

Time to get what you've earned



more benefits focused on you

St. Martin Parish School Board



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Original Medicare basics

When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis
of disability or other
special situation

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

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



Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Offered by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care

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



Step 2

Decide if you need more coverage

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

Medicare Advantage plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare





Part D Low Income Premium Subsidy (LIPS)

Low Income Premium Subsidy (LIPS)

- Members with lower income levels may be eligible for “Extra Help” with prescription drug copays through Social Security.
- If you are having trouble paying for your medications, please contact Social Security to see if you qualify for the Low Income Premium Subsidy program. If you qualify, you could receive lower copays on your medications.
- To see if you qualify, please contact Social Security at 1-800-772-1213, 8 am – 7pm, Monday – Friday.





UnitedHealthcare Group Medicare Advantage National PPO Plan

Plan benefits, programs and features

Plan highlights



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

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



Part D/prescription drug coverage

Included in your Medicare Advantage plan



Additional benefits, programs and features

Bundled with your plan

Medicare Advantage (Part C) plans are provided through private insurers like UnitedHealthcare



Visit any doctor, specialist or hospital that accepts Medicare

Even though you are not required to see a network doctor, your doctor may already be part of our network.

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

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



Plan benefits

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

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



Preventive services

Benefit coverage	In-network	Out-of-network
Annual Physical	\$0 copay	\$0 copay
Annual Wellness Visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screenings	\$0 copay	\$0 copay
Colon cancer screenings	\$0 copay	\$0 copay



Additional benefits

Benefit coverage	In-network	Out-of-network
Medicare-covered podiatry	\$0 copay	\$0 copay
Medicare-covered chiropractic care	\$0 copay	\$0 copay
Medicare-covered vision services	\$0 copay	\$0 copay
Medicare-covered hearing services	\$0 copay	\$0 copay



Vision exam and eyewear*

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

- ✓ A routine eye exam once every 12 months with a \$0 copay
- ✓ \$130 allowance toward eyeglasses (frames and lenses), every 12 months
- ✓ \$175 allowance toward contact lenses instead of eyeglasses, every 12 months
- ✓ Out-of-network providers may require you to pay upfront and submit a reimbursement claim to UnitedHealthcare
- ✓ The network is UnitedHealthcare Medical Network with information on your UnitedHealthcare member ID card



When scheduling your appointment, make sure your vision and eyewear provider will bill the UnitedHealthcare medical plan before receiving routine vision services (routine eye exam and eyeglasses or contact lenses)

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



Dental benefit

Dental coverage for your oral health needs

With UnitedHealthcare® Dental, you'll have access to a large nationwide network with a combined 358,000 providers and locations.

- 100% coverage for exams, X-rays, cleanings and periodontal maintenance
- 80% coverage for minor services, including fillings, pulp protection and nitrous oxide*
- 50% coverage for major services, including crowns, root canals, dentures and more*
- Option of seeing out-of-network providers, if desired
- \$50 annual deductible; applies to minor and major services
- Deductible does not apply to preventive and diagnostic services
- \$1,000 annual calendar maximum
- Dental contact information can be found on the back of your UnitedHealthcare member ID card

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



Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network



Thousands of covered brand-name and generic prescription drugs



Bonus drug coverage in addition to Medicare Part D drug coverage

Check your plan's drug list at retiree.uhc.com or call Customer Service at 1-877-714-0178, TTY 711, 8 am – 8 pm local time, Monday – Friday to see if your prescription drugs are covered



Changes to Medicare Part D coverage— Inflation Reduction Act

What is it?

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

What does this mean?

Beginning January 1, 2025:

- The coverage gap stage (donut hole) is eliminated. The drug stages will be the deductible, initial coverage stage and catastrophic coverage stage.
- Your 2025 total out-of-pocket costs for Part D prescription drug costs will be limited to \$2,000*. That means that after you and others on your behalf have paid a combined total of \$2,000 for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees will have the option to pay their out-of-pocket prescription drug costs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan.

*If a plan has a lower out-of-pocket maximum in 2025, it would not increase but it may be calculated differently.



Medicare Prescription Payment Plan

What is it?

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

Who can participate in the Medicare Prescription Payment Plan program?

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan beginning on or after January 1, 2025. Information about the program is included in select plan materials.

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

This program may not be a good fit for members who have low yearly drug costs, who are not likely to reach the \$2,000 annual out-of-pocket maximum, or who have Extra Help or another government program to help save on their prescription drug costs.

How does it work?

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



Your plan's drug coverage stages and costs

Drug payment stages:

Annual deductible

Your Part D drug benefits do not have an annual deductible.

