



# 2025 Insurance Guide

## Orthodox HealthPlan

UnitedHealthcare Senior Supplement

**Group Number:** 04559

**Effective:** January 1, 2025 through December 31, 2025

United  
Healthcare®

# UnitedHealthcare is here for what matters to you

Your former employer or plan sponsor has selected UnitedHealthcare® to offer health care coverage to their Medicare-eligible retirees. With the UnitedHealthcare Senior Supplement® plan, you'll enjoy an easier than ever Medicare experience. This plan was designed for a former employer or plan sponsor like yours. Only eligible retirees, like you, can enroll in this plan.



## 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. Use the Group Number on the front cover of this book to access plan materials online.



## How to enroll

If you want to enroll in this plan, follow the instructions from your former employer or plan sponsor. They will forward your enrollment information to us.



## 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](https://retiree.uhc.com)



Call toll-free **1-800-698-0822**, 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



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](http://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.<sup>1</sup>



## 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](http://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.

<sup>1</sup>You 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.

# 2025 Plan Summary

## Plan F

### UnitedHealthcare® Senior Supplement®

Underwritten by UnitedHealthcare Insurance Company

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

All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for year 2025 benefits. Amounts may change for the year 2026.

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.

| Covered service  | Medicare pays            | Senior Supplement pays                  | You pay   |
|--|--------------------------|---|-----------|
| <b>Inpatient hospital services</b>   |                          |   |           |
| Medicare Part A hospital — semi-private room and board, general nursing and miscellaneous services and supplies.   |                          |   |           |
| Days 1–60  | All but \$1,676          | \$1,676<br>(Medicare Part A deductible) | \$0       |
| Days 61–90   | All but \$419 per day    | \$419 per day                           | \$0       |
| Days 91–150 (while using 60 lifetime reserve days)   | All but \$838 per day    | \$838 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 |
| <b>Skilled nursing facility care</b>   |                          |   |           |
| 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 \$209.50 per day | Up to \$209.50 per day                  | \$0       |

| Covered service  | Medicare pays  | Senior Supplement pays                          | You pay   |
|--|--|---|-----------|
| Days 101 and after   | \$0  | \$0   | All costs |
| <b>Blood</b>   |  |   |           |
| First 3 pints Medicare Part A  | \$0  | 100%  | \$0       |
| Additional amounts under Medicare Part A   | 100%   | \$0   | \$0       |
| First 3 pints Medicare Part B  | \$0  | 100%  | \$0       |
| Next \$257 of Medicare approved amounts under Medicare Part B  | \$0  | \$257 <sup>1</sup>                              | \$0       |
| Remainder of Medicare approved amounts under Medicare Part B   | 80%  | 20%   | \$0       |
| <b>Hospice services</b>  |  |   |           |
| 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 | 100% of balance                                 | \$0       |
| <b>Medical services</b>  |  |   |           |
| Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests. |  |   |           |
| First \$257 of Medicare approved amounts   | \$0  | \$257 (Medicare Part B deductible) <sup>1</sup> | \$0       |
| Remainder of Medicare approved amounts   | Generally 80%  | Generally 20%                                   | \$0       |
| Outpatient mental illness (for most outpatient mental illness services)  | 80%  | 20%   | \$0       |
| Medicare Part B excess charges (above Medicare approved amounts)   | \$0  | 100%  | \$0       |
| <b>Preventive health care (Medicare covered)</b>   |  |   |           |
| Periodic health screenings (please refer to your certificate)  | 100%   | All approved amounts                            | \$0       |

| Covered service   | Medicare pays           | Senior Supplement pays                           | You pay  |
|---|-------------------------|--|--|
| <b>Durable medical equipment</b>  |                         |  |  |
| First \$257 of Medicare approved amounts  | \$0                     | \$257 (Medicare Part B deductible) <sup>1</sup>  | \$0  |
| Remainder of Medicare approved amounts  | 80% of approved amounts | 20% of approved amounts                          | \$0  |
| <b>Home health care</b>   |                         |  |  |
| Skilled care services and medical supplies  | All approved amounts    | Balance (if applicable)                          | \$0  |
| <b>Preventive health care (not covered by Medicare)</b>   |                         |  |  |
| Annual routine physical exam  | \$0                     | 100%   | \$0  |
| <b>Foreign travel</b>   |                         |  |  |
| Medically necessary emergency care services beginning during the first six months of each trip outside the United States. | \$0                     | \$0  | \$250 deductible                                       |
| First \$250 each calendar year  |                         |  |  |
| Remainder of charges  | \$0                     | 80% up to a lifetime maximum benefit of \$50,000 | 20% and all amounts over the \$50,000 lifetime maximum |

## Additional support and programs

### In-network and out-of-network



#### Annual Physical and Wellness Visit<sup>2</sup>

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.



#### Fitness program<sup>3</sup> 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](https://www.silversneakers.com/StartHere).



#### Virtual Doctor Visits<sup>4</sup>

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.

**Virtual Doctor Visits** may be good for minor health concerns like:

- 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.
- Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used.

**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.

<sup>1</sup>Once \$257 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.

<sup>2</sup>A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

<sup>3</sup>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.

<sup>4</sup>Benefits, 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.

# 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

Use your Medicare number or member ID number to create an account at [retiree.uhc.com](https://retiree.uhc.com). Online you can:

- Look up your latest claim information
- Find benefit information and plan materials
- Learn more about health and wellness topics

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. It will also be helpful to have:

- Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card
- Names and addresses for doctors, hospitals and specialists
- List of current health conditions and treatments

## Benefits and costs may change at the end of your 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 Insurance Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site



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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.**



[retiree.uhc.com](https://retiree.uhc.com)



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