



2022 Benefit Plan

St. Martin Parish School Board

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United
Healthcare



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Original Medicare Basics

When are you eligible for Medicare?



You're 65 years old, or you're under 65 and qualify on the basis of disability or other special situation

AND



You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status



Understanding your Medicare choices

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage.

Step 1: Enroll in Original Medicare

Original Medicare

Provided by the federal government



Part A
Helps pay for hospital stays and inpatient care



Part B
Helps pay for doctor visits and outpatient care



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	01-01-2022
MEDICAL (PART B)	01-01-2022



Understanding your Medicare choices

Step 2: Decide if you need additional coverage.
There are 2 ways to get it.

OPTION 1 _____ or _____ **OPTION 2**

Add 1 or both of the following to Original Medicare (Note: Your current St. Martin Parish School Board Plan falls under this option):

Choose a Medicare Advantage plan:

Medicare Supplement plan

Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

Medicare Part D plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage plan or Part C plan

Offered by private companies



Part C:

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D:

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare



Option 2

Medicare Part C (Medicare Advantage plan)

Medicare Advantage plan Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare





Plan Benefits, Programs and Features

UnitedHealthcare[®] Group Medicare Advantage (PPO) Plan

Your Medicare Advantage plan

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

- Included in your Medicare Advantage plan



Additional benefits, programs and features

- May be bundled with the plan



Your plan overview National PPO

- Coverage for visiting doctors, clinics and hospitals
- Prescription drug coverage
- No referral needed to see a specialist
- You can see a doctor outside the network for the same cost share as network providers as long as the provider participates in Medicare and accepts the plan



Your doctors National PPO

- This plan lets you visit doctors, specialists and hospitals in or out of our network for the same cost share as long as the provider participates in Medicare and accepts the plan
- Even though you are not required to see a network doctor, your doctor may already be part of our network. To find out, search our online Provider Directory at **UHCRetiree.com** or call UnitedHealthcare Customer Service at **1-877-714-0178**, TTY **711**.
- If your doctor is in the network, he or she must accept this plan if you are a current patient. If your doctor is not in our network, he or she may choose not to treat you unless it is an emergency.



UnitedHealthcare[®] Group PPO Plan

	You pay
Monthly plan premium Single Duals	\$100.00 (currently paying \$142.00) \$235.00 (currently paying \$319.00)
Annual deductible	\$0
Annual out-of-pocket maximum	\$0



UnitedHealthcare[®] Group PPO Plan

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit	\$0 copay	\$0 copay
Specialist office visit	\$0 copay	\$0 copay
Urgent care	\$0 copay	\$0 copay
Emergency room	\$0 copay	\$0 copay
Inpatient hospitalization	\$0 copay per admission	\$0 copay per admission
Outpatient surgery	\$0 copay	\$0 copay



UnitedHealthcare[®] Group PPO Plan

Preventive services

Benefit coverage	In-network	Out-of-network
Annual physical	\$0 copay	\$0 copay
Annual wellness visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screenings	\$0 copay	\$0 copay
Colon cancer screenings	\$0 copay	\$0 copay



UnitedHealthcare[®] Group PPO Plan

Benefit coverage	In-network	Out-of-network
Medicare-covered podiatry	\$0 copay	\$0 copay
Medicare-covered chiropractic care	\$0 copay	\$0 copay
Medicare-covered vision services	\$0 copay	\$0 copay
Medicare-covered hearing services	\$0 copay	\$0 copay



Diabetes testing and monitoring supplies

When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is a **\$0 copay**.

These supplies also include any brand of lancets, lancing device, glucose control solution (to test the accuracy of your meter) and replacement batteries for your meter.

To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.



Your plan provides coverage for many of the OneTouch® and ACCU-CHEK® blood glucose testing strips and meters



Dental benefit

Dental coverage for your oral health needs

With UnitedHealthcare® Dental, you'll have access to a large nationwide network with a combined 358,000 providers and locations.

- 100% coverage for exams, X-rays, cleanings and periodontal maintenance
- 80% coverage for minor services, including fillings, pulp protection and nitrous oxide*
- 50% coverage for major services, including crowns, root canals, dentures and more*
- Option of seeing out-of-network providers, if desired
- \$50 annual deductible; applies to minor and major services
- Deductible does not apply to preventive and diagnostic services
- \$1,000 annual calendar maximum
- Dental contact information can be found on the back of your UnitedHealthcare member ID card

*Please refer to your Summary of Benefits for details on your benefit coverage



Vision benefit

Take advantage of comprehensive eye exams and eyewear benefits worth looking at

With the vision benefit, you'll have access to a nationwide network of providers with the freedom to see any participating vision provider. You will have access to an annual routine eye exam through a vision provider and an allowance toward eyeglasses (frame and lenses) or contacts for vision correction, not related to cataract surgery.

