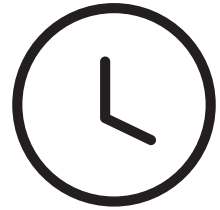


# 2018 ANNUAL NOTICE OF CHANGES



## Important changes to your plan

### **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): State Health Benefit Plan

Premium Plan

Group Numbers: 12473, 12475



**Toll-Free 877-246-4190, TTY 711**

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



**[www.UHCRetiree.com/shbp](http://www.UHCRetiree.com/shbp)**

### **Do we have the right address for you?**

Please let us know so we can keep you informed about your plan.



# Annual Notice of Changes for 2018



**You are currently enrolled as a member of UnitedHealthcare® Group Medicare Advantage (PPO) offered through the State Health Benefit Plan (SHBP). Next 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 (SHBP) can make plan changes at times designated by the State Health Benefit Plan.**

## 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 2018 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Check to see if your doctors and other providers will be in our network next plan year.
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- Think about if you are happy with your current plan option.

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

- If you want to keep your current plan option with UnitedHealthcare® Group Medicare Advantage (PPO), you don't need to do anything. SHBP will automatically roll your coverage for the next plan year.
- If you want to change your plan option:
  - You can go online to the SHBP Enrollment Portal at [mySHBPga.adp.com](http://mySHBPga.adp.com) OR
  - Call the SHBP Member Services Center at 800-610-1863, 8:30 a.m. – 5:00 p.m. ET, Monday – Friday.
- Members enrolled in our plan through SHBP can make plan changes at times designated by SHBP.
- You should consult with SHBP regarding the availability of other coverage before you enroll in a plan not offered by SHBP, or before ending your membership in our plan outside of plan sponsor's Retiree Option Change Period (ROCP). It is important to understand SHBP'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 SHBP, or a request to end your membership in our plan.

### **Additional Resources**

- This document may be available in an alternate format such as Braille, large print or audio. Please contact our Customer Service number at 877-246-4190, TTY 711, 8 a.m. – 8 p.m. local time, Monday – Friday, for additional information.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** 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 and a Medicare-approved Part D sponsor. 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 2018

The table below compares the 2017 costs and 2018 costs for UnitedHealthcare® Group Medicare Advantage (PPO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the enclosed **Evidence of Coverage** to see if other benefit or cost changes affect you.

Cost	2017 (this plan year)	2018 (next plan year)
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(See Section 1.2 for details.)</p>	<p>From in-network and out-of-network providers combined: \$2,500</p>	<p>From network and out-of-network providers combined: \$2,500</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits:</p> <p>You pay a \$15 copayment per visit (in-network).</p> <p>You pay a \$15 copayment per visit (out-of-network).</p> <p>Specialist visits:</p> <p>You pay a \$25 copayment per visit (in-network).</p> <p>You pay a \$25 copayment per visit (out-of-network).</p>	<p>Primary care visits:</p> <p>You pay a \$15 copayment per visit (in-network).</p> <p>You pay a \$15 copayment per visit (out-of-network).</p> <p>Specialist visits:</p> <p>You pay a \$25 copayment per visit (in-network).</p> <p>You pay a \$25 copayment per visit (out-of-network).</p>
<p><b>Inpatient hospital stays</b></p> <p>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>20% coinsurance per stay (in-network)</p> <p>20% coinsurance per stay (out-of-network)</p>	<p>20% coinsurance per stay (in-network)</p> <p>20% coinsurance per stay (out-of-network)</p>

**Cost**

	<b>2017 (this plan year)</b>	<b>2018 (next plan year)</b>
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p><b>Network retail pharmacy (up to a 31-day supply)</b></p> <p>Tier 1: \$0 copayment for select generics*</p> <p>\$15 copayment for all other generics</p> <p>Tier 2: \$45 copayment</p> <p>Tier 3: \$85 copayment</p> <p>Tier 4: \$85 copayment</p> <p><b>Network retail and mail order pharmacy (up to a 90-day supply)</b></p> <p>Tier 1: \$0 copayment for select generics*</p> <p>\$37.50 copayment for all other generics</p> <p>Tier 2: \$112.50 copayment</p> <p>Tier 3: \$212.50 copayment</p> <p>Tier 4: \$212.50 copayment</p> <p>*Please see the Additional Drug Coverage list for more information on generic drugs with a \$0 copayment.</p>	<p><b>Network retail pharmacy (up to a 31-day supply)</b></p> <p>Tier 1: \$0 copayment for select generics*</p> <p>\$15 copayment for all other generics</p> <p>Tier 2: \$45 copayment</p> <p>Tier 3: \$85 copayment</p> <p>Tier 4: \$85 copayment</p> <p><b>Network retail and mail order pharmacy (up to a 90-day supply)</b></p> <p>Tier 1: \$0 copayment for select generics*</p> <p>\$37.50 copayment for all other generics</p> <p>Tier 2: \$112.50 copayment</p> <p>Tier 3: \$212.50 copayment</p> <p>Tier 4: \$212.50 copayment</p> <p>*Please see the Additional Drug Coverage list for more information on generic drugs with a \$0 copayment.</p>

