



Your Plan Explained 2024

Take advantage of all the Medicare Advantage plan has to offer

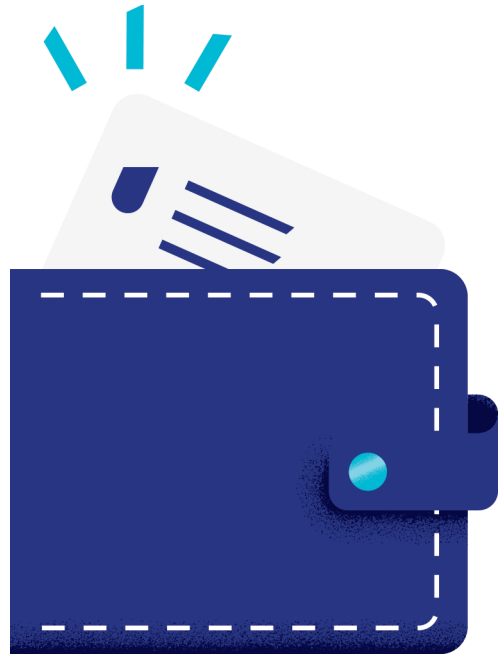
Wisconsin Department of Employee Trust Funds (ETF)

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13889, 13890

Effective: January 1, 2024 through December 31, 2024

United
Healthcare®
Group Medicare Advantage



Benefit Highlights

Wisconsin Department of Employee Trust Funds 13889

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 for this plan year. If you are covered under a family plan, the most your family will pay in deductible is \$1000 per year. This must be paid by you before you can receive the benefits listed below.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	In addition to your medical deductible, your plan has an annual combined in-network and out-of-network maximum out-of-pocket amount of \$500 per participant for durable medical equipment and supplies you receive from any provider. Your plan has an annual combined in-network and out-of-network Part A and Part B maximum out-of-pocket amount of \$6,700.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 120 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient mental health	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay
Diagnostic radiology services such as MRIs, CT scans May require prior authorization	\$0 copay
Lab services	\$0 copay
Outpatient X-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$0 copay
Emergency care	\$60 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Annual routine physical exam	\$0 copay; 1 per plan year*
Chiropractic – routine as medically necessary	\$0 copay for each visit per plan year*
Foot care – routine	\$0 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	20% coinsurance applies, the plan pays up to a \$1,000 allowance for 1 hearing aid per ear every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

	In-network and out-of-network
Rally Coach™ programs	<p>\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>*Refer to your Evidence of Coverage for eligibility requirements.</p>

†Refer to your Prescription Drug Plan benefit details at etf.wi.gov for more information on your annual maximum out-of-pocket amount.

*Benefits are combined in and out-of-network

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, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The maximum out-of-pocket displayed in this document only includes out-of-pocket medical costs. It does not include your prescription drug out-of-pocket costs. Please contact Navitus Health Solutions to confirm how much you have accumulated in your prescription drug out-of-pocket costs.

This page left intentionally blank.

Benefit Highlights

Wisconsin Department of Employee Trust Funds 13890

Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$500 for this plan year. If you are covered under a family plan, the most your family will pay in deductible is \$1000 per year. This must be paid by you before you can receive the benefits listed below.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	In addition to your medical deductible, your plan has an annual combined in-network and out-of-network maximum out-of-pocket amount of \$500 per participant for durable medical equipment and supplies you receive from any provider. Your plan has an annual combined in-network and out-of-network Part A and Part B maximum out-of-pocket amount of \$6,700.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$0 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day up to 120 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient mental health	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay
Diagnostic radiology services such as MRIs, CT scans May require prior authorization	\$0 copay
Lab services	\$0 copay
Outpatient X-rays	\$0 copay
Therapeutic radiology services such as radiation treatment for cancer	\$0 copay
Ambulance	\$0 copay
Emergency care	\$60 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Annual routine physical exam	\$0 copay; 1 per plan year*
Chiropractic – routine as medically necessary	\$0 copay for each visit per plan year*
Foot care – routine	\$0 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	20% coinsurance applies, the plan pays up to a \$1,000 allowance for 1 hearing aid per ear every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision – routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.