Initial coverage

You pay a copay for covered drugs.

Catastrophic coverage

After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.



Part D (prescription drug) benefits

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic All covered generic drugs	\$0 copay	\$0 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$35 copay	\$70 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$50 copay	\$100 copay
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	\$50 copay	\$50 copay (limited to 30-day supply)



Getting vaccinated is important to your health



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

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

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

Covered by Part B

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

Covered by Part D

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

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



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



Combine visits

Save time by combining your wellness visit and physical into a single office visit.



Schedule early

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



Follow recommendations

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

**Schedule anytime —
you don't have to wait 12 months**

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

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

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

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



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HouseCalls brings yearly check-in care to you*

Get a yearly in-home visit from one of our licensed health care practitioners at no additional cost to you. The visit includes:

- ✓ Up to an hour of 1:1 time with the health care practitioner
- ✓ Health screenings tailored to you
- ✓ A medication review
- ✓ A chance to get advice and ask questions to help you manage your health
- ✓ A visit summary that is sent to you and your primary care provider



Prefer a video visit?

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

*HouseCalls may not be available in all areas.



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Renew Active^{®3}

Renew Active is the gold standard in Medicare fitness programs and available at no additional cost to you.

- ✓ Provides you the chance to stay physically fit with a free gym membership and access to our network of fitness centers
- ✓ Access to on-demand workout videos and livestreaming fitness classes if you want to access the benefit from your home
- ✓ Social activities at local health and wellness classes and events



Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.



Fun ways to stay active with Let's Move by UnitedHealthcare

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



Let's eat well

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



Let's be mentally fit

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



Let's get fit

Get free access to at-home workouts, online classes and local fitness events.



Let's make friends

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



Let's live well

Learn ways to help manage your financial well-being.



Let's support

Find caregiver resources to help you support loved ones and yourself.



Get care anywhere with Virtual Visits

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

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



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

Virtual Provider Visits may be best for:

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

Virtual Behavioral Health Visits may be best for:

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

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

**Benefits and availability may vary by plan and location.

***Providers cannot prescribe medications in all states.



Take care of your mental health with behavioral health resources

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

- ✓ Ongoing mental health support with Optum® Behavioral Health
- ✓ Resources through our Health and Wellness experience



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

With 24/7 provider support:

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



Get help making health decisions — at no cost to you

*When medically necessary

**With member consent



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More peace-of-mind with a Personal Emergency Response System (PERS)*

With the Personal Emergency Response System (PERS), provided by Lifeline, help is a button push away.

- ✓ In-home medical alert monitoring system
- ✓ Quick access in any situation, whether an emergency or you just need a helping hand
- ✓ Safety, independence and peace of mind



**Help is just a push
button away**

*Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. You must have a working landline and/or cellular phone coverage to use PERS.



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Over-the-counter (OTC) credit

With this benefit, you'll get a \$40 credit each quarter added to your UCard to buy covered OTC products from network retail locations.



All credits will expire quarterly



OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.



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Extra help recovering with UnitedHealthcare Healthy at Home

With UnitedHealthcare Healthy at Home you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges*:



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



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



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

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



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Well-tuned care for your hearing

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

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

- ✓ Receive friendly expert advice through our national network of 6,500+ hearing providers* — or try virtual appointments**
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands including Phonak, Starkey®, Signia, ReSound, Widex® and Unitron™
- ✓ \$2,800 hearing aid allowance every three years when you use a UnitedHealthcare Hearing provider

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

**Select products and providers.

^Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



Save up to
50%

To get started and save up to 50% off standard industry prices^ with exclusive pricing, go online or call UnitedHealthcare Hearing.



Retiree Testimonials

Here is what some of the UnitedHealthcare Medicare Advantage members are saying:

Lottie B, Administrator, and spouse

As a retired administrator, I was faced with a decision regarding my health insurance coverage. My husband and I attended a meeting in 2021 with representatives from UnitedHealthcare and Mrs. Gwen Theriot, employee of the St. Martin Parish School Board. We were given a detailed explanation regarding the advantages of participating in the UnitedHealthcare (UHC)/Medicare Program. Such advantages included membership to a health club, a reduction in monthly insurance costs, over the counter products every quarter resulting in a savings of \$80 for both my husband and me, vision and dental coverage, visits and tele-conferences via health providers and, most importantly, quality customer service provided by UnitedHealthcare representatives. Honestly, I can say the UHC representatives are extremely professional and are available upon calling the 1-800-457-8506 number provided.

