Summary of Benefits 2025

Lumen Retiree Medicare Advantage (PPO) + Dental
Group Name (Plan Sponsor): Lumen
Group Number: 12273
H2001-837-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

lumen.com/MAPD

Toll-free **1-844-588-5873**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare®
Group Medicare Advantage

Y0066_SB_H2001_837_000_2025_M

Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

Lumen Retiree Medicare Advantage (PPO) + Dental

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $950 for this plan year. If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year. Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$250 copay per day: for days 1-4 $0 copay per day: for days 5 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan	Ambulatory surgical center (ASC)	$150 copay
	Outpatient surgery	$150 copay

Medical benefits		
		In-network and out-of-network
covered services will apply.	Outpatient hospital services, including observation	$150 copay
Doctor visits	Primary care provider (PCP)	$5 copay
	Virtual visit	$0 copay for designated providers $5 copay for other providers
	Specialist[1]	$35 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Medical benefits		
		In-network and out-of-network
	Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
Emergency care		$90 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$20 copay
	Lab services[1]	$0 copay
	Diagnostic tests and procedures[1]	$20 copay
	Therapeutic radiology[1]	$20 copay
	Outpatient X-rays[1]	$20 copay
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$35 copay
	Routine hearing exam	$0 copay, 1 exam per plan year*

Medical benefits		
		In-network and out-of-network
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a $500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Routine dental services See Evidence of Coverage for more details.	Oral exams	$0 copay, 2 procedures per plan year.
	Routine cleaning	$0 copay, 2 procedures per plan year.
	Dental bitewing X-rays	$0 copay, 1 procedure per plan year.
	Minor services (Includes fillings and nitrous oxide)	20% coinsurance
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance
	Benefit limit	$50 yearly deductible and $1,000 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$35 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to $100 for eyeglasses, or up to $100 for contact lenses instead of eyeglasses, every 12 months.*

Medical benefits		
		In-network and out-of-network
Mental health	Inpatient visit[1]	$250 copay per day: days 1-4 $0 copay per day: days 5-190
		Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit[1]	$35 copay
	Outpatient individual therapy visit[1]	$35 copay
	Outpatient therapy or office visit with a psychiatrist[1]	$35 copay
	Virtual behavioral visits	$35 copay
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $100 copay per day: days 21-31 $0 copay per day: days 32-100
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$20 copay
Ambulance[2]		$150 copay
Routine transportation		Not covered
Medical Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	5% coinsurance
	Other Part B drugs[1]	5% coinsurance

Good news for 2025

The Coverage Gap, or “donut hole”, has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is $2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs		
Deductible	Your plan has a $50 prescription drug deductible (does not apply to Tier 1 or Tier 2 drugs). There is no deductible for drugs in Tier 1 or Tier 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a $50 deductible for drugs in Tier 3, Tier 4 and Tier 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.	
Initial coverage	In this stage, you’ll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	30-day supply	**90-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic	$8 copay	$16 copay
Tier 3: Preferred Brand ~	$40 copay	$80 copay
Tier 4: Non-preferred Drug ~	$90 copay	$180 copay
Tier 5: Specialty tier ~	30% coinsurance	30% coinsurance

Prescription drugs	
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.

˜ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of $35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at **lumen.com/MAPD** or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There's no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$35 copay
	Routine acupuncture services	$35 copay, up to 12 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$20 copay
	Routine chiropractic services	$20 copay, up to 24 visits per plan year*
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView. Other brands are not covered by your plan.
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay
	Diabetes self-management training	$0 copay
	Therapeutic shoes or inserts[1]	20% coinsurance

Additional benefits		
		In-network and out-of-network
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[1]	20% coinsurance
 **Fitness program** Renew Active® by UnitedHealthcare		$0 copay for Renew Active by UnitedHealthcare, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.
Foot care (podiatry services)	Foot exams and treatment[1]	$35 copay
	Routine foot care	$35 copay, 6 visits per plan year*
 **UnitedHealthcare Healthy at Home** Post-discharge program		$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay: □28 home-delivered meals, referral required □12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required □6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.
 **Home health care**[1]		$0 copay

Additional benefits		
		In-network and out-of-network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
In-home non-medical care		$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.
Personal emergency response system (PERS)		$0 copay Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
Opioid treatment program services[1]		$0 copay
Outpatient substance use disorder services	Outpatient group therapy visit[1]	$35 copay
	Outpatient individual therapy visit[1]	$35 copay
Renal dialysis[1]		$35 copay

[1] Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

[2] Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network

About this plan

Lumen Retiree Medicare Advantage (PPO) + Dental is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers and network pharmacies

Lumen Retiree Medicare Advantage (PPO) + Dental has a network of doctors, hospitals, pharmacies and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **lumen.com/MAPD** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

Lumen Retiree Medicare Advantage (PPO) + Dental is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. 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. There may be other pharmacies in our network.

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.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

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.