

The Verizon Advantage Plan

New York/New England Post-86

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Dear participant,

As a result of recently completed contract negotiations, the current MEP HCP and HCN Medicare medical plan options will transition to the new Verizon Advantage Plan.

The Verizon Advantage Plan – a UnitedHealthcare® Group Medicare Advantage (PPO) Plan – is a passive PPO plan that offers affordable, quality health care coverage for you and your family from any doctor or facility that accepts Medicare. Please note this transition to the Verizon Advantage Plan will have no effect on your prescription drug coverage. You will continue to receive your prescription drug coverage through Express Scripts.

We've taken proactive measures to ensure minimal impact to our retirees. Most of the impact relates to how your benefits are administered "behind-the-scenes" among Verizon, UnitedHealthcare® and the Medicare program.

This guide includes actions you may need to take and the resources that will be available to support you through the transition, and into the new plan year. Please review this guide to learn about the new Verizon Advantage Plan and what the transition will mean for you.

Please keep this guide for reference as you continue to receive additional information in the next few months.

Sincerely,

A handwritten signature in black ink, appearing to read "K. T. Cammarata". The signature is fluid and cursive, with the first name "Kevin" and last name "Cammarata" clearly visible.

Kevin T. Cammarata
Executive Director – Benefits
Verizon Communications

What's inside



4 Introducing the new Verizon Advantage Plan

- 4** What's happening and when
- 4** Medicare and the new Verizon Advantage Plan
- 5** What the transition means for you

6 Get to know the new MEP HCP and HCN Advantage Plan options

- 6** You can continue to use the same health care providers
- 8** Overview of key features of the 2017 MEP HCP and HCN Advantage Plan options
- 8** Access to prescription drug coverage won't change
- 8** Each covered member will receive an ID card
- 8** You'll gain access to additional features

9 Resources to assist with your transition to the new Verizon Advantage Plan

10 What to expect during Annual Enrollment

- 10** If you're enrolled in the MEP HCP or HCN Medicare medical plan option
- 10** If you're enrolled in a local Medicare medical plan option through Verizon

11 Watch for additional communications

12 Questions and answers

15 For more information

Introducing the new Verizon Advantage Plan

What's happening and when

For Medicare retirees and Medicare-eligible dependents, beginning January 1, 2017, the current MEP HCP and HCN Medicare medical plan options will transition to the new Verizon Advantage Plan.

The new Verizon Advantage Plan – a UnitedHealthcare Group Medicare Advantage (PPO) plan – is a passive PPO Medicare Advantage plan which allows members to see any provider that accepts Medicare. Medicare Advantage plans are private health care plans that contract with the federal government to provide Medicare Part A (hospital benefits) and Part B (doctor and outpatient coverage) benefits to members, as well as a variety of other benefits and services. The federal Medicare Advantage program is known as Medicare Part C.

When you enroll in a Medicare Advantage plan, you still have Medicare. However, you will get your Medicare Parts A and B benefits through your Medicare Advantage plan, instead of original Medicare. The Medicare Advantage plan will pay your provider directly for the covered services you receive. You will continue to pay your Part B premium as you do today. You will also continue to have all of your Medicare rights and protections.

Medicare Part D is Medicare's prescription drug program. If you are enrolled in the Verizon Advantage Plan, you are automatically enrolled in the Verizon-sponsored group Medicare Part D Plan.

Medicare and the new Verizon Advantage Plan

Under Medicare rules:

- You must be enrolled in both Medicare Part A and Part B to participate in a Medicare Advantage plan – including the Verizon Advantage Plan.
 - Enrollment in Part A is automatic for most people, while enrollment in Part B is optional.
 - If you haven't already enrolled in Medicare Part B, note that Verizon has partnered with SSDC Services to assist you with enrollment. If you need assistance, please call SSDC Services at 866.729.9727 ext. 390 to speak with a service representative.
- You can only be enrolled in one Medicare Advantage plan at a time. Therefore, if you are enrolled in the Verizon Advantage Plan, you cannot also be enrolled in another individual or group Medicare Advantage plan.
- Similarly, if you are enrolled in the Verizon-sponsored group Medicare Part D Plan, you cannot also be enrolled in another individual or group Medicare Part D plan. When you are enrolled in the Verizon Advantage Plan, you are automatically enrolled in the Verizon-sponsored group Medicare Part D Plan. Therefore, you cannot be enrolled in the Verizon Advantage Plan and also be enrolled in another individual or group Medicare Part D plan.