During the initial meeting in 2021, I recall saying to my husband—“**this sounds too good to be true!**” We decided at the end of the presentation that we would participate. To this day, we have no regrets! My husband and I are extremely satisfied with UnitedHealthcare Services. I am providing this testimonial because my husband and I are fully satisfied with the services, and we want you to share in the wonderful benefits provided by UnitedHealthcare/Medicare.



Here is what some of the UnitedHealthcare Medicare Advantage members are saying:

Kathy B, Business Office

I was skeptical at first, since I was just turning 65 and not sure what to expect switching from the St. Martin Parish School Board UMR PLAN to this new plan. But I must say I researched the Dr's that Sandy and I currently see and made sure they were on the new Plan. I also called to confirm that my scripts and Sandy's were also covered. One of Sandy's Diabetes medications was not covered. They suggested something else for me to get with his Dr and he did, and he was able to switch with no cost to him for the new script whereas before with the UMR PLAN he had a 10.00 Co-pay.

- 1) One benefit I find was the membership at Anytime Fitness. I was paying \$41.00 per month for my membership. But since switching to this UnitedHealthcare Medicare Advantage Plan my gym membership is free.
- 2) Another benefit is the Over-the-Counter products. We both receive \$40.00 per quarter for over-the-counter products.
- 3) Another benefit is my eyeglasses. I just ordered new glasses. I will receive a \$130.00 refund on the script for my new glasses, which I should be able to get every 2 years.

Also, by switching to the new plan, it will cost me less for my Group Insurance. That will help now that I have to pay the \$170.00 for my Medicare.



Here is what some of the UnitedHealthcare Medicare members are saying:

Cheryl F, Educator

Now that I have been part of UnitedHealthcare Insurance, for the past year, I want to thank you for all the efforts you put toward making SMP's insurance program viable for retired teachers. Over the year I have taken advantage of the many benefits this plan offers. The "Over the Counter" program has saved me \$40.00 every three months on the items that I'd otherwise have to pay for such as, electric toothbrush, toothpaste, Q-Tips, and much more. When I went for my biannual check up at the dentist, I left without having to fork over a credit card, saving about \$380.00; additionally, I was told there was a \$1,000.00 per year allowance for dental work. My eye exam was also covered by UnitedHealthcare, with an allowance for glasses. The prescriptions that are covered by the plan are free. However, the 'icing on the cake' of this health care plan, is the exercise benefits that are offered through certain fitness centers. The exercise machines at Lourdes Fitness Center are free and for \$9.00 a month, I am able to participate in any of the fitness instructional classes such as Tai Chi, Water Aerobics, and Water Pilates.



Here is what some of the UnitedHealthcare Medicare members are saying:

Rosemary D, Nutrition

I am very impressed with the retirement insurance. I have used everything they have told us we would get. My husband and I go to the gym every morning where I also get to do Zumba, all for free. All generic medicines including chemotherapy drugs are all free and never had problems filling any prescriptions. The \$130 eye glass benefit was very easy to get. The dental was for cleaning, we paid half and they paid half which will now be twice a year for free. The \$40 over the counter drugs every 3 months were easy to get with just a phone call. I have used the insurance for surgery, Dr visits, urgent care, lab services, and all visits have been paid 100%.





What to expect next

What to expect after enrollment

- 1 Read your Quick Start Guide/Welcome Package**
The Quick Start Guide gives you more information on how your benefits work and how to get the most out of your plan
- 2 Register online to access your plan information**
After you receive your Ucard, you can register online at retiree.uhc.com
- 3 Start using your card**
You can start using your Ucard as soon as your plan is effective
- 4 Help us understand your unique health needs**
Soon after your effective date, we will contact you to complete a short health survey. Throughout the year, we'll also provide reminders about preventive care as well as offer programs and resources to help you live a healthier life.



Visit the Virtual Education Center to explore and learn more

- ✓ Learn more about the custom programs offered to plan members
- ✓ Watch videos about the plan benefits
- ✓ Print additional plan program information
- ✓ Access via any tablet, computer or smartphone



uhcvirtualretiree.com/ra



Your all-in-one UCard

Your UnitedHealthcare® UCard is your Medicare Advantage PPO member ID — and much more. It opens doors to all your membership has to offer.

