



2026 Insurance Guide

BAC LOCAL 3 H&W PLAN

UnitedHealthcare Senior Supplement

Group Number: 05212

Effective: January 1, 2026 through December 31, 2026

United
Healthcare®

UnitedHealthcare is here for what matters to you

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care and prescription drug coverage to their Medicare-eligible retirees. You can find your prescription drug plan information in the other guide included in this packet. With the UnitedHealthcare Senior Supplement® and UnitedHealthcare MedicareRx for Groups (PDP) plans, you'll enjoy an easier than ever Medicare experience. These plans were designed for a former employer or plan sponsor like yours. Only eligible retirees, like you, can enroll in these plans.



Read through this Insurance 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
- What you can expect after you're enrolled in the plan

Please keep this Insurance Guide. It has information that will be helpful once you become a member.

You can also get plan information at the website below. 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 Use the enclosed envelope to return your completed form before your enrollment deadline

You can also use the address or fax number on the Enrollment Request Form to return your completed form.



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 **1-800-851-3802**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

You get so much more than health insurance

Medicare only covers about 80% of your expenses. UnitedHealthcare Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs not covered by Medicare Parts A and B — like copays and deductibles.

You get medical 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 an Annual Wellness Visit and many preventive services



Free standard gym membership at participating locations



\$10 copay for a hearing exam and \$250 allowance to spend on a broad selection of hearing aids for both ears every 3 years



Access to UnitedHealthcare Hearing for expert advice and a wide range of hearing aids



Virtual doctor and behavioral health visits using your computer, tablet or Smartphone – anytime, day or night



Freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare



Review the Plan Summary in this guide for more details



Get to know your plan

It's important that you understand your plan and what benefits are covered. You can find more information at retiree.uhc.com.



Stay within your budget

Your plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don't cover.



Visit the providers you want

You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.¹



Get additional support and programs

You get additional health and wellness programs, at no additional cost.



Review the Plan Summary in this guide to see how much you'll pay for medical services

You can also review the Plan Summary 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.



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.

¹You can see any doctor who accepts Medicare but costs may be lower with an in-network doctor. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Service number or see your Certificate of Coverage for more information, including the cost-sharing that applies to out-of-network services.

2026 Plan Summary

UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company

In New York, Underwritten by UnitedHealthcare Insurance Company of New York

The amounts listed in this summary are based on 2026 Medicare amounts. Amounts may change for 2027.

This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Once you are enrolled in the plan, you will receive a welcome kit which will include a Certificate and Schedule of Benefits. These documents will provide you with a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

If you would like to receive the Certificate and Schedule of Benefits before you enroll in the plan, please call customer service at the number located on the back of this booklet. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Individual out-of-pocket maximum

\$2,620 per calendar year

Covered service	Medicare pays	Senior Supplement pays	You pay
Inpatient hospital services			
Medicare Part A hospital—semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1–60	All but \$1,736	\$1,302 (75% of Medicare Part A deductible)	\$434 (25% of Medicare Part A deductible)
Days 61–90	All but \$434 per day	\$434 per day	\$0
Days 91–150 (while using 60 lifetime reserve days)	All but \$868 per day	\$868 per day	\$0
Days 151–365 (lifetime additional reserve days)	\$0	100% of Medicare eligible expenses	\$0
Beyond 365 (lifetime additional reserve days)	\$0	\$0	All costs
Skilled nursing facility care			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the hospital.			
Days 1–20	All approved amounts	\$0	\$0
Days 21–100	All but \$217 per day	Up to \$162.75 per day	Up to \$54.25 per day
Days 101 and after	\$0	\$0	All costs

Covered service	Medicare pays	Senior Supplement pays	You pay
Blood			
First 3 pints Medicare Part A	\$0	75%	25%
Additional amounts under Medicare Part A	100%	\$0	\$0
First 3 pints Medicare Part B	\$0	75%	25%
Next \$283 of Medicare approved amounts under Medicare Part B	\$0	\$0	\$283 ¹
Remainder of Medicare approved amounts under Medicare Part B	80%	15%	5%
Hospice services			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	75% of balance	25% of balance
Medical services			
Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$283 of Medicare approved amounts	\$0	\$0	\$283 (Medicare Part B deductible) ¹
Remainder of Medicare approved amounts	Generally 80%	Generally 15%	5%
Outpatient mental illness (for most outpatient mental illness services)	80%	15%	5%
Medicare Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs ²
Preventive health care (Medicare covered)			
Periodic health screenings (please refer to your certificate)	100%	All approved amounts	\$0

