



# 2026 Insurance Guide

## STAFFORD COUNTY PUBLIC SCHOOLS

UnitedHealthcare Senior Supplement

**Group Number:** 07063

**Effective:** January 1, 2026 through December 31, 2026

United  
Healthcare®



# UnitedHealthcare is here for what matters to you

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care and prescription drug coverage to their Medicare-eligible retirees. You can find your prescription drug plan information in the other guide included in this packet. With the UnitedHealthcare Senior Supplement® and UnitedHealthcare MedicareRx for Groups (PDP) plans, you'll enjoy an easier than ever Medicare experience. These plans were designed for a former employer or plan sponsor like yours. Only eligible retirees, like you, can enroll in these plans.



## Read through this Insurance Guide to get to know your new plan

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Insurance Guide. It has information that will be helpful once you become a member.

You can also get plan information at the website below. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. Or, use the Group Number on the front cover of this book to access plan materials online.



## How to enroll

If you want to enroll in this plan, follow the instructions from your former employer or plan sponsor. They will forward your enrollment information to us.



## Take control of your health

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.



Visit [retiree.uhc.com](https://retiree.uhc.com)  
and select the **Chat now** button



Call toll-free **1-800-851-3802**, TTY **711**  
8 a.m.-8 p.m. local time, Monday-Friday

# You get so much more than health insurance

Medicare only covers about 80% of your expenses. UnitedHealthcare Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs not covered by Medicare Parts A and B – like copays and deductibles.

You get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

## Here's just some of what this plan offers



**No deductible**



**\$0 copay** for an Annual Wellness Visit and many preventive services



**\$10 copay for an eye exam** every 12 months and \$125 allowance every 24 months to spend on frames or contact lenses



**Free standard gym membership** at participating locations



**Access to UnitedHealthcare Hearing** for expert advice and a wide range of hearing aids



**Virtual doctor and behavioral health visits** using your computer, tablet or Smartphone – anytime, day or night



**Freedom to choose** any doctor, specialist or hospital anywhere in the country that accepts Medicare



**Review the Plan Summary** in this guide for more details

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# Get to know your plan

It's important that you understand your plan and what benefits are covered. You can find more information at [retiree.uhc.com](https://retiree.uhc.com).



## Stay within your budget

Your plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don't cover.



## Visit the providers you want

You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.<sup>1</sup>



## Get additional support and programs

You get additional health and wellness programs, at no additional cost.



## Review the Plan Summary in this guide to see how much you'll pay for medical services

You can also review the Plan Summary online.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at [ssa.gov/locator](https://ssa.gov/locator) or call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

## You're eligible to enroll in this plan if you:



Are entitled to Medicare Part A and enrolled in Medicare Part B.



Continue to pay your Part B premium.



**Remember:** If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

<sup>1</sup>You can see any doctor who accepts Medicare but costs may be lower with an in-network doctor. 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 Certificate of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# 2026 Plan Summary

## Plan F

### UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company  
 In New York, Underwritten by UnitedHealthcare Insurance Company of New York

**The amounts listed in this summary are based on 2026 Medicare amounts. Amounts may change for 2027.**

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a welcome kit which will include a Certificate and Schedule of Benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the Certificate and Schedule of Benefits before you enroll in the plan, please call customer service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered service	Medicare pays	Senior Supplement pays	You pay
<b>Inpatient hospital services</b>			
Medicare Part A hospital – semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1–60	All but \$1,736	\$1,736 (Medicare Part A deductible)	\$0
Days 61–90	All but \$434 per day	\$434 per day	\$0
Days 91–150 (while using 60 lifetime reserve days)	All but \$868 per day	\$868 per day	\$0
Days 151–365 (lifetime additional reserve days)	\$0	100% of Medicare eligible expenses	\$0
Beyond 365 (lifetime additional reserve days)	\$0	\$0	All costs
<b>Skilled nursing facility care</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the hospital.			
Days 1–20	All approved amounts	\$0	\$0
Days 21–100	All but \$217 per day	Up to \$217 per day	\$0

Covered service	Medicare pays	Senior Supplement pays	You pay
Days 101 and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints Medicare Part A	\$0	100%	\$0
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	100%	\$0
Next \$283 of Medicare approved amounts under Medicare Part B	\$0	\$283 <sup>1</sup>	\$0
Remainder of Medicare approved amounts under Medicare Part B	80%	20%	\$0
<b>Hospice services</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	100% of balance	\$0
<b>Medical services</b>			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$283 of Medicare approved amounts	\$0	\$283 (Medicare Part B deductible) <sup>1</sup>	\$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Outpatient mental illness (for most outpatient mental illness services)	80%	20%	\$0
Medicare Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
<b>Preventive health care (Medicare covered)</b>			
Periodic health screenings (please refer to your certificate)	100%	All approved amounts	\$0

