Find updates to your plan for next year

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UnitedHealthcare® Group Medicare Advantage (PPO) offered by UnitedHealthcare

Annual Notice of Changes for the 2024 plan year



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

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What to do now

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OMB A / al 0938-1051 (E__ri e : Feb a 29, 2024)

Summary of important costs for 2024

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Cost	2023 (this plan year)	2024 (next plan year)
Maximum out-of-pocket amounts Thi i he 2 ill a r r f- r cke r r c e ed Pa A a d Pa B e ice . (See Sec 1.2 f de ail .)	Fragi e / ka dr -	Frier e / ka dr - / kf e / k / ide c & bi ed: \$1,500
Doctor office visits	Pi&na cae ii: Yaa\$15 ca≠ eii;(i;-e/k).	Pi&sa cae i i : Y a a \$15 c a & e e i i (i e r k).
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Questions? Call C / & Se ice a 1-800-457-8506, TTY 711, 8 a. & ... cal i & e, M da -F ida

Section 1	Changes to Benefits and Costs for Next Plan Year			
Section 1.1 Changes to the Monthly Premium				
Y # 51	jell∕n if / / fa chage / / da e∋&na&n, jifa licable.			
Section 1.2	Changes to Your Maximum Out-of-Pocket Amounts			

The e a e charge /// ge e / k f ha & acie // e e / da ea . Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.

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Section 1.4

Changes to Benefits and Costs for Medical Services

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Cost	2023 (this plan year)	2024 (next plan year)
Plan year benefits	The da ' c e age begi A g 1, 2023.	The da 'c e age beginda a 1,2024. Plea e ee / E ide ce / f & e age / be efi / a d c / f & edical e ice .

Section 1.5

Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

O li r for e ed d g i called a F & la r "D g Li ." You can get the complete Drug List b calli g C r & See Se ice (1-800-457-8506) i \neq i g · eb i e (retiree.uhc.com)r · r r hich d g ill be or e ed b r · r r r .

We skade cha ge / / D g Li, hich collected to de eskapi go addig d g, cha gi g he e ich ha a l / / c e age/f ce gi d g / skapi g hesk/ a differe c - ha i g ie. Review the Drug List to make sure your drugs will be covered next plan

Changes to Prescription Drug Costs

Note: If $r = a \not = i = a \not = g$ as ha hele a f = r = d = g ("E_ra Hele"), the information about costs for Part D prescription drugs may

Stage

2023 (this plan year)

2024 (next plan year)

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Section 2.2 If You Want to Change Plans

You should consult with your plan sponsor regarding the availability of other "employer-sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

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Section 3 Deadline for Changing Plans

Because you are enrolled in our plan through your plan sponsor, you are only allowed to make plan changes at times designated by your plan sponsor.

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Important Note: Y & a zi / lea e a da c la ce zi i & e de zig a ed b / da c / lf / ch/ e/ze / ti a Medica e heal h da / Medica e e c i zi d g da ha iz / r ffe ed b / da c / g / a da / le he zi zi ze / ti a da / ffe ed b / da
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Multi-language Interpreter Services

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PO Box 31385 Salt Lake City, UT 84131 2024 Annual Notice of Changes enclosed.

Time-sensitive material Important plan information

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