



# 2024 Enrollment Guide

UHC Medicare Advantage TX-0030 (Regional PPO)

R6801-012-000

Service area: Texas

United  
Healthcare®  
Medicare Advantage

# UnitedHealthcare Medicare Advantage plans are there for what matters to you, today and tomorrow



## Plans designed to fit your life

With plans designed for all styles, stages and ages of Medicare, there's a UnitedHealthcare plan to fit your life. Your all-in-one UCard®, only from UnitedHealthcare, is your member ID and so much more. Your UCard gives you access to a large network of Medicare Advantage providers. From choosing a plan to using your plan, enjoy an easier-than-ever Medicare experience, informed by members like you. In fact, 4 out of 5 members would recommend UnitedHealthcare Medicare Advantage to family and friends.<sup>1</sup>



## More for your Medicare dollar

With UnitedHealthcare Medicare Advantage plans, you get more for your Medicare dollar. Get quality care with low out-of-pocket costs. That includes \$0 annual physical exams, \$0 lab tests and \$0 preventive care like mammograms and colonoscopies. See why more people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.<sup>2</sup>



## Guidance for today and as your needs change

Count on UnitedHealthcare to be there when it matters. We'll help you find the right plan with easy-to-understand plan education, useful online shopping tools and helpful Medicare Plan Experts.<sup>3</sup> With our Right Plan Promise™, only from UnitedHealthcare, you have our commitment to helping you find the right plan for your needs and budget.<sup>4</sup> Put UnitedHealthcare's more than 45 years of experience to work for you.

<sup>1</sup>Member recommendations based on Human8, May 2023.

<sup>2</sup>Most chosen based on total plan enrollment from CMS Enrollment Data, May 2023.

<sup>3</sup>Medicare Plan Expert is a licensed insurance sales agent/producer.

<sup>4</sup>The Right Plan Promise is our commitment to provide you with tools and agent/producer support to help you find a plan in UnitedHealthcare's Medicare plan portfolio that meets your needs. It is not a guarantee that UnitedHealthcare offers a plan that meets the needs of every consumer. Plan recommendations are based on the information that you provide regarding your health coverage needs. Requests to disenroll or change plans remain subject to applicable Medicare regulations and Federal and state laws/regulations.

# UCard opens doors where it matters

Once you're a member, you'll receive your new UnitedHealthcare UCard in the mail.  
Reach for your UCard when:



## Visiting a provider or filling a prescription

Your UCard has the plan information you and your providers need.



## Spending your earned rewards

Buy eligible items in-store at thousands of retailers nationwide.



# Access more than one million network providers<sup>1</sup>

This plan includes a network of quality doctors, hospitals, pharmacies and other care providers. You have the freedom to enjoy nationwide access to care at network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network. You can also see out-of-network providers if they accept Medicare and the plan, but keep in mind your costs may be higher.



## Here's how this RPPO plan works



**Select a primary care provider in your plan's service area to oversee and help manage your care.** You're not limited to this PCP, but it's beneficial for your long term health and well-being.



**\$0 copays for preventive services when received in-network.** See the Summary of Benefits in this book to find out what is covered and how much you could pay for covered services.



**No referral is needed to see a network specialist or other provider.**



**This plan has a maximum annual out-of-pocket amount.** If you reach your limit, the plan will pay 100% of your Medicare-covered services for the rest of the plan year.



**Emergency and urgently needed services are covered anywhere in the world.**



**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

Go to **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. See your Evidence of Coverage for a list of all covered services.

