

# Summary of Benefits 2025

**UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)**

H5420-015-000

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



**PCNhealth.com**



**Toll-free 1-866-367-7525, TTY 711**

8 a.m.-8 p.m. local time, 7 days a week



**PREFERRED  
CARE NETWORK**

A UnitedHealthcare Company

# Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [PCNhealth.com](http://PCNhealth.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)

### Medical premium, deductible and limits

<b>Monthly plan premium</b>	\$20.30
<b>Part B premium reduction</b>	\$1.50 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$3,400  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.  If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

### Medical benefits

<b>Inpatient hospital care<sup>2</sup></b>		\$0 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.		
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$50 copay otherwise
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$150 copay otherwise

## Medical benefits

Outpatient hospital observation services<sup>2</sup> \$150 copay

### Doctor visits

Primary care provider \$0 copay

Specialists<sup>1,2</sup> \$0 copay

Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

### Preventive services

Routine physical \$0 copay, 1 per 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
- Hepatitis C screening
- HIV screening
- 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)

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% when you use in-network providers.

## Medical benefits

**Emergency care** \$140 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

**Urgently needed services** \$0 copay (worldwide) per visit

<b>Diagnostic tests, lab and radiology services, and X-rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay
	Lab services <sup>2</sup>	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay
	Therapeutic radiology <sup>2</sup>	20% coinsurance
	Outpatient X-rays <sup>2</sup>	\$0 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup> \$0 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids<sup>2</sup> \$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.

- A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period



### Routine dental benefits

Preventive and comprehensive<sup>2</sup> \$0 copay for exams, cleanings, X-rays, and fluoride. Comprehensive dental is covered; for a complete list of services and copays, please contact the plan. \$0 copay for comprehensive dental services

## Medical benefits



### Vision services

Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay
Eyewear after cataract surgery	\$0 copay
Routine eye exam	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$200 every year for lenses/frames and contacts. Plan covers polycarbonate lenses, anti-scratch and UV coatings at no cost to member. Home delivered eyewear available through select network providers (select products only).

### Mental health

Inpatient visit <sup>2</sup> Our plan covers 90 days for an inpatient hospital stay	\$0 copay per stay
Outpatient group therapy visit <sup>2</sup>	\$0 copay
Outpatient individual therapy visit <sup>2</sup>	\$0 copay
Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

### Skilled nursing facility (SNF)<sup>2</sup>

\$0 copay per day: days 1-100  
Our plan covers up to 100 days in a SNF.

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay
Occupational Therapy Visit <sup>2</sup>	\$0 copay
Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video

## Medical benefits

### Ambulance<sup>2</sup>

Your provider must obtain prior authorization for non-emergency transportation.

\$260 copay for ground

\$260 copay for air

### Routine transportation

\$0 copay for 60 one-way trips to or from approved medically related appointments and pharmacies

### Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs<sup>2</sup>

20% coinsurance

Part B covered insulin<sup>2</sup>

20% coinsurance, up to \$35

Other Part B drugs<sup>2</sup>

\$0 copay for allergy antigens  
20% coinsurance for all others

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

## Prescription drugs

### Deductible

\$0

### Initial Coverage

**30-day<sup>^</sup> or 100-day supply from a retail or mail order network pharmacy**

All covered drugs<sup>3</sup>

\$0 copay  
(Some covered drugs are limited to a 30-day supply)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.

## Additional benefits

### Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)<sup>2</sup> \$0 copay

### Diabetes management

Diabetes monitoring supplies<sup>2</sup> \$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.

Diabetes self-management training \$0 copay

Therapeutic shoes or inserts<sup>2</sup> \$0 copay

### Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)<sup>2</sup> \$0 copay


Prosthetics (e.g., braces, artificial limbs)<sup>2</sup> 20% coinsurance



### Fitness program

\$0 copay  
Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes:

- Free gym membership
- Access to a large national network of gyms and fitness locations
- On-demand workout videos and live streaming fitness classes

Additional benefits		
		<ul style="list-style-type: none"> <li>• Online memory fitness activities</li> </ul>
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$0 copay
	Routine foot care	\$0 copay, 6 visits per year
<b>Meal benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay
<b>Home health care<sup>2</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay
 <b>Food, over-the-counter (OTC) and utility bill credit</b>		<p>\$94 credit every month to pay for OTC products, healthy food and utility bills</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li>• Pay home utility bills like electricity, heat, water and internet</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>
<b>Renal dialysis<sup>2</sup></b>		20% coinsurance

<sup>1</sup> May require a referral from your doctor.

<sup>2</sup> May require your provider to get prior authorization from the plan.



## Member discounts



As a UnitedHealthcare Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Florida Department of Children and Families, 1-850-300-4323.

Benefits	Medicaid	UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
<b>Inpatient Hospital Care</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services (Including assistive care services)	Covered
<b>Doctor Office Visits</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.  For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)</b>
<b>Outpatient Surgery</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Emergency Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Urgently Needed Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p>	Covered

Benefits	Medicaid	UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
\$0 co-pay for Medicaid services		
<b>Hearing Services</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
<b>Dental Services</b>	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
<b>Vision Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services including up to one routine vision exam, up to one pair of frames (includes Medicaid covered eyeglass lenses and frames) per year, and in total up to two pairs of lenses (includes Medicaid covered lenses) per year, or contact lenses (if medically necessary).</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p>	Covered
<b>Preventive Care</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p>	Covered

Benefits	Medicaid	UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
	\$0 co-pay for Medicaid services	
<b>Mental Health Care</b> <ul style="list-style-type: none"> <li>• Behavioral Health Targeted Case Management</li> <li>• Community Mental Health</li> <li>• Mental Health Case Management</li> </ul>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Outpatient Rehabilitation</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p>	Covered
<b>Ambulance</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Transportation (Routine)</b>	\$0 co-pay for Medicaid services	Covered

Benefits	Medicaid	UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
	<p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.</p>	
<b>Prescription Drug Benefits</b>	Medicaid does not cover Part D covered drugs.	Covered
<b>Chiropractic Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Diabetes Supplies and Services</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
<b>Durable Medical Equipment (Wheelchairs, oxygen, etc.)</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide</p>	Covered

Benefits	Medicaid	UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
	<p>additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	
<p><b>Foot Care (Podiatry services)</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p>Covered</p>
<p><b>Hospice</b></p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>

<b>Benefits</b>	<b>Medicaid</b>	<b>UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)</b>
<b>Renal Dialysis</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered
<b>Prosthetic Devices (Braces, artificial limbs, etc.)</b>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services</p>	Covered
<b>Over-the-Counter Items (with prescription)</b>	\$0 co-pay for Medicaid services	Covered



## About this plan

UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

**Florida:** Broward, Miami-Dade.

## Use network providers and pharmacies

UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. This health plan requires you to select a primary care provider

(PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to **PCNhealth.com** 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

UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits 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](http://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. Please contact our Customer Service number at 1-866-480-1086 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-480-1086, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

### Hearing aids

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. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Fitness program

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.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors.

Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

**Food, over-the-counter (OTC) and utility bill credit**

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

Eligibility for healthy food, utilities and \$0 copay for Rx benefits under the Value-Based Insurance Design model is limited to members with Extra Help from Medicare, and will be verified after enrollment.

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

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.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.