

2023 Quick Start Guide

Take advantage of your Medicare Advantage plan



An illustration at the top of the page shows two hands, one on the left and one on the right, reaching towards each other. The hands are yellow with blue sleeves. They are positioned so that their fingers meet at the center, forming a heart shape. The heart is white with a yellow outline.

Welcome to your plan

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

Your plan coverage begins January 1, 2023

Your new UnitedHealthcare® member ID card is attached to the front cover 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 get care or fill a prescription.

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

Questions?

Call toll-free **1-877-298-2341**, TTY **711**,
8 a.m.-8 p.m. local time, Monday - Friday

Get to know your plan

What are my prescription drug costs with this plan?

Because you qualify for Medicare's Extra Help program, you won't pay more than:

- \$1.23/\$2.34 copay when you fill a prescription covered by the plan at a network pharmacy

If you think these costs are wrong, please call the number on the back of your UnitedHealthcare member ID card. If you need more information about your premium, please talk with your former employer or plan sponsor.

Stay on top of your preventive care

Preventive care is important for your health and may help catch health issues early. Ask your provider to recommend a personalized preventive care plan based on your health and medical history. Let us help you set up appointments and access preventive care like flu shots, screenings and other immunizations.

A few things before we get started

What is a Late Enrollment Penalty (LEP)? Will I have one?

An LEP is a penalty Medicare applies to prescription drug plans. If you have an LEP, you'll have it for 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 have 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

If you had an LEP with your last plan, you'll also have one with this new plan. PEEHIP pays the LEP for you. Even if PEEHIP pays the LEP, you may be responsible for paying it in the future if your coverage through PEEHIP ends, you switch to another Medicare Part D plan, or PEEHIP stops paying your LEP.

For more information about the LEP, call us toll-free at **1-877-298-2341**, 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.

Can I change plans?

Talk with PEEHIP about changing plans. You may not be able to re-enroll in your PEEHIP coverage if you enroll in another plan.



Manage Your Account



Verify your contact information

To update your address, phone number and/or email address, please call PEEHIP toll-free at **1-877-517-0020**, 8 a.m.–5 p.m. CT, Monday–Friday.



Share access with someone you trust

You can name a spouse or someone else you trust to speak with us about your account. To complete the Authorized Representative Form, follow these steps:

1. Log in to your account at **retiree.uhc.com/peehip**
2. Click on the **Coverage and Benefits** tab in the header navigation
3. Click on **Plan Documents and Resources**
4. Scroll down to **Forms and Resources**
5. Select **Authorization Forms**

You can also call the UnitedHealthcare Customer Service number on the back of your ID card attached to the front cover of this guide.



Complete your health survey

Medicare requires us to ask you a few questions, so we'll be calling you early in the year and asking you to complete a short survey. Your answers will help us suggest programs and resources that may help meet your needs. If we can't reach you by phone, we'll mail the survey to you. You can also go online to your plan website and take the survey.

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.



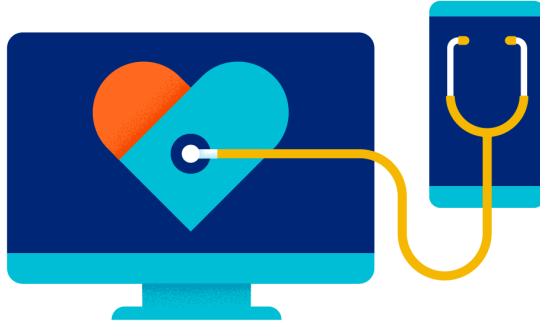
Explanation of Benefits (EOB)

Your EOB summarizes your medical claims and prescription drug costs each month.



Annual Notice of Changes

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



Create your online account

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

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

Search for providers, drugs and pharmacies by using our online tool.

Formulary look up tool to search for prescription drugs covered under the plan.

i Searches are based on your ZIP code.

