

2024 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 white heart shape. The background is white.

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, 2024

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 costs with this plan?

You'll get a bill from PEEHIP if you're responsible for some or all of your monthly premium. It will include your costs for the plan. Please talk with PEEHIP if you have questions about your premium amount.

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

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 help pay for 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 be able to change plans during a Special Enrollment Period (SEP). However, changing plans can affect your PEEHIP coverage. For more information, please talk to PEEHIP.

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 ssa.gov/medicare/part-d-extra-help

If you think you qualify, but you don't have or can't find proof, please call toll-free **1-877-298-2341**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday.

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** 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.



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.

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

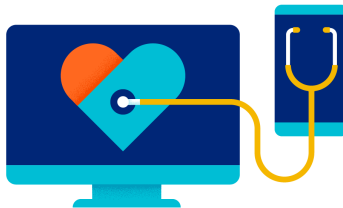
i Searches are based on your ZIP code.

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 your information online

Complete 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 your UnitedHealthcare member ID card.

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.



Receive information via text

By opting-in on your plan's website.



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. Sign 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 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 member site 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.

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 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 eligible health-related activities.

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 in-home check-in care between regular provider visits to help support your health. This in-home visit comes to you, no need to travel. The visit is quick to schedule, simple to complete and a great way to stay on top of your health.

Medical benefits

This is a short list of your 2024 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 \$226 for this 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 \$8,300 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

 For a full listing of your benefits, visit retiree.uhc.com/peehip or call the UnitedHealthcare Customer Service number on 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 Complete Drug List (Formulary) by going online at **retiree.uhc.com/peehip** or you can call Customer Service at the number on 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

During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

Total drug costs

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2024. 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 2024. 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 100-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 an online program from AARP® Staying Sharp®. 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 member site, click **Health & Wellness** and look for **Renew Active** or call the number on your UnitedHealthcare member ID card to get your code.



24/7 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 national 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.
- Have up to 12 one-way rides to and from medically related appointments and to the pharmacy.
- Get up to 6 hours of non-medical personal care provided through a professional caregiver to perform tasks such as preparing meals, companionship, medication reminders and more. A referral is not required. Call Customer Service on your member ID card to access your benefit.

A new referral is required after every discharge to access your meal and transportation benefit. Call the Customer Service number on your member ID card for more information and to use your benefits. Some restrictions and limitations may apply.

For additional information refer to your Evidence of Coverage (EOC).



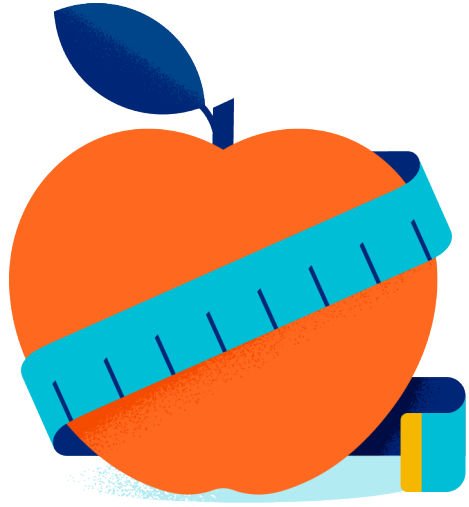
Rally Coach™ Programs

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

- Real Appeal®*, an online weight management and healthy lifestyle program proven to help you achieve lifelong results, one step at a time includes access to 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**.
- A 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**.

[€]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[®] Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI \geq 25 (BMI \geq 23 for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program. Real Appeal is offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements. The program is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. The information provided through the program is for informational purposes only and provided as part of your health plan. It is educational in nature and should not substitute for medical advice. Rally and the Rally logo(s) are registered trade and service marks of Rally Health, Inc. ©2023 Rally Health, Inc. All rights reserved.

[†]HouseCalls may not be available in all areas.

[¶]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.

[‡]Reward offerings may vary by plan and are not available in all plans. Reward program Terms of Service apply.

[^]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 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 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. Access to Medicare's largest national gym network is based upon comparison of competitors' website data as of May 2023. 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. Gym network may vary in local market. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

[#]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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