What you need to know about your Senior Supplement® Plan.

UNIVERSITY OF CENTRAL OKLAHOMA

UnitedHealthcare Senior Supplement

Group Number: 04744

Effective: January 1, 2021 through December 31, 2021
Introducing the Plan

UnitedHealthcare® Senior Supplement® and Prescription Drug plans

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer UnitedHealthcare® Senior Supplement®, UnitedHealthcare® MedicareRx for Groups (PDP) and UnitedHealthcare® RxSupplement® plans. We believe you should get more than a good plan, and that’s why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:
• Get tools and resources to help you be in more control of your health
• Find ways to save money on health care, so you can spend more on what matters to you

In this book you will find:
• A description of these plans and how they work
• Information on benefits, programs and services — and how much they cost
• What you can expect after your enrollment

How to enroll:
If you want to enroll in these plans, follow your plan sponsor’s instructions. They will forward your enrollment information to UnitedHealthcare.

Something to note
You can only have one medical plan and one Medicare Part D Prescription Drug plan at a time. If you enroll in another medical plan or another Medicare Part D plan, you may be disenrolled from your current plan.

Questions? We’re here to help.

www.UHCRetiree.com

Toll-free 1-800-698-0822, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week
Prescription Drug plan: 1-877-558-4749, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week
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.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

The pharmacy network may change at any time. You will receive notice when necessary.

UnitedHealthcare RxSupplement is not a Medicare Part D prescription drug plan. This is an employer group retiree prescription drug plan. UnitedHealthcare RxSupplement group retiree prescription drug plans are underwritten by UnitedHealthcare Insurance Company or, in New York, UnitedHealthcare Insurance Company of New York. These are private insurance companies not connected with or endorsed by the U.S. Government or the federal Medicare program. RxSupplement plans may not be available in all states. UnitedHealthcare is part of the UnitedHealth Group family of companies.

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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 2021 benefits. Amounts may change for the Year 2022.

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.

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Medicare Pays</th>
<th>Senior Supplement Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Part A Hospital — semi-private room and board, general nursing and miscellaneous services and supplies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 1 – 60</td>
<td>All but $1,484</td>
<td>$1,484 (Medicare Part A Deductible)</td>
<td>$0</td>
</tr>
<tr>
<td>Days 61 – 90</td>
<td>All but $371 per day</td>
<td>$371 per day</td>
<td>$0</td>
</tr>
<tr>
<td>Days 91 – 150 (While using 60 lifetime reserve days)</td>
<td>All but $742 per day</td>
<td>$742 per day</td>
<td>$0</td>
</tr>
<tr>
<td>Days 151 – 365 — lifetime additional reserve days</td>
<td>$0</td>
<td>100% of Medicare Eligible Expenses</td>
<td>$0</td>
</tr>
<tr>
<td>Beyond 365 lifetime additional reserve days</td>
<td>$0</td>
<td>$0</td>
<td>All costs</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Medicare Pays</th>
<th>Senior Supplement Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 20</td>
<td>All approved amounts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Days 21 – 100</td>
<td>All but $185.50 per day</td>
<td>Up to $185.50 per day</td>
<td>$0</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Medicare Pays</td>
<td>Senior Supplement Pays</td>
<td>You Pay</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------------</td>
<td>------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Days 101 and after</td>
<td>$0</td>
<td>$0</td>
<td>All costs</td>
</tr>
<tr>
<td><strong>Blood</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 3 pints Medicare Part A</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td>Additional amounts under Medicare Part A</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>First 3 pints Medicare Part B</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td>Next $203 of Medicare Approved Amounts under Medicare Part B</td>
<td>$0</td>
<td>$203</td>
<td>$0</td>
</tr>
<tr>
<td>Remainder of Medicare Approved Amounts under Medicare Part B</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</td>
<td>All but very limited coinsurance for outpatient drugs and inpatient respite care</td>
<td>100% of balance</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Medical Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First $203 of Medicare Approved Amounts</td>
<td>$0</td>
<td>$203 (Medicare Part B Deductible)¹</td>
<td>$0</td>
</tr>
<tr>
<td>Remainder of Medicare Approved Amounts</td>
<td>Generally 80%</td>
<td>Generally 20%</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Mental Illness — for most outpatient mental illness services</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare Part B Excess Charges (above Medicare Approved Amounts)</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Preventive Healthcare (Medicare Covered)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic Health Screenings (please refer to your certificate)</td>
<td>100%</td>
<td>Balance (if applicable)</td>
<td>$0</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Medicare Pays</td>
<td>Senior Supplement Pays</td>
<td>You Pay</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
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<td>-------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First $203 of Medicare Approved Amounts</td>
<td>$0</td>
<td>$203 (Medicare Part B Deductible)¹</td>
<td>$0</td>
</tr>
<tr>
<td>Remainder of Medicare Approved Amounts</td>
<td>80% of approved amounts</td>
<td>20% of approved amounts</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Care Services and Medical Supplies</td>
<td>All approved amounts</td>
<td>Balance (if applicable)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Preventive Healthcare (not covered by Medicare)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Routine Physical Exam</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Foreign Travel</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States. First $250 each calendar year</td>
<td>$0</td>
<td>$0</td>
<td>$250 Deductible</td>
</tr>
<tr>
<td>Remainder of charges</td>
<td>$0</td>
<td>80% up to a lifetime maximum benefit of $50,000</td>
<td>20% and all amounts over the $50,000 lifetime maximum</td>
</tr>
</tbody>
</table>
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.
- 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.
Once $203 of Medicare Approved Amounts for covered services have been paid, the Medicare Part B Deductible will have been met for the calendar year.
UnitedHealthcare® Senior Supplement®

