



A group health plan for you and your retirees



The UnitedHealthcare® Group Medicare Advantage (PPO) plan provides value and flexibility to help meet the needs of your organization and your retirees. The plan is customizable and designed to deliver the best possible experience to them and significant savings to you.

**United
Healthcare**

Designed for better results

You'll have access to smart, customized solutions so you can offer similar benefits at a lower cost.



National network

UnitedHealthcare has the largest contracted national Group Medicare Advantage PPO network in the industry along with a dedicated Group Medicare Advantage business model



Gap closure and accurate coding

Our decades of Medicare experience coupled with our innovative clinical management has helped lead to nearly 10.8M gaps in care closed¹



5 Star plan

The UnitedHealthcare Group Medicare Advantage (PPO) plan received the highest rating (5 out of 5 Stars) by the Centers for Medicare & Medicaid Services (CMS) for 2022²

How the plan works

Our national Group Medicare Advantage PPO plan is popular thanks to its unique design, featuring:

- A truly national service area
- Same benefits in and out-of-network
- Access to any willing Medicare providers
- Customizable benefit design
- Simplified member experience

A better experience

Our concierge service helps give your retirees a greater level of ease and satisfaction with their health care. Plus, an integrated approach helps your retirees enjoy a simplified experience.

1 ID card

1 call center

1 Explanation of Benefits

1 set of member materials

Care by the numbers

1.6M+

group Medicare Advantage members³

876K+

Medicare-participating providers⁴

1.9M

HouseCalls since 2014⁵

100%

of the UnitedHealthcare Group Medicare Advantage (PPO) members are in plans rated 5 Stars for 2022²

94%

of members have a primary care provider⁶

635K

annual wellness visits completed⁷

660K

wellness rewards redeemed⁷

Personalized service

Advocate4Me® is a simplified way for consumers and their families to manage coverage, starting with proactive identification of gaps in care.

Take it further with **Navigate4Me™**—a program that provides a single point of contact to help members work their way through health issues, including coordinating care, support for claims, answering questions and more.

Our advocates take the time with each member to build a connection and help ensure first call resolution to most issues. Combining technology and human interaction allows our advocate resources to deliver better service to our members like:

- Proactive identification of gaps in care
- Proactive pairing with ideal advocate
- Help scheduling appointments for HouseCalls, doctor visits and screenings
- Social advocacy connecting to local resources
- Up to 14 next-best action suggestions
- No limit on handle time
- Outbound provider inquiry calls
- Financial advocacy and local resources

A path to better health

Our comprehensive plans provide more opportunities for preventive wellness, delivering higher quality and better outcomes for patients.



Improved quality and engagement

Member retiree groups typically experience the following engagement and outcomes in year one of the plan:⁸

- More breast cancer screenings
- More colon cancer screenings
- More flu vaccinations
- Fewer people unnecessarily readmitted to the hospital
- HouseCalls completed and incentive rewards received
- Annual care visits completed and incentive rewards received

Plus, diabetics can work 1-on-1 with a nurse or dietitian, and all retirees get support during a transition in care.

Committed to quality: 5 Star Rating for 2022

Our programs and performance have helped us maintain our ratings so that 100% of our Group Medicare Advantage PPO members are in 5 Star plans in 2022.²



Improved value over traditional approaches

As the single primary plan, Group Medicare Advantage plans invest in more clinical and wellness programs compared to traditional approaches, improving member health and lowering overall costs.

| | Traditional approach | Group Medicare Advantage PPO approach | |
|-----------------------------------|---|---------------------------------------|--|
| | \$\$\$ Medicare + Secondary plan cost | \$\$ Single plan cost: Year 1 | \$ Single plan cost: Year 2 & beyond |
| Structure of plan | Medicare + Secondary | Single plan | Single plan |
| Clinical support | | ✓ | ↑ |
| HouseCalls | | ✓ | ↑ |
| Proactive closure of gaps in care | | ✓ | ↑ |
| Rewards for health and wellness | | ✓ | ↑ |
| Star program performance | | ✓ | ↑ |
| | | Typical savings +50%... | ...with increased savings over time ⁹ |

Learn more

Contact your UnitedHealthcare representative for more information

**United
Healthcare**

¹ UnitedHealth Group internal operations data, 2014 to present.

² Centers for Medicare and Medicaid Services, 2022 Part C&D Medicare Star Ratings Data for UnitedHealthcare H2001 contract, Oct. 7, 2021. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

³ UnitedHealthcare internal membership data and Centers for Medicare and Medicaid Services Monthly Enrollment by Plan data; January 2021, cms.gov.

⁴ Network Data and Analytics Report (NDAR), 2021.

⁵ Optum HouseCalls Finance Report, 2014-2021.

⁶ UnitedHealth Group, 2021 internal data.

⁷ UnitedHealth Group, 2020 Renew Rewards internal data.

⁸ United Retiree Solutions BoB data and Centers for Medicare and Medicaid FFS Medicare 30 Day Readmission Rate PUF.

⁹ Based on actual results from conversions to Group Medicare Advantage members using UnitedHealthcare and customer-provided current cost data.

Network size varies by plan and by market.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Not for distribution to retirees or beneficiaries.