



# Summary of Benefits 2025

**UHC Dual Complete NC-V001 (HMO-POS D-SNP)**  
H5253-116-000

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**



**Toll-free 1-855-545-9340, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week

**United  
Healthcare®**  
Dual Complete

# 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 Dual Complete NC-V001 (HMO-POS D-SNP)

| Medical premium, deductible and limits                                    |  |                |
|---|--|----------------|
|   | In-network   | Out-of-network |
| <b>Monthly plan premium</b>   | \$51.20  |                |
| <b>Part B premium reduction</b>   | \$1<br>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) | \$4,500<br><br>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.<br><br>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  |   |   |  |
|---|---|---|--|
|   |   | In-network  | Out-of-network   |
| <b>Inpatient hospital care<sup>2</sup></b><br>Our plan covers an unlimited number of days for an inpatient hospital stay. |   | \$395 copay per day: days 1-6<br>\$0 copay per day: days 7 and beyond | \$395 copay per day: for days 1-6<br>\$0 copay per day: for days 7 and beyond <sup>‡</sup> |
| <b>Outpatient hospital</b>  | Ambulatory surgical center (ASC) <sup>2</sup> | \$0 copay for a colonoscopy<br>\$345 copay otherwise                  | Not covered  |

## Medical benefits

|   |   | In-network   | Out-of-network   |
|---|---|--|--|
| Cost-sharing for additional plan covered services will apply. | Outpatient hospital, including surgery <sup>2</sup>   | \$0 copay for a colonoscopy<br>\$395 copay otherwise   | \$0 copay for a colonoscopy<br>\$395 copay otherwise <sup>‡</sup>                  |
|   | Outpatient hospital observation services <sup>2</sup>   | \$395 copay  | \$395 copay <sup>‡</sup>   |
| <b>Doctor visits</b>  | Primary care provider   | \$0 copay  | Not covered  |
|   | Specialists <sup>2</sup>  | \$15 copay   | Not covered  |
|   | Virtual medical visits  | \$0 copay to talk with a network telehealth provider online through live audio and video   |  |
| <b>Preventive services</b>                                    | Routine physical  | \$0 copay, 1 per year  | Not covered  |
|   | Medicare-covered  | \$0 copay  | Flu, pneumonia, or COVID-19 vaccines: \$0 copay<br>All other services: Not covered |
|   | <input type="checkbox"/> Abdominal aortic aneurysm screening<br><input type="checkbox"/> Alcohol misuse counseling<br><input type="checkbox"/> Annual wellness visit<br><input type="checkbox"/> Bone mass measurement<br><input type="checkbox"/> Breast cancer screening (mammogram)<br><input type="checkbox"/> Cardiovascular disease (behavioral therapy)<br><input type="checkbox"/> Cardiovascular screening<br><input type="checkbox"/> Cervical and vaginal cancer screening<br><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br><input type="checkbox"/> Depression screening<br><input type="checkbox"/> Diabetes screenings and monitoring | <input type="checkbox"/> Hepatitis C screening<br><input type="checkbox"/> HIV screening<br><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening<br><input type="checkbox"/> Medical nutrition therapy services<br><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)<br><input type="checkbox"/> Obesity screenings and counseling<br><input type="checkbox"/> Prostate cancer screenings (PSA)<br><input type="checkbox"/> Sexually transmitted infections screenings and counseling<br><input type="checkbox"/> Tobacco use cessation counseling (counseling for |  |

| Medical benefits  |   |   |                |
|---|---|---|----------------|
|   |   | In-network  | Out-of-network |
|   | <ul style="list-style-type: none"> <li>people with no sign of tobacco-related disease)</li> <li>☐ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.<br/>This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p> | ☐ “Welcome to Medicare” preventive visit (one-time)   |                |
| <b>Emergency care</b>   |   | \$125 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. |                |
| <b>Urgently needed services</b>   |   | \$55 copay (\$0 copay for urgently needed services outside the United States) 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 for each diagnostic mammogram<br>\$205 copay otherwise  | Not covered    |
|   | Lab services <sup>2</sup>   | \$0 copay   | Not covered    |
|   | Diagnostic tests and procedures <sup>2</sup>  | \$50 copay  | Not covered    |
|   | Therapeutic radiology <sup>2</sup>  | 20% coinsurance   | Not covered    |
|   | Outpatient X-rays <sup>2</sup>  | \$15 copay  | Not covered    |
|  <b>Hearing services</b> | Exam to diagnose and treat hearing and balance issues <sup>2</sup>  | \$0 copay   | Not covered    |
|   | Routine hearing exam  | \$0 copay, 1 per year   | Not covered    |
|   | 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.   |                |