# Annual Notice of Changes for 2018

## Table of Contents

<b>Summary of Important Costs for 2018</b> .....	<b>4</b>
<b>SECTION 1 Changes to Benefits and Costs for the Next Plan Year</b> .....	<b>7</b>
Section 1.1 – Changes to the Monthly Premium .....	7
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .....	7
Section 1.3 – Changes to the Provider Network.....	8
Section 1.4 – Changes to the Pharmacy Network.....	8
Section 1.5 – Changes to Benefits and Costs for Medical Services.....	9
Section 1.6 – Changes to Part D Prescription Drug Coverage.....	10
<b>SECTION 2 Deciding Which Plan to Choose</b> .....	<b>13</b>
Section 2.1 – If You Want to Stay in <b>UnitedHealthcare® Group Medicare Advantage (PPO)</b> .....	13
Section 2.2 – If You Want to Change Plans .....	13
<b>SECTION 3 Deadline for Changing Plans</b> .....	<b>14</b>
<b>SECTION 4 Programs That Offer Free Counseling about Medicare</b> .....	<b>14</b>
<b>SECTION 5 Programs That Help Pay for Prescription Drugs</b> .....	<b>14</b>
<b>SECTION 6 Questions?</b> .....	<b>15</b>
Section 6.1 – Getting Help from UnitedHealthcare® Group Medicare Advantage (PPO) .....	15
Section 6.2 – Getting Help from Medicare.....	16

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

### SECTION 1.1 Changes to the Monthly Premium

SHBP 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 plan year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the plan year.

Cost	2017 (this plan year)	2018 (next plan year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayment or coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p> <p>Your plan premium and your cost for prescription drugs do not count toward your medical maximum out-of-pocket amount.</p>	<p>\$2,500</p> <p>Once you have paid \$2,500 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>\$2,500</p> <p>Once you have paid \$2,500 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**

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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 Medicare.**

There are changes to our network of providers for next plan year. An updated Provider Directory is located on our website at [www.UHCRetiree.com/shbp](http://www.UHCRetiree.com/shbp). You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2018 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, Medicare requires that we 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 in Chapter 2 of this booklet if you have questions.

## **SECTION 1.4      Changes to the Pharmacy Network**

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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.

There are changes to our network of pharmacies for next plan year. An updated Pharmacy Directory is located on our website at [www.UHCRetiree.com/shbp](http://www.UHCRetiree.com/shbp). You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 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 plan 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 **2018 Evidence of Coverage**.

Cost	2017 (this plan year)	2018 (next plan year)
<b>Diabetes Monitoring Supplies</b>	<p>You pay a \$0 copayment (in-network).</p> <p>You pay a \$0 copayment (out-of-network).</p> <p>We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra® 2 System, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.</p> <p>Other brands are not covered by our plan. If you use a brand of supplies that is not covered by our plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>You pay a \$0 copayment (out-of-network).</p> <p>We only cover blood glucose monitors and test strips from the following brands: OneTouch® Ultra® 2, OneTouch® UltraMini®, OneTouch® Verio®, OneTouch® Verio® IQ, OneTouch® Verio® Flex™, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Connect</p> <p>Other brands are not covered by our plan. If you use a brand of supplies that is not covered by our plan, you should speak with your doctor to get a new prescription for a covered brand.</p>

Cost	2017 (this plan year)	2018 (next plan year)
<b>Hearing Services</b>  <b>Routine Hearing Exam</b>	You pay a \$25 copayment; limited to one exam every 12 months. (in-network)  You pay a \$25 copayment; limited to one exam every 12 months. (out-of-network)	You pay a \$0 copayment; limited to one exam every 12 months. (in-network)  You pay a \$0 copayment; limited to one exam every 12 months. (out-of-network)
<b>Physician/Practitioner Services, Including Doctor's Office Visits – Non-Routine Dental Care</b>	You pay a \$25 copayment (in-network).  You pay a \$25 copayment (out-of-network).	You pay a \$15 copayment (in-network)  You pay a \$15 copayment (out-of-network)
<b>Urgently Needed Services – Worldwide</b>	You pay a \$20 copayment (in-network)  You pay a \$20 copayment (out-of-network)  You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.	You pay a \$20 copayment (in-network)  You pay a \$20 copayment (out-of-network)  You do not pay this amount if you are admitted to the hospital within 72 hours for the same condition.