Scan this code to view the drug list



<sup>1</sup> Network size varies by location and exclusions may apply.  
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# Benefit Highlights

## UHC Medicare Advantage TX-0030 (Regional PPO)

This is a short description of your 2024 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs		
Monthly plan premium	\$48	
Medical benefits		
	In-network	Out-of-network
Annual Medical Deductible	No deductible in or out-of-network	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$7,550 In-network	\$7,550 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$10 copay	\$20 copay
Specialist	\$50 copay (no referral needed)	\$50 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services		
	\$0 copay	\$0 copay
Inpatient hospital care		
	\$455 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$455 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)		
	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100	\$0 copay per day: days 1-20 \$203 copay per day: days 21-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)		
	\$455 copay	\$455 copay

<b>Medical benefits</b>		
	<b>In-network</b>	<b>Out-of-network</b>
<b>Outpatient mental health</b>		
Group therapy	\$15 copay	\$15 copay
Individual therapy	\$25 copay	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	50% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$250 copay	\$250 copay
<b>Diagnostic tests and procedures (non-radiological)</b>	\$45 copay	\$45 copay
<b>Lab services</b>	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$25 copay	\$25 copay
<b>Ambulance</b>	\$290 copay for ground or air	\$290 copay for ground or air
<b>Emergency care</b>	\$100 copay (\$0 copay for emergency care outside the United States) per visit	
<b>Urgently needed services</b>	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	
<b>Benefits and services beyond Original Medicare</b>		
	<b>In-network</b>	<b>Out-of-network</b>
<b>Routine physical</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per year*	\$0 copay, 1 per year*
<b>Routine eyewear</b>	\$0 copay Plan pays up to \$100 every year toward your purchase of frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost) through UnitedHealthcare Vision.*	

## Benefits and services beyond Original Medicare

	In-network	Out-of-network
	Home delivered eyewear available through UnitedHealthcare Vision (select products only). You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network.	
<b>Hearing - routine exam</b>	\$0 copay, 1 per year*	\$50 copay, 1 per year*
<b>Hearing aids</b>	\$99 to \$1,249 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.*  Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
<b>Foot care - routine</b>	\$50 copay, 6 visits per year*	\$50 copay, 6 visits per year*
<b>Nurse Hotline</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

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

## Prescription drug payment stages

<b>Annual Prescription Deductible</b>	\$0 for Tier 1 and Tier 2 Part D prescription drugs; \$395 for Tier 3, Tier 4, Tier 5 Part D prescription drugs	
<b>Initial Coverage</b>	<b>Standard Retail (30-day supply)</b>	<b>Preferred Mail Order (100-day supply)</b>
<b>Tier 1: Preferred Generic</b>	\$4 copay	\$0 copay
<b>Tier 2: Generic<sup>1</sup></b>	\$12 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$131 copay
<b>Tier 3: Covered Insulin Drugs</b>	\$35 copay	\$95 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$290 copay
<b>Tier 5: Specialty Tier</b>	27% coinsurance	N/A <sup>3</sup>
<b>Coverage Gap (Donut hole)</b>	After your total drug cost reaches \$5,030, the plan continues to pay its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap.	

## Prescription drug payment stages

### **Catastrophic Coverage**

After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.

<sup>1</sup> Tier includes enhanced drug coverage

<sup>3</sup> Limited to a 30-day supply

**Optional riders available – See the Summary of Benefits or Evidence of Coverage for information**



This information is not a complete description of benefits. Contact the plan for more information.

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# Platinum Dental Rider

## Optional Supplemental Benefit

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. This fee is on top of any premium you pay for your Medicare Advantage plan and Medicare Part B coverage.

### For an extra \$62 a month, you'll get access to dental coverage that includes:

- \$1,500 per year for covered dental services through the Platinum Dental Rider.
- \$0 copay for covered network preventive services such as oral exams, routine cleanings, X-rays and fluoride.
- 50% coinsurance for bridges and dentures, \$0 copay for all other covered network comprehensive services such as fillings, crowns, root canals and extractions.
- Access to Medicare Advantage's largest national dental network. Out-of-network coverage is available. If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay.

You can enroll in the dental rider when you enroll in your Medicare Advantage plan. If you don't enroll then, you can call Customer Service at the number on your UnitedHealthcare UCard® or go to the Coverage & Benefits section of your member website to enroll in the dental rider within 3 months after your plan coverage starts.