- A routine eye exam once every 12 months with a \$0 copay*
- \$130 allowance toward eyeglasses (frames and lenses), every 24 months*
- \$175 allowance toward contact lenses instead of eyeglasses, every 24 months*
- The network is UnitedHealthcare Medical Network with information on your UnitedHealthcare member ID card

*Please refer to your Summary of Benefits for details on your benefit coverage



Your Part D prescription drug plan

- UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in our network
- Thousands of covered brand-name and generic prescription drugs
- Bonus drug coverage in addition to Medicare Part D drug coverage



Call Customer Service at **1-877-714-0178**, TTY 711 to see if your prescription drugs are covered



Your Part D prescription drug plan

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Preferred Generic All covered generic drugs	\$0 copay	\$0 copay
Tier 2	Preferred Brand Many common brand-name drugs, called preferred brands	\$35 copay	\$70 copay
Tier 3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3	\$50 copay	\$100 copay
Tier 4	Specialty Tier Unique and/or very-high-cost brand-name drugs	\$50 copay	\$50 copay



Drug payment stages — full coverage in the gap

Initial coverage	Coverage gap	Catastrophic coverage
<p>In this drug payment stage:</p> <p>You pay a copay and the plan pays the rest</p> <p>You stay in this stage until your total drug costs reach \$4,430</p>	<p>Your plan provides additional coverage through the gap</p> <p>You continue to pay the same copay as you did in the initial coverage stage</p> <p>You stay in this stage until your out-of-pocket costs reach \$7,050</p>	<p>After your out-of-pocket costs reach \$7,050:</p> <p>You pay a small copay or coinsurance amount \$0 for generics. \$9.85 for brand name medications or 5% of the cost of the medication, whichever is lower.</p> <p>You stay in this stage for the rest of the plan year</p>



More ways you can save



Review your medications

Discuss all your prescription drugs with your doctor at least once a year.



Use your UnitedHealthcare® member ID card

Show your member ID card at the pharmacy to get the plan's discounted rates.



Use participating network pharmacies

You may save on the medication you take regularly.



Consider using OptumRx® Home Delivery Pharmacy

You could save time and trips to the pharmacy.



Annual physical and wellness visit

Schedule your annual physical and wellness visit — both are covered by your health plan for a \$0 copay.

- Save time by combining your wellness visit and physical into a single office visit
- Schedule your appointment early in the year to get any other preventive care you may need
- Make sure you follow through with your provider's recommendations for screenings, exams and other care

You can get your Annual Wellness Visit anytime during the calendar year no matter when you had your last visit the previous year.



Vaccines

Why are vaccines important?

- Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease
- They do this by imitating an infection without causing the disease — and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.
- Check with your doctor to see if the vaccines listed on the next slide are right for you



Vaccines

Common vaccines covered under Medicare Part B

- Influenza (flu)
- Pneumococcal
- Hepatitis B for individuals at medium or high risk for hepatitis

Common vaccines covered under Medicare Part D

- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Hepatitis A
- Hepatitis B for individuals at low risk for hepatitis

Use your Medicare Red, White & Blue ID card when getting the following vaccine

- COVID-19*

Did you know?

- It is important to get a new flu shot every year because flu viruses are constantly changing**
- Shingrix vaccine is more than 90% effective at preventing shingles and long-term nerve pain^

*You will have \$0 cost-share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers because of the CDC COVID-19 Vaccination Program Provider Agreement currently running **through Dec. 31, 2021**. Once the program is complete the COVID-19 vaccine will be covered through your Part B vaccine benefit.

**Centers for Disease Control and Prevention, 2019.

^Centers for Disease Control and Prevention, 2020.



UnitedHealthcare[®] HouseCalls

Yearly check-ups at home to help stay up to date on your health between regular doctors' visits at no extra cost.

What to expect from a HouseCalls visit:

- A member of our licensed medical staff will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- You'll get a personalized checklist of topics to discuss at your next doctor's visit
- HouseCalls will send a summary of your visit to you and your primary care provider

Video visits from UnitedHealthcare HouseCalls – A HouseCalls video visit uses technology to connect plan members with a health care practitioner for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education.



