



Time to get what you've earned



more benefits focused on you

Oklahoma Higher Education Employee Interlocal (OKHEEI)



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Original Medicare basics



When are you eligible for Medicare?



OR



AND



You're 65 years old

You qualify on the basis of disability or other special situation

You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status





Understanding your Medicare choices

Step 1

Enroll in Original Medicare

Original Medicare

Offered by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for provider visits and outpatient care

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage





Step 2

Decide if you need more coverage

Option 2: Add a Medicare Advantage (Part C) plan

Medicare Advantage plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare





UnitedHealthcare Group Medicare Advantage National PPO Plan

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 your 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



Prescription drug coverage



Medical, vision, hearing, and chiropractic coverage



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.





Freedom to see any provider who accepts Medicare

Even though you are not required to see a network provider, they may already be part of our network.

To find out, search our online Provider Directory at retiree.uhc.com or call UnitedHealthcare Customer Service at **1-877-714-0178**, TTY 711, 8 a.m.– 8 p.m. local time, Monday–Friday.

With this plan, you pay the same share of cost in and out-of-network as long as the provider is eligible to participate in the Medicare Program.

If your provider is in-network, they must accept this plan if you are an existing patient. If your provider is out-of-network, they may choose not to treat you unless it is an emergency.





UnitedHealthcare Group Medicare Advantage National PPO Plan

Your monthly and annual costs

There are two Medicare Advantage plans offered by UCO, a High and Low plan. Both plans have:

\$0

Annual deductible

\$0

Annual out-of-pocket maximum*

* Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.





Plan benefits

Benefit coverage	Low MAPD Plan In-Network/Out-of-Network	High MAPD Plan In-Network/Out-of-Network
Primary care provider (PCP) office visit	\$0 copay	\$0 copay
Specialist office visit	\$0 copay	\$0 copay
Urgent care	\$0 copay	\$0 copay
Emergency room	\$0 copay	\$0 copay
Inpatient hospitalization	\$0 copay per admission	\$0 copay per admission
Outpatient surgery	\$0 copay	\$0 copay
Medical virtual visits*	\$0 copay	\$0 copay

* Not all network providers offer virtual care. Virtual visits may require video-enabled smartphone or other device. Not for use in emergencies.





Preventive services

Benefit coverage	Low MAPD Plan In-Network/Out-of-Network	High MAPD Plan In-Network/Out-of-Network
Annual physical	\$0 copay	\$0 copay
Annual Wellness Visit*	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screenings	\$0 copay	\$0 copay
Colon cancer screenings	\$0 copay	\$0 copay

*A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.





Additional benefits

Benefit coverage	Low MAPD Plan In-Network/Out-of-Network	High MAPD Plan In-Network/Out-of-Network
Medicare-covered podiatry	\$0 copay	\$0 copay
Medicare-covered chiropractic care	\$0 copay	\$0 copay
Medicare-covered vision services	\$0 copay	\$0 copay
Medicare-covered hearing services	\$0 copay	\$0 copay
Medicare-covered dental care	\$0 copay	\$0 copay





Senior Supplement®

Plan highlights



Covers many costs Original Medicare doesn't cover



Almost no claim forms to file



No networks — visit any providers, specialists and hospitals who participate in Medicare and accept the plan



No referrals or prior authorization needed for covered services





Plan benefits

Covered services	Medicare pays	Plan pays	You pay
Medicare Part A and B deductible	\$0	100%	\$0
Remainder of Medicare-approved amounts	Generally, 80%	100%	\$0
Medicare Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Preventive care	100%	Balance (if applicable)	\$0



Includes covered services such as provider office visits, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, and diagnostic tests

Amounts listed reflect 2024 information.

*Once \$240 of Medicare-approved amounts for covered services have been paid, the Medicare Part B deductible will have been met for the calendar year.