Covered service	Medicare pays	Senior Supplement pays	You pay
Durable medical equipment			
First \$283 of Medicare approved amounts	\$0	\$0	\$283 (Medicare Part B deductible) ¹
Remainder of Medicare approved amounts	80% of approved amounts	15% of approved amounts	5% of approved amounts
Home health care			
Skilled care services and medical supplies	All approved amounts	Balance (if applicable)	\$0
Preventive health care (not covered by Medicare)			
Annual routine physical exam	\$0	100%	\$0

Additional support and programs	
	In-network and out-of-network
 Annual Physical and Wellness Visit³	<p>An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns.</p>
 Fitness program⁴ SilverSneakers®	<p>\$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.</p> <p>Call or go online to learn more and to get your SilverSneakers ID number. 1-888-338-1722, TTY 711 or SilverSneakers.com/StartHere.</p>
 Hearing services⁵	<p>Hearing Aids — UnitedHealthcare Hearing</p> <ul style="list-style-type: none"> • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period
 Virtual Doctor Visits⁶	<p>See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you're able to live video chat with a doctor — any time, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.</p> <p>Virtual Doctor Visits may be good for minor health concerns like:</p> <ul style="list-style-type: none"> • Allergies, bronchitis, cold/cough • Fever, seasonal flu, sore throat • Migraines/headaches, sinus problems, stomachache • Bladder/urinary tract infections, rashes

Exclusions and limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the company to be a Medicare eligible expense, unless coverage for the expense or service is specifically provided by a rider to the Policy.
- Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare.
- Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any workers' compensation law or similar law.
- Charges for self-inflicted injury or attempted suicide. Except when the injuries are otherwise covered by the plan and are the result of a medical condition (such as depression).
- Any treatment, confinement, services or supply provided by a government owned or operated facility.
- Any injury or sickness resulting from war or any act of war (declared or undeclared).
- Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel.
- Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.
- Blood and plasma except as stated above.
- Experimental or investigational treatment, procedures and items.
- Medicare Part B deductible.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.
- Medicare Part B excess charges.

This plan summary is a highlight of benefits only and is not all inclusive of the plan's benefits, services, or exclusions and limitations.

Required Information

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program.

UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

¹Once \$283 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.

²Does not count towards the out-of-pocket maximum.

³A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

⁴Always 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.

⁵Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

⁶Benefits, features and/or devices vary by plan/area. Network limitations and exclusions apply. Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.

UnitedHealthcare® Senior Supplement Neuromuscular Skeletal Disorders Benefit Rider

(For benefits not covered by Medicare)

UnitedHealthcare Insurance Company

(Herein called we, our, us and the company)

This rider is issued as part of the policy and any certificate to which it is attached. This rider is subject to all the terms and provisions of the policy, except as stated below. In consideration of any additional premium, we will provide the coverage described in this rider.

Benefits

Covered services will include the treatment of neuromuscular skeletal disorders. Treatment may include, but is not limited to: the therapeutic use of heat; cold; exercise; electricity; ultraviolet radiation; manipulation of the spine or massage for the purpose of improving circulation; strengthening muscles; or encouraging the return of motion.

Neuromuscular skeletal disorders schedule of benefits. Benefits will not exceed the limits set forth below:

Neuromuscular skeletal disorders benefit	
Office visits: limited to 12 visits per calendar year	100% coinsurance after \$10 per visit copayment
Maximum benefit: \$50 per visit	

Covered services

The treatment will be considered covered services only if:

1. The treatment is performed by an individual who is licensed or registered to perform such therapy; and
2. Any medical appliance or equipment that is required for the treatment has been prescribed by a physician.



Neuromuscular skeletal disorders benefit maximum

The neuromuscular skeletal disorders benefit maximum per covered person for all covered expenses is the amount shown above in the neuromuscular skeletal disorders schedule of benefits. It applies separately to each covered person.

Definitions

Calendar year	January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.
Neuromuscular skeletal disorders	Misalignment of skeletal structures and muscular weaknesses, imbalance, and disorders related to the spinal cord, neck and joints.
Plan year	Any consecutive 12 month period beginning on the effective date shown in the policy.