Print your UnitedHealthcare member ID card

Print a temporary 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

Provider Directory

See which providers (primary care provider, specialists, hospitals, etc.) are in the network.

Pharmacy Directory


See which pharmacies are in the network.

Drug List (Formulary)

Review changes 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. It also has 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.

Why Use a UnitedHealthcare Network Provider?

A network health care provider is one who has a contract with us to provide services to our members

We work closely with our network of providers 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 accepts the plan and has not opted out of Medicare or been excluded or precluded from the Medicare program. 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.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the provider and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.



Get the Right Care



Your care begins with your provider

With this plan, you have the flexibility to see providers inside or outside the UnitedHealthcare network.^ If you do see a provider outside of the network, you'll want to make sure that the provider accepts the plan and has not opted out of Medicare or been excluded or precluded from the Medicare program. Even though it's not required, it's important to have a primary care provider. When you call your doctor, tell them you have a Medicare Advantage PPO plan.

Providers in the network can change at any time

For the most up-to-date information on network providers, visit retiree.uhc.com/peehip or call the UnitedHealthcare Customer Service number on the back of your member ID card.

Take advantage of preventive care

Once your plan begins, you can schedule these preventive care appointment(s).



Annual Physical and Wellness Visits^Δ

Your preventive care starts with two yearly visits: your Annual Wellness Visit and routine physical exam. The Annual Wellness Visit is a great way to start your year, meet with your provider and create a plan for prevention. During your routine physical exam, a copay or coinsurance may apply if your provider orders lab work or includes additional screenings or tests. You may also be eligible to earn a reward[‡] for completing and reporting your Annual Wellness Visit.

For your convenience, your Annual Physical and Wellness Visits can be combined, and you don't have to wait a full year before scheduling your next visit.



UnitedHealthcare[®] HouseCalls visit

UnitedHealthcare HouseCalls⁺ offers yearly check-in care between regular provider visits to help you stay in good health. With no travel or waiting rooms required, a visit is quick to schedule, simple to complete and a great way to help maintain good health.

Medical benefits

This is a short list of your 2023 benefits and costs. You can review the Evidence of Coverage at retiree.uhc.com/peehip for detailed benefit information.

Annual medical deductible

Your plan has an annual combined in-network and out-of-network medical deductible of \$233 each plan year.

Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)

Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$7,550 for this plan year.

Office and hospital visits

Primary care provider

\$13 in-network copay

\$13 out-of-network copay

Specialist

\$18 in-network copay

\$18 out-of-network copay

Inpatient hospital care

\$200 in-network copay per day: day 1

\$25 in-network copay per day: days 2-5

\$0 in-network copay per day after that

\$200 out-of-network copay per day: day 1

\$25 out-of-network copay per day: days 2-5

\$0 out-of-network copay per day after that

Outpatient surgery

\$0 in-network copay

\$0 out-of-network copay

Diagnostics, imaging, and labs

Diagnostic radiology services (such as MRIs and CT scans)

\$0 in-network copay

\$0 out-of-network copay

Lab services

\$0 in-network copay

\$0 out-of-network copay

Outpatient X-rays

\$0 in-network copay

\$0 out-of-network copay

Emergency and urgent care

Emergency care

\$35 copay (worldwide)

Urgently needed services

\$18 in-network copay (worldwide)

\$18 out-of-network copay (worldwide)

Ambulance

\$0 in-network copay

\$0 out-of-network copay

i For a full listing of your benefits, visit retiree.uhc.com/peehip or call the UnitedHealthcare Customer Service number on the back of your member ID card.

Get the right care, at the right time

UnitedHealthcare provides personal guidance and solutions to help you navigate the complexities of health care and makes it easier for you to get the care, tests and treatment you need as quickly as possible.



When to go to your primary care provider (PCP)

Visit your PCP for preventive and routine care.