Plan benefits

Covered services	Medicare pays	Plan pays	You pay
First 60 days of hospitalization	80% after Part A Deductible	100%	\$0
Days 61–90 of hospitalization	80%	100%	\$0
Days 91–150 of hospitalization	80%	100%	\$0
First 3 pints of blood	\$0	100%	\$0
Additional amounts of blood under Medicare Part A	100%	\$0	\$0
Days 1–20 in skilled nursing facility	All approved amounts	\$0	\$0
Days 21–100 in skilled nursing facility	80%	100%	\$0

Amounts listed reflect 2024 information.



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



Bonus drug coverage in addition to Medicare Part D drug coverage



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





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, 2025:

- The coverage gap stage (donut hole) is eliminated. The drug stages will be the deductible, initial coverage stage and catastrophic coverage stage.
- Your 2025 total out-of-pocket costs for Part D prescription drug costs will be limited to \$2,000*. That means that after you and others on your behalf have paid a combined total of \$2,000 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.

*If a plan has a lower out-of-pocket maximum in 2025, it would not increase but it may be calculated differently.





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, 2025. 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 \$2,000 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





Your plan's drug coverage stages and costs

Drug payment stages:

Annual deductible

Both the low Medicare Advantage and Low Prescription Drug Plan have an annual deductible.

Initial coverage

You pay a copay for covered drugs.

Catastrophic coverage

After you and others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year.





4-tier plans

Part D (prescription drug) benefits

Tier	Prescription drug type	Your costs	
		Low MAPD & Low PDP Retail (30 day supply)	High MAPD & High PDP Retail (30 day supply)
1	Preferred Generic All covered generic drugs	25% coinsurance	\$10 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands	25% coinsurance	25% coinsurance up to a maximum of \$45
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	25% coinsurance	50% coinsurance up to a maximum of \$95
4	Specialty Tier Unique and/or very-high-cost brand-name drugs	25% coinsurance	50% coinsurance up to a maximum of \$95

The Low Medicare Advantage Plan and Low Prescription Drug Plan have an annual deductible of \$590 which you will have to pay before the plan begins to pay towards prescription drugs.





Getting vaccinated is important to your health

Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease.

They do this by imitating an infection without causing the disease — and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.



Check with your provider to see if these common vaccines are right for you

Covered by Part B

- ✓ Influenza (flu)
- ✓ Pneumococcal
- ✓ Hepatitis B for those at medium or high risk
- ✓ COVID-19*

Covered by Part D

- ✓ Shingles
- ✓ Tetanus, diphtheria, pertussis (Tdap)
- ✓ Hepatitis A
- ✓ Hepatitis B for those at low risk

*You will have \$0 cost share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers.





Keep your health on track with a \$0 Annual Wellness Visit*



Combine visits

Save time by combining your wellness visit and physical into a single office visit.



Schedule early

Schedule your appointment early in the year to get any other preventive care you may need.



Follow recommendations

Make sure you follow through with your provider's recommendations for screenings, exams and other care.

**Schedule anytime —
you don't have to wait 12 months**

What's the difference between your annual physical and wellness visit?

A **physical exam** includes a head-to-toe exam, blood sugar test and cholesterol test. This visit is a good time to review your medications and/or health concerns. Your plan covers this visit once per calendar year.

A **wellness visit** includes a blood pressure check, height and weight measurement and body mass index (BMI) test. Your plan covers this visit once per calendar year.

*A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



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HouseCalls brings yearly check-in care to you*

Get a yearly in-home visit from one of our licensed health care practitioners at no additional cost to you. The visit includes:

- ✓ Up to an hour of 1:1 time with the health care practitioner
- ✓ Health screenings tailored to you
- ✓ A medication review
- ✓ A chance to get advice and ask questions to help you manage your health
- ✓ A visit summary that is sent to you and your primary care provider



Prefer a video visit?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

*HouseCalls may not be available in all areas.



