

2020 ANNUAL NOTICE OF CHANGES

Open now to learn about important updates.



www.welcometouhc.com/sfhss



Toll-free **1-877-259-0493**, TTY **711**
8 a.m. - 8 p.m. local time, Monday - Friday



Ready to say goodbye to clutter?

Simplify your life with online delivery of plan materials. You can securely access your plan documents online anytime, anywhere. Register at www.welcometouhc.com/sfhss to sign up for online delivery today.



Plan Details are Just a Click or Call Away

Some of your plan resources are not automatically printed and sent to you. These documents are, however, always available to you. To review the resources listed below go online to www.welcometouhc.com/sfhss.



Provider and/or Pharmacy Directory

Find a provider and/or pharmacy near you.



Drug List (Formulary)

See if your drugs are covered. The Drug List (Formulary) is a full list of drugs covered by your plan.



Evidence of Coverage

Review what your plan covers, how much you pay and other details, including information about the Quality Improvement Program, how medical coverage decisions are made and your Rights and Responsibilities as a member. You can also find information in the **Certificate of Coverage**¹.

Take advantage of 1-on-1 support.

If you have questions or would like a paper copy mailed to you, we can help.

Call Customer Service toll-free at **1-877-259-0493**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday.

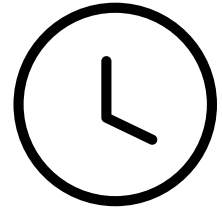
Or visit us at www.welcometouhc.com/sfhss.



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

¹This is not a Medicare prescription drug plan. This is an employer group retiree supplemental prescription drug plan and may provide coverage that is different from a Medicare prescription drug plan. UnitedHealthcare group retiree supplemental prescription drug plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. These plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

2020 ANNUAL NOTICE OF CHANGES



Important changes to your plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): San Francisco Health Service System

Group Number: 13694



Toll-free **1-877-259-0493**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday



www.welcometouhc.com/sfhss

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.



Annual Notice of Changes for the 2020 Plan Year



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

Next plan year, there will be some changes to the plan's costs and benefits. **This booklet tells about the changes.**

Members enrolled in our plan through a former employer, union group or trust administrator (plan sponsor) can make plan changes at times designated by your plan sponsor.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next plan year.
 - Do the changes affect the services you use?
 - Look in Section 1 for information about benefit and cost changes for our plan.

- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs

throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next plan year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
 - Because you are a member of the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles (if applicable)?
- Think about whether you are happy with our plan.

2. **CHOOSE: Decide whether** you want to change your plan

- If you want to **keep** UnitedHealthcare® Group Medicare Advantage (PPO), you don't need to do anything. You will stay in UnitedHealthcare® Group Medicare Advantage (PPO).
- Members enrolled in our plan through a plan sponsor can make plan changes at times designated by your plan sponsor.
- 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.

Additional Resources

- This document may be available in an alternate format such as Braille, larger print or audio. Please contact our Customer Service number at 1-877-259-0493, TTY: 711, 8 a.m. - 8 p.m. local time, Monday - Friday, for additional information.
- Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility

requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About UnitedHealthcare® Group Medicare Advantage (PPO)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare.
- When this booklet says “we,” “us,” or “our,” it means UnitedHealthcare Insurance Company or one of its affiliates. When it says “plan” or “our plan,” it means UnitedHealthcare® Group Medicare Advantage (PPO).

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for UnitedHealthcare® Group Medicare Advantage (PPO) in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located on our website at www.welcometouhc.com/sfhss. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2019 (this plan year)	2020 (next plan year)
<p>Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From in-network and out-of-network providers combined: \$3,750</p>	<p>From in-network and out-of-network providers combined: \$3,750</p>
<p>Doctor Office Visits</p>	<p>Primary care visits: You pay a \$5 copayment per visit (in-network).</p> <p>You pay a \$5 copayment per visit (out-of-network).</p> <p>Specialist visits: You pay a \$15 copayment per visit (in-network).</p> <p>You pay a \$15 copayment per visit (out-of-network).</p>	<p>Primary care visits: You pay a \$5 copayment per visit (in-network).</p> <p>You pay a \$5 copayment per visit (out-of-network).</p> <p>Specialist visits: You pay a \$15 copayment per visit (in-network).</p> <p>You pay a \$15 copayment per visit (out-of-network).</p>
<p>Inpatient Hospital Stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>You pay a \$150 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay a \$150 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>	<p>You pay a \$150 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p> <p>You pay a \$150 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>

Cost	2019 (this plan year)	2020 (next plan year)
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: Because we have no deductible, this payment stage does not apply to you.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$5 copayment <input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$20 copayment <input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$45 copayment <input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$20 copayment 	<p>Deductible: Because we have no deductible, this payment stage does not apply to you.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$5 copayment <input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$20 copayment <input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$45 copayment <input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$20 copayment