	In-network and out-of-network
Rally Coach™ programs	\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program. *Refer to your Evidence of Coverage for eligibility requirements.

†Refer to your Prescription Drug Plan benefit details at etf.wi.gov for more information on your annual maximum out-of-pocket amount.

*Benefits are combined in and out-of-network

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, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

The maximum out-of-pocket displayed in this document only includes out-of-pocket medical costs. It does not include your prescription drug out-of-pocket costs. Please contact Navitus Health Solutions to confirm how much you have accumulated in your prescription drug out-of-pocket costs.

Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

The Group Insurance Board has selected a UnitedHealthcare Group Medicare Advantage (PPO) plan for your health care coverage in addition to other options. The word “Group” means this is a plan designed just for an employer group or plan sponsor, like ETF. Only eligible state and local retirees can enroll in this plan.

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



Make sure you know what parts of Medicare you have

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

- If you're not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit 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 must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan. If you stop your payments, you will be disenrolled from this plan and enrolled in the Medicare Plus plan.
- You can choose a different Medicare Health Plan if you file an application with ETF within 30 days of the date you no longer have Part B. None of these plans, including Medicare Plus, will pay the benefits Part B would have paid. You will be responsible for those claim costs.

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ **One plan at a time**

- You may be enrolled in only one Medicare Advantage plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from this group-sponsored coverage from ETF if they enroll in another Medicare Advantage plan. This means that you and your family may lose hospital/medical coverage through your plan sponsor or employer group if you do.

✓ **You must have ETF group-sponsored coverage**

This Medicare Advantage plan includes only medical coverage. Your prescription drug coverage will continue to be provided by Navitus Health Solutions.

- Medicare requires that your Part D coverage come through a group-sponsored plan which you have through Navitus.
- There is no need for you to sign up for any additional Part D coverage as there may be consequences such as disenrollment from your Navitus plan.

Questions? We're here to help.



retiree.uhc.com/etf



Call toll-free **1-844-876-6175**, TTY **711**,
7 a.m.–6 p.m. CT, Monday–Friday

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) and unlike most PPO plans, with this plan, you pay the same share of cost in- and out-of-network as long as the providers are eligible to participate in the Medicare Program.

	In-network	Out-of-network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
What is my copay or coinsurance?	Copays and coinsurance vary by service ²	Copays and coinsurance vary by service ²
Do I need to choose a primary care provider (PCP) or Primary Care Clinic (PCC)?	Yes, as required by ETF	No, but recommended
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
Are emergency and urgently needed services covered?	Yes	Yes
Are Virtual Visits covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get ²	You will pay your standard copay or coinsurance for the services you get ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing. You pay the same share of cost in- and out-of-network as long as they are eligible to participate in the Medicare Program.	

View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: retiree.uhc.com/etf

You'll be able to view plan documents, find a provider and access lifestyle and learning articles, recipes, educational videos and more.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network
- Unlike most PPO plans, with this plan, you pay the same share of cost in- and out-of-network as long as they participate in Medicare and accept the plan
- 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 specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the UnitedHealthcare® Group Medicare Advantage (PPO) plan you can see any out-of-network provider that participates in Medicare and accepts the plan. You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

Choosing a Primary Care Physician (PCP) or Primary Care Clinic (PCC)

ETF requires you to choose a PCP or PCC before enrolling in the Medicare Advantage plan. After you are enrolled, call UnitedHealthcare to name your choice. UnitedHealthcare will also mail you a postcard for you to complete with your choice and mail back to UnitedHealthcare. If you do not choose a PCP or PCC, UnitedHealthcare will select one for you. You can change this at any time by contacting UnitedHealthcare.

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit¹

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to start your year off and 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. You may also be eligible to earn rewards* for completing and reporting eligible health-related activities.



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls²

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

- Review current medications
- Receive health education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular doctor.