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Gym and fitness membership

SilverSneakers® is a fitness benefit that includes:

- ✓ A free membership and access to group exercise classes* at participating fitness locations**
- ✓ Classes to get active outside of traditional gyms
- ✓ Virtual resources and a support network through SilverSneakers LIVE™, SilverSneakers On-Demand™ and the SilverSneakers GO™ fitness app
- ✓ SilverSneakers Steps for members 15 miles or more from a participating fitness center. Choose the kit that works best for you: general fitness, strength, walking or yoga.



*Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

**Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.



Additional Benefits Included in the Medicare Advantage Plans



Fun ways to stay active with Let's Move by UnitedHealthcare

At no additional cost to you, Let's Move by UnitedHealthcare is our health and wellness program to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, stay connected and be financially, physically and mentally fit.



Let's eat well

Treat yourself to tasty recipes, fun cooking events and support.



Let's be mentally fit

Support your mental health with services, online tools and resources.



Let's get fit

Get free access to at-home workouts, online classes and local fitness events.



Let's make friends

Find ways to connect through local and online events, classes, volunteering and more.



Let's live well

Learn ways to help manage your financial well-being.



Let's support

Find caregiver resources to help you support loved ones and yourself.





Get care anywhere with Virtual Visits

With Virtual Visits, you can live video chat* with a medical provider or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.**

Ask questions, get a diagnosis, or even get medication prescribed*** and sent to your pharmacy. All you need is a strong internet connection.



Find participating Virtual Visit providers by logging in to your member website

Virtual Provider Visits may be best for:

- ✓ Allergies, bronchitis, cold/cough
- ✓ Fever, seasonal flu, sore throat
- ✓ Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits may be best for:

- ✓ Initial evaluation
- ✓ Behavioral health medication management
- ✓ Addiction
- ✓ Depression
- ✓ Trauma and loss
- ✓ Stress or anxiety

*The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

**Benefits and availability may vary by plan and location.

***Providers cannot prescribe medications in all states.





Get answers to your health questions with 24/7 provider support

With 24/7 provider support:

- ✓ Providers can diagnose, treat a wide range of conditions and prescribe medication*
- ✓ Connect by phone, web or app from anywhere
- ✓ Results of the visit can be shared with your primary care provider**



Get help making health decisions — at no cost to you

*When medically necessary
**With member consent





Well-tuned care for your hearing

With UnitedHealthcare Hearing, you can receive a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings.

Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- ✓ Receive friendly expert advice through our national network of 6,500+ hearing providers* — or try virtual appointments**
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands including Phonak, Starkey®, Signia, ReSound, Widex® and Unitron™

Save up to
50%

To get started and save up to 50% off standard industry prices[^] with exclusive pricing, go online or call UnitedHealthcare Hearing.

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

**Select products and providers.

[^]Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.





What to expect next



What to expect next

- 1 Get your UnitedHealthcare member 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 member 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 member ID card, you can register online at retiree.uhc.com.
- 3 Start using your card**
You can start using your member 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.





Visit the Virtual Education Center to explore and learn more

- ✓ Learn more about the custom programs offered to plan members
- ✓ Watch videos about the plan benefits
- ✓ Print additional plan program information
- ✓ Access via any tablet, computer or smartphone



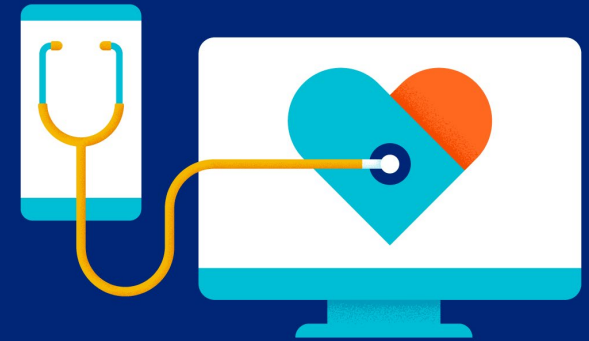
uhcvirtualretiree.com/ss



Register for your secure personal online account at retiree.uhc.com

Follow these easy steps to register for your secure and personal online account:

