

2018 SUMMARY OF BENEFITS



Overview of your plan

UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)

R7444-013

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



Toll-Free **1-888-834-3721**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



Our service area includes **Florida**.

Summary of Benefits

January 1st, 2018 - December 31st, 2018

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.UHCCommunityPlan.com or you can call Customer Service with questions you may have. You get an EOC when you enroll in the plan.

About this plan.

UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP) 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 inside the cover, and be a United States citizen or lawfully present in the United States.

This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for people who have both Medicare A and B, and full Medicaid benefits or Long Term Care benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid. Also, you must live in the service area and be in UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP). If you're a current member of UnitedHealthcare and have End Stage Renal Disease (ESRD), you aren't eligible for this plan. There are some exceptions, such as if you develop ESRD when you're a member of a plan that we offer, or you were a member of a different plan that was terminated.

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.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

If you are a QMB+ Beneficiary: You pay nothing, except for Part D prescription drug copays.

If you are a SLMB+ or FBDE: You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from Florida Medicaid Agency for Health Care Administration (AHCA) 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.

What benefits does each eligibility level cover?

Eligibility Level	Part A Premium	Part B Premium	Part D Premium¹	Medicare deductibles, copays, coinsurance	Full Medicaid Benefits
QMB Plus	Yes	Yes	No ²	Yes	Yes
SLMB Plus	No	Yes	No ²	Varies by state	Yes
FBDE	No	Varies by state	No	Varies by state	Yes

¹ Low Income Subsidy may be available to help with Part D premium cost.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP) has a network of doctors, hospitals, pharmacies, and other providers. When looking at the following charts you'll see the cost differences for in-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 an in-network pharmacy.

You can go to www.UHCCommunityPlan.com to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare Dual Complete[®] RP ONE (Regional PPO SNP)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.	\$0 annually for Medicare-covered services you receive from any provider.

UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)

Benefits		In-Network	Out-of-Network
Inpatient Hospital		\$0 copay per day for unlimited days	\$0 copay per day for unlimited days
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital, Including Observation		\$0 copay	\$0 copay
Doctor Visits	Primary	\$0 copay	\$0 copay
	Specialists	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$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 Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	

Benefits		In-Network	Out-of-Network
		<p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	
Emergency Care		<p>\$0 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Urgently Needed Services		\$0 copay	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)	\$0 copay per service	\$0 copay per service
	Lab services	\$0 copay	\$0 copay
	Diagnostic tests and procedures	\$0 copay per service	\$0 copay per service
	Therapeutic Radiology	\$0 copay	\$0 copay
	Outpatient X-rays	\$0 copay per service	\$0 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year*	40% coinsurance; 1 per year*
	Hearing aid	\$2,000 allowance every 2 years*	\$2,000 allowance every 2 years*

Benefits		In-Network	Out-of-Network
Routine Dental Services	Preventive	\$0 copay for covered services (exam, cleaning, x-rays)*	\$0 copay for covered services (exam, cleaning, x-rays)*
	Comprehensive	\$0 copay for covered services*	\$0 copay for covered services*
	Benefit limit	\$2,500 limit on all covered dental services	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year*	40% coinsurance Up to 1 every year*
	Eyewear	\$0 copay every year; up to \$70 for frames (standard lenses included) or \$105 for contacts*	\$0 copay every year; up to \$70 for frames (standard lenses included) or \$105 for contacts*
Mental Health	Inpatient visit	\$0 copay per day, up to 90 days	\$0 copay per day, up to 90 days
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100	\$0 copay per day: for days 1-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit		\$0 copay	\$0 copay
Ambulance		\$0 copay	\$0 copay

Benefits		In-Network	Out-of-Network
Routine Transportation		\$0 copay; 48 one-way trips per year to or from approved locations*	75% coinsurance 48 one-way trips per year to or from approved locations*
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay	\$0 copay
	Other Part B drugs	\$0 copay	\$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	Your deductible amount is either \$0 or \$83, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.35 copay, or 15% of the total cost
All Other Drugs	\$0, \$3.70, \$8.35 copay, or 15% of the total cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care and Acupuncture		\$0 copay Combination of 10 chiropractic and acupuncture visits per year*	40% coinsurance Combination of 10 chiropractic and acupuncture visits per year*
Chiropractic Care	Manual manipulation of the spine to correct subluxation	\$0 copay	\$0 copay
Diabetes Management	Diabetes monitoring supplies	\$0 copay We only cover blood glucose monitors and test strips from the following brands: OneTouch Ultra®2, OneTouch UltraMini®, OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Nano SmartView, ACCU-CHEK® Aviva Plus, ACCU-CHEK® Guide, and ACCU-CHEK® Aviva Connect	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	\$0 copay	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay	\$0 copay