What the transition means for you

If you're enrolled in the MEP HCP or HCN Medicare medical plan option

As part of the 2017 Annual Enrollment, you will automatically transition to the corresponding new MEP HCP or HCN Advantage Plan option under the Verizon Advantage Plan. **No action on your part is required.**

You will transition to your new option as follows:

- **If you're enrolled in the MEP HCP Medicare medical plan option**, you will be automatically enrolled in the corresponding MEP HCP Advantage Plan option. Your annual deductible under the MEP HCP Advantage Plan option will be based on the level of your current deductible.
- **If you're enrolled in the HCN Medicare medical plan option**, you will be automatically enrolled in the HCN Advantage Plan option.

Your coverage under the new MEP HCP or HCN Advantage Plan option will take effect January 1, 2017. Please see the chart on page 8 for an overview of your new plan option.

If you're enrolled in a local Medicare medical plan option through Verizon

- **If you're currently enrolled in the HIP Health Plan of New York**, note that this plan option will no longer be available as of January 1, 2017. You will be automatically enrolled in the new MEP HCP Advantage Plan option for 2017. Your annual deductible will depend on your retirement date.
- **If you're currently enrolled in any other local Medicare medical plan option through Verizon**, coverage under that option will automatically continue in 2017. You will not be automatically transitioned to either the MEP HCP or HCN Advantage Plan options for 2017. However, you can enroll in one of these options during Annual Enrollment.

Attention!

You will be automatically enrolled in the applicable medical plan option as described above in "What the transition means for you" unless you make a change during the 2017 Annual Enrollment. For more information, see "What to expect during Annual Enrollment" on page 10.

Get to know the new MEP HCP and HCN Advantage Plan options

Many features of the new MEP HCP and HCN Advantage Plan options are the same as the in-network benefits under the current MEP HCP and HCN Medicare medical plan options. For example:

- Preventive care is covered at 100%.
- You will pay a copayment (copay) for primary care and specialist doctor office visits.
- After meeting your plan's deductible (if applicable), you will pay coinsurance for many inpatient and outpatient medical services.
- There is no lifetime maximum benefit limit.
- You will continue to receive prescription drug coverage through Express Scripts.

For an overview of the new Verizon Advantage Plan options...

Please see the table on page 8.

Coverage under your new option will take effect as of January 1, 2017. For more information about the new MEP HCP and HCN Advantage Plan options, take advantage of the many resources available from UnitedHealthcare. See "Resources to assist with your transition to the new Verizon Advantage Plan" on page 9.

You can continue to use the same health care providers

While UnitedHealthcare has the nation's largest contracted network of Medicare providers who participate in the Verizon Advantage Plan, **you will continue to have access to all health care providers that participate in Medicare.**

We anticipate that the overwhelming majority of providers who accept Medicare will accept the Verizon Advantage Plan. In rare instances, however, a provider may not accept the Plan directly. See the next page for information on what steps to take in this situation. It is important to remember that the Verizon Advantage Plan will provide coverage for any provider who accepts Medicare.

Copayment vs coinsurance: what's the difference?

As a reminder, copayments (or copays) and coinsurance are two different approaches to paying your share of covered medical expenses under your medical plan option:

- With coinsurance, your share is calculated as a percent (for example, 10%, with the plan paying 90%) of the allowed amount for the service.
- With copayments, your share is a fixed dollar amount (for example, \$10) that you usually pay at the time you receive the service.

How to confirm whether your provider accepts the Verizon Advantage Plan

Before scheduling an appointment, it's a good idea to confirm with your doctor or other provider to make sure that he/she accepts your Verizon Advantage Plan option.

