



Summary of Benefits 2025

UHC Complete Care Support IL-1A (PPO C-SNP)

H2001-038-000

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



[UHC.com/Medicare](https://www.uhc.com/Medicare)



Toll-free 1-866-367-7527, TTY 711

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

**United
Healthcare®**

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 [MyUHC Medicare.com](https://www.myuhcmedicare.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 Complete Care Support IL-1A (PPO C-SNP)

| Medical premium, deductible and limits | | |
|---|---|--|
| | In-network | Out-of-network |
| Monthly plan premium | \$22.80 | |
| Part B premium reduction | \$1 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction. | |
| Annual medical deductible | You pay the Original Medicare Part B deductible amount combined in and out-of-network for 2025 which will be set by CMS in the fall of 2024. This is the 2024 deductible amount and may change for 2025. Our plan will provide updated rates as soon as they are released. The 2024 Medicare Deductible amount is \$240. | |
| Maximum out-of-pocket amount (does not include prescription drugs) | \$9,350 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. | \$14,000 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider. |
| | 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 premium, deductible and limits


| | In-network | Out-of-network |
|------------------------------|---|--|
| Medicare cost-sharing | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart. | If you are a QMB or you have full Medicaid benefits and your provider accepts Medicaid, you will pay \$0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart. |

Medical benefits



| | In-network | Out-of-network | |
|---|---|--|-----------------|
| Inpatient hospital care² Our plan covers an unlimited number of days for an inpatient hospital stay. | Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or; \$1,860 copay per stay | 40% coinsurance per stay | |
| Outpatient hospital Cost-sharing for additional plan covered services will apply. | Ambulatory surgical center (ASC) ² \$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise | 40% coinsurance | |
| | Outpatient hospital, including surgery ² | \$0 copay for a colonoscopy Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise | 40% coinsurance |
| | Outpatient hospital observation services ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |

Medical benefits

| | | In-network | Out-of-network |
|----------------------------|---|---|--|
| Doctor visits | Primary care provider | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Specialists ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | 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* | 40% coinsurance, 1 per year* |
| | Medicare-covered | \$0 copay | \$0 copay - 40% coinsurance (depending on the service) |
| | <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal aortic aneurysm screening <input type="checkbox"/> Alcohol misuse counseling <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Bone mass measurement <input type="checkbox"/> Breast cancer screening (mammogram) <input type="checkbox"/> Cardiovascular disease (behavioral therapy) <input type="checkbox"/> Cardiovascular screening <input type="checkbox"/> Cervical and vaginal cancer screening <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) <input type="checkbox"/> Depression screening <input type="checkbox"/> Diabetes screenings and monitoring <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> HIV screening | <ul style="list-style-type: none"> <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening <input type="checkbox"/> Medical nutrition therapy services <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) <input type="checkbox"/> Obesity screenings and counseling <input type="checkbox"/> Prostate cancer screenings (PSA) <input type="checkbox"/> Sexually transmitted infections screenings and counseling <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) | |

| Medical benefits | | | |
|--|--|--|-----------------|
| | | In-network | Out-of-network |
| <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p> | | | |
| Emergency care | | Depending on your level of Medicaid eligibility, \$0 copay or \$90 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 | | Depending on your level of Medicaid eligibility, \$0 copay or \$30 copay (\$0 copay for urgently needed services outside the United States) per visit | |
| Diagnostic tests, lab and radiology services, and X-rays | Diagnostic radiology services (e.g. MRI, CT scan) ² | \$0 copay for each diagnostic mammogram Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance otherwise | 40% coinsurance |
| | Lab services ² | \$0 copay | \$0 copay |
| | Diagnostic tests and procedures ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Therapeutic radiology ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Outpatient X-rays ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
|  Hearing services | Exam to diagnose and treat hearing and balance issues ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |

Medical benefits

| | | In-network | Out-of-network |
|--|--|---|------------------------------|
| | Routine hearing exam | \$0 copay, 1 per year* | 40% coinsurance, 1 per year* |
| | Hearing aids ² | \$1,500 allowance every year for 2 hearing aids* <ul style="list-style-type: none"> <input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids <input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations <input type="checkbox"/> 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 ² | \$3,500 allowance for all covered dental services* \$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <ul style="list-style-type: none"> <input type="checkbox"/> No annual deductible <input type="checkbox"/> Access to one of the largest national dental networks <input type="checkbox"/> Freedom to see any dentist | |
|  Vision services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay | 40% coinsurance |
| | Eyewear after cataract surgery | \$0 copay | 40% coinsurance |
| | Routine eye exam | \$0 copay, 1 per year* | 40% coinsurance, 1 per year* |
| | Routine eyewear | \$300 allowance for 1 pair of frames or contacts* <ul style="list-style-type: none"> • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives – all with scratch-resistant coating • Access to one of Medicare Advantage’s largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA | |

| Medical benefits | | | |
|--|--|---|--------------------------|
| | | In-network | Out-of-network |
| Mental health | Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay | Depending upon your level of Medicaid eligibility, you pay \$0 copay per stay, or; \$1,860 copay per stay | 40% coinsurance per stay |
| | Outpatient group therapy visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Outpatient individual therapy visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Virtual mental health visits | \$0 copay to talk with a network telehealth provider online through live audio and video | |
| Skilled nursing facility (SNF)² (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF. | Depending upon your level of Medicaid eligibility, you pay \$0 copay per day: days 1-100, or; You pay the Original Medicare cost sharing amount for 2025 which will be set by CMS in the fall of 2024. These are 2024 cost sharing amounts and may change for 2025. Our plan will provide updated rates as soon as they are released. \$0 copay per day: days 1-20 \$204 copay per day: days 21-100 | 40% coinsurance per stay, up to 100 days | |

| Medical benefits | | | |
|---|---|---|---|
| | | In-network | Out-of-network |
| Outpatient rehabilitation services | Physical therapy and speech and language therapy visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Occupational Therapy Visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Virtual medical visits | \$0 copay to talk with a network telehealth provider online through live audio and video | |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for ground Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for air | 20% coinsurance for ground 20% coinsurance for air |
| Routine transportation | | \$0 copay for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies* | 75% coinsurance* |

| Medical benefits | | | |
|---|--|--|--|
| | | In-network | Out-of-network |
| Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs. | Chemotherapy drugs ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Part B covered insulin ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance, up to \$35 | 40% coinsurance |
| | Other Part B drugs ² Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | \$0 copay for allergy antigens Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance for all others | \$0 copay for allergy antigens 40% coinsurance for all others |

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 drug payment stages if you qualify for Low-Income Subsidy (LIS) | |
|--|--|
| Deductible | Your deductible amount is \$0 |
| Initial Coverage | 30-day[^] or 100-day supply from a retail network pharmacy |
| Generic (including brand drugs treated as generic) | \$0, \$1.60, or \$4.90 copay (Some covered drugs are limited to a 30-day supply) |
| All other drugs ³ | \$0, \$4.80, or \$12.15 copay (Some covered drugs are limited to a 30-day supply) |

[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

³ You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

Prescription drug payment stages if you do not qualify for LIS

| | | | |
|--------------------------------------|---|--|--|
| Deductible | Your plan has a \$590 prescription drug deductible. You pay the full cost for your drugs until you reach the deductible amount. Then you move to the Initial Coverage stage. | | |
| Initial Coverage | In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. | | |
| Drug coverage | Retail | Mail Order | |
| | 30-day supply[^] | 100-day supply | 100-day supply |
| All covered drugs³ | 25% coinsurance | 25% coinsurance (Some covered drugs are limited to a 30-day supply) | 25% coinsurance (Some covered drugs are limited to a 30-day supply) |
| Catastrophic Coverage | Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. | | |


[^]Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.


³ You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

Additional benefits

| | | In-network | Out-of-network |
|------------------------------|---|---|-----------------------|
| Chiropractic services | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| Diabetes management | Diabetes monitoring supplies ² | \$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, | 50% coinsurance |

Additional benefits

| | In-network | Out-of-network |
|--|---|---|
| | <p>Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> | |
| Diabetes self-management training | \$0 copay | 40% coinsurance |
| Therapeutic shoes or inserts ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 50% coinsurance |
| Durable medical equipment (DME) and related supplies | DME (e.g., wheelchairs, oxygen) ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance |
|  Fitness program | <p>\$0 copay</p> <p>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 additional cost and includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Free gym membership <input type="checkbox"/> Access to a large national network of gyms and fitness locations <input type="checkbox"/> On-demand workout videos and live streaming fitness classes <input type="checkbox"/> Online memory fitness activities | |

