Annual Notice of Changes 2023

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

whyuhc.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.

United Healthcare

SAN FRANCISCO HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being
Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to whyuhc.com/sfhss to review the details online, which are available anytime.

Provider Directory
Review the 2023 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory
Review the 2023 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)
You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)
Review your 2023 EOC for details about plan costs and benefits. The EOC 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. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member. You can also find information about your prescription drug coverage in the Certificate of Coverage.

Would you rather get paper copies?
If you want a paper copy of what is listed above, please contact our Customer Service at 1-877-259-0493 (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday - Friday.

Reduce the clutter and get plan documents faster.
Visit whyuhc.com/sfhss to sign up for paperless delivery.
UnitedHealthcare® Group Medicare Advantage (PPO) offered by UnitedHealthcare

Annual Notice of Changes for the 2023 plan year

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

Next plan year, there will be changes to the plan’s costs and benefits. Please see page 7 for a Summary of Important Costs. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at whyuhc.com/sfhss. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

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.
     - Review the changes to Medical care costs (doctor, hospital).
     - Review the changes to our drug coverage, including authorization requirements and costs.
     - Think about how much you will spend on premiums, deductibles, and cost sharing.
   - Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
   - Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
Think about your overall health care costs.

Think about whether you are happy with our plan.

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.

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

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio. You can also ask for an interpreter. Please contact our Customer Service number at 1-877-259-0493 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday - Friday.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-259-0493, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.
- 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 www.irs.gov/Affordable-Care-Act/Individuales-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 document 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).
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## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for UnitedHealthcare® Group Medicare Advantage (PPO) in several important areas. **Please note this is only a summary of costs.**

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum out-of-pocket amounts</strong></td>
<td>From in-network and out-of-network providers combined: $3,750</td>
<td>From in-network and out-of-network providers combined: $3,750</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td>Primary care visits: You pay a $5 copayment per visit (in-network).</td>
<td>Primary care visits: You pay a $5 copayment per visit (in-network).</td>
</tr>
<tr>
<td></td>
<td>You pay a $5 copayment per visit (out-of-network).</td>
<td>You pay a $5 copayment per visit (out-of-network).</td>
</tr>
<tr>
<td></td>
<td>Specialist visits: You pay a $15 copayment per visit (in-network).</td>
<td>Specialist visits: You pay a $15 copayment per visit (in-network).</td>
</tr>
<tr>
<td></td>
<td>You pay a $15 copayment per visit (out-of-network).</td>
<td>You pay a $15 copayment per visit (out-of-network).</td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>You pay a $150 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</td>
<td>You pay a $150 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</td>
</tr>
<tr>
<td></td>
<td>You pay a $150 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</td>
<td>You pay a $150 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).</td>
</tr>
</tbody>
</table>

**Questions?** Call Customer Service at **1-877-259-0493**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday
<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td>Deductible: Because we have no deductible, this payment stage does not apply to you.</td>
<td>Deductible: Because we have no deductible, this payment stage does not apply to you.</td>
</tr>
<tr>
<td>(See Section 1.5 for details.)</td>
<td>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</td>
<td>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 1: Standard retail cost-sharing (in-network) $5 copayment</td>
<td>• Drug Tier 1: Standard retail cost-sharing (in-network) $5 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 2: Standard retail cost-sharing (in-network) $20 copayment</td>
<td>• Drug Tier 2: Standard retail cost-sharing (in-network) $20 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 3: Standard retail cost-sharing (in-network) $45 copayment</td>
<td>• Drug Tier 3: Standard retail cost-sharing (in-network) $45 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 4: Standard retail cost-sharing (in-network) $20 copayment</td>
<td>• Drug Tier 4: Standard retail cost-sharing (in-network) $20 copayment</td>
</tr>
</tbody>
</table>
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
Medicare requires all health plans to limit how much you pay “out-of-pocket” for 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.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined maximum out-of-pocket amount</td>
<td>$3,750</td>
<td>$3,750</td>
</tr>
</tbody>
</table>

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 and costs for prescription drugs do not count toward your maximum out-of-pocket amount for medical services.

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.

Section 1.3 Changes to the Provider and Pharmacy Networks
Updated directories are located on our website at whyuhc.com/sfhss. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next plan year. Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our 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 pharmacies for next plan year. Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.
It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the plan year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

### Section 1.4 Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Benefits</strong></td>
<td>The plan's coverage begins January 1, 2022.</td>
<td>The plan's coverage begins January 1, 2023.</td>
</tr>
<tr>
<td></td>
<td>Please see your Evidence of Coverage for information on Benefits and Costs for Medical Services.</td>
<td></td>
</tr>
<tr>
<td><strong>Fitness Program</strong></td>
<td>$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at a participating fitness center plus online classes, workshops and more.</td>
<td>$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from our nationwide network, plus online classes, brain games and fun social activities. Visit UHCRenewActive.com to learn more today.</td>
</tr>
<tr>
<td></td>
<td>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-423-4362, TTY 711 or SilverSneakers.com.</td>
<td>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health &amp; Wellness and select Renew Active or call the number on your UnitedHealthcare</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td><strong>2022 (this plan year)</strong></td>
<td><strong>2023 (next plan year)</strong></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| UnitedHealthcare Healthy at Home post-discharge program | Not Covered.               | $0 copayment; With UnitedHealthcare Healthy at Home you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:  
- 28 home-delivered meals through Mom's Meals when referred by a UnitedHealthcare Engagement Specialist*  
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist*  
- 6 hours of in-home personal care provided through a CareLinx professional caregiver to perform tasks such as bathing, companionship, medication reminders, and more.  
A referral is not required.  
*A new referral is required for every inpatient and skilled nursing facility discharge |

* member ID card to obtain your code.
<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
</table>

- to access your meal and transportation benefit

Contact the number on the back of your ID card to access your meal and transportation benefits.

