Welcome

- The Federal Reserve prides itself on offering a competitive and comprehensive benefits package to our retirees.
- The UnitedHealthcare® Group Medicare Advantage (PPO) plan benefit demonstrates the Fed's commitment to retirees.
- First introduced in 2017, 2024 will be the 8th year the MAPD plan option has been available to FRB retirees.
 - It delivers all of the benefits of Original Medicare (Parts A and B), includes prescription drug coverage (Part D) and offers additional features.
- For many, this means more benefits at lower costs! This is one of the many reasons over 10K FRB retirees have chosen the UHC MAPD plan to take care of their healthcare needs.





There's so much more

Plan on great coverage and exciting extras with your UnitedHealthcare® Group Medicare Advantage PPO plan

Federal Reserve Banks





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Original Medicare basics



Plan benefits, programs and features



What to expect next



How to enroll











Care

Whether it's an appointment with a doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, we help make it easier to connect you with care so you can stay on top of your health — when, where and how you need it.

Wellness

Renew by UnitedHealthcare® helps you take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including healthy recipes, fitness activities, learning courses and more. All at no additional cost.

Support

At UnitedHealthcare, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. And it's helping you get the most out of your plan, so you can be at your best health.

Extras

You and your health needs deserve personal attention and service. Our extra benefit programs and services support your health so you can live a healthier life — it's all about you.





Original Medicare basics

When are you eligible for Medicare?



OK



ANI



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 doctor visits and outpatient care

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



Understanding your Medicare choices

Step 2

Decide if you need more coverage

Option 1: Add 1 or both of the following to Original Medicare

Medicare Supplement plan

Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

Medicare Part D plan

Offered by private companies



Helps pay for prescription drugs

Option 2: Choose 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





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

- Doctor 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/frb** or call UnitedHealthcare Customer Service at **1-866-860-7708**, 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.



Your annual costs

\$0

Annual deductible

\$1000

Annual out-of-pocket maximum*

^{*} Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.



Plan benefits

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit	\$15 copay	\$15 copay
Specialist office visit	\$25 copay	\$25 copay
Urgent care (worldwide)	\$25 copay	\$25 copay
Emergency room (worldwide)	\$50 copay	\$50 copay
Inpatient hospitalization	\$100 copay (per stay)	\$100 copay (per stay)
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	\$25 copay	\$25 copay
Medicare-covered chiropractic care	\$20 copay	\$20 copay
Medicare-covered vision services	\$25 copay	\$25 copay
Medicare-covered hearing services	\$25 copay	\$25 copay
Medicare-covered dental care	\$25 copay	\$25 copay



Diabetes testing and monitoring supplies

When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is a \$0 copay.

These supplies also include any brand of:

- Lancets
- Lancing device
- Glucose control solution (to test the accuracy of your meter)
- Replacement batteries for your meter

To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.



Plus, your plan provides coverage for many of the OneTouch and ACCU-CHEK blood glucose testing strips and meters*



^{*}Other suppliers/vendors/providers are available in our network.



Vision exam

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.



A routine eye exam once every 12 months with a \$0 copay



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(s) will bill the UnitedHealthcare medical plan before receiving routine vision services (routine eye exam)

^{*}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/frb** or call Customer Service to see if your prescription drugs are covered





Full coverage in the gap

Drug payment stages:

Initial coverage

Coverage gap

Catastrophic coverage

In this drug payment stage, you pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest.

You stay in this stage until your total drug costs reach \$5,030.

Your plan provides additional coverage through the gap, and you continue to pay the same copay or coinsurance as you did in the initial coverage stage.

You stay in this stage until your out-of-pocket costs reach \$8,000.

After your out-of-pocket costs reach \$8,000, you pay \$0.

