

# Summary of Benefits 2021

Medicare Advantage Plan  
with Prescription Drugs

**UnitedHealthcare Dual Complete® (HMO D-SNP)**  
H4590-020-000

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 **1-844-560-4944**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**



# Summary of Benefits

## January 1st, 2021 - December 31st, 2021

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](http://www.UHCCommunityPlan.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.

UnitedHealthcare Dual Complete® (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. 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. 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:

**Texas:** Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Rockwall, Tarrant.

### **Use network providers and pharmacies.**

UnitedHealthcare Dual Complete® (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.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.

# UnitedHealthcare Dual Complete® (HMO D-SNP)

## Premiums and Benefits

|   | In-Network   |
|---|--|
| <b>Monthly Plan Premium</b>   | \$19.40  |
| <b>Annual Medical Deductible</b>  | Your deductible is \$198 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.  |
| <b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b> | <p>\$7,550 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> |

# UnitedHealthcare Dual Complete® (HMO D-SNP)

## Benefits

|   |   | In-Network  |
|---|---|---|
| <b>Inpatient Hospital</b> <sup>1,2</sup>  |   | \$0 copay - \$1,400 copay per stay<br><br>Our plan covers an unlimited number of days for an inpatient hospital stay.   |
| <b>Outpatient Hospital</b><br><br>Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) <sup>1,2</sup>         | \$0 copay for a diagnostic colonoscopy<br>\$0 copay - 20% coinsurance otherwise   |
|   | Outpatient Hospital, including surgery <sup>1,2</sup>   | \$0 copay for a diagnostic colonoscopy<br>\$0 copay - 20% coinsurance otherwise   |
|   | Outpatient Hospital Observation Services <sup>1,2</sup> | \$0 copay - 20% coinsurance   |
| <b>Doctor Visits</b>  | Primary Care Provider                                   | \$0 copay   |
|   | Virtual Medical Visits                                  | \$0 copay; Speak to network telehealth providers using your computer or mobile device.  |
|   | Specialists <sup>1,2</sup>                              | \$0 copay - 20% coinsurance   |
| <b>Preventive Care</b>  | Medicare-covered  | \$0 copay<br><br>Abdominal aortic aneurysm screening<br>Alcohol misuse counseling<br>Annual "Wellness" visit<br>Bone mass measurement<br>Breast cancer screening (mammogram)<br>Cardiovascular disease (behavioral therapy)<br>Cardiovascular screening<br>Cervical and vaginal cancer screening<br>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br>Depression screening<br>Diabetes screenings and monitoring<br>Hepatitis C screening<br>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 flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
|   |   | <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>   |
|   | Routine physical  | \$0 copay; 1 per year   |
| <b>Emergency Care</b>   |   | <p>\$0 copay - \$90 copay (\$0 copay for worldwide coverage) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p>   |
| <b>Urgently Needed Services</b>                                 |   | \$0 copay - \$65 copay (\$0 copay for worldwide coverage)   |
| <b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> | Diagnostic radiology services (e.g. MRI) <sup>1,2</sup> | \$0 copay for each diagnostic mammogram<br>\$0 copay - 20% coinsurance otherwise  |
|   | Lab services <sup>1,2</sup>                             | \$0 copay   |
|   | Diagnostic tests and procedures <sup>1,2</sup>          | \$0 copay - 20% coinsurance   |
|   | Therapeutic Radiology <sup>1,2</sup>                    | \$0 copay - 20% coinsurance   |
|   | Outpatient X-rays <sup>1,2</sup>                        | \$0 copay - 20% coinsurance   |

## Benefits

|                                |  | In-Network  |
|--------------------------------|--|---|
| <b>Hearing Services</b>        | Exam to diagnose and treat hearing and balance issues <sup>1,2</sup>         | \$0 copay   |
|                                | Routine hearing exam   | \$0 copay; 1 per year   |
|                                | Hearing aid <sup>2</sup>   | \$3,600 allowance for hearing aids, up to 2 hearing aids every 2 years.   |
| <b>Routine Dental Benefits</b> | Preventive   | \$0 copay for exams, cleanings, x-rays, and fluoride  |
|                                | Comprehensive <sup>2</sup>   | \$0 copay for comprehensive dental services   |
|                                | Benefit limit  | \$2,000 limit on all covered dental services  |
| <b>Vision Services</b>         | Exam to diagnose and treat diseases and conditions of the eye <sup>1,2</sup> | \$0 copay - 20% coinsurance   |
|                                | Eyewear after cataract surgery <sup>1</sup>                                  | \$0 copay   |
|                                | Routine eye exam   | \$0 copay; 1 every year   |
|                                | Eyewear  | \$0 copay every 2 years; up to \$300 for frames or contact lenses. Standard single, bifocal, trifocal, or progressive lenses are covered in full. |
| <b>Mental Health</b>           | Inpatient visit <sup>1,2</sup>   | \$0 copay - \$1,400 copay per stay  |
|                                |  | Our plan covers 90 days for an inpatient hospital stay.   |
|                                | Outpatient group therapy visit <sup>1,2</sup>                                | \$0 copay - 20% coinsurance   |
|                                | Outpatient individual therapy visit <sup>1,2</sup>                           | \$0 copay - 20% coinsurance   |
|                                | Virtual Mental Health Visits   | \$0 copay; Speak to network telehealth providers using your computer or mobile device.  |