If you enroll in the rider when you enroll in your plan, your rider coverage will start when your plan starts. If you wait to enroll within the 3 months after your plan starts, your rider coverage will begin on the first day of the month after the rider is purchased.

To find a network dentist in your area, go to [UHC Medicare Solutions.com](https://www.UHC Medicare Solutions.com) and click on "Search Dentists" located under the "Shop For a Plan" tab. Then select the National Medicare Advantage Network. Or you can scan the QR code below.

### Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.

Scan here to find  
a network dentist  
in your area



7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours, notice, sales tax or duplicating/copying patient records.
14. Implants and implant-related services.
15. Tooth bleaching and/or enamel microabrasion.
16. Veneers
17. Orthodontics
18. Sustained release of therapeutic drug (D9613).
19. COVID screening, testing, and vaccination
20. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
21. Space maintenance.
22. Any unspecified procedure by report (Dental codes: D##99)

Provider network may vary in local market. Dental network size based on ZelisNetwork360, May 2023.



# Summary of Benefits 2024

**UHC Medicare Advantage TX-0030 (Regional PPO)**  
R6801-012-000

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



**Toll-free 1-844-723-6473, TTY 711**  
8 a.m.-8 p.m. local time, 7 days a week



**[UHC.com/Medicare](https://UHC.com/Medicare)**

**United  
Healthcare®**  
Medicare Advantage

# Summary of Benefits

**January 1, 2024 - December 31, 2024**

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 [myUHCmedicare.com](https://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 Medicare Advantage TX-0030 (Regional PPO)

Medical premium, deductible and limits		
	In-network	Out-of-network
<b>Monthly plan premium</b>	\$48	
<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)	\$7,550	<p>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.</p> <p>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.</p>

## Medical benefits

		In-network	Out-of-network
<b>Inpatient hospital care<sup>2</sup></b>		\$455 copay per day: days 1-5	\$455 copay per day: for days 1-5
Our plan covers an unlimited number of days for an inpatient hospital stay.		\$0 copay per day: days 6 and beyond	\$0 copay per day: for days 6 and beyond
<b>Outpatient hospital</b> Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$455 copay otherwise	\$0 copay for a colonoscopy \$455 copay otherwise
	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$455 copay otherwise	\$0 copay for a colonoscopy \$455 copay otherwise
	Outpatient hospital observation services <sup>2</sup>	\$455 copay	\$455 copay
<b>Doctor visits</b>	Primary care provider	\$10 copay	\$20 copay
	Specialists <sup>2</sup>	\$50 copay	\$50 copay
	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*	\$0 copay, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay
	<ul style="list-style-type: none"> <li>□ Abdominal aortic aneurysm screening</li> <li>□ Alcohol misuse counseling</li> <li>□ Annual wellness visit</li> <li>□ Bone mass measurement</li> <li>□ Breast cancer screening (mammogram)</li> <li>□ Cardiovascular disease (behavioral therapy)</li> <li>□ Cardiovascular screening</li> <li>□ Cervical and vaginal cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>□ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>□ Depression screening</li> <li>□ Diabetes screenings and monitoring</li> <li>□ Hepatitis C screening</li> <li>□ HIV screening</li> <li>□ Lung cancer with low dose computed tomography (LDCT) screening</li> <li>□ Medical nutrition therapy services</li> </ul>	

## Medical benefits

	In-network	Out-of-network
	<ul style="list-style-type: none"> <li>□ Medicare Diabetes Prevention Program (MDPP)</li> <li>□ Obesity screenings and counseling</li> <li>□ Prostate cancer screenings (PSA)</li> <li>□ Sexually transmitted infections screenings and counseling</li> <li>□ Tobacco use cessation counseling (counseling for</li> </ul>	<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> <li>□ “Welcome to Medicare” preventive visit (one-time)</li> </ul>

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.