Enjoy a preventive care visit in the privacy of your own home*

*HouseCalls may not be available in all areas.



Take an active role in your health with Renew by UnitedHealthcare^{®*}

Renew by UnitedHealthcare is our health and wellness experience that helps empower you to take charge of your well-being every day. It provides a wide variety of useful resources and activities, including brain games, healthy recipes, learning courses, fitness activities and more. Plus, you may be eligible to earn rewards by completing certain health care activities such as your annual physical or wellness visit.**

Renew can help you take a more active role in your health and wellness through:



Renew magazine



Recipe library



Health news, articles and videos



Renew Active[®]



Workout videos



Health topic library



Renew Rewards



Learning courses



Brain games



Interactive quizzes and tools

*Renew by UnitedHealthcare is not available in all plans. Resources may vary.

**Reward offerings will vary by member and Renew Rewards is not available in all plans with Renew by UnitedHealthcare.





Introducing Renew Active[®] — the gold standard in Medicare fitness programs for the body and mind, at no additional cost to you

Renew Active includes:

- A free membership at a gym near you
- Access to our nationwide network of gyms and fitness locations, including many premium gyms — it is the largest of all Medicare fitness programs*
- An annual personalized fitness plan
- Access to thousands of on-demand workout videos and live-streaming fitness classes
- Social activities at local health and wellness classes and events
- An online brain health program from AARP[®] Staying Sharp[®], including a brain health assessment and exclusive content for Renew Active members
- Access to the online Fitbit[®] Community for Renew Active. This allows participation in fun, friendly step challenges with other health-minded members. Joining the community also provides access to Fitbit Premium[™]. To access Fitbit Premium, members must first join the online Fitbit Community for Renew Active. No Fitbit device is needed.

*Based on gym and fitness location network size.



Virtual Visits



With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night²

Virtual Doctor Visits

You can ask questions, get a diagnosis or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns including:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

You can find a list of participating Virtual Visit providers by logging in to your member website.



Telephonic Nurse Support³



You are never alone with Telephonic Nurse Support

Telephonic Nurse Support was designed specifically to help make your health decisions simple and convenient by providing answers to your health questions anytime, anywhere — 24 hours a day, 7 days a week — at no additional cost.

When you call, a registered nurse can help you:

- Choose where to go for care — whether that's self-care, a doctor visit or urgent care
- Find a doctor or hospital that meets your needs and preferences
- Understand your diagnosis and explore treatment options



UnitedHealthcare Hearing



Hear the moments that matter most

With UnitedHealthcare Hearing, you can receive a hearing exam and have access to a wide selection of name-brand and private-labeled custom-programmed hearing aids at significant savings. Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- One of the largest nationwide networks of hearing professionals, with more than 7,000 locations*
- Choose latest technology hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™
- Receive hearing aids in person or delivered directly to your doorstep with virtual follow-up care through Right2You, available only through UnitedHealthcare Hearing**
- 50%–80% off standard industry prices when purchasing hearing aids through UnitedHealthcare Hearing^
- **\$2,800 hearing aid allowance every 3 years**

*Network size varies by market.

**Select products only.

^Based on suggested manufacturer pricing.



FirstLine™ Essentials



Over-the-counter care at no cost to you

FirstLine Essentials is a benefit that gives you credits to spend on over-the-counter products. Shop for toothpaste, pain relief, vitamins, cough drops and more. It's all included with your health plan.

\$40 credit is added to your account every 3 months. Use credits to buy everyday health and wellness products. These credits will expire quarterly.

Choose how to shop for products:

Catalog – You'll receive a catalog in the mail 4 to 6 weeks after enrollment. Simply fill out an order form and mail it in.

Online – Use your digital account on the FirstLine Essentials website or on the FirstLine Benefits app.



UnitedHealthcare Healthy at Home



With UnitedHealthcare Healthy at Home, you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:

- 28 home-delivered meals through Mom's Meals[®] when referred by a UnitedHealthcare Advocate*
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Advocate*
- 6 hours of in-home personal care provided through a CareLinx[®] professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required.

*A new referral is required after every discharge to access your meal and transportation benefit.