## Benefits

|  |                                 | In-Network  |
|--|---------------------------------|---|
| <b>Skilled Nursing Facility (SNF)<sup>1,2</sup></b><br><b>(Stay must meet Medicare coverage criteria)</b>  |                                 | \$0 copay up to:<br>\$0 copay per day: for days 1-20<br>\$185.50 copay per day: for days 21-100 |
|  |                                 | Our plan covers up to 100 days in a SNF.  |
| <b>Physical therapy and speech and language therapy visit<sup>1,2</sup></b>  |                                 | \$0 copay - 20% coinsurance   |
| <b>Ambulance<sup>1,2</sup></b><br><br>Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation. |                                 | \$0 copay - 20% coinsurance for ground<br>\$0 copay - 20% coinsurance for air                   |
| <b>Routine Transportation</b>  |                                 | \$0 copay; 60 one-way trips per year to or from approved locations                              |
| <b>Medicare Part B Drugs</b><br><br>Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.   | Chemotherapy drugs <sup>2</sup> | \$0 copay - 20% coinsurance   |
|  | Other Part B drugs <sup>2</sup> | \$0 copay - 20% coinsurance   |



## Prescription Drugs

|   |  |
|---|--|
| <b>Annual Prescription Deductible</b>                       | \$0  |
| <b>30-day or 90-day supply from retail network pharmacy</b> |  |
| <b>All Covered Drugs</b>                                    | \$0 copay<br>Some covered drugs limited to a 30-day supply |

## Additional Benefits

|   |   | In-Network   |
|---|---|--|
| <b>Acupuncture</b>  | Medicare-covered acupuncture <sup>1,2</sup>   | \$0 copay for services provided by a primary care physician<br>\$0 copay - 20% coinsurance for services provided by a specialist   |
| <b>Chiropractic Care</b>                                    | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1,2</sup> | \$0 copay - 20% coinsurance  |
| <b>Diabetes Management</b>                                  | Diabetes monitoring supplies <sup>2</sup>   | \$0 copay  |
|   | Diabetes Self-management training   | \$0 copay  |
|   | Therapeutic shoes or inserts <sup>2</sup>   | \$0 copay - 20% coinsurance  |
| <b>Durable Medical Equipment (DME) and Related Supplies</b> | Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>  | \$0 copay - 20% coinsurance  |
|   | Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>   | \$0 copay - 20% coinsurance  |
| <b>Fitness program through Renew Active™</b>                |   | 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. |
| <b>Foot Care (podiatry services)</b>                        | Foot exams and treatment <sup>1,2</sup>   | \$0 copay - 20% coinsurance  |
|   | Routine foot care   | \$0 copay; for each visit up to 4 visits every year  |

## Additional Benefits

|  |  | In-Network  |
|--|--|---|
| <b>Meal Benefit<sup>2</sup></b>                      |  | \$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay.   |
| <b>Home Health Care<sup>1,2</sup></b>                |  | \$0 copay   |
| <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>NurseLine</b>                                     |  | Speak with a registered nurse (RN) 24 hours a day, 7 days a week  |
| <b>Occupational Therapy Visit<sup>1,2</sup></b>      |  | \$0 copay - 20% coinsurance   |
| <b>Opioid Treatment Program Services<sup>2</sup></b> |  | \$0 copay   |
| <b>Outpatient Substance Abuse</b>                    | Outpatient group therapy visit <sup>1,2</sup>      | \$0 copay - 20% coinsurance   |
|  | Outpatient individual therapy visit <sup>1,2</sup> | \$0 copay - 20% coinsurance   |
| <b>Over-the-Counter (OTC) Products Card</b>          |  | \$250 credit per quarter to use on approved health products from network retail locations. Order online, over the phone, or by mail through your FirstLine Catalog.   |
| <b>Healthy Food Benefit</b>                          |  | \$25 credit per month to spend on healthy food items such as vegetables, fruit, grains, milk, meats and more.   |
| <b>Personal Emergency Response System</b>            |  | Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. |
| <b>Renal Dialysis<sup>1,2</sup></b>                  |  | \$0 copay - 20% coinsurance   |