### Emergency care

\$100 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

\$40 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)<sup>2</sup>

\$0 copay for each diagnostic mammogram  
\$250 copay otherwise

\$0 copay for each diagnostic mammogram  
\$250 copay otherwise

Lab services<sup>2</sup>

\$0 copay

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$45 copay

\$45 copay

Therapeutic radiology<sup>2</sup>

\$60 copay



\$60 copay

Outpatient X-rays<sup>2</sup>


\$25 copay

\$25 copay

**Medical benefits**

		In-network	Out-of-network
 <b>Hearing services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	\$50 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$50 copay, 1 per year*
	Hearing aids <sup>2</sup>	Copays from \$99 to \$1,249 for a broad selection of OTC and brand-name hearing aids* <ul style="list-style-type: none"> <li>• Access to one of the largest national networks of hearing professionals with more than 7,000 locations</li> <li>• Broad range of popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®</li> <li>• 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>	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	

## Medical benefits

		In-network	Out-of-network
 <b>Vision services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Routine eyewear	\$100 allowance for frames or contacts* <ul style="list-style-type: none"> <li>• Access to one of Medicare Advantage’s largest national networks of vision provider and retail network</li> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating</li> <li>• Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses</li> <li>• Eyewear available from many online providers, including Warby Parker, GlassesUSA and more</li> </ul>	
<b>Mental health</b>	Inpatient visit <sup>2</sup>	\$455 copay per day:	\$455 copay per day:
	Our plan covers 90 days for an inpatient hospital stay	days 1-4 \$0 copay per day: days 5-90	days 1-4 \$0 copay per day: days 5-90
	Outpatient group therapy visit <sup>2</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$25 copay
	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>		\$0 copay per day: days 1-20	\$0 copay per day: days 1-20
Our plan covers up to 100 days in a SNF.		\$203 copay per day: days 21-100	\$203 copay per day: days 21-100



<b>Medical benefits</b>			
		<b>In-network</b>	<b>Out-of-network</b>
<b>Outpatient rehabilitation services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$40 copay	\$40 copay
	Occupational Therapy Visit <sup>2</sup>	\$40 copay	\$40 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Ambulance<sup>2</sup></b>		\$290 copay for ground \$290 copay for air	\$290 copay for ground \$290 copay for air
Your provider must obtain prior authorization for non-emergency transportation.			
<b>Routine transportation</b>		Not covered	
<b>Medicare Part B prescription drugs</b> 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
	Part B covered insulin <sup>2</sup>	20% coinsurance, up to \$35	20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay for allergy antigens 20% coinsurance for all others	\$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.		

## Prescription drug payment stages

<b>Annual Prescription Deductible</b>	\$0 for Tier 1 and Tier 2 Part D prescription drugs \$395 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs
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<b>Initial Coverage</b>	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$5,030. Then you move to the Coverage Gap stage.
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Tier Drug Coverage	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply <sup>^</sup>	100-day supply	100-day supply	100-day supply
<b>Tier 1:</b> Preferred Generic	\$4 copay	\$12 copay	\$0 copay	\$12 copay
<b>Tier 2:</b> Generic <sup>3</sup>	\$12 copay	\$36 copay	\$0 copay	\$36 copay
<b>Tier 3:</b> Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
<b>Tier 3:</b> Covered Insulin Drugs	\$35 copay	\$105 copay	\$95 copay	\$105 copay
<b>Tier 4:</b> Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
<b>Tier 5:</b> Specialty Tier	27% coinsurance	N/A <sup>5</sup>	N/A <sup>5</sup>	N/A <sup>5</sup>

<b>Coverage Gap (Donut hole)</b>	In this stage, the plan pays its share of the cost of your Tier 1 drugs and you pay your copay or coinsurance. For all other tiers, you pay 25% of the negotiated price for covered drugs. You may pay less if your plan has additional coverage in the gap. You pay this amount until your total out-of-pocket cost reaches \$8,000.
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<b>Catastrophic Coverage</b>	After your total out-of-pocket drug cost reaches \$8,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.
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**Additional covered drugs**

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

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<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> Tier includes enhanced drug coverage.

