2025 Plan Guide

Illinois Municipal Retirement System (IMRF)

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12801

Effective: January 1, 2025 through December 31, 2025

United Healthcare®
Group Medicare Advantage

With the Group Medicare Advantage plan from UnitedHealthcare, you get more

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care and prescription drug coverage to their Medicare-eligible retirees. With this plan, you'll enjoy an easier than ever Medicare experience. You've earned it.

Read through this Plan Guide to get to know your new plan

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- Information about covered drugs and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member. You can also get plan information at the website below. Use the Group Number on the front cover of this book to access plan materials online.

How to enroll

1 Find the Enrollment Request Form near the end of this guide

2 Fill out the form completely — making sure to sign and date the form

3 Return your completed form before your enrollment deadline

Take control of your health

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.

retiree.uhc.com

Call toll-free **1-877-714-0178,** TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

More than health insurance

With this UnitedHealthcare Group Medicare Advantage (PPO) plan you get medical and prescription drug coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

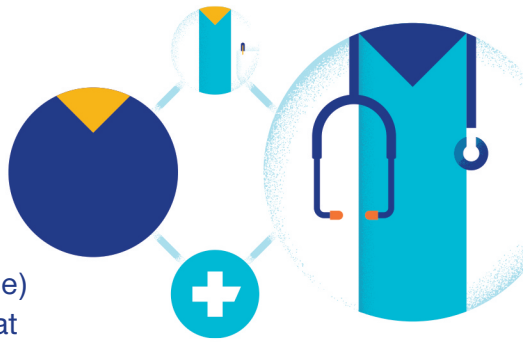
Here's just some of what this plan offers

- **No deductible**
- **$0 copay** for home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care to assist with daily activities after a hospital or skilled nursing facility stay
- **Earn rewards** to spend on eligible items like gifts, clothing, groceries and more
- **Free delivery with Optum® Home Delivery Pharmacy** for prescriptions you take regularly
- **Free standard gym membership** at participating locations
- **Free UnitedHealthcare® HouseCalls visit** from one of our licensed health care practitioners
- **Free hearing exam** and $500 allowance to spend on a broad selection of hearing aids
- **Virtual doctor and behavioral health visits** using your computer, tablet or smartphone – anytime, day or night
- **Special programs to help you** if you are living with a chronic disease, like diabetes or heart disease, or other complex health needs
- **Free diabetic supplies** like continuous glucose monitors, needles and test strips

Review the Summary of Benefits in this guide for more details

UHEX25LP0177039_000
Y0066_GRP_ModBen_2024_M

More from your health plan



Your PPO plan is a Medicare Advantage plan, also known as Medicare Part C. This plan has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B). Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

Here's how this PPO plan works

Get care from providers in or out-of-network as long as they accept Medicare and the plan

No referral is needed to see a specialist or other provider

Select a primary care provider (PCP) to oversee and help manage your care
It's not required by the plan, but it's very beneficial for your long-term health and well-being.

You pay a standard copay or coinsurance to see a network or out-of-network provider
We work closely with our network (contracted) providers to make sure they have access to resources and tools to help them work with you for better health outcomes.

This plan has separate maximum annual out-of-pocket amounts for medical and prescription drugs
If you reach your plan's medical limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year. After you and others on your behalf have paid a combined total of $2,000 for your prescription drugs, you won't pay anything for your Medicare-covered Part D drugs for the rest of the calendar year.

Emergency and urgently needed services are covered anywhere in the world

This plan includes prescription drug coverage for thousands of brand name and generic drugs
Always use network pharmacies for your plan's lowest cost on prescription drugs.

To search for a network provider or pharmacy, visit **retiree.uhc.com**. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Scan this code to view the Drug List

Y0066_GRP_PlanWorks_2025_M

UHEX25LP0194067_000

Get to know your plan

It's important that you understand your plan and what benefits are covered. You can find the Drug List, Provider and Pharmacy directories and more at **retiree.uhc.com**.

Review the online Drug List to see what prescription drugs are covered
And what drug tier they are in. Generally, the lower the drug tier, the less you'll pay.

Review the online Provider Directory to see if your providers are in the network
It's okay if they're not. This plan allows you to see out-of-network providers as long as they accept Medicare and the plan. But keep in mind, your costs may be higher.

Review the online Pharmacy Directory to see what pharmacies are in our network
If your pharmacy is not in the network, you will need to select a new network pharmacy to pay your plan's lowest cost for prescription drugs.

Review the Summary of Benefits in this guide to see how much you'll pay for medical services and prescription drugs
You can also review the Summary of Benefits online.