- Checkups and immunizations
- Making a wellness plan
- Sickness or sudden illness, like a fever or strep throat
- Preventive care and general health management



When to go to urgent care

Visit urgent care when your issue isn't an emergency and your PCP isn't available to help.

- Sprains and strains
- Minor broken bones (like a broken finger)
- Sickness or sudden illness, like a fever or strep throat
- Minor burns



When to go to the emergency room

For life-threatening or very serious conditions, call 911 or go to the nearest emergency room to get immediate care.

- Heavy bleeding
- Major burns
- Chest pain
- Breathing difficulty

The above lists are examples of conditions and not complete lists.

Your Drug Benefits

Getting started



Make sure your drugs are covered

It is important to make sure your prescription drugs are covered by your plan and that you know how much they will cost. Find your drug in the Drug List (Formulary) by going online at **retiree.uhc.com/peehip** or you can call Customer Service at the number on the back of your UnitedHealthcare member ID card for help.



Fill your prescription

UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network. Find a pharmacy at **retiree.uhc.com/peehip** or call toll-free **1-877-298-2341**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday.

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 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 amount, you enter the catastrophic coverage stage. You pay a copay 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 January 2023. 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 January 2023. This does not include premiums.

Initial Coverage Stage

Network Retail Pharmacy (up to a 30-day supply of maintenance and non-maintenance drugs)

Tier 1: Preferred Generic Drugs	\$6 copay
Tier 2: Preferred Brand Drugs	\$40 copay
Tier 3: Non-preferred Drugs	\$60 copay
Tier 4: Specialty Tier Drugs	\$60 copay

Network Retail Pharmacy (61 to 90-day supply of maintenance drugs*)

Tier 1: Preferred Generic Drugs	\$12 copay
Tier 2: Preferred Brand Drugs	\$120 copay
Tier 3: Non-preferred Drugs	\$180 copay
Tier 4: Specialty Tier Drugs	N/A

*Please see the Additional Drug Coverage for a list of the plan's maintenance drugs.

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

Get Some Great Extras



Renew Active® by UnitedHealthcare®Y

Stay active with a free gym membership at a participating fitness location. Stay focused on brain health with AARP® Staying Sharp®, an online health program. Stay active socially with local wellness classes and events and by joining the online Fitbit® Community for Renew Active. No Fitbit® device is needed. To get started, you need a confirmation code. Log in to your plan website, click **Health & Wellness** and look for **Renew Active** or call the number on the back of your UnitedHealthcare member ID card to get your code.



Telephonic Nurse Support

Speak with a registered nurse about your medical concerns and questions. Nurses are available anytime, day or night. **1-877-365-7949, TTY 711.**



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/retiree | 1-866-445-2071, TTY 711

Your Hearing aid benefit provides access to both in and out-of-network providers



UnitedHealthcare Healthy at Home

You are eligible for extra benefits up to 30 days after inpatient hospital and skilled nursing facility discharges:

- Get 28 home-delivered meals from Mom's Meals® when referred by a UnitedHealthcare Engagement Specialist. Call Mom's Meals for questions after receiving your referral **1-866-204-6111**.[□]
- Have up to 12 one-way rides to and from medically related appointments and to the pharmacy. Contact ModivCare[∇] at **1-833-219-1182**, TTY: **844-488-9724**, or by visiting **modivcare.com/booknow**[□]
- Get up to 6 hours of in-home personal care provided through a CareLinx^Ω professional caregiver to perform tasks such as preparing meals, companionship, medication reminders and more. A referral is not required. To access your in-home personal care benefit, contact CareLinx at **1-844-383-0411** or by visiting **carelinx.com/UHC-retiree-post-discharge**

[□]When referred by a UnitedHealthcare Engagement Specialist. A new referral is required after every discharge to access your meal and transportation benefit. Call the number on your ID card to get a referral.