In general, there are two categories of Medicare-participating providers:

- **Providers who participate in the Verizon Advantage Plan's network of contracted providers.** To confirm whether your provider participates in the network, visit UHCRetiree.com/verizoneast and click on "Find a Provider" or call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week.
- **Providers who do not participate in the Plan's network of contracted providers but who accept the Plan.** To confirm whether your provider will accept your Verizon Advantage Plan option, call your provider, UnitedHealthcare (877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week) or both.

Remember: Even if your provider is not part of the Verizon Advantage Plan's network, the Plan will provide coverage for any provider who accepts Medicare.

What to do if your provider doesn't accept the Verizon Advantage Plan

There may be Medicare-participating providers who won't accept your Verizon Advantage Plan option. If this happens with your provider, there is no need for concern. **You have coverage, and you will receive benefits for covered services according to the terms of your Verizon Advantage Plan option.**

If you find yourself in this situation, **your first step should be to call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, for assistance.** UnitedHealthcare representatives will be equipped with tools and resources to ensure that you receive the full benefits you're entitled to under the terms of your Verizon Advantage Plan option. Your representative will work with your provider directly to make sure that he/she receives the appropriate reimbursement from your Verizon Advantage Plan option, so that you may receive covered services from your provider in a timely manner.

Overview of key features of the 2017 MEP HCP and HCN Advantage Plan options

	MEP HCP Advantage Plan options	HCN Advantage Plan option
Annual deductible	\$21–\$471, depending on your deductible under your 2016 Verizon retiree medical plan option*	None
Annual out-of-pocket maximum (including deductible and copays)	\$1,150 per member	\$1,050 per member
Lifetime maximum	None	None
Preventive care	100%	100%
Primary care physician (PCP) visit	\$10 copay	\$10 copay
Specialist visit	\$15 copay	\$15 copay
Outpatient surgery	If performed at an outpatient facility: 90% after deductible	If performed at an outpatient facility: 90%
	If performed in a provider's office: \$10 copay (PCP)/\$15 copay (specialist)	If performed in a provider's office: \$10 copay (PCP)/\$15 copay (specialist)
Inpatient hospitalization	90% after deductible	90%
Urgent care	\$15 copay	\$15 copay
Emergency room	\$25 copay (waived if admitted)	\$25 copay (waived if admitted)

*If you are not enrolled in the MEP HCP in 2016, your deductible will be based on your retirement date. To find the deductible amount for your option, visit [BenefitsConnection](#) or call the Verizon Benefits Center during the Annual Enrollment period.

Access to prescription drug coverage won't change

Express Scripts will continue to provide your prescription drug coverage through the Verizon-sponsored group Medicare Part D Plan. You will continue to use your Express Scripts ID card when you pick up your prescription at the pharmacy or submit mail order requests. For information about your prescription drug coverage in 2017, please refer to your forthcoming Annual Enrollment materials.

Each covered member will receive an ID card

Once Medicare confirms your enrollment in your Verizon Advantage Plan option, UnitedHealthcare will issue you a single medical ID card that covers both medical and hospital services (Medicare Parts A and B). Please note that you and any Medicare-eligible covered dependents will each receive individual ID cards. Medical ID card(s) will be mailed to each enrolled member in late December. This will be the ID card you use going forward.

You'll gain access to additional features

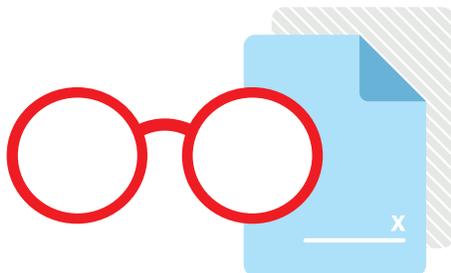
The Verizon Advantage Plan gives you access to a number of additional programs and services to help you manage your short- and long-term health care needs. You will receive information about these offerings from UnitedHealthcare in the coming weeks.