If you're not sure if you are enrolled in Medicare Part B, check with Social Security at ssa.gov/locator or call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

You're eligible to enroll in this Medicare Advantage plan if you:

Are entitled to Medicare Part A and enrolled in Medicare Part B.

Continue to pay your Part B premium (unless it's paid for you).

Remember: If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Summary of Benefits 2025

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): Illinois Municipal Retirement System (IMRF)
Group Number: 12801
H2001-825-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

retiree.uhc.com

Toll-free **1-877-714-0178**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare®
Group Medicare Advantage

Y0066_SB_H2001_825_000_2025_M

Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits		
	In-network	**Out-of-network**
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.	
Maximum out-of-pocket amount (does not include prescription drugs)	$4,000 annually for Medicare-covered services from in-network providers.	$10,000 annually for Medicare-covered services from out-of-network providers.
	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $10,000 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.	

Medical benefits		
	In-network	**Out-of-network**
Inpatient hospital care[1]	$200 copay per day: for days 1-8 $0 copay per day: for days 9 and beyond	40% coinsurance per day
	Our plan covers an unlimited number of days for an inpatient hospital stay.	

Medical benefits			
		In-network	**Out-of-network**
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$200 copay	40% coinsurance
	Outpatient surgery	$200 copay	40% coinsurance
	Outpatient hospital services, including observation	$200 copay	40% coinsurance
Doctor visits	Primary care provider (PCP)	$5 copay	$35 copay
	Virtual visit	$0 copay for designated providers $5 copay for other providers	$35 copay
	Specialist[1]	$25 copay	$55 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*	40% coinsurance; 1 per plan year*
	Medicare-covered	$0 copay	$0 - $60 copay or 40% coinsurance depending on the service

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services

Medical benefits			
		In-network	**Out-of-network**
		▯ Medicare Diabetes Prevention Program (MDPP) ▯ Obesity screenings and counseling ▯ Prostate cancer screenings (PSA) ▯ Sexually transmitted infections screenings and counseling ▯ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ▯ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 ▯ "Welcome to Medicare" preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
Emergency care		$90 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Urgently needed services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	5% coinsurance	40% coinsurance
	Lab services[1]	$0 copay	$0 copay
	Diagnostic tests and procedures[1]	5% coinsurance	40% coinsurance
	Therapeutic radiology[1]	5% coinsurance	40% coinsurance
	Outpatient X-rays[1]	5% coinsurance	40% coinsurance

Medical benefits			
		In-network	**Out-of-network**
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$35 copay	$60 copay
	Routine hearing exam	$0 copay, 1 exam per plan year*	$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a $500 allowance for hearing aids (combined for both ears) every 3 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$35 copay	$60 copay
	Eyewear after cataract surgery	$0 copay	$0 copay
	Routine eye exam	$0 copay, 1 exam every 12 months*	$0 copay, 1 exam every 12 months*
Mental health	Inpatient visit[1]	$175 copay per day: days 1-8 $0 copay per day: days 9-190	40% coinsurance per day: days 1-190
		Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$10 copay	$35 copay
	Outpatient individual therapy visit[1]	$35 copay	$60 copay
	Outpatient therapy or office visit with a psychiatrist[1]	$35 copay	$60 copay

Medical benefits			
		In-network	**Out-of-network**
	Virtual behavioral visits	$35 copay	$60 copay
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $100 copay per day: days 21-100	$175 copay per day: days 1-100
		Our plan covers up to 100 days in a SNF per benefit period.	
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		5% coinsurance	40% coinsurance
Ambulance[2]		$150 copay	
Routine transportation		Not covered	
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	5% coinsurance	40% coinsurance
	Other Part B drugs[1]	5% coinsurance	40% coinsurance

Good news for 2025

The Coverage Gap, or “donut hole”, has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is $2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs	
Deductible	$300 You pay the full cost for your drugs until you reach the deductible amount. Then you move to the Initial Coverage stage.

Prescription drugs		
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	30-day supply	**90-day supply**
Tier 1: Preferred Generic	$15 copay	$30 copay
Tier 2: Generic	$15 copay	$30 copay
Tier 3: Preferred Brand ~	$47 copay	$94 copay
Tier 4: Non-preferred Drug ~	$100 copay	$200 copay
Tier 5: Specialty tier ~	$100 copay	$200 copay
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.	