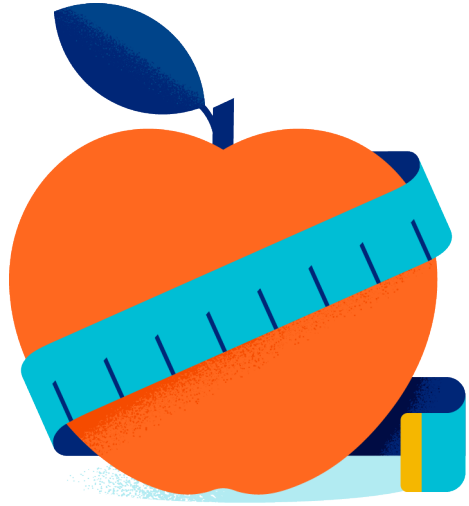
Rally Coach™ Programs

Start living a healthier, happier life with help from the Rally Coach programs:

- 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. Call **1-844-924-7325**, TTY **711**.
- 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. Call **1-800-478-1057**, TTY **711**.
- The Quit for Life® Tobacco Cessation Program, which gives you the support you need to quit all types of tobacco use. Call **1-866-784-8454**, TTY **711**.

Get started today at [rallyhealth.com/retiree](https://www.rallyhealth.com/retiree).

[€]Refer to the Evidence of Coverage for eligibility requirements.



Live healthier with Renew

Renew by UnitedHealthcare®# 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
- And more!

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

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 निःशुल्क 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

^ΔIf additional tests are required, there may be a copay or coinsurance.

[≈]Visit the Virtual Doctor provider sites for more information about availability of prescription services.

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

^{*}Real Appeal is offered at no additional cost to participants with a BMI of 19 or higher as part of their UnitedHealthcare[®] Group Medicare Advantage plan, subject to eligibility requirements. Benefits and features may vary by plan/area.

⁺HouseCalls may not be available in all areas.

[√]ModivCare may subcontract to other vendors or individuals. Subcontracting is at the discretion of ModivCare. ModivCare does not guarantee urgent requests will be met when scheduled less than 2 days in advance for standard services. ModivCare supports any language the member requires, through a third-party translator service. Includes rides to the Primary Care Physician, Specialist, Dialysis, Pharmacy and more.

[™]The device you use must be webcam-enabled. Data rates may apply.

[¶]The 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.

^ΣYou must have a working landline and/or cellular phone coverage to use PERS.

This information is not a complete description of benefits. Limitations and restrictions may apply.

^ΩThe CareLinx services are made available to you from a third party through your UnitedHealthcare[®] Group Medicare Advantage insurance plan. CareLinx is not a UnitedHealthcare company. UnitedHealthcare and your Plan are not responsible for any services you receive from this third party.

[‡]Reward offerings will vary by member and terms of participation apply. Rewards are not available in all plans and rewards may vary by plan.

[^]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 Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 provider to Optum Rx before it can be filled. New prescriptions from Optum Rx should arrive within 5 business days from the date the pharmacy receives the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.

The Telephonic 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 provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

^YParticipation 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, discounts, 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. Renew Active premium gym and fitness location network only available with certain plans.

[#]Renew by UnitedHealthcare[®] is not available in all plans. Resources may vary.

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。

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

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Rhode Island Residents

Thank you for being a UnitedHealthcare plan member. We want to share information about a law in Rhode Island that affects you.

What is the law?

All insurance companies offering plans in Rhode Island must report claims data to the state. Claims data is the information your provider or hospital sends us when they bill us for your care. This data won't include specific names, addresses or other information that links you to it. The state plans to use the data to compare cost and quality among plans, providers and hospitals.

What does it mean for me?

Any claims data we get as part of your care will be reported to the state, but it will be anonymous.

What if I don't want to participate?

You have the right to "opt out", which means telling the state you don't want this information shared. You can opt out by phone or online.

By phone: Call the Rhode Island Health Insurance Consumer Support Line (RI-REACH) toll-free at **1-855-747-3224**.

Online: Visit the state's website at **riapcd-optout.com**.