Resources to assist with your transition to the new Verizon Advantage Plan

Starting now, you can call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, or visit UHCRetiree.com/verizoneast if you have any questions regarding the Verizon Advantage Plan and how it will work.

UnitedHealthcare will provide the following additional resources to support you through the transition:

- **Retiree meetings at multiple locations starting October 10.*** Depending on where you reside, you may be invited to attend a retiree meeting, where you can learn more about the new Verizon Advantage Plan. Your family members are welcome to join you. Watch your mail for an invitation from UnitedHealthcare during the first two weeks in October. You can also call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, to find a meeting at a nearby location.
- **Teleconference.*** You may also be invited to attend a teleconference in place of, or in addition to, the in-person retiree meetings. The teleconference is a great alternative for those who are not able to attend an in-person meeting or do not have the option of an in-person meeting where they reside. Watch your mail for an invitation from UnitedHealthcare during the first two weeks in October. You can also call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, to find available teleconferences.
- **On-demand recorded online presentations.** If you are not able to attend an in-person retiree meeting or teleconference, or would like to listen to a presentation again, you can watch a recorded presentation online, at your convenience, at UHCRetiree.com/verizoneast starting October 10.
- **Pre-enrollment guide.*** Watch for a detailed introduction to the new Verizon Advantage Plan in early/mid-October.



*These additional services will only be offered to those who are transitioning to either the MEP HCP or HCN Advantage Plan option effective January 1, 2017 as described on page 5 in "What the transition means for you." If you are not transitioning to one of these plan options but would like to learn more about the Verizon Advantage Plan, please call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week.

What to expect during Annual Enrollment

Annual Enrollment for your 2017 benefits will be November 7–18, 2016.

If you're enrolled in the MEP HCP or HCN Medicare medical plan option

If you're currently enrolled in one of these options and want to maintain that option, you do not need to take any action during Annual Enrollment. You will automatically transition to the corresponding MEP HCP or HCN Advantage Plan option for 2017:

- **If you're enrolled in the MEP HCP Medicare medical plan option**, you will be automatically enrolled in the corresponding MEP HCP Advantage Plan option. Your annual deductible under the MEP HCP Advantage Plan option will be based on the level of your current deductible.
- **If you're enrolled in the HCN Medicare medical plan option**, you will be automatically enrolled in the HCN Advantage Plan option.

You can change your election at any time

Simply call the Verizon Benefits Center at least 30 days in advance of the first of the month you would like your change to be effective. If you would like a change to be effective January 1, 2017, you can make the change during the 2017 Annual Enrollment period (November 7–18, 2016).

If you're enrolled in a local Medicare medical plan option through Verizon

- **If you're currently enrolled in the HIP Health Plan of New York**, note that this plan option will no longer be available as of January 1, 2017. You will be automatically enrolled in the new MEP HCP Advantage Plan option for 2017. Your annual deductible will depend on your retirement date.
- **If you're currently enrolled in any other local Medicare medical plan option through Verizon**, coverage under that option will automatically continue in 2017. You will not be automatically transitioned to a new Verizon Advantage Plan option for 2017.
 - However, if you would like to enroll in a Verizon Advantage Plan option for 2017, you may take action to do so during the upcoming 2017 Annual Enrollment.

Please note: Except for the Kaiser Senior Advantage plan options (Northern and Southern California) and Humana Group Medicare plan option (Tampa), all the local Medicare medical plan options available to you through Verizon are closed to new entrants. This means that if you discontinue your coverage through a closed Medicare medical plan option, you can never re-enroll in that plan option in the future.

To learn more

To find the Verizon Advantage Plan options that will be available to you in 2017, or to make changes to your coverage, visit BenefitsConnection at verizon.com/benefitsconnection or call the Verizon Benefits Center at 855.4VzBens (855.489.2367) during Annual Enrollment. Representatives will be available Monday through Friday, from 9 a.m. to 5 p.m. Eastern time.

