A group health plan designed for better results

The UnitedHealthcare® Group Medicare Advantage (PPO) plan provides flexibility to help meet the needs of your organization and your retirees. You'll have access to customized solutions so you can offer robust benefits at a lower cost.

National network

Access to Medicare Advantage's largest national provider network[1] in the industry along with a dedicated Group Medicare Advantage business model

Gap closure and accurate coding

Our decades of Medicare plan experience coupled with our innovative clinical management have helped lead to over 19M gaps in care closed[2]

America's most chosen Group Medicare Advantage plans

With plans designed for all styles, stages and ages of Medicare, more people count on UnitedHealthcare for their Group Medicare Advantage plans[3]

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

Care by the numbers

1.9M+
Group Medicare Advantage members[4]

1M+
Medicare-participating providers[5]

1.8M
HouseCalls visits since 2020[6]

100%
of the UnitedHealthcare Group Medicare Advantage (PPO) members are in a 4+ Star plan for 11 consecutive years[7]

95%
of members have a primary care provider[8]

1.2M
annual wellness visits completed[9]

1.6M
wellness rewards redeemed[10]
(Including HouseCalls)

UnitedHealthcare®

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 such as:

- Proactive identification of gaps in care
- 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.

Proactive closure of gaps in care

Incentives for health and wellness

Coordinated care and support

Annual in-home appointments

Integrated clinical and wellness programs

Provider collaboration and incentives

Improved quality and engagement

Member retiree groups typically experience the following engagement and outcomes in year one of the plan:[11]

- 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 have the opportunity to receive support during a transition in care.

Committed to quality

Our programs and performance have helped us maintain our ratings so that 100% of our Group Medicare Advantage (PPO) members are in 4.5 Star plans in 2026.[7] A Medicare plan's Star Rating is important because it demonstrates a plan's commitment to quality care and service for its members. A 4 or better Star Rating helps ensure your retirees have access to a health plan designed for better health outcomes and member satisfaction.

Learn more

Contact your UnitedHealthcare representative for more information

United Healthcare®

[1]Provider network may vary in local market. Provider network size based on Zelis Network360, May 2023.
[2]UnitedHealth Group internal operations data, 2018 to present.
[3]Most chosen based on total plan enrollment from CMS Enrollment Data, May 2023.
[4]UnitedHealthcare internal membership data and Centers for Medicare and Medicaid Services Monthly Enrollment by Plan data; January 2012–cms.gov.
[5]Network Data and Analytics Report (NDAR), 2024.
[6]Optum HouseCalls Finance Report, 2014-2024.
[7]Every year, Medicare evaluates plans based on a 5 Star rating system.
[8,9]UnitedHealth Group, 2024 internal data.
[10]UnitedHealth Group, Renew Rewards internal data, 2024
[11]United Retiree Solutions BoB data and Centers for Medicare and Medicaid FFS Medicare 30 Day Readmission Rate PUF.
[12]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.
Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
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 Evidence of Coverage for more information.
HouseCalls may not be available in all areas.
Reward offerings may vary by plan and are not available in all plans Reward program Terms of Service apply. Rewards are earned for completing health-related activities.
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.B2B EI221313753.2 01/17 © 2025 United HealthCare Services, Inc. All Rights Reserved. 23-2693900
SPRJ83022