Annual Notice of Changes for 2020 Table of Contents

Summary of Important Costs for 2020.....	5
SECTION 1: Changes to Benefits and Costs for Next Plan Year.....	8
Section 1.1: Changes to the Monthly Premium.....	8
Section 1.2: Changes to Your Maximum Out-of-Pocket Amounts.....	8
Section 1.3: Changes to the Provider Network.....	8
Section 1.4: Changes to the Pharmacy Network.....	9
Section 1.5: Changes to Benefits and Costs for Medical Services.....	9
Section 1.6: Changes to Part D Prescription Drug Coverage.....	12
SECTION 2: Deciding Which Plan to Choose.....	15
Section 2.1: If You Want to Stay in UnitedHealthcare® Group Medicare Advantage (PPO).....	15
Section 2.2: If You Want to Change Plans.....	15
SECTION 3: Deadline for Changing Plans.....	16
SECTION 4: Programs That Offer Free Counseling about Medicare.....	16
SECTION 5: Programs That Help Pay for Prescription Drugs.....	17
SECTION 6: Questions?.....	17
Section 6.1: Getting Help from UnitedHealthcare® Group Medicare Advantage (PPO).....	17
Section 6.2: Getting Help from Medicare.....	18

Section 1: Changes to Benefits and Costs for Next Plan Year

SECTION 1.1: Changes to the Monthly Premium

Your plan sponsor will notify you of any changes to your plan premium amount, if applicable.

SECTION 1.2: Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the plan year.

Cost	2019 (this plan year)	2020 (next plan year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$3,750</p> <p>Once you have paid \$3,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.</p>	<p>\$3,750</p> <p>Once you have paid \$3,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.</p>

SECTION 1.3: Changes to the Provider Network

Because you are a member of the UnitedHealthcare Group Medicare Advantage (PPO) plan, **you can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.**

There are changes to our network of providers for the next plan year. An updated Provider Directory is located on our website at www.welcometouhc.com/sfhss. You may also call Customer

Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to our network of hospitals, doctors, and specialists (providers) that are part of your plan during the plan year. There are a number of reasons why your network provider might leave your plan. If this happens, you may continue to see the provider as long as he/she continues to participate in Medicare and the care you receive is a covered service and is medically necessary. Even though our network of providers may change during the plan year, we must furnish you with uninterrupted access to qualified doctors and specialists. When possible we will provide you with at least 30 days' notice that your network provider is leaving our plan. You may call Customer Service at the number listed on the Cover of this booklet if you have questions.

SECTION 1.4: Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered **only** if they are filled at one of our network pharmacies. Our network includes mail order pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next plan year. An updated Pharmacy Directory is located on our website at www.welcometouhc.com/sfhss. You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

SECTION 1.5: Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, **Medical Benefits Chart (what is covered and what you pay)**, in your **2020 Evidence of Coverage**. A copy of the Evidence of Coverage is located on our website at www.welcometouhc.com/sfhss. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2019 (this plan year)	2020 (next plan year)
Plan Year Benefits	The plan's coverage begins January 1, 2019.	The plan's coverage begins January 1, 2020. Please see your Evidence of Coverage for information on Benefits and Costs for Medical Services.
Diabetes Self-Management Training, Diabetic Services and Supplies - Diabetes Monitoring Supplies	You pay a \$0 copayment (in-network). We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.	You pay a \$0 copayment (in-network). We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex , Accu-Chek® Guide Me , Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.
Diabetes Self-Management Training, Diabetic Services and Supplies - Diabetes Monitoring Supplies	You pay a \$0 copayment (out-of-network). We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose	You pay a \$0 copayment (out-of-network). We only cover Accu-Chek® and OneTouch® brands. Covered glucose

Cost	2019 (this plan year)	2020 (next plan year)
	<p>monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>monitors include: OneTouch Verio® Flex , Accu-Chek® Guide Me , Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>
Opioid Treatment Program Services	<u>Not</u> Covered.	You pay a \$0 copayment (in-network). See Chapter 4 of the Evidence of Coverage for details.
Opioid Treatment Program Services	<u>Not</u> Covered.	You pay a \$0 copayment (out-of-network). See Chapter 4 of the Evidence of Coverage for details.
Virtual Cognitive Behavioral Health Therapy	<u>Not</u> Covered.	You pay \$0 copayment per session (in-network). Coverage includes initial consultation and weekly therapy treatment. In-network coverage is provided by AbleTo.