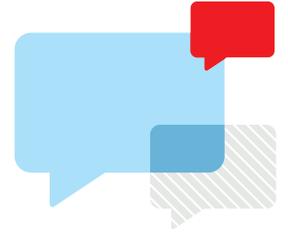
Watch for additional communications

You will receive more information on the Verizon Advantage Plan from UnitedHealthcare in the coming weeks. The following timeline provides an overview of what you can expect to receive and when you can expect to receive it.

Sept.	UnitedHealthcare informational website and service center UHCRetiree.com/verizoneast, 877.211.6548, TTY 711, Late September Learn about your new Verizon Advantage Plan option coverage and get answers to your questions.				
Oct.	Invitation to in-person retiree meetings (sent by UnitedHealthcare)* Early to mid-October	In-person retiree meetings (hosted by UnitedHealthcare)* October/November Watch and listen to a UnitedHealthcare representative explain what you need to know about the new Verizon Advantage Plan and any actions you need to take.	Teleconference* October/November Listen to a UnitedHealthcare representative explain what you need to know about the new Verizon Advantage Plan and any actions you need to take.	On-demand recorded online presentations (available from UnitedHealthcare) UHCRetiree.com/verizoneast October/November Watch and listen to a recorded online presentation at your convenience.	Pre-enrollment guide (sent by UnitedHealthcare)* Early/mid-October Get a detailed introduction to the new Verizon Advantage Plan, along with required enrollment information.
Nov.	2017 Annual Enrollment period November 7–18 Annual Enrollment materials (sent by Verizon) Early November Learn what you need to do – and when – to ensure that you and your family have the Verizon retiree coverage you want for 2017.				
Dec.	Member Welcome Packet (sent by UnitedHealthcare) Mid- to late December Access benefit highlights, evidence of coverage forms, a provider directory (also available online at UHCRetiree.com/verizoneast) and a member guide.		Confirmation of enrollment letter and ID Card (sent by UnitedHealthcare) Late December Check that the information contained in these materials is correct and complete.		
Jan.	Member health survey (sent by UnitedHealthcare) Soon after your enrollment is confirmed, you may receive a request to complete a short, confidential phone survey to help UnitedHealthcare connect you with additional programs or services specific to your needs. If you cannot be reached, a survey will be mailed to you to complete and return to UnitedHealthcare.		Ongoing member communications (sent by UnitedHealthcare) UnitedHealthcare will continue to reach out to members throughout the year to help you learn more about your health and make informed health care decisions, remind you about your plan’s many wellness programs and resources and more.		

*These additional services will only be offered to those who are transitioning to either the MEP HCP or HCN Advantage Plan option effective January 1, 2017 as described on page 5 in “What the transition means for you.” If you are not transitioning to one of these plan options but would like to learn more about the Verizon Advantage Plan, please call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week.

Questions and answers



1. What are Medicare Advantage plans?

Medicare Advantage plans are private health care plans that contract with the federal government to provide Medicare Parts A and B benefits to enrollees, as well as a variety of other benefits and services. The federal Medicare Advantage program is called Medicare Part C.

When you enroll in a Medicare Advantage plan, you still have Medicare. However, you will get your Medicare Parts A and B benefits through your Medicare Advantage plan, instead of original Medicare. The Medicare Advantage plan will pay your provider directly for the covered services you receive. You will continue to pay your Part B premium as you do today. You will also continue to have all of your Medicare rights and protections.

2. What do I need to do to enroll in a new Verizon Advantage Plan option?

Depending on your current Verizon retiree medical plan option, you may or may not need to take action to enroll in a new Verizon Advantage Plan option for 2017.

