

Annual Notice of Changes 2025

UnitedHealthcare Group Medicare Advantage (PPO)



1-800-457-8506, 711

Do we have the right address for ou?

Unite H

Find updates to your plan for next year

retiree.uhc.com

Provider Director

Pharmac Director

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Drug List (Formular)

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Evidence of Coverage (EOC)

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Coverage.

Reduce the clutter and get plan documents faster.

retiree.uhc.com

Would ou rather get paper copies?

- - ---

UnitedHealthcare Group Medicare Advantage (PPO) offered b UnitedHealthcare

Annual Notice of Changes for the 2025 plan year



You are currentl enrolled as a member of UnitedHealthcare Group Medicare Advantage (PPO).

What to do now

1. Ask:	1 I r
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About UnitedHealthcare Group Medicare Advantage (PPO)

Annual Notice of Changes for 2025 Table of Contents

Summar	of important costs for 20257
Section 1	Changes to Benefits and Costs for Ne t Plan Year 11





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Ma imum out-of-pocket amounts

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Doctor office visits

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Questions? 1-800-457-8506

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Cost	2024 (this plan ear)	2025 (ne t plan ear)
Inpatient hospital sta s	,	



Cost	2024 (this plan ear)	2025 (ne t plan ear)
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		, 1

Cost	2024 (this plan ear)	2025 (ne t plan ear)
	. !	
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out-of-network) at the same cost share, as long as the accept the plan and have not opted out of or been e cluded or precluded from the Medicare Program.

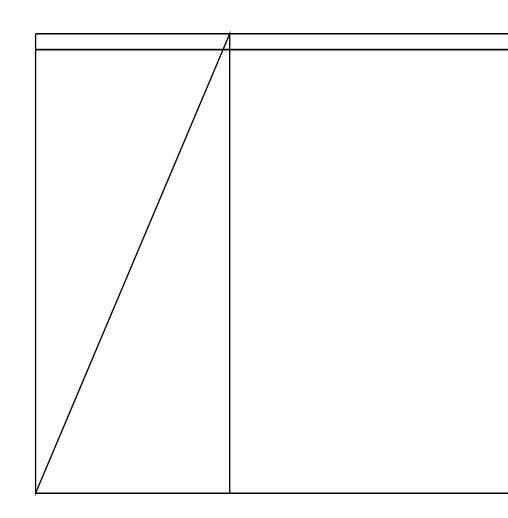
Pharmac Director (retiree.uhc.com) to see which pharmacies are in our network.

Section 1.4 Changes to Benefits and Costs for Medical Services

Cost	2024 (this plan ear)	2025 (ne t plan ear)
Plan ear benefits		
Diabetes self-management training, diabetic services and supplies - Diabetes monitoring supplies	, I I I <u> </u>	, I I I <u> </u>
	- /	

Cost	2024 (this plan ear)	2025 (ne t plan ear)
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Diabetes scription fo 662.99518	Tm(Chek Aviva Plus and) d5Ar	nan70.a

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Stage	2024 (this plan ear)	2025 (ne t plan ear)
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Changes to Your Cost-sharing in the Initial Coverage Stage

Stage

Stage	2024 (this plan ear)	2025 (ne t plan ear)
Stage 2: Initial Coverage stage	Tier 1 - Preferred Generic: Tier 2 - Preferred Brand : Tier 3 -	

2024 (this plan ear)	2025 (ne t plan ear)		
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Important Note:

□ Prescription Cost-sharing Assistance for Persons with HIV/AIDS. 1, 1 _____ , I 1 I I , | | , , , , 1 1 1 1 1 1 1 1 1 . 1 1 1 1 , 1 , . , 1 Evidence of Coverage. 1 1 1

The Medicare Prescription Pa ment Plan.

Section 7 Questions?

Section 7.1 Getting Help from UnitedHealthcare Group Medicare Advantage (PPO)

Read our 2025 Evidence of Coverage (it has details about ne t plan ear's benefits and costs)

Annual Notice of Changes _____Evidence of Coverage ______Evidence of Coverage ______

Visit our Website

Section 7.2 Getting Help from Medicare

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Call 1-800-MEDICARE (1-800-633-4227)

Visit the Medicare Website

Read Medicare & You 2025

Read Medicare & You 2025 , 1 _ 1 1 1 1 -- 1

Multi-Iguage Interpreter Services Ian

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HHEXOOMROGOOGECOORD, OCO.,

Korean:			
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PO Box 31385 Salt Lake City, UT 84131 2025 Annual Notice of Changes enclosed.

Time-sensitive material Important plan information

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