You stay in this stage 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	\$7 copay	\$14 copay
2	Preferred Brand	30% coinsurance, with a \$45 copay maximum	25% coinsurance, with a \$100 copay maximum
3	Non-preferred Drug	30% coinsurance, with a \$50 copay maximum	25% coinsurance, with a \$100 copay maximum
4	Specialty Tier	30% coinsurance, with a \$50 copay maximum	25% coinsurance, with a \$100 copay maximum



The value of Medicare Advantage for retirees

	Group Medicare Advantage	Traditional Medicare & Med Supp
Clinical & Wellness engagement*	✓	X
Care coordination*	✓	X
In-home health assessments*	✓	X
Reminders and rewards	✓	X
Telephonic Nurseline support	✓	X
Fitness memberships	✓	X
Reduced premiums	✓	X
One medical ID card and plan	✓	X
Retiree dedicated customer service	✓	X
Easier to understand benefit design	✓	X

^{*}Voluntary retiree participation



Medicare Part D IRMAA

(Income-Related Monthly Adjustment Amount)

- Members who pay a higher Medicare Part B premium because their modified Adjusted Gross Income is above the threshold (i.e., more than \$103,000 for individual; \$206,000 for married couple) will ALSO have to pay a slightly higher portion of their Medicare Part D plan premium.
- Adjustment amount is calculated and based on a percentage of the Part D National Base Beneficiary Premium (not on a % of plan premium).
- Social Security Administration (SSA) will notify those beneficiaries via a letter, if it applies to them.
- Members who receive Social Security (SS) benefits, the Part D adjusted premium amount will automatically be taken out of their SS check.



Income Related Monthly Adjustment Amount

(IRMAA) – 2024 Additional Amount

Individuals who file 'Individual Tax Return' with income:	Individuals who file 'Married but Separate Tax Return' with income:	Individuals who file a 'Joint Tax Return' with income:	Additional Part D monthly premium:
Up to \$103,000	Up to \$103,000	Up to \$206,000	\$0.00
\$103,001 - \$129,000	N/A	\$206,001 - \$258,000	\$12.90
\$129,001 - \$161,000	N/A	\$258,001 - \$322,000	\$33.30
\$161,001 - \$193,000	N/A	\$322,001 - \$386,000	\$53.80
\$193,001 - \$499,999	\$103,001 - \$396,999	\$386,001 - \$749,999	\$74.20
\$500,000 or more	\$397,000 or more	\$750,000 or more	\$81.00



Ordering with Optum[®] Home Delivery through Optum Rx[®] pharmacy^{<2>}

- Order submitted

 After your account is set up, your Optum Home Delivery order enters the Optum Rx pharmacy system.
- Pharmacist review
 A pharmacist reviews your information for drug interactions, allergies and dosage.
- Safety review
 For your safety, another pharmacist reviews your medication for accuracy after it is dispensed.
- Packaging
 Optum Rx pharmacy seals your medication in a tamper-evident package.
- Shipping
 Optum Home Delivery mails your medication to you and notifies you when it has been shipped.



Why vaccines are important

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 doctor to see if the vaccines listed on the next slide are right for you





Common vaccines covered under:



Part B

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



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.



Schedule a \$0 Annual Wellness Visit and physical*



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



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



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

You do not have to wait 12 months. Schedule your Annual Wellness Visit anytime during the calendar year.



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



UnitedHealthcare® **HouseCalls***

Have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.

- No extra costs
- A licensed health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- The visit lasts up to an hour. You can talk about health concerns and ask questions that you haven't had time to ask before.
- You'll get a personalized checklist of topics to discuss at your next doctor's visit
- HouseCalls will send a summary of your visit to you and your regular doctor



Prefer a video visit instead?

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.



Renew Active®<3> by UnitedHealthcare

Renew Active is the gold standard in Medicare fitness programs for the body and mind — and is available with your UnitedHealthcare[®] Group Medicare Advantage plan, at no additional cost.



Stay active with a free gym membership at a location you select from the largest national network of gyms and fitness locations. If you prefer to exercise at home, you can access thousands of on-demand workout videos and streaming fitness classes.



Stay active socially with local health and wellness classes, clubs and events. Also, connect socially by joining the online Fitbit® Community for Renew Active. No Fitbit device is needed.



Stay focused with an online program offering content about brain health with exclusive content for Renew Active members.



Get care virtually anywhere

With Virtual Visits, you're able to live video chat* with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.<4> 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 including:



Virtual Behavioral Health Visits may be best for:

Allergies, bronchitis, cold/cough

Fever, seasonal flu, sore throat

Migraines/headaches, sinus problems, stomachaches

Initial evaluation

Depression

Behavioral health

Trauma and loss

medication management

Stress or anxiety

Addiction

You can find a list of participating Virtual Visit providers by logging in to your member website

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. Providers cannot prescribe medications in all states.