## Medical benefits

|  |  | In-network  | Out-of-network |
|--|--|---|----------------|
|  |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids</li> <li><input type="checkbox"/> Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li><input type="checkbox"/> 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period</li> </ul>  |                |
|  <b>Routine dental benefits</b> | Preventive   | \$0 copay for preventive dental including oral exams, X-rays, routine cleanings and fluoride* <ul style="list-style-type: none"> <li><input type="checkbox"/> No annual deductible</li> <li><input type="checkbox"/> Access to one of the largest national dental networks</li> <li><input type="checkbox"/> Freedom to see any dentist</li> </ul>  |                |
|  |  |   |                |
|  <b>Vision services</b>        | Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup> | \$0 copay   | Not covered    |
|  | Eyewear after cataract surgery   | \$0 copay   | Not covered    |
|  | Routine eye exam   | \$0 copay, 1 per year   | Not covered    |
|  | Routine eyewear  | \$200 allowance for 1 pair of frames or contacts <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives</li> <li>• Other covered lenses available with copays from \$40 - \$153</li> <li>• Access to one of Medicare Advantage's largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul> |                |

| Medical benefits  |  |   |                                      |
|---|--|---|--------------------------------------|
|   |  | In-network  | Out-of-network                       |
| <b>Mental health</b>  | Inpatient visit <sup>2</sup><br>Our plan covers 90 days for an inpatient hospital stay | \$395 copay per day: days 1-5<br>\$0 copay per day: days 6-90   | Not covered                          |
|   | Outpatient group therapy visit <sup>2</sup>  | \$15 copay  | Not covered                          |
|   | Outpatient individual therapy visit <sup>2</sup>                                       | \$25 copay  | Not covered                          |
|   | Virtual mental health visits   | \$0 copay to talk with a network telehealth provider online through live audio and video                                  |                                      |
| <b>Skilled nursing facility (SNF)<sup>2</sup></b><br>Our plan covers up to 100 days in a SNF.                   |  | \$0 copay per day: days 1-20<br>\$203 copay per day: days 21-100  | Not covered                          |
| <b>Outpatient rehabilitation services</b>   | Physical therapy and speech and language therapy visit <sup>2</sup>                    | \$15 copay  | \$15 copay <sup>‡</sup>              |
|   | Occupational Therapy Visit <sup>2</sup>  | \$15 copay  | Not covered                          |
|   | Virtual medical visits   | \$0 copay to talk with a network telehealth provider online through live audio and video                                  |                                      |
| <b>Ambulance<sup>2</sup></b><br>Your provider must obtain prior authorization for non-emergency transportation. |  | \$275 copay for ground<br>\$275 copay for air   | Not covered (except for emergencies) |
| <b>Routine transportation</b>   |  | \$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies | Not covered                          |

| Medical benefits  |  |  |   |
|---|--|--|---|
|   |  | In-network   | Out-of-network  |
| <b>Medicare Part B prescription drugs</b><br>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 <sup>2</sup>  | 20% coinsurance  | 20% coinsurance <sup>¥</sup>  |
|   | Part B covered insulin <sup>2</sup>  | 20% coinsurance, up to \$35                                      | 20% coinsurance <sup>¥</sup>  |
|   | Other Part B drugs <sup>2</sup><br>Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | \$0 copay for allergy antigens<br>20% coinsurance for all others | \$0 copay for allergy antigens<br>20% coinsurance for all others <sup>¥</sup> |

## 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             |  |
|--------------------------------|--|
| <b>Deductible</b>              | \$0  |
| <b>Initial Coverage</b>        | <b>30-day<sup>^</sup> or 100-day supply from a retail or mail order network pharmacy</b> |
| All covered drugs <sup>3</sup> | \$0 copay<br>(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          |   |            |                |
|------------------------------|---|------------|----------------|
|                              |   | In-network | Out-of-network |
| <b>Chiropractic services</b> | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup> | \$20 copay | Not covered    |

| Additional benefits        |   |  |                              |
|----------------------------|---|--|------------------------------|
|                            |   | In-network   | Out-of-network               |
| <b>Diabetes management</b> | Diabetes monitoring supplies <sup>2</sup>                   | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include:<br/>OneTouch Verio Flex®,<br/>OneTouch® Ultra 2,<br/>Accu-Chek® Guide Me<br/>and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®,<br/>Accu-Chek® Guide,<br/>Accu-Chek® Aviva Plus<br/>and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> | Not covered                  |
|                            | Diabetes self-management training                           | \$0 copay  | Not covered                  |
|                            | Therapeutic shoes or inserts <sup>2</sup>                   | 20% coinsurance  | Not covered                  |
|                            | <b>Durable medical equipment (DME) and related supplies</b> | DME (e.g., wheelchairs, oxygen) <sup>2</sup>   | 20% coinsurance              |
|                            | Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>   | 20% coinsurance  | 20% coinsurance <sup>¥</sup> |