Additional Benefits		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 4 visits every year*	40% coinsurance; for each visit up to 4 visits every year*
Meal Benefit		\$0 copay; Coverage for at home meal benefit. Restrictions apply. This provider must be used for the in-network and out-of-network benefit.	
Home Health Care		\$0 copay	\$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 SM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit	\$0 copay	\$0 copay
	Outpatient individual therapy visit	\$0 copay	\$0 copay
Outpatient Surgery		\$0 copay	\$0 copay
Health Products Benefit Card		\$225 credit per quarter to use on approved health products	
Renal Dialysis		\$0 copay	\$0 copay
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.amwell.com .	

*Benefits are combined in and out-of-network

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+, and FBDE categories.

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

Medicaid may pay your Medicare cost sharing amount, but it will depend on you 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

**UnitedHealthcare
Dual Complete® RP
ONE (Regional PPO
SNP)**

Medicaid-covered Services

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
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

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
Chiropractic 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
Dental 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*, which may include full dentures and removable partial dentures as well as medically necessary extractions and surgery to alleviate pain or infections.</p> <p>Evaluations for adults are limited to determining the need for dentures or for acute emergency services.</p> <p>Emergency services are limited to an emergency problem-focused evaluation, necessary x-rays to make a diagnosis, extraction, and incision and drainage of an abscess.</p> <p>Prior authorization may be required and must be received by a participating dental provider.</p>	Covered Additional Dental Services (Covered)

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
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>	Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)	<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
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 *</p> <p>Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p>	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
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
Emergency 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
Foot Care (podiatry 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 Additional Foot Care (Covered)

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
Hearing 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 including hearing exams and one hearing aid every three years.* Prior authorization may be required and must be received by a participating hearing provider.</p>	<p>Covered Additional Hearing Services (Covered)</p>
Home Health 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 physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p>	<p>Covered</p>
Mental Health Care <ul style="list-style-type: none"> • Behavioral Health Targeted Case Management • Community Mental Health • Mental Health Case Management 	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts when rendered by a participating behavioral health provider: \$0 co-pay for Medicaid services*</p>	<p>Covered</p>

Benefits**Medicaid****UnitedHealthcare
Dual Complete® RP
ONE (Regional PPO
SNP)**

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
Outpatient Surgery	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
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

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO 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
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
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: \$0 co-pay for Medicaid services including up to one routine vision exam and up to two pairs of eyeglasses (includes Medicaid covered eyeglass lenses and frames) per year, or contact lenses (if medically necessary).*</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p>	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
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: \$0 co-pay for Medicaid services *</p>	Covered
Hospice	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p>	Covered
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
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs	Covered above in the Medical and Hospital Benefits section of the Summary of Benefits.
Over-the-Counter Items (with prescription)	\$0 co-pay for Medicaid services *	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP)
Transportation (routine)	\$0 co-pay for Medicaid services* 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.	Covered

Required Information

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

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

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information.

Plans are 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. This plan is available to anyone who has both Medicare and full Medicaid eligibility. Enrollment in the plan depends on contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Vendor Information

Before contacting any of the providers below you must be fully enrolled in UnitedHealthcare Dual Complete® RP ONE (Regional PPO SNP).

Benefit Type	Vendor Name	Contact Information
Hearing Exams	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com
Hearing Aids	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday www.epichearing.com
Vision Care	20/20 Eye Care Network, Inc.	1-866-842-4968, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com
Dental Services	UnitedHealthcare Dental	1-866-842-4968, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCCommunityPlan.com
Routine Acupuncture and Chiropractic Services	OptumHealth™ Physical Health	1-866-785-1654, TTY 1-888-877-5378 8 a.m. - 8 p.m. ET, Monday - Friday https://www.myoptumhealthphysicalhealth.com/providerLocator.asp
NurseLine	NurseLine SM	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Routine Transportation (Limited to ground transportation only)	LogistiCare®	1-866-418-9812, TTY 1-866-288-3133 8 a.m. - 5 p.m. local time, Monday - Friday www.logisticare.com
Health Products Benefit	FirstLine Medical®	1-844-368-7171, TTY 711 7 a.m. - 7 p.m. CT, Monday - Friday; 7 a.m. - 4 p.m. CT, Saturday www.HealthProductsBenefit.com
Meal Benefit	Mom's Meals NourishCare®	1-866-204-6111, TTY 711 7 a.m. - 6 p.m. CT, Monday - Friday http://www.momsmeals.com/care-transitions/

Benefit Type	Vendor Name	Contact Information
Virtual Doctor Visits	Amwell	1-866-842-4968, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.amwell.com