~ You will pay a maximum of $35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at **retiree.uhc.com** or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There's no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

Additional benefits			
		In-network	**Out-of-network**
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$10 copay	$15 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$10 copay	$15 copay

Additional benefits			
		In-network	**Out-of-network**
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView. Other brands are not covered by your plan.	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	$0 copay
	Diabetes self-management training	$0 copay	40% coinsurance
	Therapeutic shoes or inserts[1]	5% coinsurance	40% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	5% coinsurance	40% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[1]	5% coinsurance	40% coinsurance

Additional benefits			
		In-network	**Out-of-network**
 **Fitness program** SilverSneakers®		$0 copay for SilverSneakers®, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more. Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.	
Foot care (podiatry services)	Foot exams and treatment[1]	$35 copay	$60 copay
	Routine foot care	$35 copay, 6 visits per plan year*	$60 copay, 6 visits per plan year*
 **UnitedHealthcare Healthy at Home** Post-discharge program		$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: □28 home-delivered meals, referral required □12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required □6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.	
 **Home health care[1]**		$0 copay	20% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Opioid treatment program services[1]		$0 copay	$0 copay

Additional benefits			
		In-network	**Out-of-network**
Outpatient substance use disorder services	Outpatient group therapy visit[1]	$10 copay	$35 copay
	Outpatient individual therapy visit[1]	$35 copay	$60 copay
Renal dialysis[1]		5% coinsurance	5% coinsurance

[1] Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.
[2] Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes these counties in:

Arkansas: Benton;
Florida: Leon;
Georgia: Chatham, Henry;
Illinois: Madison, Monroe, St. Clair;
Indiana: Allen, Huntington;
Iowa: Polk;
Michigan: Kent;
Minnesota: Ramsey;
Missouri: Christian, Cole, Crawford, Dallas, Douglas, Franklin, Greene, Jefferson, Polk, St. Charles, St. Louis, Saline, Warren, Washington, Webster, St. Louis City;
Nebraska: Lancaster;
North Carolina: Alamance, Guilford, Johnston, Randolph, Rockingham;
Pennsylvania: Allegheny, Butler, Westmoreland;
South Carolina: Spartanburg;
Tennessee: Anderson, Blount, Carter, Knox, Sevier, Sullivan, Washington;
Texas: El Paso;
Virginia: Scott, Washington;
Wisconsin: Dane, Oconto, Outagamie, Winnebago.

Use network providers and pharmacies

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **retiree.uhc.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is 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.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy 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.

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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

UHEX25LP0177045_002

Here's what you can expect next

Once you're a member, the UnitedHealthcare Customer Service team and your online account make it easier to get the care you need, when and how you need it.

You are here
UnitedHealthcare will process your enrollment

Create your account to review your plan online

Receive your member ID card in the mail

Coverage begins! Start using your plan

Manage your plan online

Use your Medicare number or member ID number to create an account at **retiree.uhc.com**. Online you can:

- Look up your latest claim information and complete your health assessment
- Find network providers, pharmacies, your Drug List (Formulary) and other benefit information and plan materials
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit **uhchousecalls.com** to learn more
- Get the medications you take regularly through Optum® Home Delivery Pharmacy

Benefits and costs may change at the end of your plan year

We'll send you an Annual Notice of Changes before your plan year ends that will tell you about any changes to your plan for the next plan year.

Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Plan Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site

Statements of understanding

By enrolling in this plan, I agree to the following:

- **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**
  I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- **This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area.**
  I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- **I can only have one Medicare Advantage or Prescription Drug Plan at a time.**
  - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
  - Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.
- **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**
  Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- **For members of the Group Medicare Advantage Plan.**
  I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

UnitedHealthcare®
Group Medicare Advantage

2025 Enrollment Request Form

1. Plan information

Plan sponsor

Illinois Municipal Retirement System (IMRF)

Group number	GPS employer ID
12801	991

GPS branch number

007

Effective date requested:

(i.e., your proposed effective date, or on what day your coverage should begin)

Plan sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

To enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan, please provide the following:

2. Information about you (Please type or print in black or blue ink)

Last name	First name	Middle initial

Birth date	Sex: ☐ Male ☐ Female

Home phone number	Mobile phone number	Medicare number
( ) –	( ) –	

☐ I give consent for UnitedHealthcare and its affiliates to call the phone number(s) I have provided using an autodialer and/or prerecorded voice technology.

Permanent residence street address **(Don't enter a P.O. box. Note: For individual experiencing homelessness, a PO Box may be considered your permanent residence address)**

City	County	State	ZIP code

Mailing address **(only if it's different from above. You can give a P.O. box)**

City	State	ZIP code

Email address (optional)

Last name First name Medicare number

Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to our plan? ☐ Yes ☐ No

If **"yes"**, what is it?