| Additional benefits | | | |
|---|--|--|-------------------------------------|
| | | In-network | Out-of-network |
| Foot care (podiatry services) | Foot exams and treatment ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Routine foot care | \$0 copay, 4 visits per year* | 40% coinsurance, 4 visits per year* |
| Meal benefit² | | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay | |
| Home health care² | | \$0 copay | 50% coinsurance |
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. | |
| Opioid treatment program services² | | \$0 copay | \$0 copay |
| Outpatient substance use disorder services | Outpatient group therapy visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
| | Outpatient individual therapy visit ² | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 40% coinsurance |
|  Over-the-counter (OTC) and food credit | | \$217 credit every month to pay for OTC products — and healthy food for members who qualify <ul style="list-style-type: none"> <input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more <input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water <input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you | |
| Renal dialysis² | | Depending on your level of Medicaid eligibility, \$0 copay or 20% coinsurance | 20% coinsurance |

² May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

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.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is the 2025 Original Medicare Part B deductible amount for covered medical services you receive from providers as described below. The 2024 Medicare deductible amount is \$240. The 2025 amount will be set by CMS in the fall of 2024. Our plan will provide updated rates as soon as they are released. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network

List of applicable services

Outpatient hospital

- Ambulatory surgical center (ASC), excluding diagnostic colonoscopy
- Outpatient hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient hospital observation services

Doctor visits

- Primary
- Specialists

Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

Out-of-network

List of applicable services

Outpatient hospital

- Ambulatory surgical center (ASC)
- Outpatient hospital, including surgery
- Outpatient hospital observation services

Doctor visits

- Primary
- Specialists

Diagnostic tests, lab and radiology services, and X-rays

- Diagnostic radiology services (e.g. MRI)
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

Hearing services

- Exam to diagnose and treat hearing and balance issues

Hearing services

- Exam to diagnose and treat hearing and balance issues

Vision services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Vision services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

Mental health

- Outpatient group therapy visit
- Outpatient individual therapy visit

Mental health

- Outpatient group therapy visit
- Outpatient individual therapy visit

Physical therapy and speech and language therapy visit**Physical therapy and speech and language therapy visit**

Ambulance**Ambulance**

Medicare Part B drugs

- Chemotherapy drugs
- Other Part B drugs

Medicare Part B drugs

- Chemotherapy drugs
- Other Part B drugs

Chiropractic services

- Manual manipulation of the spine to correct subluxation

Chiropractic services

- Manual manipulation of the spine to correct subluxation

Diabetes management

- Diabetes monitoring supplies
- Therapeutic shoes or inserts

Diabetes management

- Diabetes monitoring supplies
- Diabetes self-management training
- Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies

- Durable medical equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

Durable medical equipment (DME) and related supplies

- Durable medical equipment (e.g. wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)

Foot care

- Foot exams and treatment

Foot care

- Foot exams and treatment

Occupational therapy visit**Occupational therapy visit**

Opioid treatment program services**Opioid treatment program services**

Outpatient substance use disorder services

- Outpatient group therapy visit
- Outpatient individual therapy visit

Outpatient substance use disorder services

- Outpatient group therapy visit
 - Outpatient individual therapy visit
-

Renal dialysis

Renal dialysis

Inpatient services

- Inpatient hospital
 - Inpatient mental health
-

Skilled nursing facility (SNF)

Home health care

About this plan

UHC Complete Care Support IL-1A (PPO C-SNP) is a Medicare Advantage PPO plan with a Medicare contract.

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

UHC Complete Care Support IL-1A (PPO C-SNP) is a Chronic or Disabling Condition Special Needs Plan designed to specifically help people who have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure, and Diabetes.

Our service area includes these counties in:

Illinois: Boone, Brown, Bureau, Carroll, Cass, Christian, Clark, Clay, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Ford, Franklin, Fulton, Gallatin, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jasper, Jefferson, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Morgan, Moultrie, Ogle, Peoria, Piatt, Pope, Pulaski, Putnam, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Vermilion, Wabash, Warren, Wayne, White, Whiteside, Will, Winnebago, Woodford.

Use network providers and pharmacies

UHC Complete Care Support IL-1A (PPO C-SNP) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the charts above you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHC.com/Medicare](https://www.uhc.com/Medicare)** 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 Complete Care Support IL-1A (PPO C-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C 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 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 1-877-370-4876 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 comunice 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 1-877-370-4876, 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.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

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 and over-the-counter (OTC) credit

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

The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. Contact us for details.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.