- ✓ Visit the website and click on the **Sign In or register** button and then click **Register Now**
- ✓ Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
- ✓ Create your username and password, enter your email address, and click **Create my ID**
- ✓ For security purposes, you will need to verify your account by email, call or text



After you sign up, you can:

- **Look up** your latest claim information
- **Review** benefit information and plan materials
- **Print** a temporary member ID card and request a new one
- **Look up** drugs and how much they cost under your plan
- **Search** for network providers
- **Sign up** to get your Explanation of Benefits online





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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How to enroll

How to Enroll

- You received a letter about open enrollment from Flexible Benefits Administrator (**FBA**) for post retirees or **SWOSU Human Resources**.
- You can review the information and make any changes needed to your coverage.
- Please feel free to call **SWOSU HR** at **580-774-3275** or email HR@swosu.edu, or **FBA** at 1-800-437-3539, if you would like to make an appointment for assistance in enrollment during Open Enrollment.



How to enroll

To complete enrollment for the 2025 plan year, simply chose the appropriate option below:

- No changes, no action necessary – if you do not wish to make any changes, you will be automatically enrolled in the same plans for the 2025 plan year.
- Complete and return the 2025 Enrollment Form enclosed
- in the open enrollment packet from Flexible Benefit Administrators, Inc.
- Using the registration code and instructions on the Flexible Benefit Administrators, Inc. open enrollment packet cover letter, log on to the Flexible Benefit Administrators, Inc. portal and complete your enrollment online.

Below is your unique registration identification number needed to become an authorized user of our Retiree Member Portal. Please visit <https://COBRApoint.benaissance.com> and click on the "New user registration" link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

Registration Code: **SAMPLE**

OKHHEI Benefit Election Form January 1, 2021 - December 31, 2021									
SECTION 1: EMPLOYEE INFORMATION									
Name (Last, First, MI)			Institution		SSN				
Mailing Address				City/State		Zip Code			
Main Phone Number	DOB	Gender	Marital Status	Benefit Effective Date	Retirement Date	Member Type			
						<input type="checkbox"/> Retired under 65 <input type="checkbox"/> Spouse of Retiree			
SECTION 2: MEDICARE INFORMATION (Post-65 Retirees Only)									
Medicare Number:			Medicare Part A Effective Date:						
Spouse Medicare Number:			Medicare Part B Effective Date:						
SECTION 3: INSURANCE COVERAGE (mark appropriate choices)									
BCBSOK - Group # 800600			United Healthcare		Delta Dental - Group # 6441		VSP - Group		
Non-Medicare Eligible Medical			Medicare Eligible Medical			Dental		Vision	
Check the box to be able to enroll in the plan (check all that apply)			Check the box to be able to enroll in the plan (check all that apply)			Check the box to be able to enroll in the plan (check all that apply)		Check the box to be able to enroll in the plan (check all that apply)	
<input type="checkbox"/> None <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/> Plan E <input type="checkbox"/> Family			<input type="checkbox"/> None <input type="checkbox"/> Medicare Only <input type="checkbox"/> Sr. Supp w/Part D Low <input type="checkbox"/> Sr. Supp w/Part D High <input type="checkbox"/> Medicare Advantage - Low <input type="checkbox"/> Medicare Advantage - High			<input type="checkbox"/> None <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Blue Plan <input type="checkbox"/> Preferred		<input type="checkbox"/> None <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Blue Plan <input type="checkbox"/> Preferred	
<small>* You (the retiree) MUST be enrolled in a Medical Plan (either LMC or BCBS) to receive the subsidy through OKHHEI. You do not have to enroll in Dental, Vision, or a Pharmacy benefit through OKHHEI to keep this subsidy. ** If You drop or waive medical or vision plans, you cannot re-enroll at a later date without a Qualifying Life Event.</small>									





Questions and answers



Thank you

We look forward to welcoming you to our Medicare family

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

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.

¹Optum Home Delivery is a service of Optum Rx pharmacy. 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.

Other pharmacies are available in our network.

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, 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 1-844-808-4553, 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.

