



2026 Plan Guide

Illinois Municipal Retirement System (IMRF)

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 12801

Effective: January 1, 2026 through December 31, 2026

United
Healthcare®
Group Medicare Advantage

With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you get more

Your former employer or plan sponsor has selected UnitedHealthcare® to provide 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 **retiree.uhc.com**. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. Or, 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 to the address or fax number on the 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.



Visit **retiree.uhc.com**
and select the **Chat now** button



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 medical 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 Optum® HouseCalls visit from one of our licensed health care practitioners



\$0 copay for a hearing exam and \$500 allowance to spend on a broad selection of hearing aids for both ears every 3 years



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 needles and test strips



Review the Summary of Benefits in this guide for more details

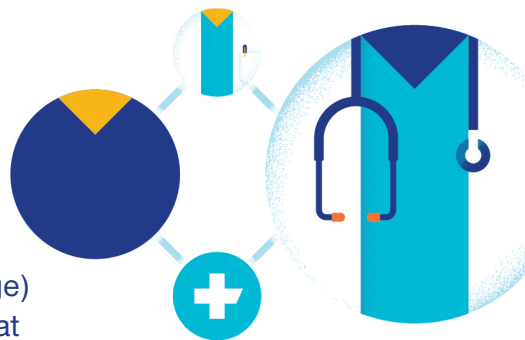
*Optum® Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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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



You don't need a referral 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, or \$0 in some cases, to see a provider in or out-of-network

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 \$2,100 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

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



More ways to learn about 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 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 2026

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_2026_M


Summary of Benefits

January 1, 2026 - December 31, 2026


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 hospital¹ | Ambulatory surgical center (ASC) | \$200 copay | 40% coinsurance |
| Cost sharing for additional plan covered services will apply. | 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 |
| | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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 |
| | | <ul style="list-style-type: none"> □ 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 | <ul style="list-style-type: none"> 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) |
| | <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>This plan covers preventive care screenings and annual physical exams at 100%.</p> | | |
| Emergency care | | \$90 copay (worldwide) | |
| | | <p>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.</p> | |
| Urgently needed services | | \$35 copay (worldwide) | |
| | | <p>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.</p> | |
| 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 |
| Ambulance² | | \$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 |
| 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. | |
| 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 \$2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. | |

| Prescription drugs | | |
|--|---|-------------------------|
| 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 | <p>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.</p> <p>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.</p> | |

~ 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.

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 |
|  Diabetes management | Diabetes monitoring supplies ¹ | \$0 copay | \$0 copay |
| | | We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. | We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. |
| | | Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. | Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. |
| | | Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. | Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. |

| Additional benefits | | | |
|---|---|--|-------------------------------------|
| | | In-network | Out-of-network |
| | 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 |
|  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* |

| Additional benefits | | |
|---|--|-----------------|
| | | |
| | In-network | Out-of-network |
|  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: <ul style="list-style-type: none"> ☐ 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 care¹ | \$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 services¹ | \$0 copay | \$0 copay |
| Outpatient substance use disorder services | Outpatient group therapy visit ¹ | \$10 copay |
| | Outpatient individual therapy visit ¹ | \$35 copay |
| Renal dialysis¹ | 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, Murray;

Idaho: Elmore;

Illinois: Madison, Monroe, St. Clair;

Indiana: Allen, Huntington;

Iowa: Polk;

Kansas: Hamilton;

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;

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 [medicare.gov](https://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 comunice 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. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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. © 2025 Tivity Health, Inc. All rights reserved.

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

If you haven't done so already, use your Medicare number or member ID number and email address 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 Optum® HouseCalls. Visit **UHCHouseCalls.com** to learn more
- Get your medications with free delivery 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



*Optum® Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

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.

2026 Enrollment Request Form

1. Plan information

Plan sponsor

Illinois Municipal Retirement System (IMRF)

| | |
|-------------------|--------------------------------|
| Group number | GPS employer ID |
| 12801 | 991 |
| GPS branch number | GPS Bill Group (as applicable) |
| 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: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home phone number () — | Mobile phone number () — | Medicare number |

You can stay on top of your plan and health with timely, helpful calls.

☐ Check here to consent to receive calls using auto dialer/artificial or prerecorded voice technology. You can change your preference at any time.

Permanent residence street address (**Don't enter a P.O. Box. Note: For individual experiencing homelessness, a P.O. 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

| | | |
|-----------|------------|-----------------|
| Last name | First name | Medicare number |
|-----------|------------|-----------------|

By sharing your email address, you can receive important plan communications, like letters and your Explanation of Benefits electronically. We'll send you an email notification whenever new documents are ready for you to review online.

☐ Check here if you prefer to receive hard copies by mail. You can change your delivery preference at any time.

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. Which language or accessible format do you prefer for future plan information?

☐ English ☐ 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

If no selection is made, you will receive plan information in English.

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

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

3. 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

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

Provider or PCP full name

| | | |
|---|------------|--|
| Last name | First name | Medicare number |
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you live in a nursing home, long-term care facility, or senior community? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | |

4. ATTENTION – please sign and date

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) _____

Please send this completed form to:

United Healthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770
Fax: 888-950-1170
Fax the front and back of each page

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפֿמערק: אויב איר רעדט **אידיש (Yiddish)**, קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

NOTES

[illegible]

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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