No action required

- **If you're currently enrolled in the MEP HCP option or in the HCN option**, you will automatically transition to the corresponding MEP HCP or HCN Advantage Plan option during 2017 Annual Enrollment. Coverage under the MEP HCP or HCN Advantage Plan option will be effective January 1, 2017.
 - **If you're currently enrolled in the HIP Health Plan of New York**, you will automatically transition to the MEP HCP Advantage Plan option during Annual Enrollment. That's because the HIP Health Plan of New York won't be available as of January 1, 2017. Coverage under the MEP HCP Advantage Plan option will be effective January 1, 2017.
- ### Your action required
- **If you're currently enrolled in any other local Medicare medical plan option through Verizon**, you will need to take action during Annual Enrollment (November 7–18, 2016) to elect coverage under one of the new Verizon Advantage Plan options that will be available to you. Otherwise, if you take no action, your coverage under your local Medicare medical plan option will automatically continue in 2017. See "What to expect during Annual Enrollment" on page 10 for more information.
 - **If you're currently not enrolled in a medical plan option through Verizon but would like to enroll in a new Verizon Advantage Plan option for 2017**, you will need to take action during Annual Enrollment (November 7–18, 2016) to elect coverage under one of the new Verizon Advantage Plan options that will be available to you.
 - **If you would like to change your medical plan option for 2017**, you will need to take action during Annual Enrollment (November 7–18, 2016) to elect another medical plan option or waive your medical coverage.

3. Will I have the same ID number or ID card as my covered spouse or dependent?

No. You and any Medicare-eligible covered dependents will receive your own individual Verizon Advantage Plan ID cards with your own unique ID number from UnitedHealthcare in late December. Be sure to carry it with you.

You will no longer need to show your government-issued red, white and blue Medicare ID card, **but be sure to keep it in a safe place nevertheless.**

4. Do I have to switch doctors?

No. You can continue using the doctors and other providers you use today, as long as they accept Medicare.

Although the Verizon Advantage Plan has a contracted network of providers participating in the Plan, **you will continue to have access to all health care providers (doctors, hospitals, laboratories and other health care facilities) that participate in Medicare.**

In general, there are two categories of Medicare-participating providers:

- **Providers who participate in the Verizon Advantage Plan’s network of contracted providers.** To confirm whether your provider participates in the network, visit UHCRetiree.com/verizoneast and click on “Find a Provider” or call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week.
- **Providers who do not participate in the Plan’s network of contracted providers but who accept the Plan.** To confirm whether your provider will accept your Verizon

Advantage Plan option, call your provider, UnitedHealthcare (877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week) or both.

Remember: Even if your provider is not part of the Verizon Advantage Plan’s network, the Plan will provide coverage for any provider who accepts Medicare.

There may be Medicare-participating providers who won’t accept your Verizon Advantage Plan option directly. If this happens with your provider, there is no need for concern. **You have coverage, and you will receive benefits for covered services according to the terms of your Verizon Advantage Plan option.**

If you find yourself in this situation, **your first step should be to call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, for assistance.** UnitedHealthcare representatives will be equipped with tools and resources to ensure that you receive the full benefits you’re entitled to under the terms of your Verizon Advantage Plan option. Your representative will work with your provider directly to make sure that he/she receives the appropriate reimbursement from your Verizon Advantage Plan option, so that you may receive covered services from your provider in a timely manner.

5. Do I need to be enrolled in Medicare Parts A and B to be enrolled in a Verizon Advantage Plan option?

Yes. Under Medicare rules, you must be enrolled in both Medicare Parts A and B and continue to pay your Part B premium to participate in a Verizon Advantage Plan option (or in any other Medicare Advantage plan).

- Verizon has partnered with SSDC Services to assist you with Medicare Parts A and/or B enrollment. Call SSDC Services at 866.729.9727 ext. 390. Representatives are available Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.
- For general information about Medicare, visit medicare.gov or call Medicare directly at 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week.
- You can also enroll in Medicare Part A and/or B by contacting the Social Security Administration at ssa.gov or 800.772.1213, TTY 711. Representatives are available Monday through Friday, from 7 a.m. to 7 p.m. local time.

6. What happens if I enroll in another Medicare Advantage Plan and/or Medicare Part D prescription drug plan in addition to accepting enrollment in a Verizon Advantage Plan option?

Under Medicare rules, you can only be enrolled in one Medicare Advantage plan at a time. Therefore, if you are enrolled in a Verizon Advantage Plan option, you cannot also be enrolled in another individual or group Medicare Advantage plan.