Neuromuscular skeletal disorders benefit rider

Exclusions and limitations

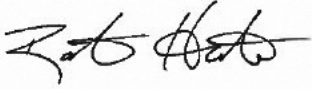
Unless provided for in this rider, benefits for treatment of neuromuscular skeletal disorders are not payable for expenses excluded by the certificate or for, or in connection with, the following treatments, services or supplies:

1. Services for examination and/or treatment of strictly non-neuromuscular-skeletal disorders
2. Services or treatments not documented as clinically necessary and appropriate or classified as experimental or investigational
3. Diagnostic scanning, including magnetic resonance imaging (MRI), CAT scans, and/or other types of diagnostic scanning such as thermography
4. Treatment of services for pre-employment physicals or vocational rehabilitation
5. Any treatment or services covered under any public liability insurance
6. Hypnotherapy, behavior training, sleep therapy and weight programs, educational programs, non-medical self-care or self-help physical exercise training or any related diagnostic testing
7. Vitamins, minerals, nutritional supplements or other similar-type products
8. Manipulation under anesthesia, hospitalization or any related services;
9. Air conditioners, air purifiers, therapeutic mattress supplies or any other similar device or appliance
10. X-rays taken to demonstrate misalignment

Effective date

This rider is effective on the effective date of the group health insurance policy and certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the policy and certificate. This rider terminates at the same time as the group health insurance policy and certificate. This rider does not change, waive or extend any part of the policy and certificate other than as stated herein.

Signed on behalf of UnitedHealthcare Insurance Company,

A handwritten signature in black ink, appearing to read "R. Hunter", is displayed on a light gray rectangular background.

Robert Hunter, President

Questions?

Visit your member site or call Customer Service.

UnitedHealthcare® Senior Supplement Hearing Care Benefit Rider

(For benefits not covered by Medicare)

UnitedHealthcare Insurance Company

(Herein called we, our, us and the company)

This rider is issued as part of the policy and any certificate to which it is attached. This rider is subject to all the terms and provisions of the policy, except as stated below. In consideration of any additional premium, we will provide the coverage described in this rider.

Benefits

The company will pay a hearing care benefit for covered expenses incurred by a covered person for covered services described below in the hearing care schedule of benefits, subject to the exclusions and limitations described in this rider, which do not exceed any applicable maximum shown in the certificate.

Hearing care schedule of benefits. Benefits will not exceed the limits set forth below:

Hearing care schedule of benefits	
Hearing screening: benefits limited to 1 examination per 12 month period	100% coinsurance after \$10 per visit copayment
Hearing aid: benefits unlimited per 36 month period	
Hearing screening maximum benefit: \$80 per exam per 12 month period	
Hearing aid maximum benefit: \$250 per 36 month period	

Covered services

Covered services are limited to those services that are:

1. For the care of a hearing impairment or loss
2. Provided by a physician or licensed or certified therapist

Hearing care benefit maximum

The hearing care benefit maximum per covered person for all covered expenses is the amount shown above in the hearing care benefit schedule of benefits. It applies separately to each covered person.

Definitions

Calendar year	January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.
Hearing aid	An electronic amplifying device designed to bring sound more effectively into the covered person's ear. A hearing aid consists of a microphone, amplifier and receiver.
Hearing impairment	A reduction in the ability to perceive sound and may range from slight to complete deafness.
Hearing screening	An examination by a physician, or licensed or certified therapist for hearing impairment.
Plan year	Any consecutive 12 month period beginning on the effective date shown in the policy.

Hearing care benefit rider

Exclusions and limitations

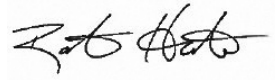
Unless provided for in this rider, hearing care benefits are not payable for expenses excluded by the certificate or for the following expenses:

1. Care or treatment for a hearing impairment due to a functional nervous disorder
 2. Services or supplies covered in whole or in part under any other portion of the policy or under any other medical expense benefits for hearing benefits provided by the employer
 3. Medical or surgical treatment of hearing impairment
 4. Outpatient prescription drugs, or other medications to treat hearing impairment
 5. Any treatment or services caused by or arising out of the course of employment, or covered under any public liability insurance, including but not limited to workers' compensation programs
 6. Hearing aids prescribed by a physician prior to the covered person's effective date under the policy, or after the covered person's termination of coverage under the policy
 7. Hearing aids prescribed by a physician while the covered person is covered under the policy, but delivered to the covered person more than thirty (30) days after the covered person's termination of coverage under the policy
 8. Hearing aids and hearing screenings for which the covered person is not obligated to pay, or for which no charge would be made in the absence of hearing aid coverage under the policy
 9. Hearing aids and hearing screenings which are not medically necessary or not prescribed by a physician
 10. Hearing aids and hearing screenings that do not meet professionally accepted standards or practice, including hearing aids which are for experimental and/or investigational treatment
 11. Hearing aids and hearing screenings provided by any governmental agency or that are obtained by the covered person without cost
 12. Charges for the completion of any benefit request forms
- Payment of hearing care benefits is subject to all of the terms of the policy that are not inconsistent with these provisions, including, but not limited to, the policy exclusions and limitations.

Effective date

This rider is effective on the effective date of the group health insurance policy and certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the policy and certificate. This rider terminates at the same time as the group health insurance policy and certificate. This rider does not change, waive or extend any part of the policy and certificate other than as stated herein.

Signed on behalf of UnitedHealthcare Insurance Company,

A handwritten signature in black ink, appearing to read "R. Hunter", is written over a light gray rectangular background.

Robert Hunter, President

Questions?

Visit your member site or call Customer Service.

ENGLISH

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, 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 ID card. (TTY: 711). If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

AMHARIC

ትኩረት፦ በቀጠሮ ዝዚ ወይም ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር ለመነጋገር አስተርጓሚ ማግኘት ይችላሉ። አማርኛ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጾች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለው ነጻ የስልክ ቁጥር ላይ ይደውሉ። (TTY: 711)። ተጨማሪ እርዳታ ከፈለጉ፣ ወደ ኢንሹራንስ መምሪያ ስልክ 1-800-927-4357 ይደውሉ።

ARABIC

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث العربية، يمكنك الاستفادة من خدمات المساعدة اللغوية المجانية، بالإضافة إلى وسائل اتصال مجانية بتنسيقات أخرى، مثل الطباعة كبيرة الحجم. اتصل بالرقم المجاني الموجود على بطاقة معرف العضوية الخاصة بك. (TTY: 711). لمزيد من المساعدة، اتصل بالخط الساخن لإدارة التأمين (Department of Insurance) على الرقم 1-800-927-4357.

ARMENIAN

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից, որպեսզի խոսեք Ձեր բժշկի հետ Ձեր ժամանդրության պահին կամ մեզ հետ: Եթե խոսում եք հայերեն, Ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ և անվճար հաղորդակցություններ այլ ձևաչափերով, օրինակ՝ մեծատառով: Զանգահարեք Ձեր անդամի նույնականացման քարտի անվճար համարին: (TTY՝ 711): Եթե լրացուցիչ օգնության կարիք ունեք, զանգահարեք Ապահովագրության բաժնի թեժ գիծ՝ 1-800-927-4357 հեռախոսահամարով:

CAMBODIAN-MON-KHMER

ចំណាំ: អ្នកអាចមានអ្នកបកប្រែ ដើម្បីនិយាយជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេលណាដែល ឬនិយាយជាមួយយើងខ្ញុំ។ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ, សេវាជំនួយភាសាគតគិតថ្លៃ នឹងការទំនាក់ទំនងគតគិតថ្លៃជាទម្រង់ផ្សេងទៀត ដូចជាអក្សរធំ មានសម្រាប់អ្នក។ សូមហៅទូរសព្ទទៅកាន់លេខទូរសព្ទគតគិតថ្លៃ នៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (TTY: 711)។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម សូមហៅទូរសព្ទទៅកាន់ខ្សែទូរសព្ទរាយការណ៍បន្ទាន់នៃនាយកដ្ឋានធានារ៉ាប់រងតាមរយៈលេខ 1-800-927-4357។



CAROLINIAN

PÒLÒ: Na'ishte na' kayot tekyo chon wahu a chòta / kòta kison wo wahu chon. Si you lekon Senkirei, atu'ung assistensia lengua, si atu'ung komunikasion i difere' formatos, hao large print, ma'loyo hao. Kama' número i sin pago i kartu i identidad. (TTY: 711). Si nu' iñao' ayuda, kama' Departamento i Seguro Hotline 1-800-927-4357.

