

2019 SUMMARY OF BENEFITS



Overview of your plan

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

H5420-006

Look inside to learn more about the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.



Toll-free **1-866-367-7525**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.Medicaplans.com



Our service area includes these counties in:

Florida: Broward, Miami-Dade.

Summary of Benefits

January 1st, 2019 - December 31st, 2019

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. You can see it online at www.Medicaplans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

Medica HealthCare Plans MedicareMax Plus (HMO 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 inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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. You pay nothing, except for Part D prescription drug copays.
- 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 copayments amounts only. You pay nothing, except for Part D prescription drug copays.
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A 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
- 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. 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.

- **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.

Use network providers and pharmacies.

Medica HealthCare Plans MedicareMax Plus (HMO 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 primary care provider 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 an in-network pharmacy.

You can go to www.Medicaplans.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.

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Premiums and Benefits	In-Network
Monthly Plan Premium	\$30.30
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$500 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

Benefits		In-Network
Inpatient Hospital		<p>\$0 copay per stay</p> <hr/> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital		<p>\$0 copay</p> <p>Cost sharing for additional plan covered services will apply.</p>
Outpatient Hospital Observation Services		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists ¹	\$0 copay
Preventive Care	Medicare-covered	<p>\$0 copay</p> <hr/> <p>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)</p>

Benefits

In-Network

		<p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <p>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.</p>
Emergency Care		<p>\$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$0 copay per service
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay
	Therapeutic Radiology	\$0 copay per service
	Outpatient X-rays	\$0 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid	\$600 allowance per ear, maximum benefit of \$1,200 every 2 years, up to 2 hearing aids
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, fluoride, x-rays)
	Comprehensive	Covered; for a complete list of services and copays, please contact the plan

Benefits

In-Network

Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every year; up to \$200 for lenses/frames and contacts
Mental Health	Inpatient visit	\$0 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit		\$0 copay
Ambulance		\$0 copay for ground \$0 copay for air
Routine Transportation		\$0 copay; unlimited one-way trips per year to or from approved locations
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay
	Other Part B drugs	\$0 copay

Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual Prescription Deductible	\$0, or \$0 per year for Tier 1 and Tier 2; \$85 for Tier 3, Tier 4 and Tier 5 drugs, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.40 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2* are always \$0 copay.
All Other Drugs	\$0, \$3.80, \$8.50 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2* are always \$0 copay.

*Tier includes enhanced drug coverage.

Additional Benefits

In-Network

Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay
Diabetes Management	Diabetes monitoring supplies	\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay
Fitness program through Renew Active™		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.myrenewactive.com , and click the link in the footer entitled Terms and Conditions.
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 6 visits every year
Meal Benefit		\$0 copay; Coverage for at home meal benefit. Restrictions apply.

Additional Benefits		In-Network
Home Health Care		\$0 copay
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.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
Outpatient Surgery		\$0 copay
Over-the-Counter Benefit		\$102 credit per month to use from a plan approved listing of products.
Renal Dialysis		\$0 copay
Solutions for Caregivers		\$0 copay; Help from an experienced care manager who can support you in the care of a loved one, services available 24 hours a day, 7 days a week.

Services with a 1 may require a referral from your doctor.

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. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Benefits marked with an asterisk (*) may not be available to all enrollees. Payment of Medicare cost-share amounts may be available to enrollees in Medicaid QMB, QMB+, and FBDE categories.

Coverage of the Medicaid services described below depends upon your level of Medicaid eligibility and must be provided by a Medicaid provider. No matter what your level of Medicaid eligibility is, Medica HealthCare Plans MedicareMax Plus (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility, call Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, in accordance with the cost sharing below.

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
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Medicaid-covered Services

<p>Ambulance</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:</p> <p>\$0 co-pay for Medicaid services*</p>	<p>Covered</p>
<p>Chiropractic Care</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</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<p>additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p>	
<p>Dental Services</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:</p> <p>\$0 co-pay for Medicaid services *, which may include full dentures and removable partial dentures as well as medically necessary extractions and surgery to alleviate pain or infections.</p> <p>Evaluations for adults are limited to determining the need for dentures or for acute emergency services.</p> <p>Emergency services are limited to an emergency problem-focused evaluation, necessary x-rays to make a diagnosis, extraction, and incision and drainage of an abscess.</p> <p>Prior authorization may be required and must be received by a participating dental provider.</p>	<p>Covered</p> <p>Additional Dental Services (Covered)</p>
<p>Diabetes Supplies and Services</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:</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	\$0 co-pay for Medicaid services *	
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays</p> <p>(Costs for these services may be different if received in an outpatient surgery setting)</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:</p> <p>\$0 co-pay for Medicaid services *</p>	Covered
<p>Doctor Office Visits</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:</p> <p>\$0 co-pay for Medicaid services *</p> <p>Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p>	Covered
<p>Durable Medical Equipment</p> <p>(wheelchairs, oxygen, etc.)</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:</p> <p>\$0 co-pay for Medicaid services *</p>	Covered
<p>Emergency Care</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p>	Covered

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<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>	
<p>Foot Care (podiatry services)</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:</p> <p>\$0 co-pay for Medicaid services</p>	<p>Covered</p> <p>Additional Foot Care (Covered)</p>
<p>Hearing Services</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:</p> <p>\$0 co-pay for Medicaid services including hearing exams and one hearing aid every three years. *</p> <p>Prior authorization may be required and must be received by a participating hearing provider.</p>	<p>Covered</p> <p>Additional Hearing Services (Covered)</p>
<p>Home Health Care</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</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<p>additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services *</p> <p>Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	
<p>Mental Health Care</p> <ul style="list-style-type: none"> • Behavioral Health Targeted Case Management • Community Mental Health • Mental Health Case Management 	<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 when rendered by a participating behavioral health provider:</p> <p>\$0 co-pay for Medicaid services *</p>	Covered
<p>Outpatient Rehabilitation</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:</p> <p>\$0 co-pay for Medicaid services *</p> <p>Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p>	Covered
<p>Outpatient Surgery</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p>	Covered

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<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>	
<p>Prosthetic Devices (braces, artificial limbs, etc.)</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:</p> <p>\$0 co-pay for Medicaid services *</p>	<p>Covered</p>
<p>Renal Dialysis</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:</p> <p>\$0 co-pay for Medicaid services *</p>	<p>Covered</p>
<p>Urgently Needed Services</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:</p> <p>\$0 co-pay for Medicaid services *</p>	<p>Covered</p>
<p>Vision Services</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may</p>	<p>Covered</p>

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<p>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 and up to two pairs of eyeglasses (includes Medicaid covered eyeglass lenses and frames) 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>	
Preventive Care	<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
Hospice	<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
Inpatient Hospital Care	<p>Depending on your level of Medicaid eligibility, Medicaid may</p>	Covered

Benefits	Medicaid	Medica HealthCare Plans MedicareMax Plus (HMO SNP)
	<p>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 assistive care services)</p>	
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs	Covered above in the Medical and Hospital Benefits section of the Summary of Benefits.
Over-the-Counter Items (with prescription)	\$0 co-pay for Medicaid services*	Covered
Transportation (routine)	<p>\$0 co-pay for Medicaid services*</p> <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>	Covered

Required Information

Medica HealthCare 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. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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 <https://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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

This information is available for free in other languages. Please call our customer service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Every year, Medicare evaluates plans based on a 5-star rating system.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent

directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with UnitedHealthcare. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.