

# Summary of Benefits 2025

**Peoples Health Secure Complete (HMO-POS D-SNP)**

H1961-019-000

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



**peopleshealth.com**



**Toll-free 1-855-269-0778, TTY 711**

8 a.m.-8 p.m. local time, 7 days a week



A UnitedHealthcare Company

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at **MyPeoplesHealthPlan.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.

## Peoples Health Secure Complete (HMO-POS D-SNP)

### Medical premium, deductible and limits

|                                                                           |                                                                                                                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium</b>                                               | \$0<br>You may need to continue to pay your Medicare Part B premium                                                                                                               |
| <b>Part B premium reduction</b>                                           | \$1.90<br>If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.                                                          |
| <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) | \$0<br><br>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.                                      |
| <b>Medicare cost-sharing</b>                                              | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay \$0 for your Medicare-covered services as noted by the cost-sharing in this chart. |

### Medical benefits

|                                             |                                                                                                   |
|---------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Inpatient hospital care</b> <sup>2</sup> | \$0 copay per stay<br>Our plan covers an unlimited number of days for an inpatient hospital stay. |
| <b>Outpatient hospital</b>                  | Ambulatory surgical center (ASC) <sup>2</sup><br>\$0 copay                                        |

## Medical benefits

Outpatient hospital, including surgery<sup>2</sup>

\$0 copay

Outpatient hospital observation services<sup>2</sup>

\$0 copay

### Doctor visits

Primary care provider

\$0 copay

Specialists<sup>2</sup>

\$0 copay

Virtual medical visits

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

### Preventive services

Routine physical

\$0 copay, 1 per year

Medicare-covered

\$0 copay

- 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)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

## Medical benefits

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

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

### Urgently needed services

\$0 copay (worldwide) per visit

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup>

\$0 copay

Lab services<sup>2</sup>

\$0 copay

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

\$0 copay

Therapeutic radiology<sup>2</sup>

\$0 copay

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

\$0 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup>

\$0 copay

Routine hearing exam

\$0 copay, 1 per year

Hearing aids<sup>2</sup>

\$1,500 allowance every year for 2 hearing aids

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

| Medical benefits                                                                                                                                               |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Routine dental benefits</b><br><br>Covered in-network and out-of-network. | Preventive and comprehensive <sup>2</sup>                                              | \$3,000 allowance for all covered dental services*<br><br>\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Access to one of the largest national dental networks</li> <li>• Freedom to see any dentist</li> </ul>                                                                                                                                      |
|                                                                                                                                                                |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|  <b>Vision services</b>                                                       | Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>             | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                | Eyewear after cataract surgery                                                         | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                | Routine eye exam                                                                       | \$0 copay, 1 per year                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                | Routine eyewear                                                                        | \$400 allowance for 1 pair of frames or contacts <ul style="list-style-type: none"> <li>• Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating</li> <li>• Access to one of Medicare Advantage's largest national networks of vision providers and retail providers</li> <li>• Eyewear available from many online providers, including Warby Parker and GlassesUSA</li> </ul> |
| <b>Mental health</b>                                                                                                                                           | Inpatient visit <sup>2</sup><br>Our plan covers 90 days for an inpatient hospital stay | \$0 copay per stay                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                | Outpatient group therapy visit <sup>2</sup>                                            | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                | Outpatient individual therapy visit <sup>2</sup>                                       | \$0 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 1-100                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Medical benefits

Our plan covers up to 100 days in a SNF.

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit<sup>2</sup>

\$0 copay

Occupational Therapy Visit<sup>2</sup>

\$0 copay

Virtual medical visits

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

### Ambulance<sup>2</sup>

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

\$0 copay for ground

\$0 copay for air

### Routine transportation

\$0 copay for 60 one-way trips with the network transportation provider to or from approved locations. Restrictions apply.

### Medicare Part B prescription drugs

Chemotherapy drugs<sup>2</sup>

\$0 copay

Part B covered insulin<sup>2</sup>

\$0 copay

Other Part B drugs<sup>2</sup>

\$0 copay

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

## Good news for 2025

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

## Prescription drugs

### Deductible

\$0

## Prescription drugs

|                         |                                                                                          |
|-------------------------|------------------------------------------------------------------------------------------|
| <b>Initial Coverage</b> | <b>30-day<sup>^</sup> or 100-day supply from a retail or mail order network pharmacy</b> |
|-------------------------|------------------------------------------------------------------------------------------|

|                                |                                                                  |
|--------------------------------|------------------------------------------------------------------|
| All covered drugs <sup>3</sup> | \$0 copay<br>(Some covered drugs are limited to a 30-day supply) |
|--------------------------------|------------------------------------------------------------------|

<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> You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.

