.
1. Plan information:

Plan Sponsor: Columbia University

Group Number: 40512 GPS Employer ID: 3348

GPS Branch Number: 001

Effective Date Requested: [M M / D D / Y Y Y Y] (i.e., your proposed effective date, or on what day your coverage should begin)

Plan Sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

2. Applicant information – as it appears on your Medicare card:

(Please use black or blue ink.)

<table>
<thead>
<tr>
<th></th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Sex</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td></td>
<td>( ) -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Residence Street Address (P.O. Box not allowed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (only if different from your Permanent Street Address) (P.O. Box allowed for mailing only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>

Email Address

Emergency Contact

Contact Telephone Number ( ) -

Contact Relationship to You

3. Please provide your Medicare insurance information:

Use your red, white and blue Medicare card to complete this section — or — attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan. An incorrect or incomplete Medicare Claim number may cause a delay or denial of coverage.

<table>
<thead>
<tr>
<th>Medicare Claim Number</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Part A (Hospital) Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part B (Medical) Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>
Please read and answer these important questions.

Are you a resident in a long-term care facility, such as a nursing home? □ Yes □ No

If “yes,” Name of Institution __________________________
Address of Institution ____________________________________
City __________________________________ State ________ ZIP _________
Telephone Number of Institution ( ) — Date of Admission MM/DD/YYYY

4. Medical information:

Do you have End-Stage Renal Disease (ESRD)? □ Yes □ No

If “yes”, how long have you been on Medicare for ESRD? Start Date MM/DD/YYYY
End Date MM/DD/YYYY

If you answered “yes” to this question and you don’t need regular dialysis anymore or have had a successful kidney transplant, please attach a note or records from your doctor showing you don’t need dialysis or have had a successful kidney transplant.

If “yes”, are you currently a member of UnitedHealthcare? □ Yes □ No

If “yes”, what is your UnitedHealthcare member ID number?

Do you or your spouse work? □ Yes □ No

If “no”, what was your retirement date? MM/DD/YYYY

Your answer to the following questions will not keep you from being enrolled in this plan:

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to our plan? □ Yes □ No

If “yes”, please list your other coverage and your identification (ID) number for this coverage
Name of the Coverage __________________________
ID Number for Coverage __________________________ Group Number for Coverage __________________________

Do you have any health insurance other than Medicare, such as private insurance, Worker’s Compensation, VA benefits or other employer coverage? □ Yes □ No

Name of the Health Insurance __________________________
ID Number for Coverage __________________________ Group Number for Coverage __________________________

5. ATTENTION – please sign and date:

I understand that my signature on this Enrollment Request Form means that I have read and understood the contents of this Enrollment Request Form, including the Statements of Understanding, and that the information provided by me is accurate and complete. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

This Enrollment Request Form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.

Applicant Signature (or signature of authorized representative, please complete box below) __________________________
Today’s Date MM/DD/YYYY

Last Name  First Name  Medicare Claim Number

2 of 3
This page intentionally left blank.
### Authorized representative information:

If you are the authorized representative of the applicant, you must provide the following information and sign below.

If signed by an authorized representative of the applicant, this signature certifies that:

1. this person is authorized under State law to complete this enrollment and
2. documentation of this authority is available upon request by Medicare.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Medicare Claim Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number ( ) -</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
</table>

**Signature**

**Today's Date**

**Relationship to Applicant**

**Plan Representative, check here if you signed above and assisted in completing this form.**

<table>
<thead>
<tr>
<th>Sales Representative/Broker, please provide your signature and complete the information below:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Licensed Sales Representative/Broker Signature</th>
<th>Today's Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Licensed Sales Representative/Broker Name (Please Print)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agent/Broker ID Number</th>
<th>Referring Broker ID Number</th>
</tr>
</thead>
</table>

### 6. If someone assisted you in completing this form, please have that person complete the information below:

<table>
<thead>
<tr>
<th>Signature (of individual who assisted in completing this form)</th>
<th>Today's Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Plan Representative, check here if you signed above and assisted in completing this form.</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
</table>

**Sales Representative/Broker, please provide your signature and complete the information below:**

<table>
<thead>
<tr>
<th>Licensed Sales Representative/Broker Signature</th>
<th>Today's Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Licensed Sales Representative/Broker Name (Please Print)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agent/Broker ID Number</th>
<th>Referring Broker ID Number</th>
</tr>
</thead>
</table>

### 7. For office use only:

<table>
<thead>
<tr>
<th>Agent Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agent Number</th>
<th>NIPR Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Group Number</th>
<th>PBP Number</th>
</tr>
</thead>
</table>

| SEP □ | Employer Group SEP □ | ICEP/IEP □ | AEP (type) |

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Outpatient Prescription Drug Plan Enrollment Form
(Please Print)

Underwritten by UnitedHealthcare Insurance Company

Required Information

Employer/Former Employer Name: Columbia University
Employer ID #: 40512
Employer Subsidy Group #: 3348
Employer Billing #: 001

Please complete the entire form. Incomplete information can delay the enrollment process.
(Please Print – If you need more room for your answers to any questions, please use a separate sheet of paper.)