Understanding Original Medicare's rules

- You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan
- If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty
- You must inform us of any current prescription drug coverage or future enrollment that includes prescription drug coverage
- When you are a member, you are encouraged to read the plan's Evidence of Coverage (EOC), including appeals and grievance rights, which can be found at **UHCRetiree.com**
- The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms
- Please review the full text of the Statement of Understanding in your 2022 enrollment kit





What to Expect Next

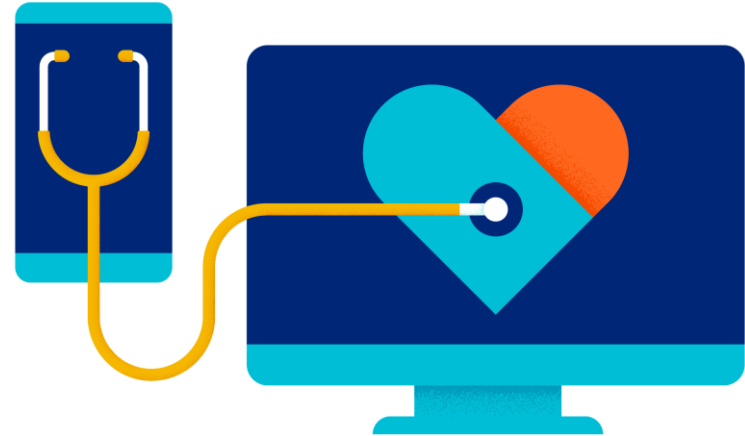
What to expect after enrollment

- ✓ You will receive your new UnitedHealthcare member ID card along with a Quick Start Guide that gives you more information on how your benefits work and how to get the most out of your plan
- ✓ After you receive your member ID card, you can register online at **UHCRetiree.com** to get access to your plan information. You can start using your member ID card as soon as your plan is effective
- ✓ Soon after your effective date, we will contact you to complete a short health survey so we can understand your unique health needs



Visit the Virtual Education Center to explore and learn more

- Learn more about the custom programs offered to St. Martin Parish School Board plan members
- Watch videos from UnitedHealthcare Medicare Advantage plan members
- Print additional plan program information
- Access via any tablet, computer or smartphone



uhcvirtualretiree.com/ra

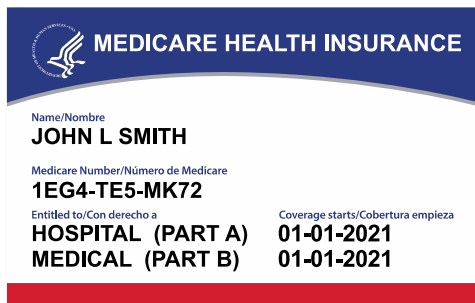


How to use your new plan after your effective date

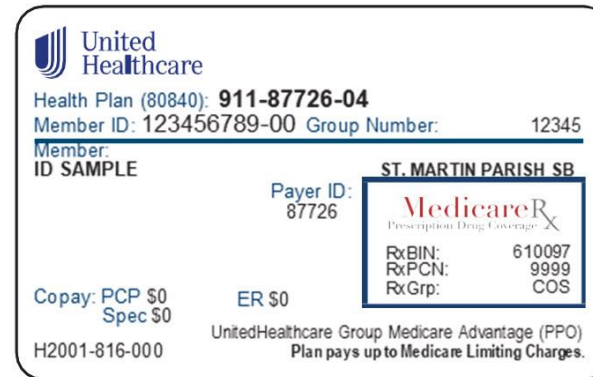
It's easy!

- Beginning January 1, 2022, simply use your UnitedHealthcare member ID cards each time you go to the doctor or hospital or get a prescription filled at the pharmacy
- Your current St. Martin Parish School Board plan will end on December 31, 2021
- The back of your member ID card lists important phone numbers you may need throughout the year
- Don't discard your red, white and blue Medicare card

Store this card in a safe place



Use this beginning January 1, 2022



UHCRetiree.com

After you get your UnitedHealthcare member ID card, sign up for your secure personal online account at UHCRetiree.com

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary member ID card and request a new one
- Look up drugs and how much they cost under your plan
- Search for network doctors
- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Sign up to get your Explanation of Benefits online

Follow these easy steps to sign up for your online account:

1. Visit the website and click on the “Sign In/Register” button and then click “Register Now”
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare member ID number) and click “Continue”
3. Create your username and password, enter your email address, and click “Create my ID”
4. For security purposes, you will need to verify your account by email, call or text





How to Enroll

Enrolling for St. Martin Parish School Board retirees

You will be automatically enrolled

- St. Martin Parish School Board has selected the UnitedHealthcare Group Medicare Advantage (PPO) plan for its Medicare-eligible retirees, spouses and their dependents.
- If you are currently enrolled in Medicare Part A and Medicare Part B you will be automatically enrolled in the plan. No action is needed
- For dual contracts, if you and your dependent are currently enrolled in Medicare Part A and Medicare Part B, you and your dependent will be automatically enrolled in the plan. No action is needed.