UnitedHealthcare® HouseCalls Video Visit

A HouseCalls video visit uses a computer, tablet or smartphone to connect plan members with a health care practitioner for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education.



24/7 Nurse Support

Speak to a registered nurse 24/7 over the phone about your medical concerns at no additional cost to you.



Chronic Conditions Programs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease or complex health needs. You get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat – anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc™ Health (medical visits only) apps.

Virtual Doctor Visits

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

Virtual Behavioral Health Visits

May be best for:

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



Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national³ network of 7,000+⁴ hearing providers and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected nonprescription hearing aids at **UHChearing.com** and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you –so you get the care you need to hear better and live life.



Virtual Coaching Programs

Rally Coach™ programs can help you start living a healthier, happier life. These virtual coaching programs are available to you at no additional cost and include the following:

- Real Appeal®, an online weight loss program proven to help you achieve lifelong results, one step at a time (includes a diabetes prevention program for those who qualify)
- Rally Wellness Coaching, which helps you get healthy your way by providing 24/7 access to digital health and wellness courses as well as personalized coaching support with online chat or phone calls
- A tobacco cessation program, which provides you with the support you may need to quit all types of tobacco use



UnitedHealthcare Fitness Program

Renew Active® is a Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to on-demand workout videos and live streaming fitness classes, social activities and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online brain health program from AARP® Staying Sharp®.



And so much more to help you live a healthier life

After you become a member, we will connect you to many 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 help put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



Live Healthier with Renew

Explore Renew by UnitedHealthcare,[®] our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses and more — all at no additional cost

¹A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

²HouseCalls may not be available in all areas.

³Network size varies by market.

⁴Please refer to your Summary of Benefits for details regarding your benefit coverage.

*Reward offerings will vary by member and terms of participation apply. Rewards are not available in all plans.

© 2023 United HealthCare Services, Inc. All Rights Reserved.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is 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.

Plans may offer supplemental benefits in addition to Part C benefits.

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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

The provider network may change at any time. You will receive notice when necessary.

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, including the cost-sharing that applies to out-of-network services.

24/7 Nurse Support 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. Access to this service is subject to terms of use.

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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, 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 are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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 in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de Servicio al Cliente que se encuentra en la portada de esta guía.

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau Chaw Pab Qhua tus xov tooj ntawm nplooj npog phau ntawv no.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。
請撥打本手冊封面的客戶服務部電話號碼。

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie den Kundendienst unter der Telefonnummer auf der Vorderseite dieser Broschüre an.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم خدمة العملاء في مقدمة هذا الكتيب.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Звоните по номеру телефона Отдела по работе с клиентами, указанному на лицевой стороне данной брошюры.

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

XIN LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại của ban Dịch vụ Hội viên ghi phía trước tập sách này.

AADACHT: Wann du **Deutsch (Pennsylvania Dutch)** schwetze kann, kantscht du frei Schprouch aushilfe griege. Ruf die Kunne Dinschte Nummer vanne in des Buchli.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ (**Laotian**) ແມ່ນມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ. ກະລຸນາໂທຫາເບີຟ່າຍບໍລິການລູກຄ້າທີ່ຢູ່ດ້ານໜ້າຂອງປຶ້ມຄູ່ມືນີ້.

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

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer działu obsługi klienta podany na okładce tej broszury.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। कृपया इस पुस्तिका के आवरण पर दिए गए ग्राहक सेवा नंबर पर कॉल करें।

KUJDES: Në rast se flisni **shqip (Albanian)**, juve ju ofrohen falas shërbimet e ndihmës gjuhësore. Ju lutemi merrni në telefon numrin e shërbimit për klientin (Customer Service) në kapakun e kësaj broshure.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang numero ng Customer Service na nasa harap ng booklet na ito.



Call toll-free **1-844-876-6175**, TTY **711**
7 a.m.-6 p.m. CT, Monday-Friday



retiree.uhc.com/etf

**United
Healthcare[®]**
Group Medicare Advantage

