



A group health plan for you and your retirees



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

Designed for better results

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



Better experience

Including additional value-added benefits and concierge support



Better health

Enhanced benefits like increased wellness, care coordination and HouseCalls



Better cost control

Potential savings of 20% to over 50% in the first year and beyond¹

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 Benefit Summary

1 Call center

1 Website

Care by the numbers

1.5M+

group MA members²

2.1M

gaps in care closed/year³

834K+

Medicare-participating providers⁴

1.5M

HouseCalls since 2014⁵

100%

of the UnitedHealthcare Group MA PPO members are in plans rated 4.5 Stars or higher for 2021⁶

93%

of members have a primary care provider⁷

635K

annual wellness visits completed⁸

660K

wellness rewards redeemed⁸



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 problems. 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
- Appointments for HouseCalls, physicians 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 increased 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:⁹

- 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

Our programs and performance have helped us maintain our ratings so that 100% of our Group MA members are in 4.5+ Star plans in 2021.⁶



Improved value over traditional approaches

As the single primary plan, Group MA 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
Claims administration	✓	✓	✓
Quality incentives for providers		✓	✓
Coordinated care and support		✓	✓
Clinical support, such as HouseCalls		✓	✓
Proactive closure of gaps in care		✓	✓
Incentives for health and wellness		✓	✓
Star program performance		✓	✓

Typical savings of 20–50% in year one with increased savings over time¹

Learn more

Contact your UnitedHealthcare representative for more information

**United
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¹ Based on actual results from conversions to group Medicare Advantage members using UnitedHealthcare and customer provided current cost data.

² UnitedHealthcare internal membership data and Centers for Medicare and Medicaid Services Monthly Enrollment by Plan data; November 2020, cms.gov.

³ UnitedHealth Group Internal Data, 2014 to present.

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

⁵ Optum HouseCalls Finance Report, 2014–2020.

⁶ Centers for Medicare and Medicaid Services, 2020 Part C&D Medicare Star Ratings Data for UnitedHealthcare H2001 contract, October 2020. 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.

⁷ UnitedHealth Group, 2020 Internal Data.

⁸ UnitedHealth Group, 2020 Renew Rewards Internal Data.

⁹ United Retiree Solutions Book of Business data and Centers for Medicare and Medicaid FFS Medicare 30 Day Readmission Rate PUF.

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