## Additional benefits

|                              |                                                                                                           |           |
|------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|
| <b>Chiropractic services</b> | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup> | \$0 copay |
|------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|

|                            |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diabetes management</b> | Diabetes monitoring supplies <sup>2</sup> | <p>\$0 copay</p> <p>At a retail pharmacy, we only cover Accu-Chek<sup>®</sup> and OneTouch<sup>®</sup> brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex<sup>®</sup>, OneTouch<sup>®</sup> Ultra 2, Accu-Chek<sup>®</sup> Guide Me and Accu-Chek<sup>®</sup> Guide.</p> <p>Test strips: OneTouch Verio<sup>®</sup>, OneTouch Ultra<sup>®</sup>, Accu-Chek<sup>®</sup> Guide, Accu-Chek<sup>®</sup> Aviva Plus and Accu-Chek<sup>®</sup> SmartView.</p> <p>You can get glucose monitors and test strips from a DME provider.</p> |
|----------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                   |           |
|-----------------------------------|-----------|
| Diabetes self-management training | \$0 copay |
|-----------------------------------|-----------|

|                                           |           |
|-------------------------------------------|-----------|
| Therapeutic shoes or inserts <sup>2</sup> | \$0 copay |
|-------------------------------------------|-----------|

|                                        |                                              |           |
|----------------------------------------|----------------------------------------------|-----------|
| <b>Durable medical equipment (DME)</b> | DME (e.g., wheelchairs, oxygen) <sup>2</sup> | \$0 copay |
|----------------------------------------|----------------------------------------------|-----------|

## Additional benefits

|                             |                                                           |           |
|-----------------------------|-----------------------------------------------------------|-----------|
| <b>and related supplies</b> | Prosthetics (e.g., braces, artificial limbs) <sup>2</sup> | \$0 copay |
|-----------------------------|-----------------------------------------------------------|-----------|



### Fitness program

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

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

|                                         |                                       |           |
|-----------------------------------------|---------------------------------------|-----------|
| <b>Foot care</b><br>(podiatry services) | Foot exams and treatment <sup>2</sup> | \$0 copay |
|-----------------------------------------|---------------------------------------|-----------|

|  |                   |                              |
|--|-------------------|------------------------------|
|  | Routine foot care | \$0 copay, 6 visits per year |
|--|-------------------|------------------------------|

|                                 |                                                                                                                        |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Meal benefit<sup>2</sup></b> | \$0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply. |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|

|                                     |           |
|-------------------------------------|-----------|
| <b>Home health care<sup>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>Opioid treatment program services<sup>2</sup></b> | \$0 copay |
|------------------------------------------------------|-----------|

|                                                   |                                                  |           |
|---------------------------------------------------|--------------------------------------------------|-----------|
| <b>Outpatient substance use disorder services</b> | Outpatient group therapy visit <sup>2</sup>      | \$0 copay |
|                                                   | Outpatient individual therapy visit <sup>2</sup> | \$0 copay |

## Additional benefits



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

\$227 credit every month to pay for OTC products, healthy food and utility bills

- Choose from thousands of OTC products, like first aid, pain relievers and more
- Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water
- Pay home utility bills like electricity, heat, water and internet
- Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you

### Renal dialysis<sup>2</sup>

\$0 copay

### Respite care<sup>2</sup>

\$0 copay for each session with a network respite care provider, up to 12 sessions every year. This benefit is for members diagnosed with dementia. Restrictions apply.

<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

## Member discounts



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

## Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Louisiana Department of Health covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Department of Health, 1-225-342-9500.

| Benefits                                               | Medicaid    | Peoples Health Secure Complete (HMO-POS D-SNP) |
|--------------------------------------------------------|-------------|------------------------------------------------|
| Inpatient Hospital Care                                | Covered     | Covered                                        |
| Doctor Office Visits                                   | Covered     | Covered                                        |
| Preventive Care                                        | Covered     | Covered                                        |
| Emergency Care                                         | Covered     | Covered                                        |
| Urgently Needed Services                               | Covered     | Covered                                        |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered     | Covered                                        |
| Hearing Services                                       | Covered     | Covered                                        |
| Dental Services                                        | Not Covered | Covered                                        |
| Vision Services                                        | Not Covered | Covered                                        |
| Inpatient Mental Health Care                           | Covered     | Covered                                        |
| Mental Health Care                                     | Covered     | Covered                                        |
| Skilled Nursing Facility (SNF)                         | Not Covered | Covered                                        |
| Ambulance                                              | Covered     | Covered                                        |
| Transportation (Routine)                               | Covered     | Covered                                        |
| Prescription Drug Benefits                             | Covered     | Covered                                        |
| Chiropractic Care                                      | Not Covered | Covered with limitations                       |
| Diabetes Supplies and Services                         | Covered     | Covered                                        |
| Durable Medical Equipment                              | Covered     | Covered                                        |
| Foot Care                                              | Covered     | Covered                                        |
| Home Health Care                                       | Covered     | Covered                                        |
| Hospice                                                | Covered     | Covered                                        |

| Benefits                     | Medicaid | Peoples Health Secure Complete (HMO-POS D-SNP) |
|------------------------------|----------|------------------------------------------------|
| Outpatient Hospital Services | Covered  | Covered                                        |
| Renal Dialysis               | Covered  | Covered                                        |
| Prosthetic Devices           | Covered  | Covered                                        |

## About this plan

Peoples Health Secure Complete (HMO-POS D-SNP) is a Medicare Advantage HMOPOS 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, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

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

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **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.
- **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 parishes in:

**Louisiana:** Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn.

## Use network providers and pharmacies

Peoples Health Secure Complete (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. 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 **[peopleshealth.com](https://www.peopleshealth.com)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](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 1-877-367-1803 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 comunique 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 1-877-367-1803, 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 \$100-450 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.

### Fitness program

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

Gym network may vary in local market and plan.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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

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

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

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

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

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