

Member Name **MR SAMPLE A MEMBER**
Member Id **999999999**
Job Id **1407546**

Processed Date **11/29/2022**
Expected Mail Date
Actual Mail Date

Mail To Address
MR SAMPLE A MEMBER
123 MAIN STREET
SUITE 2023
NEW YORK, NY 10001

2023 Quick Start Guide

Take advantage of your Prescription Drug plan



An illustration of two hands, one blue and one yellow, holding a white heart. The hands are positioned at the top of the page, with the blue hand on the left and the yellow hand on the right. The heart is in the center, and the hands are cupped around it.

Welcome to your plan

Medicare has approved your enrollment. This guide explains your plan and steps you can take now to be ready when your plan coverage begins.

Your plan coverage begins January 1, 2023

Your new UnitedHealthcare® member ID card is attached to the front of this guide

Remove the card so you can start using it when your coverage begins. You'll need to show it each time you fill a prescription.

We look forward to helping you live a happier and healthier life.

 For more plan information, visit retiree.uhc.com/TRB

Get to know your plan

What are my costs with this plan?

You'll get a bill from us or your plan sponsor if you're responsible for some or all of your monthly premium. It will include your costs for the plan.

Please talk with your plan sponsor if you have questions about your premium amount.

Questions?

Call toll-free **1-866-794-3033**, TTY **711**,
8 a.m.-8 p.m. local time, Monday - Friday

What's next

Manage Your Account

Page 10

Your Drug Benefits

Page 14

Get Some Great Extras

Page 20

New to Medicare?

Page 24



We'll be in touch soon

We'll send you mailings throughout the year that will help you stay informed and take advantage of plan benefits, programs and services.

Explanation of Benefits (EOB)

Your EOB summarizes your claims and costs each month you fill a prescription.

Annual Notice of Changes






Your Annual Notice of Changes explains any plan cost or benefit changes for the year.

A few things before we get started

Can I get help with my prescription drug costs?

People with limited income may qualify for Medicare's Extra Help program. This program helps pay your prescription drug costs.

If you qualify:

-  Medicare could pay for 75% or more of your monthly premiums, annual deductibles and prescription copays or coinsurance.
-  You won't have a coverage gap or a Late Enrollment Penalty (LEP).
-  You may change plans once per quarter for the first 9 months of the year.
-  If you lose Extra Help during the year, you can change plans for up to 3 months after you lose it or after you're notified that you no longer qualify (whichever is later).
-  You should speak with your former employer, union group or trust administrator (plan sponsor) before you change plans. If you change plans, you may not be able to re-enroll in your group-sponsored plan.

Many qualify for Extra Help and don't even know it. If you'd like to apply or want more information, contact your local Social Security office or call toll-free at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also visit **[socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp)**.

If you think you qualify, but you don't have or can't find proof, please call toll-free **1-866-794-3033**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday.

What is a Late Enrollment Penalty (LEP)?

An LEP is an amount Medicare adds to your monthly premium. If you have an LEP, you'll need to pay it as long as you have Medicare Prescription Drug coverage. This penalty is required by law. It's designed to encourage people to enroll in a Medicare drug plan when they are first eligible.

You may owe an LEP if:



You didn't join a Medicare plan that included prescription drug coverage when you were first eligible for Medicare.

AND



You didn't have other prescription drug coverage that met Medicare's minimum standards.

OR



You had a break in coverage of at least 63 days.

We'll send you a separate letter if you owe an LEP. If you had an LEP with your last plan, you'll also have one with this plan.

For more information about the LEP, call us toll-free at **1-866-794-3033**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday.

If you still have questions, you can contact Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week or visit [medicare.gov](https://www.medicare.gov) for online help.

What if I have Medigap (Medicare Supplemental Insurance) coverage?

If you have a Medigap plan that includes prescription drug coverage, you should call your Medigap plan to let them know that you've joined a Medicare Prescription Drug plan. Your Medigap plan may remove the prescription drug coverage from your policy and update your premium.

For more information about Medigap and the Late Enrollment Penalty (LEP), you can call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week or visit **medicare.gov** for online help.

Can I change plans?

Talk with your plan sponsor before you change plans. You may not be able to re-enroll in your group-sponsored plan if you enroll in another plan. You can change your coverage election each year during open enrollment, which takes place in the Fall each year. Coverage is effective the following January 1.