Covered service	Medicare pays	Senior Supplement pays	You pay
<b>Durable medical equipment</b>			
First \$283 of Medicare approved amounts	\$0	\$283 (Medicare Part B deductible) <sup>1</sup>	\$0
Remainder of Medicare approved amounts	80% of approved amounts	20% of approved amounts	\$0
<b>Home health care</b>			
Skilled care services and medical supplies	All approved amounts	Balance (if applicable)	\$0
<b>Preventive health care (not covered by Medicare)</b>			
Annual routine physical exam	\$0	100%	\$0
<b>Foreign travel</b>			
Medically necessary emergency care services beginning during the first six months of each trip outside the United States. First \$250 each calendar year	\$0	\$0	\$250 deductible
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and all amounts over the \$50,000 lifetime maximum

## Additional support and programs

### In-network and out-of-network



#### Annual Physical and Wellness Visit<sup>2</sup>

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns.



#### Fitness program<sup>3</sup> Renew Active<sup>®</sup> by UnitedHealthcare

\$0 copay for Renew Active by UnitedHealthcare, a Medicare fitness program. It includes a gym membership at a fitness location you select from a national network, plus online classes and fun activities outside of the gym, at no additional cost.

Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.



#### Virtual Doctor Visits<sup>4</sup>

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor — any time, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

**Virtual Doctor Visits** may be good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

## Exclusions and limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the company to be a Medicare eligible expense, unless coverage for the expense or service is specifically provided by a rider to the policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any workers' compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide. Except when the injuries are otherwise covered by the plan and are the result of a medical condition (such as depression).
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.

**This plan summary is a highlight of benefits only and is not all inclusive of the plan's benefits, services, or exclusions and limitations.**

## Required Information

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program.

UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

<sup>1</sup>Once \$283 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.

<sup>2</sup>A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

<sup>3</sup>The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities 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.

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.

<sup>4</sup>Benefits, features and/or devices vary by plan/area. Network limitations and exclusions apply. Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.

# UnitedHealthcare® Senior Supplement Vision Care Benefit Rider

(For benefits not covered by Medicare)

## UnitedHealthcare Insurance Company

(Herein called we, our, us and the company)

This rider is issued as part of the policy and any certificate to which it is attached. This rider is subject to all the terms and provisions of the policy, except as stated below. In consideration of any additional premium, we will provide the coverage described in this rider.

## Benefits

The company will pay a vision care benefit for covered expenses incurred by a covered person for covered services described below in the vision care schedule of benefits, subject to the exclusions and limitations described in this rider, which do not exceed any applicable maximum shown in the certificate.

**Vision care schedule of benefits.** Benefits will not exceed the limits set forth below:

Vision care schedule of benefits	
<b>Eye examination for eyeglasses or contact lenses (refraction):</b> benefits limited to 1 eye examination per 12 month period	Copayment: \$10 per visit
<b>Lenses and frames or contact lenses:</b> benefits limited to 1 pair of lenses and frames or 1 pair of contact lenses per 24 month period	See eyewear maximum benefit below
<b>Eye examination maximum benefit:</b> \$80 per 12 month period	
<b>Eyewear maximum benefit:</b> \$125 per 24 month period	

## Covered services

Covered services are limited to those vision care services which are provided by a physician, an optometrist or optician for an eye examination and eyewear to the covered person.

## Vision care benefit maximum

The vision care benefit maximum per covered person for all covered expenses is the amount shown above in the vision care benefit schedule of benefits. It applies separately to each covered person.

## Definitions

<b>Calendar year</b>	January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.
<b>Eyewear</b>	Frames, single vision, bifocal, trifocal, and lenticular lenses and contact lenses.
<b>Plan year</b>	Any consecutive 12 month period beginning on the effective date shown in the policy.
<b>Vision care</b>	Those services prescribed by a physician, an optometrist or optician for the care and treatment of the covered person's vision.