## 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.” A copy of our Drug List is in this booklet. The Drug List we included in this booklet includes many — **but not all** — of the drugs that we will cover next plan year. If you don’t see your drug on this list, it might still be covered.

**You can get the complete Drug List** by calling Customer Service 877-246-4190, TTY 711, 8 a.m. – 8 p.m. local time, Monday – Friday, or visiting our website [www.UHCRetiree.com/shbp](http://www.UHCRetiree.com/shbp).

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 the next plan year and to see if there will be any restrictions.** You will receive a separate mailing if any of the Formulary changes have a negative impact on you.

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. **We encourage current members** to ask for an exception before the next plan year.

◦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 **one-time**, temporary supply of a non-formulary drug 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 formulary exception this plan 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 will 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.

### 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 get “Extra Help” and haven’t received this insert, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 6.1 of this booklet.

There are 3 “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 the next plan year to the Initial Coverage Stage.

### Changes to Your Cost-sharing in the Initial Coverage Stage

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	2017 (this plan year)	2018 (next plan year)
<p><b>Stage 1: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>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.</p>	<p>Your cost for a one-month (up to a 31-day) supply filled at a network retail pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b> \$0 copayment for select generics*</p> <p>\$15 copayment for all other generics</p> <p><b>Tier 2: Preferred Brand:</b> \$45 copayment</p> <p><b>Tier 3: Non-preferred Drug:</b> \$85 copayment</p> <p><b>Tier 4: Specialty Tier:</b> \$85 copayment</p> <p>Your cost for a three-month (up to a 90-day) supply filled at a network retail and mail-order pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b> \$0 copayment for select generics*</p> <p>\$37.50 copayment for all other generics</p> <p><b>Tier 2: Preferred Brand:</b> \$112.50 copayment</p>	<p>Your cost for a one-month (up to a 31-day) supply filled at a network retail pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b> \$0 copayment for select generics*</p> <p>\$15 copayment for all other generics</p> <p><b>Tier 2: Preferred Brand:</b> \$45 copayment</p> <p><b>Tier 3: Non-preferred Drug:</b> \$85 copayment</p> <p><b>Tier 4: Specialty Tier:</b> \$85 copayment</p> <p>Your cost for a three-month (up to a 90-day) supply filled at a network retail and mail-order pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b> \$0 copayment for select generics*</p> <p>\$37.50 copayment for all other generics</p> <p><b>Tier 2: Preferred Brand:</b> \$112.50 copayment</p>

Stage	2017 (this plan year)	2018 (next plan year)
<b>Stage 1: Initial Coverage Stage (continued)</b>	<p><b>Tier 3: Non-preferred Drug:</b> \$212.50 copayment</p> <p><b>Tier 4: Specialty Tier</b> \$212.50 copayment</p> <p>*Please see the Additional Drug Coverage list for more information on generic drugs with a \$0 copay.</p> <p>Once your total drugs cost have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 3: Non-preferred Drug:</b> \$212.50 copayment</p> <p><b>Tier 4: Specialty Tier</b> \$212.50 copayment</p> <p>*Please see the Additional Drug Coverage list for more information on generic drugs with a \$0 copay.</p> <p>Once your total drugs cost have reached \$3,750, 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 for the 2018 plan year.

### SECTION 2.2 If You Want to Change Plans

You should consult with SHBP regarding the availability of other employer-sponsored coverage before you enroll in a plan not offered by SHBP, or before ending your membership in our plan outside of SHBP's Open Enrollment Period. It is important to understand SHBP's eligibility policies, and the possible impact to your retiree health care.

## Section 3: Deadline for Changing Plans

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

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

**You should consult with SHBP regarding the availability of other employer-sponsored coverage before you enroll in a plan not offered by SHBP, or before ending your membership in our plan outside of SHBP's Open Enrollment Period. It is important to understand SHBP'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 SHBP, 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. Your SHIP 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. Your SHIP's 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. A list of SHIPs in all states and their contact information can be found in **Exhibit A** 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 am and 7 pm, 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. Your state may have** a SPAP program that 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 names and phone numbers for this organization can be found in **Exhibit E** of the **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 look in **Exhibit D** of the **Evidence of Coverage**.

## Section 6: Questions?

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

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**Questions?** We're here to help. Please call Customer Service at 877-246-4190. (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 2018 Evidence of Coverage (it has details about the next plan year's benefits and costs)**

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 **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 included in this booklet.

#### **Visit our Website**

You can also visit our website at [www.UHCRetiree.com/shbp](http://www.UHCRetiree.com/shbp). 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/Drug List).

## **SECTION 6.2      Getting Help from Medicare**

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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 2018**

You can read **Medicare & You 2018** 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.