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

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

# Plan Deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

## Annual Medical Deductible

Your deductible is \$198 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

### Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

## In-Network

List of applicable services

### Outpatient Hospital

- Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy
- Outpatient Hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient Hospital Observation Services

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### Doctor Visits

- Primary
- Specialists

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### Diagnostic Tests, Lab and Radiology Services, and X-Rays

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

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### Hearing Services

- Exam to diagnose and treat hearing and balance issues

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### Vision Services

- Exam to diagnose and treat diseases and conditions of the eye
- Eyewear after cataract surgery

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### Mental Health

- Outpatient group therapy visit
-

- 
- Outpatient individual therapy visit
- 

### **Physical Therapy and Speech and Language Therapy Visit**

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#### **Ambulance (All Non-emergency)**

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#### **Medicare Part B Drugs**

- Chemotherapy drugs
  - Other Part B drugs
- 

#### **Acupuncture**

- Medicare-covered acupuncture
- 

#### **Chiropractic Care**

- Manual manipulation of the spine to correct subluxation
- 

#### **Diabetes Management**

- Diabetes monitoring supplies
  - Therapeutic shoes or inserts
- 

#### **Durable Medical Equipment (DME) and Related Supplies**

- Durable Medical Equipment (e.g. wheelchairs, oxygen)
  - Prosthetics (e.g., braces, artificial limbs)
- 

#### **Foot Care (podiatry services)**

- Foot exams and treatment
- 

#### **Occupational Therapy Visit**

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#### **Opioid Treatment Program Services**

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#### **Outpatient Substance Abuse**

- Outpatient group therapy visit
  - Outpatient individual therapy visit
- 

#### **Renal Dialysis**

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# 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 Texas Medicaid Health and Human Services Commission 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.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

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, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

## Benefits

|   | Medicaid    | UnitedHealthcare Dual Complete® (HMO D-SNP) |
|---|-------------|---|
| <b>Inpatient Hospital Care</b>                                | Covered     | Covered                                     |
| <b>Doctor Office Visits</b>                                   | Covered     | Covered                                     |
| <b>Preventive Care</b>  | Covered     | Covered                                     |
| <b>Emergency Care</b>   | Covered     | Covered                                     |
| <b>Urgently Needed Services</b>                               | Covered     | Covered                                     |
| <b>Diagnostic Tests Lab and Radiology Services and X-Rays</b> | Covered     | Covered                                     |
| <b>Hearing Services</b>                                       | Covered     | Covered                                     |
| <b>Dental Services</b>  | Covered     | Covered                                     |
| <b>Vision Services</b>  | Covered     | Covered                                     |
| <b>Inpatient Mental Health Care</b>                           | Covered     | Covered                                     |
| <b>Mental Health Care</b>                                     | Covered     | Covered                                     |
| <b>Skilled Nursing Facility (SNF)</b>                         | Not Covered | Covered                                     |
| <b>Ambulance</b>  | Covered     | Covered                                     |
| <b>Transportation (Routine)</b>                               | Covered     | Covered                                     |

## Benefits

|                                       | Medicaid    | UnitedHealthcare Dual Complete® (HMO D-SNP) |
|---------------------------------------|-------------|---|
| <b>Prescription Drug Benefits</b>     | Covered     | Covered                                     |
| <b>Chiropractic Care</b>              | Covered     | Covered                                     |
| <b>Diabetes Supplies and Services</b> | Covered     | Covered                                     |
| <b>Durable Medical Equipment</b>      | Covered     | Covered                                     |
| <b>Foot Care</b>                      | Covered     | Covered                                     |
| <b>Home Health Care</b>               | Covered     | Covered                                     |
| <b>Hospice</b>                        | Not Covered | Covered                                     |
| <b>Outpatient Hospital Services</b>   | Covered     | Covered                                     |
| <b>Renal Dialysis</b>                 | Covered     | Covered                                     |
| <b>Prosthetic Devices</b>             | Covered     | Covered                                     |

# Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

## Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



## Required 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. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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

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

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

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

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

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

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

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

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ 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. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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