CHAMORRO

ATENSIÓN: Sina ha un konne' taotao para u intetpiti i fino' i doktu gi tiempo mu yan hami pat duranten i machek mu. Kumu un tungo fumino' CHamoru, guaha dibatde na setbision asistementon lengguahi, yan dibatde na otu siha na fotmat komunikasion, tatku mo dangkulo na letra. Agan i dibatde na numero gi iyomu membron ID. (TTY: 711). Yanggen un nisisita mas ayudu, agang i Depattamenton i Siguridat telefon gi 1-800-927-4357.

CHINESE (TRADITIONAL)

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說中文，我們可為您提供免費的語言協助服務和免費的其他溝通格式，例如大字版文件。請致電您會員卡上的免付費電話號碼。聽力語言殘障服務專線 (TTY: 711)。若您需要更多協助，請致電保險局熱線 1-800-927-4357。

FARSI

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر فارسی صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطاتی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. با شماره تلفن رایگان نوشته شده روی کارت شناسایی عضو خود، تماس بگیرید. (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان وزارت بیمه به شماره 1-800-927-4357 تماس بگیرید.

HINDI

ध्यान दें: आप अपनी अपॉइंटमेंट के समय अपने डॉक्टर के साथ या हमारे साथ बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। अपने सदस्य आईडी कार्ड पर टोल-फ्री नंबर पर कॉल करें। (TTY: 711)। अगर आपको अधिक सहायता की आवश्यकता है, तो बीमा विभाग की हॉटलाइन पर 1-800-927-4357 पर कॉल करें।



HMONG

CEEBOOM: Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus pub dawb thiab kev pab cuam luam ua lwm hom qauv ntawv, xws li luam ua tus ntawv loj rau koj siv. Hu rau tus xov tooj hu dawb ntawm koj daim npav ID tswv cuab. (TTY: 711). Yog tias koj xav tau kev pab ntxiv, hu rau Lub Tuam Tsev Saib Xyuas Kev Tuav Pov Hwm Tus Xov Tooj ntawm 1-800-927-4357.

ILOCANO

ATENSION: Makaalaka iti interpreter a makisarita kadakami wenno iti doktormo iti oras ti appointment-mo. No makasaoka iti Ilocano, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagam ti libre a numero iti ID card-mo kas miembro. (TTY: 711). No kasapulam iti ad-adu pay a tulong, tawagam ti Department of Insurance Hotline iti 1-800-927-4357.

JAPANESE

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが日本語をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。メンバーIDカードに記載の通話料無料の番号までお電話ください。(TTY: 711)。その他お困りのことがありましたら、Department of Insurance Hotline (1-800-927-4357) までお電話ください。

KOREAN

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. 한국어를 하시는 경우, 무료 언어 지원 서비스와 큰 활자체와 같은 다른 형식의 커뮤니케이션을 무료로 이용하실 수 있습니다. 귀하의 가입자 ID 카드에 있는 무료 전화 번호로 전화하십시오. (TTY: 711). 도움이 더 필요하시면 보험 부서 핫라인에 1-800-927-4357번으로 전화하십시오.

NAVAJO

SHOOH: Diné ata' halne'í ne'azee' íł'íní bił yah aninááh bee náhoo'a' góne' doodago nihí nihich'í' yáłti'go bííghah. Bilagáana bizaad bee yáníłti'to, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anída'ow'í dóó t'áá jíik'eh nááná łahgo át'éego bee hada'dilyaaígíí bee ałhił hane', díí nitsaago bik'e'ashchíní, ná dahólq. Nił ha'dít'éhí bił ninaaltsoos nitł'izí ID bąąh t'áá jiik'eh námboo bee hane'í bikáá'ígíí bee hodiłnih. (TTY: 711). Áka'e'eyeed łá' nááníndzingo, Béeso Ách'ąąh Naa'nil Bił Haz'ání T'áá Jiik'ah Bee Hane'í kohjį 1-800-927-4357 bee hodiłnih.

PENNSYLVANIA DUTCH

WICHDIICH: Du kannscht en Interpreter griege fer schwetze mit dei Dockter an dei Appointment odder mit uns. Wann du Deitsch schwetzsch un brauchsch Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf die toll-free Nummer uff dei Member ID Card. (TTY: 711). Wann du meh Hilf brauchsch, ruf die Department of Insurance Hotline uff an 1-800-927-4357.