<sup>5</sup> Limited to a 30-day supply

Additional benefits			
		In-network	Out-of-network
<b>Chiropractic care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$15 copay	\$15 copay
<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: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, 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>	50% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	20% coinsurance	50% coinsurance

Additional benefits			
		In-network	Out-of-network
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>2</sup>	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	20% coinsurance	50% coinsurance
<b>Foot care</b> (podiatry services)	Foot exams and treatment <sup>2</sup>	\$50 copay	\$50 copay
	Routine foot care	\$50 copay, 6 visits per year*	\$50 copay, 6 visits per year*
<b>Home health care<sup>2</sup></b>		\$0 copay	50% coinsurance
<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>Nurse Hotline</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient substance abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$15 copay	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay	\$25 copay
<b>Renal Dialysis<sup>2</sup></b>		20% coinsurance	20% coinsurance

<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

### Optional supplemental benefits

<b>Platinum Dental Rider premium</b>	Additional \$62 per month
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### Optional supplemental benefits

The Platinum Dental Rider includes preventive and comprehensive dental benefits

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### 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.

## About this plan

UHC Medicare Advantage TX-0030 (Regional PPO) is a Medicare Advantage RPPO 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.

Our service area includes **Texas**.

## Use network providers and pharmacies

UHC Medicare Advantage TX-0030 (Regional PPO) has a network of doctors, hospitals, pharmacies and other providers. With this plan, you have the freedom to enjoy nationwide access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. 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 Medicare Advantage TX-0030 (Regional PPO) 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](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 1-866-550-4736 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-550-4736, 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 \$100-400 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.

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.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 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 five 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.

The Nurse Hotline 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.



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.

## Civil Rights Notice

**The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.**

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to our Civil Rights Coordinator.

- **Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Ave SW  
HHH Building, Room 509F  
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

# Important information: 2023 Medicare star ratings



## UnitedHealthcare - R6801

For 2023, UnitedHealthcare - R6801 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ★	4 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ↴	3.5 stars

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

### Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars shows how well a plan performs.**

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **866-550-4736** (toll-free) or **711** (TTY).

# Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.



Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Amitiza</b>	<b>Linzess – 3</b> Lubiprostone – 3 <b>Movantik – 3</b> <b>Motegrity – 4</b> <b>Trulance – 4</b>
<b>Basaglar</b>	<b>Lantus – 3</b> <b>Levemir – 3</b> <b>Toujeo – 3</b> <b>Tresiba – 3</b>
<b>Bystolic</b>	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
<b>Cialis &amp; Tadalafil 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release – 2 Doxazosin – 1 Tamsulosin – 1
<b>Cyclosporine Ophthalmic</b>	<b>Restasis – 3</b> <b>Tyrvaya – 4</b>
Icosapent Cap	<b>Vascepa – 3</b>
<b>Latuda</b>	Lurasidone – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release ( <b>Generic Glucophage XR</b> ) – 1
<b>Novolin</b>	<b>Humulin – 3</b>
<b>Novolog</b>	<b>Humalog – 3</b> <b>Insulin Lispro – 3</b> <b>Lyumjev – 3</b>
<b>Nucynta ER</b>	<b>Xtampza XR – 4</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
<b>OxyContin</b>	<b>Xtampza XR – 4</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Pradaxa</b>	<b>Eliquis – 3</b> <b>Xarelto – 3</b>
<b>Proair</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) – 2 <b>Ventolin HFA – 3</b>
<b>Proventil HFA</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> and <b>Ventolin HFA</b> ) – 2 <b>Ventolin HFA – 3</b>
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
<b>Victoza</b>	<b>Trulicity – 3</b> <b>Mounjaro – 3</b> <b>Ozempic – 3</b> <b>Bydureon – 3</b>
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 <b>Belsomra – 3</b>