Manage Your Account



Verify your contact information

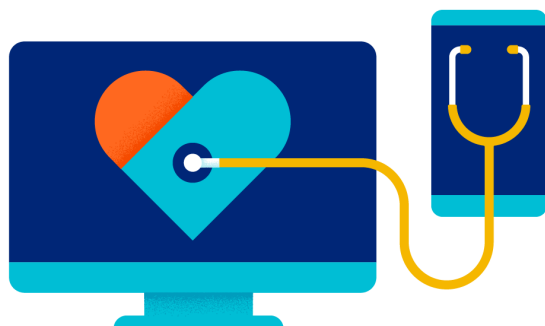
If you have changes to your address, phone number or email address, please call Customer Service at the number on the back of your member ID card.



Share access with someone you trust

You can name a spouse or someone else you trust to speak with us about your account. Please complete the Authorized Representative form on the Plan Documents and Resources page of your member website or call UnitedHealthcare Customer Service.





Create your online account

Use your new UnitedHealthcare member ID card to register your account at retiree.uhc.com/TRB.

Once you've registered, you can access plan details including:

Search for drug(s) and pharmacies

Use our online search tools to look up drug(s) and find pharmacies near you.

 Searches are based on your ZIP code.

Print your UnitedHealthcare member ID card

Print a temporary UnitedHealthcare member ID card and request a new one if you need a replacement.

Go paperless

We'll send you an email when documents are ready to view in your secure online account.

Review the following information online

Review the information online from a computer, tablet or smartphone at retiree.uhc.com/TRB.



Pharmacy Directory

See which pharmacies are in the network.



Drug List (Formulary)

Review restrictions and make sure the drugs you take are covered.



Evidence of Coverage (EOC)

This is the legal, detailed description of your plan benefits. It explains your rights and responsibilities as a member and includes information about the quality program and how medical coverage decisions are made. You can also find information about your prescription drug coverage in the **Certificate of Coverage**.



If you want a paper copy of any of these documents, please call the UnitedHealthcare Customer Service number on the back of your UnitedHealthcare member ID card.

Your Drug Benefits



Make sure your drugs are covered

Review the Drug List for new restrictions and to make sure your drugs are covered.



Fill your prescription in the network

There are thousands of national and local pharmacies in your plan's network. You'll need to use a network pharmacy or the plan may not pay.

Find a pharmacy and review your Drug List at:

- retiree.uhc.com/TRB
- Call toll-free **1-866-794-3033**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday



Always follow your provider's directions when taking your prescriptions

For your medications to work most effectively, you need to take them as directed by your provider. This is especially true if you're taking drugs to treat diabetes, high blood pressure or high cholesterol. Left untreated, conditions like these could lead to bigger problems. If you're having trouble taking your medications as directed, please talk to your provider or pharmacist.



Are generic drugs less expensive?

A generic drug is a drug that has been approved by the FDA as having the same active ingredient as the brand-name version. In general, generic drugs cost less than brand-name drugs. But it's important to remember that generic drugs aren't always the cheaper option. Some generic drugs are in higher drug tiers, which can make them more expensive than similar drugs in a lower tier.

The best plan is to talk to your provider about your drug choices. You can ask if a brand-name drug has a generic version. If you have questions about what a drug costs, Customer Service is always happy to help.



90-day supply at retail pharmacies

Most retail pharmacies offer 90-day supplies for some of your prescription drugs. To find out if a retail pharmacy offers 90-day supplies, you can check your Pharmacy Directory and look for the pill symbol or go to your plan website, sign in and click on **Locate a Pharmacy**.



Ask your provider about trial supplies

A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.

Your drug coverage stages and costs

Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial Coverage

If you don't have a deductible, your coverage begins in the initial coverage stage. You pay a copay or coinsurance and the plan pays the rest.

Coverage Gap

After your total drug costs reach a certain dollar amount, you move into the coverage gap stage.

Catastrophic Coverage

After your out-of-pocket costs reach a certain dollar amount, you enter the catastrophic coverage stage. You may pay a copay or coinsurance and you stay in this stage for the rest of the plan year.

Total drug costs

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting on your effective date. This does not include premiums.