Name of other insurance

Member number	Group number
Rx Bin	Rx PCN (optional)

Your answer to the following questions will not keep you from being enrolled in this plan:

3. A few questions to help us manage your plan

1. Would you prefer plan information in another language or an accessible format? ☐ Yes ☐ No

If **"yes"**, please select from the following:

☐ Spanish ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

If you don't see the language or format you want, please call us toll-free at **1-877-714-0178**, (TTY **711)** during 8 a.m.-8 p.m. local time, Monday-Friday

2. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

☐ No, not of Hispanic, Latino/a, or Spanish origin

☐ Yes, Mexican, Mexican American or Chicano/a

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, another Hispanic, Latino, or Spanish origin

☐ **I choose not to answer**

3. What's your race? Select all that apply.

☐ American Indian or Alaska Native

Asian:

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Member/Citizen of a federal or state recognized Tribe (name of Tribe)

_____

☐ White

☐ Black or African American

Native Hawaiian or Pacific Islander:

☐ Guamanian or Chamorro

☐ Native Hawaiian

☐ Samoan

☐ Other Pacific Islander

☐ **I choose not to answer**

Last name First name Medicare number

4. What is your gender identity? Select one.

☐ Woman
☐ Man
☐ Non-binary
☐ I use a different term: _____
☐ **I choose not to answer**

5. Which of the following best represents how you think of yourself? Select one.

☐ Lesbian or gay
☐ Straight, that is, not gay or lesbian
☐ Bisexual
☐ I use a different term: _____
☐ I don't know
☐ **I choose not to answer**

6. Do you or your spouse work? ☐ Yes ☐ No

If **"no"**, what was your retirement date?

7. Do you have any health insurance other than Medicare, such as private insurance, Worker's Compensation, VA benefits or other employer coverage? ☐ Yes ☐ No

If **"yes"**, please provide the following:

Name of the health insurance

Member number

8. Please give us the name of your primary care provider (PCP), clinic or health center.

Provider or PCP full name

Provider/PCP number (Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? ☐ Yes ☐ No

9. Do you live in a nursing home, long-term care facility, or senior community? ☐ Yes ☐ No

If **"yes"**, please give us information on the nursing home, long-term care facility, or senior community:

Name

Address

City	State	ZIP code

Date you moved there

Last name First name Medicare number

4. ATTENTION – please sign and date

Providing your email address above enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here:

☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

I understand that my signature on this enrollment request form means that I have read and understood the contents of this enrollment request form, including the Statements of Understanding, and that the information provided by me is accurate and complete. If my plan includes outpatient prescription drug benefits, I understand that my signature on this enrollment request form means that I will be automatically enrolled in my plan's outpatient prescription drug benefits which includes Part D and supplemental prescription drug coverage. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

This enrollment request form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.

Signature of applicant/member/authorized representative **Today's date**

5. Authorized representative information

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare member ID card, I can call customer service at the number on my UnitedHealthcare member ID card to update my authorization information on file.

Signature **Today's date**

Last name First name Medicare number

6. For Individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Signature (of individual who assisted in completing this form) **Today's date**

☐ Plan representative, check here if you signed above and assisted in completing this form.	Relationship to applicant
Name	Phone number

Address

Sales representative/broker, please provide your signature and complete the information below:

Licensed sales representative/broker signature **Today's date**

Licensed sales representative/broker name (please print)

Agent/broker number	Referring broker number

7. For office use only

Agent name

Agent number		NIPR number
Effective date	Group number	PBP number

☐ SEP ☐ Employer Group SEP ☐ ICEP/IEP ☐ AEP (type) _____

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5757 (TTY: 711). 注意：如果您説中文，您可以免費獲得語言援助服務。請致電 1-800-555-5757 (TTY: 711).

Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**
- **Phone:** Toll-free **1-800-368-1019**, **800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
  200 Independence Ave SW, HHH Building, Room 509F
  Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**).

This notice is available at
https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices.

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 or listed on the cover of the booklet. 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 o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 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或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

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或手冊封面列出的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. 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 ou sur la première de couverture de la brochure. 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 bảo hiểm sức khoẻ 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 hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드 또는 이 소책자 표지에 나와 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана или спереди на буклете. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك أو على غلاف الكتيب. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर या पुस्तिका के अग्रभाग पर सूचीबद्ध टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro ou indicado na parte da frente do folheto. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon manm ou an oswa ki endike sou kouvèti ti liv la. 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 Pana/Pani karcie identyfikacyjnej lub na okładce broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員 ID カードまたは本冊子の表紙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。

NOTES

NOTES

NOTES

United Healthcare®
Group Medicare Advantage

With exclusive benefits for retirees like you, get more of what matters for your health with a group Medicare Advantage plan from UnitedHealthcare.

Let us help you. You've earned it.

Download the UnitedHealthcare app

retiree.uhc.com

Call toll-free **1-877-714-0178,** TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Scan this code to download the UnitedHealthcare app

Important Plan Information
Y0066_GRPCov_2025_C

UHEX25LP0177040_000