^{*}The device you use must be webcam-enabled. Data rates may apply.

Mental and behavioral health

Nothing is more important than your health, which includes your mental health. You have access to many resources to help improve your emotional and mental health, including:

- ✓ Ongoing mental health support with Optum[®] Behavioral Health
- ✓ Health and wellness resources with Renew by UnitedHealthcare



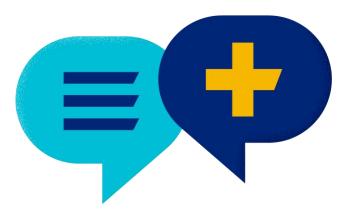


24/7 Nurse Support State Support State Support State Support State State

24/7 Nurse Support was designed specifically to help make your health decisions simple and convenient by providing answers to your health questions anytime, anywhere at no additional cost.

When you call, a registered nurse can help you:

- ✓ Choose where to go for care whether that's self-care, a doctor visit or urgent care
- Find a doctor or hospital that meets your needs and preferences
- ✓ Understand your diagnosis and explore treatment options





Personal Emergency Response System (PERS)

With the Personal Emergency Response System, 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
- ✓ Provides safety, independence and peace of mind



^{*}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.



UnitedHealthcare Healthy at Home Premium

This is our comprehensive bundle of routine benefits accessible to members anytime throughout the year with no medical requirements. With UnitedHealthcare Healthy at Home Premium, you are eligible for the following benefits* at no cost to you:



21 home-delivered meals



24 one-way rides to medically related appointments and to the pharmacy<6>



8 hours of non-medical personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more<7>

^{*}Members do not need to use all 3 benefits. Restrictions and limitations apply.



UnitedHealthcare 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 7,000+ 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[®], Oticon, Signia, ReSound, Widex[®] and Unitron™



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

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.



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

^{**}Select products and providers.

[^]Based on suggested manufacturer pricing.

Important Retiree Resources

Resource	What they can help with
UnitedHealthcare Customer Service 1-866-860-7708, TTY 711 8 a.m. – 8 p.m. Local time Monday - Friday	 Plan questions Benefits Doctor/provider look-up Pharmacy look-up Claims Wellness Programs Prior Authorizations
Federal Reserve Benefits Center 1-877-FRS-CALL (877-377-2255) 8 a.m. – 6 p.m. Eastern time Monday- Friday	Eligibility issuesPremiums
UnitedHealthcare Website for Federal Reserve Bank retiree.uhc.com/frb	 Plan information Doctor/provider look-up Pharmacy look-up Wellness Programs (once a member) Claims (once a member)
24/7 Nurse Support 1-877-365-7949	 Available 24/7, 365 days a week Nurses available to answer member's health related questions or concerns
Participant Advocacy 1-877-FRS-CALL (877-377-2255) 8 a.m. – 6 p.m. Eastern time Monday- Friday	Escalated eligibility and claims support





What to expect next

What to expect after enrollment

- Get your UnitedHealthcare member ID card and read your Quick Start Guide
 The Quick Start Guide gives you more information on how your benefits work and how to get the most out of your plan. Your member ID card will be attached to the front cover of your guide.
- Register online to access your plan information
 After you receive your member ID card, you can register online at retiree.uhc.com/frb
- Start using your card
 You can start using your member ID card as soon as your plan is effective
- 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.



How to use your new UnitedHealthcare member ID card

Sometime in the month of December, you and any Medicare-eligible dependent covered by the plan will each be receiving a UnitedHealthcare Quick Start Guide and member ID card, which is your confirmation of enrollment.*

- ✓ Beginning 1/1, simply use your UnitedHealthcare member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy
- The back of your member ID card lists important phone numbers you may need throughout the year
- Store this card in a safe place
- Don't discard your red, white and blue Medicare card

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



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

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, ZIP code, UnitedHealthcare member ID 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 doctors
- Sign up to get your Explanation of Benefits online





Thank you

We look forward to welcoming you to our Medicare family