Similarly, if you are enrolled in the Verizon-sponsored group Medicare Part D Plan, you cannot also be enrolled in another individual or group Medicare Part D plan. When you are enrolled in a Verizon Advantage Plan option, you are automatically enrolled in the Verizon-sponsored group Medicare Part D Plan. Therefore, you cannot be enrolled in a Verizon Advantage Plan option and also be enrolled in another individual or group Medicare Part D plan.

Your most recent Medicare Advantage and/or Medicare Part D prescription drug plan enrollment will disenroll you from any prior Medicare Advantage and/or Medicare Part D

plan in which you are enrolled. For example, if you are enrolled in an individual Medicare Advantage plan today and enroll in the HCN Advantage Plan option effective January 1, 2017, you will automatically be disenrolled from your prior individual Medicare Advantage plan.

If you are enrolled in another group or individual Medicare Advantage plan or Medicare Part D prescription drug plan, you will need to decide whether to enroll in one of the available Verizon Advantage Plan options or remain in your current plan.

7. I also have Veterans Affairs (VA) medical benefits. How do my VA benefits work with my benefits under my new Verizon Advantage Plan option?

Your new Verizon Advantage Plan option will cover out-of-pocket costs from your VA medical benefits. Please call UnitedHealthcare at 877.211.6548, TTY 711, from 8 a.m. to 8 p.m. local time, seven days a week, for information about using your Verizon Advantage Plan option benefits in this situation.

8. Am I covered for services if I travel outside of the United States?

Yes. Your new Verizon Advantage Plan option will cover you for worldwide emergency services, 24 hours a day. If you become sick or injured while traveling abroad, emergency care will be covered after you pay your emergency care copayment.

9. What happens if my spouse and/or other covered dependents are not eligible for Medicare?

You will still be enrolled in the available Verizon Advantage Plan option as described in this guide. Covered dependents who are not Medicare-eligible will remain enrolled in their current pre-Medicare medical plan option. Information about these pre-Medicare medical plan options will be provided closer to Annual Enrollment.

For more information



The following resources are available to you if you have additional questions.

Resource	When to use this resource	Contact information
UnitedHealthcare	<ul style="list-style-type: none"> • Ask questions about medical coverage • Ask questions about health care providers • Review plan details • Review medical claims 	<ul style="list-style-type: none"> • UHCRetiree.com/verizoneast • 877.211.6548, TTY 711 <p>Representatives are available from 8 a.m. to 8 p.m. local time, seven days a week.</p> <p>Note: Starting December 8, 2016, representatives will be available five days a week, from 8 a.m. to 8 p.m. local time.</p>
Verizon Benefits Center	<ul style="list-style-type: none"> • Review current enrollment • Opt out of 2017 coverage or change your coverage option • Review 2017 coverage options and costs (if any) • Make enrollment changes according to plan rules 	<ul style="list-style-type: none"> • verizon.com/benefitsconnection • 855.4VzBens (855.489.2367) <p>Representatives are available Monday through Friday, from 9 a.m. to 5 p.m. Eastern time.</p>
Express Scripts	<ul style="list-style-type: none"> • Ask questions about prescription drug coverage • Review prescription drug claims 	<ul style="list-style-type: none"> • express-scripts.com • 877.877.1878 and choose option 1 • TTY users should call 800.716.3231 <p>Customer service is available in English and other languages, 24 hours a day, seven days a week.</p>

Actual plan provisions for Company benefits are contained in the appropriate plan documents or applicable Company policies. This Verizon Advantage Plan Guide provides updates to your existing Summary Plan Description (SPD) as of January 1, 2017. Please keep this guide and any additional Summary of Material Modification (SMM) with your SPDs until Verizon provides you with SPDs that have been updated to reflect the changes to your benefits. As always, the official plan documents determine what benefits are provided to Verizon employees, retirees, and their dependents. Your SPDs are available at verizon.com/benefitsconnection, or you can call the Verizon Benefits Center and request a printed copy. As explained in your SPD, Verizon reserves the right to amend or terminate any of its plans or policies at any time with or without notice or cause, subject to applicable law and any duty to collectively bargain.