PUNJABI

ਧਿਆਨ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡਾ ਪ੍ਰਿੰਟ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)। ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਬੀਮਾ ਵਿਭਾਗ ਦੀ ਹੱਟਲਾਈਨ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ।

RUSSIAN

ВНИМАНИЕ. Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите по-русски, вам предоставляются услуги языковой помощи и сообщения в других форматах бесплатно, например, с использованием крупного шрифта. Позвоните по линии для бесплатного звонка, указанной на вашей идентификационной карточке участника. (Линия TTY: 711). За дополнительной помощью обращайтесь на горячую линию Департамента страхования по телефону 1-800-927-4357.

SAMOAN

FAASILASILAGA: E mafai ona e maua se faamatala'upu e talanoa i lau foma'i poo matou i le taimi o lau siaki faatulagaina. Afai e te tautala i le gagana Samoa, o loo avanoa mo oe 'au'aunaga fesoasoani mo gagana, e pei o lomiga lapopo'a ma fesoota'iga e leai se totogi i isi faiga. Valaau le numera e leai se totogi o loo i lau pepa ID. (TTY: 711). Afai e te mana'omia atili se fesoasoani, valaau le Laina a le Matagaluega o Inisiua (Department of Insurance Hotline) i le 1-800-927-4357.

SPANISH

ATENCIÓN: Puede conseguir un intérprete para hablar con su médico en el momento de la cita o con nosotros. Si habla español, usted dispone de servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al número gratuito que se encuentra en su tarjeta de identificación de membresía. (TTY: 711). Si necesita más ayuda, llame a la línea directa del Departamento de Seguros al 1-800-927-4357.



TAGALOG

PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng Tagalog, maaari kang makakuha ng libreng mga serbisyo sa tulong sa wika at libreng pakikipag-ugnayan sa ibang mga anyo o pamamaraan, tulad ng malalaking titik. Tawagan ang toll-free na numero na nasa iyong card ng ID ng miyembro. (TTY: 711). Kung kailangan mo ng karagdagan pang tulong, tawagan ang Hotline ng Departamento ng Insurance sa 1-800-927-4357.

THAI

หมายเหตุ: คุณสามารถขอล่ามมาพูดคุยกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย เรายินดีให้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารฟรีในรูปแบบอื่นๆ เช่น ตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีบนบัตรประจำตัวสมาชิกของคุณ. (TTY: 711). หากคุณต้องการความช่วยเหลือเพิ่มเติม โปรดโทรสายด่วนกรมการประกันภัยที่หมายเลข 1-800-927-4357.

UKRAINIAN

ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте українською, ви можете безоплатно скористатися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Зателефонуйте на номер, зазначений на вашій ідентифікаційній картці учасника. Дзвінки безкоштовні. (лінія TTY: 711). Якщо вам потрібна допомога, зателефонуйте на гарячу лінію Департаменту страхування (Department of Insurance) за номером 1-800-927-4357.

VIETNAMESE

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ thời điểm hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí và thông tin liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in cỡ chữ lớn, sẽ được cung cấp cho quý vị. Hãy gọi cho số điện thoại miễn phí trên thẻ ID hội viên của quý vị. (TTY: 711). Nếu quý vị cần trợ giúp thêm, hãy gọi cho Đường dây nóng của Sở Bảo hiểm theo số 1-800-927-4357.



Here's what you can expect next

Your Senior Supplement and prescription drug member ID cards will arrive separately. 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:

- Sign up to get your Explanation of Benefits online
- Find benefit information and plan materials
- Learn more about health and wellness topics

Once your coverage begins

- Schedule your annual wellness visit and stay on top of your preventive care
- Access UnitedHealthcare Hearing at **UHChearing.com/retiree** for expert advice and a wide range of hearing aids
- Stay active with your free standard gym membership at participating locations

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 Insurance Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



UHEX26SS0281161_000

Underwritten by
UnitedHealthcare Insurance Company

Required information

Plan sponsor name:
BAC LOCAL 3 H&W PLAN

Group #:
05212

GPS employer ID #:
2602

GPS branch #:
001

Enrollment Form

Please complete the entire form. Incomplete information can delay the enrollment process.
(Please print — If you need more room for your answers to any questions, please use a separate sheet of paper.)