- Contact ModivCare for additional details and to schedule your trip once you have been referred into the program:
  - 1-833-219-1182, TTY 1-844-488-9724, or visit modivcare.com/BookNow
- Contact Mom's Meals for additional questions if you have been referred into the program.
  - 1-866-204-6111, TTY 711
- To access your non-medical in-home personal care benefit, contact CareLinx at 1-844-383-0411 or visit carelinx.com/UHC-retiree-post-discharge. A referral is not required.
<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-Discharge Meal Delivery Benefit</strong></td>
<td>$0 copayment for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by a UnitedHealthcare Engagement Specialist. Restrictions apply. Call Customer Service to request a referral. Call Mom's Meals for more information or to place your order once you have been referred. 1-866-204-6111, TTY 711</td>
<td>Not Covered.</td>
</tr>
<tr>
<td><strong>Personal Emergency Response System (PERS)</strong></td>
<td>Not Covered.</td>
<td>$0 copayment; With a Personal Emergency Response System (PERS), help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. It’s a lightweight, discreet button that can be worn on your wrist or as a pendant. It’s also safe to wear in the shower or bath. Depending on the model you choose, it may even automatically detect falls. You must have a working landline or live in an area that has AT&amp;T wireless coverage to get a PERS device. The cellular device works nationwide with the AT&amp;T wireless</td>
</tr>
<tr>
<td>Cost</td>
<td>2022 (this plan year)</td>
<td>2023 (next plan year)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>network but does not require you to have AT&amp;T. Provided by: Lifeline</td>
<td></td>
</tr>
<tr>
<td>Rally Coach™ Programs</td>
<td>$0 copayment for Real Appeal® Weight Management Program, an online weight loss program proven to help you achieve lifelong results, one step at a time. Call or go online to get started today. 1-844-924-7325, TTY 711 or uhc.realappeal.com</td>
<td>$0 copayment for Rally Coach™ programs: Real Appeal® Weight Loss and Real Appeal Diabetes Prevention, Wellness Coaching and the Quit for Life® Tobacco Cessation Program. Call or go online to get started today. rallyhealth.com/retiree • Real Appeal 1-844-924-7325, TTY 711 • Rally Wellness Coaching 1-800-478-1057, TTY 711 • Quit for Life 1-866-QUIT-4-LIFE (1-866-784-8454), TTY 711 TTY 711, 24 hours a day 7 days a week.</td>
</tr>
<tr>
<td>Cost</td>
<td>2022 (this plan year)</td>
<td>2023 (next plan year)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Post-Discharge Routine Transportation</td>
<td>$0 copayment for unlimited rides for 30 days following inpatient hospitalizations or skilled nursing facility stays when referred by a UnitedHealthcare Engagement Specialist. New referrals are required after each discharge. If you have been recently discharged from the hospital or a skilled nursing facility and would like a referral, call Customer Service. Call ModivCare or go online to schedule your trip once you have been referred. 1-833-219-1182, TTY 1-844-488-9724 or modivcare.com/BookNow</td>
<td>Not Covered.</td>
</tr>
<tr>
<td>Virtual Nutritional Therapy Services</td>
<td>Covered.</td>
<td>Not Covered.</td>
</tr>
</tbody>
</table>

**Section 1.5 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 (whyuhc.com/sfhss) to look up which drugs will be covered by your plan.

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.

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.
If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

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.

There are four “drug payment 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.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

Changes to the Deductible Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: Yearly (Part D) Deductible Stage</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
</tr>
</tbody>
</table>

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 2022 to 2023.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this plan year)</th>
<th>2023 (next plan year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2: Initial Coverage Stage</td>
<td>Your cost for a one-month supply filled at a network</td>
<td>Your cost for a one-month supply filled at a network</td>
</tr>
</tbody>
</table>

During this stage, the plan pays its share of the cost of your drugs and

Page 16
Stage 2022 (this plan year) 2023 (next plan year)

**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 2022 to 2023.

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.

For information about the costs for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

| Tier 1 – Preferred Generic: | You pay $5 per prescription. | Tier 2 – Preferred Brand: | You pay $20 per prescription. |

Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).

| Tier 1 – Preferred Generic: | You pay $5 per prescription. | Tier 2 – Preferred Brand: | You pay $20 per prescription. |

Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

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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 be enrolled in our UnitedHealthcare® Group Medicare Advantage (PPO).
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, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2023 handbook, 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 an independent government program with trained counselors in every state.

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. 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 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; 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.

- **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 contact 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 2023 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 2023. For details, look in the 2023 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 [whyuhc.com/sfhss](http://whyuhc.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 [whyuhc.com/sfhss](http://whyuhc.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).

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### 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**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read Medicare & You 2023**

Read the *Medicare & You 2023* handbook. Every 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/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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.
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以協助您。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.

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 ترجمة، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضویتك. 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 मूल दुर्भाषिया सेवाएं मौजूद हैं। दुर्भाषिया पाने के लिए, कृपया अपने सदस्य पत्र पर टॉल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निजी 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.

Portuguese

Disponemos 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 ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasion 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 Panu/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。
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2023 Annual Notice of Changes enclosed.

Time-sensitive material
Important plan information

13694ANOC2023_001
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Time-sensitive material
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