Cost	2019 (this plan year)	2020 (next plan year)
Virtual Cognitive Behavioral Health Therapy	<u>Not</u> Covered.	You pay \$0 copayment per session (out-of-network). Coverage includes initial consultation up to \$190 max per session. Weekly therapy treatment up to \$175 max per session.
Virtual Nutritional Therapy Services	<u>Not</u> covered.	\$0 copayment up to 4 visits per year for virtual nutrition counseling not subject to any medical conditions. Benefit is available through provider Kroger Health.

SECTION 1.6: Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” **You can get the complete Drug List** by calling Customer Service (1-877-259-0493) or visiting our website (www.welcometouhc.com/sfhss).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next plan year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 9 of your **Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))** or call Customer Service.
- Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a drug that is not on the Drug List (Formulary) or when it is restricted in some way in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a

temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the **Evidence of Coverage**.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have obtained approval for a Drug List (Formulary) exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. After the date of expiration on your approval letter, you may need to obtain a new approval in order for the plan to continue to cover the drug, if the drug still requires an exception and you and your doctor feel it is needed. To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage or call Customer Service.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” you will receive a “LIS Rider”. If you don’t receive it, please call Customer Service and ask for the “LIS Rider” to be sent to you. Phone numbers for Customer Service are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your **Evidence of Coverage** for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the **Evidence of Coverage**, which is located on our website at www.welcometouhc.com/sfhss. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.)

Changes to the Deductible Stage

Stage	2019 (this plan year)	2020 (next plan year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Your cost-sharing in the initial coverage stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Please see the following chart for the changes from 2019 to 2020.

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, **Types of out-of-pocket costs you may pay for covered drugs** in your **Evidence of Coverage**.

Stage	2019 (this plan year)	2020 (next plan year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. Your cost-sharing in the initial coverage stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Please see the columns to the right for the changes from 2019 to 2020.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p> <p>For information about the costs for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Generic Drugs: You pay \$5 per prescription.</p> <p>Tier 2 - Preferred Brand Drugs: You pay \$20 per prescription.</p> <p>Tier 3 - Non-preferred Drugs: You pay \$45 per prescription.</p> <p>Tier 4 - Specialty Tier Drugs:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Generic Drugs: You pay \$5 per prescription.</p> <p>Tier 2 - Preferred Brand Drugs: You pay \$20 per prescription.</p> <p>Tier 3 - Non-preferred Drugs: You pay \$45 per prescription.</p> <p>Tier 4 - Specialty Tier Drugs:</p>

Stage	2019 (this plan year)	2020 (next plan year)
<p>drugs will be in a different tier, look them up on the Drug List.</p>	<p>You pay \$20 per prescription.</p> <hr/> <p>Once your total drugs costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$20 per prescription.</p> <hr/> <p>Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your **Evidence of Coverage**.

Section 2: Deciding Which Plan to Choose

SECTION 2.1: If You Want to Stay in UnitedHealthcare® Group Medicare Advantage (PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

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.

To learn more about Original Medicare and the different types of Medicare plans, read **Medicare & You 2020**, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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.

Important Note: You may join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other retirement benefits you may currently have through your plan sponsor. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

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.

Section 4: Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage**.

Section 5: Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Chapter 2, Section 3 of your **Evidence of Coverage**).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your State. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your State. You can find your State’s ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

Section 6: Questions?

SECTION 6.1: Getting Help from UnitedHealthcare® Group Medicare Advantage (PPO)

Questions? We’re here to help. Please call Customer Service at 1-877-259-0493. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, Monday - Friday. Calls to these numbers are free.

Read your 2020 Evidence of Coverage (it has details about next plan year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 **Evidence of Coverage** for UnitedHealthcare® Group Medicare Advantage (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.welcometouhc.com/sfhss. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.welcometouhc.com/sfhss. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

SECTION 6.2: Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans”).

Read Medicare & You 2020

You can read the **Medicare & You 2020** Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)
- **Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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 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。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبیه: إذا لقیتم حدث **لغوي (Arabic)** (فإن خدمات المساعده لطلب لغوي الة م ج ل ی ق ت ا خ ل ك ی ر ج ی الضال ب رقم ال هاتف المجاني ال مدر علی ب طاق الة تعریف ال لخص قبك .

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجہ: اگر زبانیں **فارسی (Farsi)** بولتے، خدمات امداد زبانی طور پر پیشکش کی جاتی ہیں۔ براہ کرم اس سہولت سے فائدہ اٹھانے کے لیے فری ڈیالنگ نمبر پر کال کریں۔

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nitl'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

UHEX18HM4179402_001

This page left intentionally blank.

This page left intentionally blank.



UnitedHealthcare
5005 Dean Lakes Blvd
Shakopee, MN 55379

Important.

Annual Notice of Changes enclosed.

Time-Sensitive Materials

Important plan information

UHEX20MP4523364_000
13694ANOC2020_000