



2025 Insurance Guide

Ramsey County

UnitedHealthcare Senior Supplement

Group Number: 07775

Effective: January 1, 2025 through December 31, 2025

United
Healthcare®

 RAMSEY COUNTY

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/ramseycountymn



Call toll-free **1-844-588-5872**, 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 eye exam every 12 months and \$75 allowance every 24 months to spend on frames or contacts lenses



Free standard gym membership at participating locations



Free hearing exam and \$1000 allowance to spend on a broad selection of hearing aids



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



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

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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/ramseycountymn.



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.

2025 Plan Summary

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.

Individual out-of-pocket maximum

\$1,100 per calendar year

Covered service	Medicare pays	Senior Supplement pays	You pay
Emergency and urgent care services			
If not admitted, Medicare Part B deductible applies			
Emergency per visit	80%	20%	\$75 copayment (waived if admitted)
Urgently needed services per visit	80%	20%	\$30 copayment (waived if admitted)
Inpatient hospital services			
Medicare Part A hospital—semi-private room and board, general nursing and miscellaneous services and supplies.			
Days 1–60	All but \$1,632	\$1,632 (Medicare Part A deductible)	\$100 per admission
Days 61–90	All but \$408 per day	\$408 per day	\$0
Days 91–150 (while using 60 lifetime reserve days)	All but \$816 per day	\$816 per day	\$0
Days 151–365 (lifetime additional reserve days)	\$0	100% of Medicare eligible expenses	\$0
Beyond 365 (lifetime additional reserve days)	\$0	100% of Medicare eligible expenses	\$0

These amounts are from 2024 and may change for 2025. We'll provide updated 2025 amounts as soon as they are released.

Covered service	Medicare pays	Senior Supplement pays	You pay
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 \$204 per day	Up to \$204 per day	\$0
Days 101 and after	\$0	\$0	All costs
Blood			
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 \$240 of Medicare approved amounts under Medicare Part B	\$0	\$240 ¹	\$0
Remainder of Medicare approved amounts under Medicare Part B	80%	20%	\$0
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	100% of balance	\$0
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 \$240 of Medicare approved amounts	\$0	\$240 (Medicare Part B deductible) ¹	\$0
Physician office visit	\$0	\$0	\$15 copayment per office visit
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Outpatient mental illness (for most outpatient mental illness services)	80%	20%	\$30 copayment per visit

These amounts are from 2024 and may change for 2025. We'll provide updated 2025 amounts as soon as they are released.

Covered service	Medicare pays	Senior Supplement pays	You pay
Medicare Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
Preventive health care (Medicare covered)			
Periodic health screenings (please refer to your certificate)	100%	All approved amounts	\$0
Durable medical equipment			
First \$240 of Medicare approved amounts	\$0	\$240 (Medicare Part B deductible) ¹	\$0
Remainder of Medicare approved amounts	80% of approved amounts	16% of approved amounts	4%
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

These amounts are from 2024 and may change for 2025. We'll provide updated 2025 amounts as soon as they are released.

Additional support and programs

In-network and out-of-network



Annual Physical and Wellness Visit²

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 program³ 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).



Hearing services⁴

Hearing Aids – UnitedHealthcare Hearing

- 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 Visits⁵

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.

¹Once \$240 of Medicare approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.

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

³Always 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.

⁴Benefits, 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. 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.

⁵Benefits, 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 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 24 month period	
Hearing screening maximum benefit: \$80 per exam per 12 month period	
Hearing aid maximum benefit: \$1,000 per 24 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 and hearing screenings 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 and/or hearing screening 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 and hearing screenings 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. Replacement of hearing aids that are lost, broken or stolen unless, at the time of such replacement, the covered person is otherwise eligible for a hearing aid benefit under this policy
13. Replacement parts for hearing aids and repair of hearing aids
14. 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. 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,



Jessica Paik, President

Questions?



retiree.uhc.com



1-800-851-3802, TTY 711

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

UnitedHealthcare® Senior Supplement Vision 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 vision care benefit for covered expenses incurred by a covered person for covered services described below in the vision 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.

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

Vision care schedule of benefits	
Eye examination for eyeglasses or contact lenses (refraction): benefits limited to 1 eye examination every 12 month period	Copayment: \$10 per visit
Lenses and frames: benefits limited to 1 pair of lenses and frames every 24 month period	See eyewear maximum benefit below
Eye examination maximum benefit: \$80 every 12 month period	
Eyewear maximum benefit: \$75 every 24 month period	

Covered services

Covered services are limited to those vision care services which are provided by a physician, an optometrist or optician for an eye examination and eyewear to the covered person.

Vision care benefit maximum

The vision care benefit maximum per covered person for all covered expenses is the amount shown above in the vision 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.
Eyewear	Frames, single vision, bifocal, trifocal, and lenticular lenses and contact lenses.
Plan year	Any consecutive 12 month period beginning on the effective date shown in the policy.
Vision care	Those services prescribed by a physician, an optometrist or optician for the care and treatment of the covered person's vision.

Vision care benefit rider

Exclusions and limitations

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

1. Medical or surgical treatment of the eye
2. Outpatient prescription drugs or other medications for the eyes
3. Experimental and/or investigational treatment
4. Care or treatment for any sickness or injury for services provided by a government agency
5. Charges for completion of insurance or other claim forms, or charges for missed or rescheduled appointments
6. Lenses which do not require a prescription written by a physician, including eyeglasses or lenses which provide no visual correction or are for cosmetic use
7. Duplicate eyeglass lenses or frames
8. Two (2) pairs of eyeglasses in lieu of bifocals; three (3) pairs of eyeglasses in lieu of trifocals

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,



Jessica Paik, President

Questions?



retiree.uhc.com

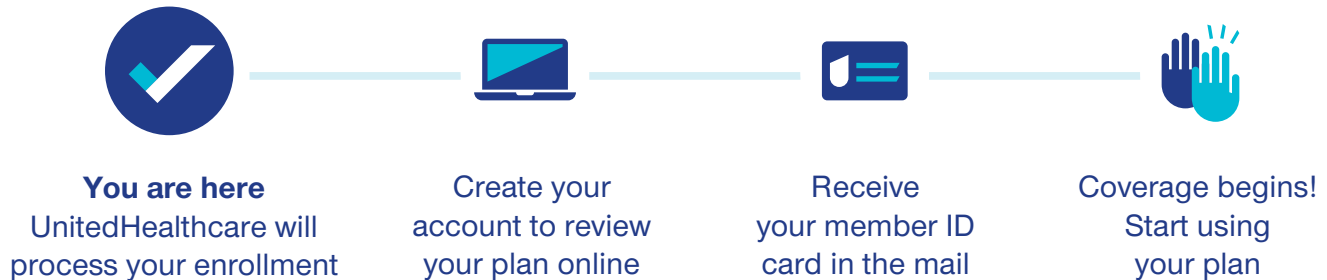


1-800-851-3802, TTY 711

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

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.



Manage your plan online

Use your Medicare number or member ID number to create an account at retiree.uhc.com/ramseycountymn. 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/ramseycountymn



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