| Additional benefits  |  |   |                |
|--|--|---|----------------|
|  |  | In-network  | Out-of-network |
|  <b>Fitness program</b> |  | \$0 copay<br>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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Free gym membership</li> <li><input type="checkbox"/> Access to a large national network of gyms and fitness locations</li> <li><input type="checkbox"/> On-demand workout videos and live streaming fitness classes</li> <li><input type="checkbox"/> Online memory fitness activities</li> </ul> |                |
| <b>Foot care</b><br>(podiatry services)  | Foot exams and treatment <sup>2</sup>            | \$15 copay  | Not covered    |
|  | Routine foot care                                | \$15 copay, 6 visits per year   | Not covered    |
| <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   | Not covered    |
| <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   | Not covered    |
| <b>Outpatient substance use disorder services</b>  | Outpatient group therapy visit <sup>2</sup>      | \$15 copay  | Not covered    |
|  | Outpatient individual therapy visit <sup>2</sup> | \$25 copay  | Not covered    |

## Additional benefits

|   | In-network  | Out-of-network   |
|---|---|--|
|  <b>Food, over-the-counter (OTC) and utility bill credit</b> | <p>\$75 credit every month to pay for OTC products, healthy food and utility bills</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Choose from thousands of OTC products, like first aid, pain relievers and more</li> <li><input type="checkbox"/> Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water</li> <li><input type="checkbox"/> Pay home utility bills like electricity, heat, water and internet</li> <li><input type="checkbox"/> 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   | Not covered out-of-network (except in emergency situations). |

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

\* Benefits are combined in and out-of-network

¥ Out-of-network services are limited to CaroMont providers or facilities only in Gaston County

## 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 North Carolina Department of Health and Human Services 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 North Carolina Department of Health and Human Services, 1-800-662-7030.

| Benefits  | Medicaid                 | UHC Dual Complete NC-V001 (HMO-POS D-SNP) |
|---|--------------------------|---|
| <b>Inpatient Hospital Care</b>                                | Covered                  | Covered                                   |
| <b>Doctor Office Visits</b>                                   | Covered                  | Covered                                   |
| <b>Preventive Care</b>  | Covered                  | Covered                                   |
| <b>Emergency Care</b>   | Covered                  | Covered                                   |
| <b>Urgently Needed Services</b>                               | Covered                  | Covered                                   |
| <b>Diagnostic Tests Lab and Radiology Services and X-Rays</b> | Covered                  | Covered                                   |
| <b>Hearing Services</b>                                       | Covered                  | Covered                                   |
| <b>Dental Services</b>  | Covered                  | Covered                                   |
| <b>Vision Services</b>  | Covered                  | Covered                                   |
| <b>Inpatient Mental Health Care</b>                           | Covered                  | Covered                                   |
| <b>Mental Health Care</b>                                     | Covered                  | Covered                                   |
| <b>Skilled Nursing Facility (SNF)</b>                         | Covered                  | Covered                                   |
| <b>Ambulance</b>  | Covered                  | Covered                                   |
| <b>Transportation (Routine)</b>                               | Covered                  | Not covered                               |
| <b>Prescription Drug Benefits</b>                             | Covered                  | Covered                                   |
| <b>Chiropractic Care</b>                                      | Covered with limitations | Covered with limitations                  |
| <b>Diabetes Supplies and Services</b>                         | Covered                  | Covered                                   |
| <b>Durable Medical Equipment</b>                              | Covered                  | Covered                                   |
| <b>Foot Care</b>  | Covered                  | Covered                                   |
| <b>Home Health Care</b>                                       | Covered                  | Covered                                   |
| <b>Hospice</b>  | Covered                  | Covered                                   |

| <b>Benefits</b>                     | <b>Medicaid</b> | <b>UHC Dual Complete NC-V001 (HMO-POS D-SNP)</b> |
|-------------------------------------|-----------------|--|
| <b>Outpatient Hospital Services</b> | Covered         | Covered  |
| <b>Renal Dialysis</b>               | Covered         | Covered  |
| <b>Prosthetic Devices</b>           | Covered         | Covered  |

## About this plan

UHC Dual Complete NC-V001 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS 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:

**North Carolina:** Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston,

Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey.

## **Use network providers and pharmacies**

UHC Dual Complete NC-V001 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network. Out-of-network services are limited to the plan's service area as described on the cover. If you have any questions, please contact customer service. 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. 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 Dual Complete NC-V001 (HMO-POS 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 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 1-866-480-1086, 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.

### 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, 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.

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.