1. Personal information

Applicant last name	Applicant first name	MI	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Effective date
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Domestic partner				Date of birth
Name of retiree		Applicant's relation to retiree: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic partner		
Applicant's Medicare claim #	Part A effective date	Part B effective date	Part D effective date	
Are you currently on COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, qualifying event		COBRA qualifying event effective date		
Permanent residence street address (P.O. Box is not allowed)		City	State	Zip code
Mailing address (only if different from your permanent residence address)		City	State	Zip code
Home telephone number () —	Alternate telephone number () —	Email address		
<input type="checkbox"/> 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.				
In the future, would you be willing to receive materials through electronic means? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I prefer to receive materials in the following language: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese (Spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin) <input type="checkbox"/> Other _____				

Last name	First name	Medicare claim number
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If you are currently a resident of an institution (e.g., skilled nursing facility, rehabilitation hospital, etc.), please provide the following information. Providing this information will not affect your enrollment in the plan.

Institution name	Date of admission	Telephone number () –	
Address	City	State	Zip code
Attending physician's name	Attending physician's telephone number () –		

2. Benefit coordination/other insurance carrier information

1. Do you have other health insurance? ☐ Yes ☐ No

If yes, complete Section 1a. – 1d. below.

1a. Insurance company name	1b. Policy #	1c. Effective date	1d. Other employer name and address

2. Are you permanently disabled? ☐ Yes ☐ No If yes, complete the following:

2a. Date disability began:

3. Do you have a disability affecting your ability to communicate or read? ☐ Yes ☐ No

4. Do you currently work or plan to work? ☐ Yes ☐ No

5. Are you currently a State Medicaid recipient? ☐ Yes ☐ No

If yes, please provide your State Medicaid number:

FOR OFFICE USE ONLY

Retiree ☐ Yes ☐ No

Dependent ☐ Yes ☐ No

Group # _____

Plan code _____

Verification (initial): _____

Date _____

FOR EMPLOYER USE ONLY

☐ Enrollee is eligible for retiree coverage

Effective date: _____

Initial: _____

Last name

First name

Medicare claim number

3. Terms and conditions

I am requesting enrollment under the UnitedHealthcare Insurance Company ("UnitedHealthcare") Group Policy offered through my former employer. By signing this Enrollment Form, I agree to and understand the following:

1. All coverage is subject to the terms and conditions of the UnitedHealthcare Group Policy.
2. UnitedHealthcare or its designee shall have access and use of my medical records for purposes of utilization review surveys, processing of claims, financial audit or other purposes reasonably related to the performance of this Enrollment Form.
3. Any intentional misrepresentation in answering the questions on the Enrollment Form may result in the denial of benefits and the termination of my coverage if such answers are determined to be untrue within 24 months of issuance of coverage.
4. Coverage shall not begin until acceptance of this Enrollment Form by UnitedHealthcare. Acceptance will not occur until after UnitedHealthcare validates Medicare coverage and eligibility for coverage under the group retiree plan. Upon acceptance of this Enrollment Form, UnitedHealthcare shall be bound by the terms of my UnitedHealthcare Group Policy and the Amendments thereto (if applicable).
5. All statements and descriptions in this Enrollment Form are deemed to be representations and not warranties.

This is not a Medicare supplement plan. This is an employer group retiree plan and may provide coverages that are different from a Medicare supplement plan. If you have a Medicare supplement plan, you may not need both the Medicare supplement plan and the employer group retiree plan. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance.

I certify that I have read the Terms and conditions printed on this Enrollment Form and that I accept them and will abide by them. I further certify that the information provided in the Enrollment Form is true and complete to the best of my knowledge and belief.

I agree and understand that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA, between myself and UnitedHealthcare Insurance Company or any of its parents, subsidiaries or affiliates shall be determined by submission to binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the Federal Arbitration Act provides for judicial review of arbitration proceedings. All parties to this agreement are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

Print name of applicant:

Signature of applicant or authorized representative:

Today's date:

Questions?



If reply envelope is missing, mail this form to:

UnitedHealthcare®

P.O. Box 30769

Salt Lake City, UT 84130-0769



Or fax the front and back of each page to:

1-888-950-1169



You may also enroll by calling:

1-800-698-0822, TTY 711

8 a.m.–8 p.m. local time, 7 days a week

NOTES

[illegible]



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us.

We're happy to help.



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



Call toll-free **1-800-851-3802**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday