

2026 UnitedHealthcare Group Medicare Advantage (PPO & HMO) Plan Benefit Options

• LADWP



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Get more of what matters with a UnitedHealthcare® Group Medicare Advantage (HMO & PPO) plans



Care

Whether it's an appointment with a provider online or taking care of a wellness visit from the comfort of your home, we can help make it easier to connect you with care so you can stay on top of your health — when, where and how you need it.



Support

At UnitedHealthcare, we provide much more than just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. And we help you get the most from your plan so you can be at your best health.



Wellness

Our health and wellness experience helps you take charge of your well-being every day with a wide variety of resources and activities, including healthy recipes, fitness activities, education resources and more. All at no additional cost.



Extras

You and your health needs deserve personal attention and service. Our extra benefits, programs and services support your health so you can live a healthier life — it's all about you.





UnitedHealthcare Group Medicare Advantage (PPO & HMO)

Plan benefits, programs and features

Plan highlights



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Provider visits
- Outpatient care
- Screenings and shots
- Lab tests



Part D/prescription drug coverage

Included in this Medicare Advantage plan



Additional benefits, programs and features

Bundled with your plan

Medicare Advantage (Part C) plans are provided through private insurers like UnitedHealthcare



Plan highlights



The PPO is a nationwide plan and includes worldwide coverage



You may use any willing Medicare provider



No referral needed to see a specialist

Coverage for visiting providers, clinics and hospitals

You may see a provider outside the network for the same cost share as network providers as long as they participate in the Medicare Program.

Call UnitedHealthcare with any questions about the plans, available 8 a.m. - 8 p.m. local time, 7 days a week at **1-877-710,3044 TTY 711**.



Plan highlights



The HMO is for either California or Nevada residence and includes worldwide coverage for urgent care and emergencies



You must select an in-network Primary Care Provider (PCP)



You **must** get referrals from your PCP to see most specialists

Coverage for visiting providers, clinics and hospitals

Your doctors may already be part of our network. To find out, search our online Provider Directory at retiree.uhc.com or call UnitedHealthcare Customer Service

Call UnitedHealthcare with any questions about the plans, available 8 a.m. - 8 p.m. local time, 7 days a week at **1-877-714,0178** TTY **711**.



Your deductible and out-of-pocket maximum

Annual deductible

\$0 (All Plans)

Annual out-of-pocket maximum

PPO Plans \$1,000

California HMO Plan \$6,700







Nevada HMO Plan \$1,500

New beginning January 1, 2026

All prescription drug Part D plans have an annual out of pocket maximum of \$2,100








Plan benefits

Benefit coverage	PPO Plans		HMO Plan California Copay	HMO Plan Nevada Copay
	In-Network Copay	Out-of-Network Copay		
 Primary care provider (PCP) office visit	\$0	\$0	\$0	\$3
 Specialist office visit	\$0	\$0	\$0	\$10
 Urgent care	\$15	\$15	\$0	\$15
 Emergency room	\$25	\$25	\$0	\$25
 Inpatient hospitalization	\$0	\$0	\$0	\$0
 Outpatient surgery	\$0	\$0	\$0	\$0








Preventive services

Benefit coverage	PPO Plans		HMO Plan California Copay	HMO Plan Nevada Copay
	In-Network Copay	Out-of-Network Copay		
 Annual Physical	\$0	\$0	\$0	\$0
 Annual Wellness Visit	\$0	\$0	\$0	\$0
 Immunizations	\$0	\$0	\$0	\$0
 Breast cancer screenings	\$0	\$0	\$0	\$0
 Colon cancer screenings	\$0	\$0	\$0	\$0







Additional Benefits

Benefit coverage	PPO Plans		HMO Plan California Copay	HMO Plan Nevada Copay
	In-Network Copay	Out-of-Network Copay		
 Routine podiatry – 6 visits per plan year	\$0	\$0	N/A	\$10
 Routine chiropractic care Limited to 24 visits/year	\$0	\$0	Not covered	Not covered
 Medicare chiropractic care *must meet Medicare criteria	\$0	\$0	\$0	\$10*
 Routine Acupuncture	\$10 (limited to 20 visits per year)	\$10 (limited to 20 visits per year)	Not covered	Not covered
 Medicare Covered Acupuncture *must meet Medicare criteria	\$0	\$0	\$0	\$10



Additional Benefits

Benefit coverage	PPO Plans		HMO Plan California Copay	HMO Plan Nevada Copay
	In-Network Copay	Out-of-Network Copay		
 Routine hearing exam	\$0	\$0	\$0	\$0
 Hearing aids	\$2,500 allowance for hearing aids every 3 years	Not covered	\$500 allowance every year	\$300 allowance every year
 Routine Vision	\$0	\$0	\$0	\$3
 Eye Wear	\$160 eyeglass allowance, or \$105 toward contact lenses, every year		\$70 allowance eyeglasses or \$105 allowance for contact lenses every 12 months	\$105 eyeglasses contact lenses allowance every 12 months

Vision exam and eyewear*

With the vision benefit, you'll have access to a network of providers with the freedom to see any participating vision provider. You will have access to an annual routine eye exam through a vision provider and an allowance toward eyeglasses (frame and lenses) or contacts for vision correction not related to cataract surgery.

- ✓ A routine eye exam** once every 12 months with no copay
- ✓ On the PPO plans Out-of-network providers (would be available) but may require you to pay upfront and submit a reimbursement claim to UnitedHealthcare
- ✓ The network is UnitedHealthcare Medical Network with information on your UnitedHealthcare member ID card



When scheduling your appointment, make sure your vision and eyewear provider(s) will bill the UnitedHealthcare medical plan before receiving routine vision services (routine eye exam and eyeglasses or contact lenses)

*Please refer to your Summary of Benefits for details on your benefit coverage.

**Routine Eye Exams are not covered by Original Medicare will only be paid up to the Medicare allowable amount when services are accessed by an out of network provider.



Part D prescription drug coverage



UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in the network



Thousands of covered brand-name and generic prescription drugs



Optum® Home Delivery Pharmacy* available, to help you save money.



Check your plan's drug list at retiree.uhc.com or call Customer Service to see if your prescription drugs are covered

*Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for a 90-day supply of your maintenance medication. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. Contact Optum Rx anytime at 1-888-279-1828, TTY 711.



Changes to Medicare Part D coverage— Inflation Reduction Act

What is it?

The Inflation Reduction Act (IRA) was signed into law in 2022. All UnitedHealthcare Group Retiree Medicare Part D plans (MAPD and PDP) are impacted.

What does this mean?

Beginning January 1, 2026:

- The coverage gap stage (donut hole) is eliminated. The drug stages will be the initial coverage stage and catastrophic coverage stage.
- Your 2026 total out-of-pocket costs for Part D prescription drug costs will be limited to \$2,100. That means that after you and others on your behalf have paid a combined total of \$2,100 for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees will have the option to pay their out-of-pocket prescription drug costs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan.



Medicare Prescription Payment Plan

What is it?

The Medicare Prescription Payment Plan is a new program created under the Inflation Reduction Act that allows participants to spread their covered Part D out-of-pocket spending over the remainder of the calendar year.

Who can participate in the Medicare Prescription Payment Plan program?

All Part D enrollees in employer group plans are eligible to participate in the Medicare Prescription Payment Plan beginning on or after January 1, 2026. Information about the program is included in select plan materials.

While this program is available to anyone with Medicare Part D, enrollees with high cost-sharing earlier in the plan year are more likely to benefit from the program.

This program may not be a good fit for members who have low yearly drug costs, who are not likely to reach the \$2,100 annual out-of-pocket maximum, or who have Extra Help or another government program to help save on their prescription drug costs.

How does it work?

- A member can opt in to the program through the plan online, over the phone or by mail
- The member pays \$0 up front for their Part D medication, and the plan pays the pharmacy for the member's cost share
- The plan sends monthly bills to the member, which can be paid online, over the phone or by opting in to autopay
- Future payments increase as the member continues to fill prescriptions throughout the year
- The member won't pay interest or fees on the amount owed even if the payment is late



Part D (prescription drug) PPO Plan A

4-tier plans

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic All covered generic drugs	\$5 copay	\$10 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$10 copay	\$20 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$10 copay	\$20 copay
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	30% coinsurance with a \$95 max	30% coinsurance with a \$190 max



Part D (prescription drug) PPO Plan B

4-tier plans

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic All covered generic drugs	\$10 copay	\$20 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$20 copay	\$40 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$20 copay	\$40 copay
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	30% coinsurance with a \$95 max	30% coinsurance with a \$190 max



Part D (prescription drug) PPO Plan C

4-tier plans

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic All covered generic drugs	\$10 copay	\$20 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	\$30 copay	\$60 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	50% coinsurance with a \$95 max	50% coinsurance with a \$190 max
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	50% coinsurance with a \$95 max	50% coinsurance with a \$190 max



Part D (prescription drug) HMO California

4-tier plans

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply
1	Preferred Generic – Most generic drugs.	\$5 copay	\$5 copay
2	Preferred Brand – Many common brand name drugs, called preferred brands and some higher-cost generic drugs.	\$5 copay	\$5 copay
3	Non-preferred Drug – Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.	\$5 copay	\$5 copay
4	Specialty Tier – Unique and/or very high-cost brand and generic drugs.	\$5 copay	\$5 copay



Part D (prescription drug) HMO Nevada

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 100-day supply
1	Preferred Generic – Most generic drugs.	\$5 copay	\$5 copay
2	Preferred Brand – Many common brand name drugs, called preferred brands and some higher-cost generic drugs.	\$15 copay	\$15 copay
3	Non-preferred Drug – Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.	\$30 copay	\$30 copay



Renew Active^{®*}

Renew Active is the gold standard in Medicare fitness programs and available at no additional cost to you.

- ✓ Provides you the chance to stay physically fit with a free gym membership and access to our network of fitness centers
- ✓ Access to on-demand workout videos and livestreaming fitness classes if you want to access the benefit from your home
- ✓ Social activities at local health and wellness classes and events



*Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.





How to enroll

Enrolling for LADWP retirees

Current Enrollment will Continue

If you wish to remain in this plan for the coming year, you do not need to do anything.

Want to change plans?

- Do so during Open Enrollment
- If you wish to enroll in another UnitedHealthcare® Group Medicare Advantage plan (PPO or HMO) please contact LADWP **by May 8th, 2026**
1-213-367-2023, M – F from 8:00 a.m. – 4:00 p.m.
- Receive your new UnitedHealthcare ID card **along with plan information to help you get started with the new plan.**
- After July 1, 2026, be sure to use your new UnitedHealthcare card at the pharmacy and your providers office.

Call UnitedHealthcare with any questions about the plans, available 8 a.m. - 8 p.m. local time, M-F at **1-877-714-0178, TTY 711.**





What to expect next

What to expect next – New Enrollees

- 1 Get your new UnitedHealthcare ID card and read your Welcome Letter**

The Welcome Letter gives you more information on how your benefits work and how to get the most from your plan. Your UnitedHealthcare ID card will be attached to the card carrier you get in a separate mailing.
- 2 Register online to access your plan information**

After you get your ID card, you can register online at retiree.uhc.com.
- 3 Start using your card**

You can start using your ID card as soon as your plan is effective.
- 4 Help us understand your unique health needs**

Soon after your effective date, we will contact you to complete a short health survey. Throughout the year, we'll provide reminders about preventive care as well as offer programs and resources to help you live a healthier life.



UnitedHealthcare mobile app

With the UnitedHealthcare mobile app, you can stay on top of your benefits 24/7 anywhere you go.

Find care

- Find network care options for providers, clinics and hospitals in your area
- Talk to a provider 24/7

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and rewards

Stay on top of costs

- View your copay, annual deductible and out-of-pocket expenses

Fitness

- Find a gym location



To download the app, scan the QR code with the camera on a smartphone or tablet



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Thank you

We look forward to welcoming you to our UnitedHealthcare family

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

Formularies and/or provider/pharmacy networks. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium , if not otherwise paid for under Medicaid or by another third party.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing.

Other pharmacies are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat PPO Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information[, including the cost-sharing that applies to out-of-network services.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-877-714-0178, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week, for additional information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. AARP MedicareComplete and AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

