

Summary of Benefits 2025

UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
H1045-064-000

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



myPreferredCare.com



Toll-free 1-855-874-6282, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



**Preferred
Care Partners**

A UnitedHealthcare Company

Summary of Benefits

January 1, 2025 - December 31, 2025

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myPreferredCare.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 Preferred Dual Complete FL-V2 (HMO D-SNP)

Medical premium, deductible and limits

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

Medical benefits

Inpatient hospital care²		\$150 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$95 copay otherwise
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$150 copay otherwise

Medical benefits

Outpatient hospital observation services² \$150 copay

Doctor visits

Primary care provider \$0 copay

Specialists² \$15 copay

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

Preventive services

Routine physical \$0 copay, 1 per year

Medicare-covered \$0 copay

- | | |
|--|---|
| <input type="checkbox"/> Abdominal aortic aneurysm screening | <input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening |
| <input type="checkbox"/> Alcohol misuse counseling | <input type="checkbox"/> Medical nutrition therapy services |
| <input type="checkbox"/> Annual wellness visit | <input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP) |
| <input type="checkbox"/> Bone mass measurement | <input type="checkbox"/> Obesity screenings and counseling |
| <input type="checkbox"/> Breast cancer screening (mammogram) | <input type="checkbox"/> Prostate cancer screenings (PSA) |
| <input type="checkbox"/> Cardiovascular disease (behavioral therapy) | <input type="checkbox"/> Sexually transmitted infections screenings and counseling |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| <input type="checkbox"/> Cervical and vaginal cancer screening | <input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 |
| <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |
| <input type="checkbox"/> Depression screening | |
| <input type="checkbox"/> Diabetes screenings and monitoring | |
| <input type="checkbox"/> Hepatitis C screening | |
| <input type="checkbox"/> HIV screening | |

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

Medical benefits

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

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

Diagnostic tests, lab and radiology services, and X-rays Diagnostic radiology services (e.g. MRI, CT scan)² \$0 copay for each diagnostic mammogram \$250 copay otherwise

Lab services² \$0 copay

Diagnostic tests and procedures² \$50 copay

Therapeutic radiology² 20% coinsurance

Outpatient X-rays² \$25 copay



Hearing services

Exam to diagnose and treat hearing and balance issues² \$0 copay

Routine hearing exam \$0 copay, 1 per year

Hearing aids² \$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.

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



Routine dental benefits

Preventive and comprehensive² \$0 copay for exams, cleanings, X-rays, and fluoride Comprehensive dental is covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services

Medical benefits



Vision services

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

Mental health

Inpatient visit ² Our plan covers 90 days for an inpatient hospital stay	\$150 copay per day: days 1-5 \$0 copay per day: days 6-90
Outpatient group therapy visit ²	\$15 copay
Outpatient individual therapy visit ²	\$25 copay
Virtual mental health visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Skilled nursing facility (SNF)²

Our plan covers up to 100 days in a SNF.

\$0 copay per day: days 1-100

Outpatient rehabilitation services

Physical therapy and speech and language therapy visit ²	\$15 copay
Occupational Therapy Visit ²	\$15 copay
Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video

Medical benefits

Ambulance²

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

\$150 copay for ground

\$150 copay for air

Routine transportation

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

Medicare Part B prescription drugs

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

Chemotherapy drugs²

20% coinsurance

Part B covered insulin²

20% coinsurance, up to \$35

Other Part B drugs²

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

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

Good news for 2025

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

Prescription drugs

Deductible

\$0

Initial Coverage

30-day[^] or 100-day supply from a retail or mail order network pharmacy

All covered drugs³

\$0 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 \$0 for each 1-month supply of Part D covered insulin drugs.

Additional benefits

Chiropractic services Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)² \$20 copay

Diabetes management Diabetes monitoring supplies² \$0 copay

We only cover Accu-Chek® and OneTouch® brands.

Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.

Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.

Other brands are not covered by your plan.

Diabetes self-management training \$0 copay

Therapeutic shoes or inserts² 20% coinsurance

Durable medical equipment (DME) and related supplies DME (e.g., wheelchairs, oxygen)² 20% coinsurance


Prosthetics (e.g., braces, artificial limbs)² \$0 copay - 20% coinsurance



Fitness program

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

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

Additional benefits		
		<input type="checkbox"/> Online memory fitness activities
Foot care (podiatry services)	Foot exams and treatment ²	\$15 copay
	Routine foot care	\$15 copay, 6 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
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
Outpatient substance use disorder services	Outpatient group therapy visit ²	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay
 Food, over-the-counter (OTC) and utility bill credit		<p>\$118 credit every month to pay for OTC products, healthy food and utility bills</p> <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"/> Pay home utility bills like electricity, heat, water and internet <input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you
Renal dialysis²		20% coinsurance

² May require your provider to get prior authorization from the plan.

Member discounts



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

Medicaid Benefits

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

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

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

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
Inpatient Hospital Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services (Including assistive care services)	Covered
Doctor Office Visits	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
Outpatient Surgery	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
Emergency 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: \$0 co-pay for Medicaid services</p>	Covered
Urgently Needed Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p>	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
\$0 co-pay for Medicaid services		
Hearing Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
Dental Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
Vision Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 co-pay for Medicaid services including up to one routine vision exam, up to one pair of frames (includes Medicaid covered eyeglass lenses and frames) per year, and in total up to two pairs of lenses (includes Medicaid covered lenses) per year, or contact lenses (if medically necessary).</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p>	Covered
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>	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
	\$0 co-pay for Medicaid services	
Mental Health Care <input type="checkbox"/> Behavioral Health Targeted Case Management <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Mental Health Case Management	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Outpatient Rehabilitation	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services	Covered
Ambulance	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services	Covered
Transportation (Routine)	\$0 co-pay for Medicaid services	Covered

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
	<p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.</p>	
Prescription Drug Benefits	<p>Medicaid does not cover Part D covered drugs.</p>	<p>Covered</p>
Chiropractic Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>
Diabetes Supplies and Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>
Durable Medical Equipment (Wheelchairs, oxygen, etc.)	<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	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
	<p>additional coverage subject to the following cost share amounts: \$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. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p>Covered</p>
<p>Hospice</p>	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	<p>Covered</p>

Benefits	Medicaid	UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
Renal Dialysis	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
Prosthetic Devices (Braces, artificial limbs, etc.)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services</p>	Covered
Over-the-Counter Items (with prescription)	\$0 co-pay for Medicaid services	Covered

About this plan

UHC Preferred Dual Complete FL-V2 (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

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

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

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

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

Our service area includes the following county in:

Florida: Palm Beach.

Use network providers and pharmacies

UHC Preferred Dual Complete FL-V2 (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers or pharmacies that are not in our network, the

plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to **myPreferredCare.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UHC Preferred Dual Complete FL-V2 (HMO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov 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.

Fitness program

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

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

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

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

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

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

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

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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