

Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

Preferred Medicare Assist Plan 1 (HMO D-SNP)
H1045-012-000

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



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



www.myPreferredCare.com



**Preferred
Care Partners**

A UnitedHealthcare Company

Summary of benefits

January 1st, 2022 - December 31st, 2022

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.myPreferredCare.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.

Preferred Medicare Assist Plan 1 (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.

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 for Medicare covered services. 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 copayment amounts only for Medicare covered services. 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.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes these counties in:

Florida: Broward, Miami-Dade.

Use network providers and pharmacies.

Preferred Medicare Assist Plan 1 (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 www.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.

Preferred Medicare Assist Plan 1 (HMO D-SNP)

Premiums and Benefits

| | In-Network |
|---|--|
| Monthly Plan Premium | \$34 |
| Annual Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>\$3,400 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> |
| Medicare Cost Sharing | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart. |

Preferred Medicare Assist Plan 1 (HMO D-SNP)

Benefits

| | | In-Network |
|---|---|--|
| Inpatient Hospital² | | \$0 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ² | \$0 copay |
| | Outpatient Hospital, including surgery ² | \$0 copay |
| | Outpatient Hospital Observation Services ² | \$0 copay |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ² | \$0 copay |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive Care | Medicare-covered | \$0 copay |
| | | 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 |

Benefits

| | | In-Network |
|---|---|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</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> |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | <p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) 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” section of this booklet for other costs.</p> |
| Urgently Needed Services | | \$0 copay (worldwide) per visit |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ² | \$0 copay |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay |
| | Therapeutic Radiology ² | \$0 copay per service |
| | Outpatient X-rays ² | \$0 copay per service |

Benefits

| | | In-Network |
|---|--|---|
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid ² | \$600 allowance per ear, maximum benefit of \$1,200 every 2 years; up to 2 hearing aids |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride |
| | Comprehensive ² | Covered; for a complete list of services and copays, please contact the plan |
| 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 each year |
| | Routine eyewear | \$0 copay every year; up to \$300 for lenses/frames and contacts |
| Mental Health | Inpatient visit ² | \$0 copay per stay |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Skilled Nursing Facility (SNF)² | | \$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 visit² | \$0 copay |

Benefits

| | | In-Network |
|--|---------------------------------|---|
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | \$0 copay for ground \$0 copay for air |
| Routine Transportation | | \$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies |
| Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ² | \$0 copay |
| | Other Part B drugs ² | \$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; \$99 for Tier 3, Tier 4 and Tier 5 drugs, depending on the level of "Extra Help" you receive. |
| 30-day or 100-day supply from retail network pharmacy | |
| Generic (including brand drugs treated as generic) | \$0, \$1.35, \$3.95 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2 ³ are always \$0 copay. Some covered drugs limited to a 30-day supply |
| All Other Drugs | \$0, \$4, \$9.85 copay, or 15% of the total cost Drugs that are in Tier 1 and Tier 2 ³ are always \$0 copay. Some covered drugs limited to a 30-day supply |

³Tier includes enhanced drug coverage.

Additional Benefits

| | | In-Network |
|---|---|---|
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay |
| Diabetes Management | Diabetes monitoring supplies ² | <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> |
| | Diabetes Self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay |
| Fitness program | | Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you. |

Additional Benefits

| | | In-Network |
|--|--|--|
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay |
| | Routine foot care | \$0 copay; for each visit up to 6 visits every year |
| Meal Benefit² | | \$0 copay; coverage for at home meal benefit. Restrictions apply. |
| 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. |
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| Occupational Therapy Visit² | | \$0 copay |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| Over-the-Counter Benefit | | \$155 credit per month to use from a plan approved listing of products. |
| Healthy Food Benefit | | \$25 credit on a prepaid card every month to purchase healthy food items such as vegetables, fruit, grains, milk, meats and more. |
| Renal Dialysis² | | \$0 copay |
| In-Home Support Services | | Receive 12 hours of in-home support after discharge from an inpatient hospital or skilled nursing facility. |

Services with a 2 may require your provider to obtain prior authorization from the plan.

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. 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 | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|--------------------------------|--|--|
| Inpatient Hospital 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* (Including assistive care services)</p> | Covered |
| Doctor Office Visits | <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* Including screening services, rural</p> | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|---|---|--|
| | health services, federally qualified health centers, clinic services, and physician assistant services. | |
| 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</p> | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|-------------------------|--|--|
| | additional coverage subject to the following cost share amounts: \$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 | 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 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).* Prior authorization may be required and must be received by a participating vision provider. | Covered |
| Preventive 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 * | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|---|---|--|
| Mental Health Care <ul style="list-style-type: none"> <input type="checkbox"/> Behavioral Health Targeted Case Management <input type="checkbox"/> Community Mental Health <input type="checkbox"/> 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: \$0 co-pay for Medicaid services *</p> | Covered |
| Outpatient Rehabilitation | <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 * Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p> | Covered |
| Ambulance | <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 |
| 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</p> | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|--|--|--|
| | Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider. | |
| Prescription Drug Benefits | Medicaid does not cover Part D covered drugs. | Covered |
| Chiropractic 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 * | Covered |
| Diabetes Supplies and Services | 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 |
| Durable Medical Equipment (Wheelchairs, oxygen, etc.) | 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 |
| Foot Care (Podiatry services) | Depending on your level of Medicaid eligibility, Medicaid may | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-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: \$0 co-pay for Medicaid services *</p> | |
| Skilled Nursing Facility (SNF) | <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 * Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy 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: \$0 co-pay for Medicaid services *</p> | Covered |
| 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</p> | Covered |

Benefits

| | Medicaid | Preferred Medicare Assist Plan 1 (HMO D-SNP) |
|--|--|--|
| | additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | |
| Prosthetic Devices (Braces, artificial limbs, etc.) | 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 |
| Over the Counter Items (with prescription) | \$0 co-pay for Medicaid services * | Covered |

Required Information

Preferred Care Partners 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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-231-7201 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-231-7201, 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., hora local, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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 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® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, 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 are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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.