You can opt out

- You will have the opportunity to opt-out of this plan if you don't want to be enrolled
- You can opt out by contacting St. Martin Parish School Board Benefits at **1-337-266-5695**, TTY **711**, and completing paperwork no later than **November 12, 2021**

If you wish to continue to receive medical and prescription drug coverage through the St. Martin Parish School Board UnitedHealthcare Group Medicare Advantage (PPO) plan, you do not need to take any action.



Enrolling for St. Martin Parish School Board retirees

- Once you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) plan you will have a one-time opportunity, for this initial enrollment, until March 31, 2021, to enroll back into the St. Martin Parish School Board's self-insured UMR plan.
- You must complete the paperwork timely to enact the change.
- Once a year, generally in November, you will have an option to make a change between plans to be effective on January 1st the following year.

If you wish to continue to receive medical and prescription drug coverage through the St. Martin Parish School Board UnitedHealthcare Group Medicare Advantage (PPO) plan, you do not need to take any action.





Income Related Monthly Adjustment Amount (IRMAA)

IRMAA - Income Related Monthly Adjustment Amount

- Members with higher income levels are required to pay an adjusted Medicare Part B premium plus an additional amount when enrolled in Medicare Part D prescription drug coverage. The additional amount is called Income-Related Monthly Adjustment Amount or IRMAA.
- Income level based on modified adjusted gross income, which is the total of your adjusted gross income and tax-exempt interest income.
- IRMAA is mandated by Federal law and each amount is deducted from your monthly Social Security payments.
- IRMAA will apply if individual income is over **\$88,000** or if married (filing joint tax return) income is over **\$176,000**.
- If enrolled in the Group Medicare Advantage plans with UnitedHealthcare, higher income members may be subject to IRMAA.



Part B IRMAA – 2021 Amounts

This chart is based on IRS Reported Income from 2 years prior (2019 reported income) and are subject to change:

Beneficiaries who file individual tax return:	Beneficiaries who file a joint tax return with income:	Total monthly additional Part B premium amount:
Less than or equal to \$88,000	Less than or equal to \$176,000	\$0
Greater than \$88,000 and less than or equal to \$111,000	Greater than \$176,000 and less than or equal to \$222,000	\$59.40
Greater than \$111,000 and less than or equal to \$138,000	Greater than \$222,000 and less than or equal to \$276,000	\$148.50
Greater than \$138,000 and less than or equal to \$165,000	Greater than \$276,000 and less than or equal to \$330,000	\$237.60
Greater than \$165,000 and less than or equal to \$500,000	Greater than \$330,000 and less than or equal to \$750,000	\$326.70
Greater than \$500,000	Greater than \$750,000	\$356.40

2022 amounts are not yet available



Part D IRMAA – 2021 Amounts

This chart is based on IRS Reported Income from 2 years prior (2019 reported income) and are subject to change:

Beneficiaries who file individual tax return:	Beneficiaries who file a joint tax return with income:	Total monthly additional Part D premium amount:
Less than or equal to \$88,000	Less than or equal to \$176,000	\$0
Greater than \$88,000 and less than or equal to \$111,000	Greater than \$176,000 and less than or equal to \$222,000	\$12.30
Greater than \$111,000 and less than or equal to \$138,000	Greater than \$222,000 and less than or equal to \$276,000	\$31.80
Greater than \$138,000 and less than or equal to \$165,000	Greater than \$276,000 and less than or equal to \$330,000	\$51.20
Greater than \$165,000 and less than or equal to \$500,000	Greater than \$330,000 and less than or equal to \$750,000	\$70.70
Greater than \$500,000	Greater than \$750,000	\$77.10

2022 amounts are not yet available





Questions and Answers



Thank You

We look forward to welcoming you to our Medicare family

Additional information

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

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Copays apply after deductible.



Additional information

Renew by UnitedHealthcare is not available in all plans. Resources may vary. Reward offerings will vary by member and Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

¹Participation in the Renew Active[®] program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March, 2021. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

²Benefits and availability may vary by plan and location.

³The Telephonic Nurse Support 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 provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-844-808-4553, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week, for additional information.

SPRJ62333