Let’s start with a quick look at how your plan works. Medicare only covers about 80% of your expenses. Senior Supplement plans are medical insurance plans that help you pay for some or all of the costs Medicare Parts A and B don’t cover — like copays and deductibles. Plus, your plan includes programs that go beyond Original Medicare Part A and Part B.

Make sure you know what parts of Medicare you have

You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in this plan.

- If you’re not sure if you are enrolled in Medicare Part B, check with the Social Security office. Visit www.ssa.gov/locator or call 1-800-772-1213, TTY 1-800-325-0778, between 7 a.m. – 7 p.m. local time, Monday – Friday.

- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

There are multiple coverage options:

- Medicare Part A
  - Hospital

- Medicare Part B
  - Doctor and outpatient

- Senior Supplement
  - Covers some or all of the costs not paid by Parts A and B
Senior Supplement plan basics

Choosing UnitedHealthcare means you’re working with a national health care leader. We’ll help you get the care you need and we’ll be with you every step of the way. We can also help you with the following:

**Stay within your budget**
This Senior Supplement plan helps limit your out-of-pocket expenses by covering many costs that Original Medicare Parts A and B don’t cover.

**Visit the doctors you want**
You have the freedom to choose any doctor, specialist or hospital anywhere in the country that accepts Medicare.

**Additional support and programs**
You get additional health and wellness programs at no additional cost.

**Don’t worry about paperwork**
With this plan, you have virtually no claim forms to file.

**Be covered by a trusted leader**
UnitedHealthcare has the nation’s largest network,¹ with top doctors and health care professionals. We make it easier for you to get the care, tests and treatment you need at the right time.

¹Network size varies by market
Additional support and programs

**Annual Wellness Visit**\(^1\) and preventive services at $0 copay

An Annual Wellness Visit with your doctor 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.

**NurseLine**

Receive access to nurse consultations and additional clinical resources at no additional cost to you.

**Hear the moments that matter most with custom-programmed hearing aids**

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you’ll get access to hundreds of name-brand and private-labeled hearing aids — available in-person at any of our 5,500 UnitedHealthcare Hearing providers nationwide\(^2\) or through home delivery — so you’ll get the care you need to hear better and live life to the fullest.

**Renew Active**\(^TM\)

Renew Active is our fitness program for body and mind that’s designed for you and your goals at no additional cost. With Renew Active, you’ll receive a free gym membership with access to an extensive network of gyms and fitness locations, an online brain health program and access to the Fitbit® Community for Renew Active members, including access to thousands of workout videos. Renew Active can help you stay fit, focused and ready for what’s next.

**Virtual Doctor Visits**

See a doctor using your computer, tablet or smartphone. With Virtual Doctor Visits, you’re able to live video chat with a doctor from your computer, tablet or smartphone — any time, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. You will first need to register and then schedule an appointment. All you need is a strong internet connection.

**Virtual Doctor Visits are 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

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\(^1\)A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.

\(^2\)Please refer to your Certificate of Coverage for details regarding your benefit coverage.
Tools and resources to put you in control

Get valuable plan information online
As a UnitedHealthcare member, you will have access to a safe, secure website where you’ll be able to:

• Look up your latest claim information
• Review benefit information and plan materials
• Print a temporary member ID card and request a new one
• Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals

The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor’s care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Premium and/or copayments/coinsurance may change each plan/benefit year.

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Here’s What You Can Expect Next

UnitedHealthcare® will process your enrollment
This chart shows you how we will be contacting you after your enrollment.

<table>
<thead>
<tr>
<th>UnitedHealthcare Member ID Cards</th>
<th>Watch for your UnitedHealthcare member ID cards in the mail. Your Senior Supplement® and prescription drug cards will arrive separately.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Started Guide and Quick Start Guide</td>
<td>Once you’re enrolled, you will get a Senior Supplement Getting Started Guide and a prescription drug Quick Start Guide in the mail to help you start using your new plan(s).</td>
</tr>
<tr>
<td>Website Access</td>
<td>After you receive your UnitedHealthcare member ID cards, you can register online at the website listed below to get access to plan information.</td>
</tr>
</tbody>
</table>

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID cards.

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. In addition, it will 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
- Name and address of your pharmacy
- List of current health conditions and treatments

Questions? We’re here to help.

www.UHCRetiree.com

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