Out-of-pocket costs

The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting on your effective date. This does not include premiums. **When your total Out-of-pocket costs (what you pay) reach \$3,500 you will not pay any co-pay or co-insurance.**

Annual prescription (Part D) deductible

\$200

Initial Coverage Stage

Network Pharmacy (31-day retail supply)

Tier 1: Preferred Generic	5% coinsurance
Tier 2: Preferred Brand	20% coinsurance
Tier 3: Non-preferred Drug	30% coinsurance
Tier 4: Specialty Tier	30% coinsurance

Mail Service Pharmacy (90-day supply)

Tier 1: Preferred Generic	5% coinsurance
Tier 2: Preferred Brand	20% coinsurance
Tier 3: Non-preferred Drug	30% coinsurance
Tier 4: Specialty Tier	30% coinsurance

For complete prescription drug information, see your Evidence of Coverage.

Get your prescription drugs delivered to your home

When your coverage begins, sign up for Optum® Home Delivery through Optum Rx® pharmacy to help save time and money filling your maintenance medications.[†] Use Optum Home Delivery to get a 3-month supply[§] of your medications mailed right to your home. There's no charge for standard shipping.

You can also use other home delivery pharmacies to fill your prescriptions. Visit retiree.uhc.com/TRB to find a pharmacy.

Here's how home delivery works:

- 1 Order up to a 3-month supply of your maintenance medications
- 2 Optum Rx® pharmacy fills your order and mails it to you through Optum Home Delivery
- 3 Your medication arrives within 5–7 days

Questions?

Visit retiree.uhc.com/TRB to learn more about home delivery.

Get the Optum Rx[®] app



Manage your medication(s) easier by downloading the Optum Rx[®] app to your smartphone or tablet.

App is available to download on both Apple and Android devices.



Get Some Great Extras



UnitedHealthcare Hearing

You have access to routine hearing exams, customized care options, brand-name and private-label hearing aids and professional nationwide support for your hearing needs.†



**uhchearing.com/TRB
1-866-445-2071, TTY 711**

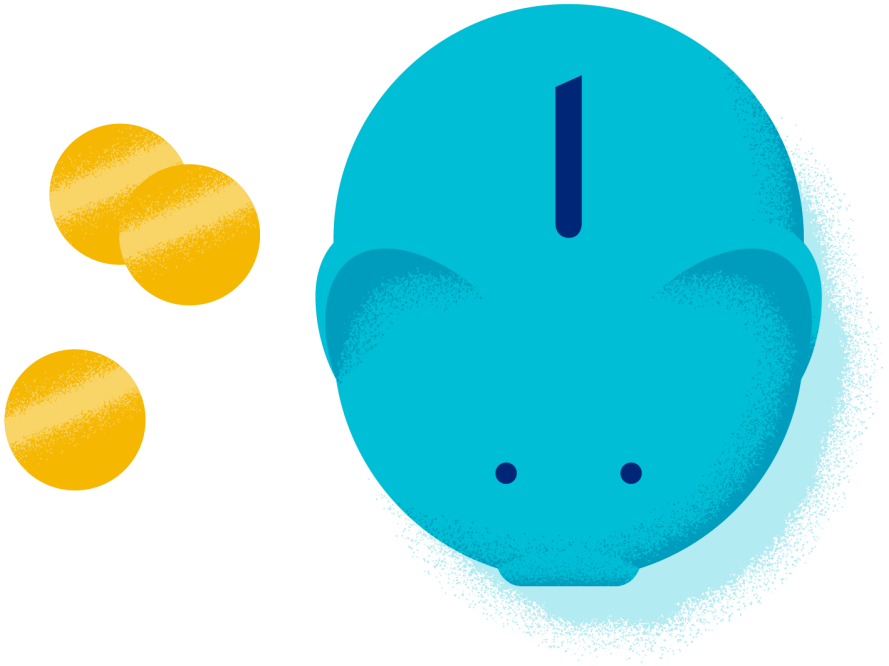


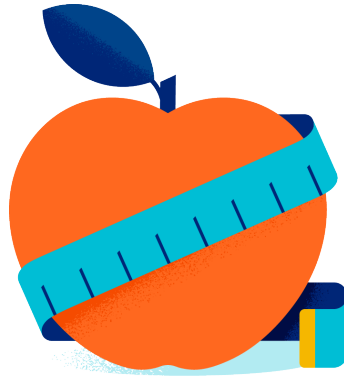
Discount Program[◇]

You also have access to discounts on a variety of products and services. This may include discounts on home-delivered meals, in-home personal care, nutrition, fitness gear, chiropractic, acupuncture, vision services and more. These discounts are available at no cost to you.