## Vision care benefit rider

### Exclusions and limitations

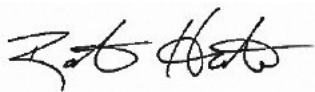
Unless provided for in this rider, vision care benefits are not payable for expenses excluded by the certificate or for the following expenses:

1. Medical or surgical treatment of the eye
2. Outpatient prescription drugs or other medications for the eyes
3. Experimental and/or investigational treatment
4. Care or treatment for any sickness or injury for services provided by a government agency
5. Charges for completion of insurance or other claim forms, or charges for missed or rescheduled appointments
6. Lenses which do not require a prescription written by a physician, including eyeglasses or lenses which provide no visual correction or are for cosmetic use
7. Duplicate eyeglass lenses or frames
8. Two (2) pairs of eyeglasses in lieu of bifocals; three (3) pairs of eyeglasses in lieu of trifocals

### Effective date

This rider is effective on the effective date of the group health insurance policy and certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the policy and certificate. This rider terminates at the same time as the group health insurance policy and certificate. This rider does not change, waive or extend any part of the policy and certificate other than as stated herein.

Signed on behalf of UnitedHealthcare Insurance Company,



Robert Hunter, President

## Questions?

Visit your member site or call Customer Service.

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

**ማሳሰቢያ:- አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባራት እንደ ትልቅ አትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የሰልክ ቁጥር ይደውሉ።

**ملاحظة:** إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

**দেখুন:** আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

**ចំណាំ:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាភាគតិចភ្នំ និងការទំនាក់ទំនងភាគតិចភ្នំក្នុងនាមប្រជុំផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចភ្នំនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**請注意：**如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

**ATTENTION:** Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

**ATANSYON:** Si w pale **Kreyòl Ayisyen (French Creole-Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

**ACHTUNG:** Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

**ΠΡΟΣΟΧΗ:** Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.



ધ્યાન આપો: જો તમે ગુજરાતી (**Gujarati**) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

**ध्यान दें:** यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

**LUS TSEEM CEEB:** Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

**ATENSIÓN:** No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

**ATTENZIONE:** se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

**注意事項：**日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

**알림 사항:** 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

**ໝາຍເຫດ:** ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (**Lao**), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາພາສາພາສາ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**ध्यान दिनुहोस्:** यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।



**توجه:** اگر به زبان فارسی (**Persian-Farsi**) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتان تماس بگیرید.

**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (**Punjabi**) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**ВНИМАНИЕ!** Если вы говорите на **русском** языке (**Russian**), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

**โปรดทราบ** หากคุณพูดภาษาไทย (**Thai**) ได้  
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น  
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

**ЗВЕРНІТЬ УВАГУ!** Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

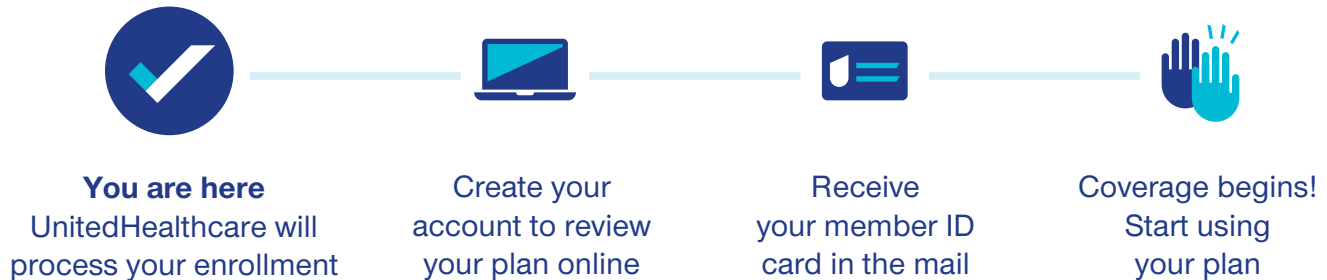
**توجہ دیں:** اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

**LƯU Ý:** Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.



# Here's what you can expect next

Your Senior Supplement and prescription drug member ID cards will arrive separately. Once you're a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it.



## Manage your plan online

If you haven't done so already, use your Medicare number or member ID number and email address to create an account at [retiree.uhc.com](https://retiree.uhc.com). Online you can:

- Sign up to get your Explanation of Benefits online
- Find benefit information and plan materials
- Learn more about health and wellness topics

## Once your coverage begins

- Schedule your annual wellness visit and stay on top of your preventive care
- Access UnitedHealthcare Hearing at [UHChearing.com/retiree](https://UHChearing.com/retiree) for expert advice and a wide range of hearing aids
- Stay active with your free standard gym membership at participating locations

### Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Insurance Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



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UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us.

## We're happy to help.



Visit [retiree.uhc.com](https://retiree.uhc.com)  
and select the **Chat now** button.



Call toll-free **1-800-851-3802**, TTY **711**  
8 a.m.-8 p.m. local time, Monday-Friday