Date of Retiree’s Retirement __/__/____
Source of Enrollment
☐ Open Enrollment ☐ Newly Eligible ☐ Special Enrollment

1. Personal Information

Applicant Last Name
Applicant First Name
MI
Suffix

☐ Male
☐ Female
Date of Birth __/__/____
Marital Status of Applicant:
☐ Single ☐ Married ☐ Divorced ☐ Widow

Name of Retiree
Relation to Retiree:
☐ Self ☐ Spouse ☐ Child

Medicare Claim #
Part A Effective Date __/__/____
Part B Effective Date __/__/____
Part D Effective Date __/__/____

Permanent Residence Street Address (P.O. Box is not allowed)
City
State
Zip

Home Telephone # (   )
Alternate Telephone # (   )
E-mail Address

In the future, would you be willing to receive materials through electronic means? ☐ Yes ☐ No

If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the requested information on the next three lines. Providing this information will not affect your eligibility to enroll.

Institution Name
Date of Admission __/__/____
Telephone # (   )

Address
City
State
Zip

Doctor’s Name
Doctor’s Telephone # (   )
This page intentionally left blank.
2. Benefit Coordination / Other Insurance Carrier Information

1. Do you have other health insurance?  □ Yes  □ No  If Yes, complete Section 1a. – 1e. below.

2. Are you permanently disabled?  □ Yes  □ No  If Yes, complete the following:

   2a. Date disability began:  \( \frac{mm}{dd}/yyyy \)

3. Do you have a disability affecting your ability to communicate or read?  □ Yes  □ No

If you have special needs, this document may be available in other formats or languages upon request. Please contact us at 1-877-714-0178, TTY users should call 711. Our office hours are 8 a.m. – 8 p.m. local time, 7 days a week.

Do you work or plan to work?  □ Yes  □ No

<table>
<thead>
<tr>
<th>1a. Name</th>
<th>1b. Insurance Company Name</th>
<th>1c. Policy #</th>
<th>1d. Effective Date</th>
<th>1e. Other Employer Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( \frac{mm}{dd}/yyyy )</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>( \frac{mm}{dd}/yyyy )</td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

RETIRER  □ YES  □ NO  GROUP # __________________________

PLAN CODE __________________________

SPOUSE OR CHILD  □ YES  □ NO  VERIFICATION: _______ DATE _____/_____/_____

Initial

FOR EMPLOYER USE ONLY

□ Enrollee is eligible for retiree coverage

Effective Date: _____/_____/_____

Initial

Applicant Last Name
Applicant First Name
MI
Medicare Claim #
3. Terms and Conditions

I am requesting enrollment under the UnitedHealthcare Insurance Company (“UnitedHealthcare”) Group Retiree Policy. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.

2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.

3. Any material omission or intentional misrepresentation in answering the questions on this Enrollment Form may result in the denial of benefits and the termination of my coverage.

4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).

5. My current prescription drug coverage under Part D is provided by a UnitedHealthcare plan. I understand that if my coverage under the Part D plan ends, this coverage will also end.

6. All statements and descriptions in this enrollment form are deemed to be representations and not warranties.

I certify that I have read the Terms and Conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

Print Name of Applicant:

Signature of Applicant or Authorized Representative:  

Today’s Date:

Authorized Representative Information

If you are the authorized representative (Responsible Party, Power of Attorney, Family Member, etc.), you must sign above and provide the following information:

Name: ____________________________  Date: ________________  

Address: ____________________________  City: ________________  State: _____  Zip code: ________  

Relationship to Enrollee: ____________________________
Statements of UNDERSTANDING

By enrolling in this plan, I agree to the following:

This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party.

I can only have one Medicare Advantage or Prescription Drug plan at a time.

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will get a letter making me aware of the penalty and what the next steps are.

This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

I will get a Plan Details book that includes an Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only.

Starting on the date my coverage starts, I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO). The only exceptions are emergency or urgently needed services, or out-of-area dialysis services.

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Y0066_160702_002251A UHEX17MP3881843_001 SPRJ26648
Questions? We’re here to help.

1-877-714-0178, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week

www.UHCRetiree.com

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 these plans depends on the plan’s contract renewal with Medicare.