Learn more by visiting **uhretireediscounts.lifemart.com** for a list of discounts available in your area.

Acupuncture, chiropractic, natural healing, and physical and occupational therapy discounts are not currently available in California.





Live healthier with Renew

Renew by UnitedHealthcare[®]^Δ is our health and wellness experience that offers a wide variety of resources and activities designed to help support your health and wellness goals. Renew includes:

- ✓ Brain games
- ✓ Recipes
- ✓ Learning courses
- ✓ Workout videos
- ✓ Health topic library
- ✓ And more!

i Visit retiree.uhc.com/TRB to sign in or register and go to **Health & Wellness** to explore all Renew has to offer.

At UnitedHealthcare, we're here to help



Phone

Call toll-free at **1-866-794-3033**, TTY **711**,
8 a.m.-8 p.m. local time, Monday - Friday.



Online

Learn more online at
retiree.uhc.com/TRB.

Customer Service is happy to help you:

- Find out if a drug is covered
- Locate network pharmacies near you
- Request a printed version of your Drug List (Formulary), Evidence of Coverage (EOC) or Pharmacy Directory
- Understand your drug plan benefits
- Replace your UnitedHealthcare member ID card

New to Medicare?

Medicare works differently from other types of health coverage you may have received from your plan sponsor. As you transition from your former coverage to Medicare, here is some information that may help make the change easier.

Income Related Monthly Adjusted Amount (IRMAA)

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 2 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 IRMAA.

Late Enrollment Penalty (LEP)

You may pay a late enrollment penalty 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. Creditable coverage means that the prescription drug coverage you have had 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 plan sponsor will be asked to attest or validate that you have had continuous Part D plan coverage.

If your plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid the risk of paying a penalty in error. More information will be available in your Evidence of Coverage (EOC).

Medicare Part B monthly premium

If you have Part B, you must continue to pay your Part B monthly premium to Social Security. If you do not pay your monthly Part B premium, you may be disenrolled from your plan, losing important coverage.

Medicare Part B versus Medicare Part D

Medicare covers certain drugs in different ways depending on where and by whom the drug is administered. Medicare Parts A and B have limited drug coverage. Medicare Part A only covers drugs received as part of your hospital stay. Medicare Part B covers medical services and supplies like diabetic screenings and supplies such as blood sugar monitors, test strips and lancets. It also covers drugs administered in the physician's office and in an outpatient setting, such as chemotherapy and dialysis drugs.

A Medicare Part D plan covers drugs that are listed on your Drug List (Formulary). Most of these drugs are typically ordered by your doctor and received through a pharmacy. There are a few exceptions, so give us a call if you have questions. Certain medications, such as vaccines and immunizations, can be covered under either Medicare Part B or Part D depending on how they are used. The process to figure out if the drug is covered under Part B or Part D is called a Coverage Determination. Drugs that require this process are identified on your Drug List by B/D in the Coverage Rules or Limits On Use column. Talk with your doctor about medications that may require a Coverage Determination to ensure that your prescription is filled without delay.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Required Information

§Your plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

This information is not a complete description of benefits. Benefits, features, and/or devices vary by plan/area. Limitations and restrictions may apply.

△Renew by UnitedHealthcare® is not available in all plans. Resources may vary.

†Please refer to your Evidence of Coverage (EOC) for details regarding your benefit coverage.

◇The Discount Program products and services described in this guide are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

Optum Rx® is an affiliate of UnitedHealthcare Insurance Company. Optum Home Delivery is a service of Optum Rx pharmacy. You are not required to use Optum® Home Delivery for a 3-month supply of your maintenance medication. If you have not used Optum Home Delivery, you must approve the first prescription order sent directly from your doctor to Optum Rx before it can be filled. Prescriptions from Optum Home Delivery should arrive within 5 business days after we receive the complete order. Contact Optum Rx pharmacy anytime at 1-888-279-1828, TTY 711.

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 or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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.

© 2022 United HealthCare Services, Inc. All Rights Reserved.



UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



E116330500016

MR SAMPLE A MEMBER
123 MAIN STREET
SUITE 2023
NEW YORK, NY 10001

Welcome to your new plan

We can help you get started

Important plan information. Do not discard.

Y0066_SPRJ71866_25419-001_C