Sometime in the month of December 2024, you and any Medicare-eligible dependents covered by the plan will each get a Welcome Letter and UCard, which is your confirmation of enrollment.*

Activate your UCard — it's easy

There are 3 simple ways to activate your UnitedHealthcare UCard. Choose the one that works for you:

- 1 Scan the QR code with your smartphone or tablet to activate through the UnitedHealthcare app
- 2 Visit activate.uhc.com
- 3 Call the number on the card carrier your UCard is affixed to



How to use

Reach for your UCard when you:

- ✓ Visit a provider or fill a prescription
- ✓ Buy OTC products with your benefit credit
- ✓ Spend your earned rewards**
- ✓ Go to the gym

*Retirees in the same household may receive these on different days, which is a normal part of the mail stream.

By activating and/or using the benefits and reward funds with your UCard, you agree to the Terms and Conditions available at ucard.uhc.com. UCard does not need to be activated to visit your provider or fill a prescription. Benefits and features vary by plan/area. Limitations and exclusions apply.

**Reward offerings may vary by plan and are not available in all plans. By participating in the rewards program or using reward funds, you agree to the rewards terms of service. Rewards can only be used by members of UnitedHealthcare Medicare Advantage plans for eligible items at participating merchants and in accordance with applicable Medicare laws. Rewards funds are not redeemable for cash except as required by law. No ATM access. Rewards cannot be used to purchase Medicare-covered items or services, including medical or prescription drug out-of-pocket costs, or alcohol, tobacco or firearms.



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

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

- ✓ Visit the website and click on the **Sign In or register** button and then click **Register Now**
- ✓ Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
- ✓ Create your username and password, enter your email address, and click **Create my ID**
- ✓ For security purposes, you will need to verify your account by email, call or text



After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Look up** drugs and how much they cost under your plan
- **Search** for network providers
- **Sign up** to get your Explanation of Benefits online



UnitedHealthcare mobile app

With the UnitedHealthcare mobile app, you can stay on top of your benefits 24/7 anywhere you go.

Find care

- Find network care options for providers, clinics and hospitals in your area
- Talk to a provider 24/7

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and rewards

Stay on top of costs

- View your copay, annual deductible and out-of-pocket expenses

Fitness

- Find a gym location



To download the app, scan the QR code with the camera on a smartphone or tablet



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How to enroll

Enrolling for St. Martin Parish School Board retirees

You will **NOT** need to do anything if you like your current medical/Rx insurance selection...BUT if you want to change you must see Stacey Bienvenu and complete an Open Enrollment Change form to

- Change from UMR to UHC Group Medicare Advantage
- Change from UHC Group Medicare Advantage to UMR
- Changes above are effective 1/1/2025-12/31/2025, the next option to make changes will be at 2026 Open Enrollment Period.
- Drop all coverage (This can be done at any time during the year. Once dropped coverage **CANNOT** be reinstated) Persons with Medicare and Medicaid may want this option if they have been having a premium deducted from their retirement check but all of their medical costs are covered by Medicare and Medicaid.
- You can opt out by contacting St. Martin Parish School Board Benefits at 1-337-266-5695, TTY 711, and completing paperwork no later than **November 20, 2024**





**Income Related
Monthly Adjustment
Amount
(IRMAA)**

IRMAA - Income Related Monthly Adjustment Amount

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by Federal law and each amount is deducted from your monthly Social Security payments.
- IRMAA will apply if individual income is over **\$103,000** or if married (filing joint tax return) income is over **\$206,000**.
- If enrolled in the Group Medicare Advantage plans with UnitedHealthcare, higher income members may be subject to IRMAA.



Part B IRMAA – 2024 Amounts

This chart is based on IRS Reported Income from 2 years prior and are subject to change:

Beneficiaries who file individual tax return:	Beneficiaries who file a joint tax return with income:	Total monthly additional Part B premium amount:
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.86
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50
Greater than \$193,000 and less than or equal to \$500,000	Greater than \$386,000 and less than or equal to \$750,000	\$384.30
Greater than \$500,000	Greater than \$750,000	\$419.30



Part D IRMAA – 2024 Amounts

This chart is based on IRS Reported Income from 2 years prior and are subject to change:

Beneficiaries who file individual tax return:	Beneficiaries who file a joint tax return with income:	Total monthly additional Part D premium amount:
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$53.80
Greater than \$193,000 and less than or equal to \$500,000	Greater than \$386,000 and less than or equal to \$750,000	\$74.20
Greater than \$500,000	Greater than \$750,000	\$81.00





Questions and answers



Thank you

We look forward to welcoming you to our Medicare family

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

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

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

¹Optum Home Delivery is a service of Optum Rx pharmacy. Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for a <90- or 100-day> supply of your maintenance medication. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-877-714-0178, TTY 711, Monday – Friday, 8 am – 8 pm local time for additional information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