**Bold type = Brand name drug** Plain type = Generic drug



Scan this code to  
access the drug cost  
estimator tool



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2023, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

# Helpful resources

## You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **711**, **1-800-325-0778** or visit **ssa.gov**
- Your state Medicaid office or visit **medicaid.gov**

## Resources for Caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

## We're here to help

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to help connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:



Save on utility bills, prescription drug expenses and even home repair costs



Find low-cost, easy-to-use transportation



Determine Medicaid eligibility, depending on your income



Find local support groups



Learn about Veterans' Services and support



If you are a veteran, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **711**, **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

## Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare® designed to help you learn all you need to know about Medicare so you can make informed decisions about your health and Medicare coverage.



**MedicareMadeClear.com**



# Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at [UHC.com/Medicare](https://www.uhc.com/Medicare).



## Did you check the online Drug List to make sure your prescription drugs are covered?

And what drug tier they are in. Generally, the lower the drug tier, the less you'll pay.



You can enter your drugs into our online Drug Cost Estimator tool, [DrugCostEstimator.com](https://www.drugcostestimator.com) to determine your total annual drug cost.



## Did you check the online Provider Directory to make sure your providers are in the network?

You'll want to stay in the network for your plan's lowest cost.



## Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?

If your pharmacy is not in the network, you will need to select a new network pharmacy.



## Did you look through the Summary of Benefits in this booklet to see how much you'll pay for medical services and prescription drugs?

If you want more information, the Evidence of Coverage includes a complete list of coverage, costs, benefits and plan rules.



## You're eligible to enroll in this Medicare Advantage plan if you:



Are enrolled in Original Medicare Parts A and B



Continue to pay your Part B premium



Live in the plan's service area

# What to expect after you enroll

Once you're a member, you'll find support for what matters, big and small. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our all-in-one UnitedHealthcare UCard® makes it easier than ever to unlock more from your Medicare plan.



**You are here**  
Enrollment  
submitted



Create your  
account to review  
your plan online



UCard arrives in the  
mail – be sure to  
activate it



Coverage begins!  
Start using  
your plan

## Manage your plan online

If you haven't done so already, use your member ID number and email address to create an account at [myUHCMedicare.com](https://myUHCMedicare.com). Online you can:

- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary)
- Complete your health assessment
- Review UnitedHealthcare UCard balances

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service

## Benefits and costs may change on January 1 of each year

We'll send you an Annual Notice of Changes in September that will tell you about any changes to your plan for the next year. If the plan no longer meets your needs, you can enroll in a new plan during the Annual Enrollment Period.

## Thank you for choosing UnitedHealthcare

If you have questions, call the number on your UnitedHealthcare UCard.

Scan this code to access  
the member site using  
your member ID number



# Ready to use your extra benefits?

## UHC Medicare Advantage TX-0030 (Regional PPO)

Take advantage of your additional plan benefits by using the providers below.



Call **1-866-550-4736**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **myUHC Medicare.com** for:

- Routine vision services



### Hearing aids

UnitedHealthcare Hearing  
1-855-523-9355  
UHChearing.com/Medicare



### Prescription drug home delivery

Optum Home Delivery, a service of  
OptumRx  
1-877-889-6358  
OptumRx.com



### Nurse Hotline

1-877-365-7949



UnitedHealthcare has more than 45 years of experience serving members like you. You can count on us to be here when you need us. Call us when you need 1 on 1 support.

## We're happy to help



Call toll-free **1-844-723-6473**, TTY **711**  
8 a.m.-8 p.m. local time, 7 days a week



**UHC.com/Medicare**



Download the UnitedHealthcare app

Important plan information

Y0066\_EGCov\_2024\_C

Scan this code  
to download the  
UnitedHealthcare  
app



UHTX24RP0142392\_000