

Summary of Benefits 2023

MedicareMax Plus (HMO D-SNP)

H5420-006-000

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 **1-866-367-7525**, TTY **711**

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



PCNhealth.com



**PREFERRED
CARE NETWORK**

A UnitedHealthcare Company

Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at [PCNhealth.com](https://www.pcnhealth.com) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

MedicareMax Plus (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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

- Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (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).
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid

benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes these counties in:

Florida: Broward, Miami-Dade.

Use network providers and pharmacies

MedicareMax Plus (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 **PCNhealth.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.

MedicareMax Plus (HMO D-SNP)

Premiums and Benefits

| | In-Network |
|---|---|
| Monthly Plan Premium | \$35.90 |
| Annual Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>\$500 annually for Medicare-covered services .</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p> |
| Medicare Cost Sharing | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart. |

MedicareMax Plus (HMO D-SNP)

Benefits

| | | In-Network |
|---|---|--|
| Inpatient Hospital Care² | | \$0 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ² | \$0 copay |
| | Outpatient Hospital, including surgery ² | \$0 copay |
| | Outpatient Hospital Observation Services ² | \$0 copay |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ^{1,2} | \$0 copay |
| | Virtual Medical Visits | \$0 copay to talk with a network telehealth provider online through live audio and video |
| Preventive Services | Medicare-covered | \$0 copay |
| | | Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening |

Benefits

| | | In-Network |
|---|--|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p> |
| | Routine physical | \$0 copay, 1 per year |
| Emergency Care | | <p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> |
| Urgently Needed Services | | \$0 copay (worldwide) per visit |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI, CT scan) ² | \$0 copay |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay |
| | Therapeutic radiology ² | \$0 copay per service |
| | Outpatient X-rays ² | \$0 copay per service |

Benefits

| | | In-Network |
|--------------------------------|--|---|
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay |
| | Routine hearing exam | \$0 copay, 1 per year |
| | Hearing aids ² | Plan pays up to \$2,000 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models). |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, X-rays, and fluoride |
| | Comprehensive ² | Covered; for a complete list of services and copays, please contact the plan \$0 copay for comprehensive dental services |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay, 1 per year |
| | Routine eyewear | \$0 copay Plan pays up to \$300 every year for lenses/frames and contacts |
| Mental Health | Inpatient visit ² | \$0 copay per stay |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| | Virtual Mental Health Visits | \$0 copay to talk with a network telehealth provider online through live audio and video |

Benefits

| | | In-Network |
|---|---|---|
| Skilled Nursing Facility (SNF)² | | \$0 copay per day: days 1-100 |
| | | Our plan covers up to 100 days in a SNF. |
| Outpatient Rehabilitation Services | Physical therapy and speech and language therapy visit ² | \$0 copay |
| | Occupational Therapy Visit ² | \$0 copay |
| | Virtual Visit | \$0 copay |
| Ambulance² | | \$0 copay for ground \$0 copay for air |
| Your provider must obtain prior authorization for non-emergency transportation. | | |
| Routine Transportation | | \$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies |
| Medicare Part B Prescription Drugs | Chemotherapy drugs ² | \$0 copay |
| | Other Part B drugs ² | \$0 copay |
| Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | | |

Prescription Drugs

| | |
|--|--|
| Annual Prescription Deductible | \$0 |
| 30-day or 100-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your Part D deductible.

Additional Benefits

| | | In-Network |
|---|---|--|
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay |
| Diabetes Management | Diabetes monitoring supplies ² | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay |
| Fitness program | | \$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device. |

Additional Benefits

| | | In-Network |
|---|--|--|
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay |
| | Routine foot care | \$0 copay, 6 visits per year |
| Meal Benefit² | | \$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay. |
| Home Health Care² | | \$0 copay |
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| Food, over-the-counter (OTC) and utility bill credit | | \$180 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone. |
| Renal Dialysis² | | \$0 copay |
| In-Home Support Services | | \$0 copay for 12 hours of in-home support after all inpatient hospital and skilled nursing facility discharges |

¹ May require a referral from your doctor.

² May require your provider to get prior authorization from the plan.

Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers.

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 Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|--------------------------------|---|------------------------------|
| Inpatient Hospital Care | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* (Including assistive care services)</p> | Covered |
| Doctor Office Visits | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p> | Covered |
| Outpatient Surgery | <p>Depending on your level of Medicaid eligibility, Medicaid may</p> | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|---|---|------------------------------|
| | <p>pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | |
| Emergency Care | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | Covered |
| Urgently Needed Services | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | Covered |
| Hearing Services | <p>Depending on your level of Medicaid eligibility, Medicaid may</p> | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|--|---|------------------------------|
| | pay your Medicare cost sharing amount. | |
| Dental Services | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. | Covered |
| Vision Services | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services including up to one routine vision exam, up to one pair of frames (includes Medicaid covered eyeglass lenses and frames) per year, and in total up to two pairs of lenses (includes Medicaid covered lenses) per year, or contact lenses (if medically necessary).*</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p> | Covered |
| Preventive Care | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | Covered |
| Mental Health Care <input type="checkbox"/> Behavioral Health Targeted Case Management | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|--|--|------------------------------|
| <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Mental Health Case Management | <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | |
| Outpatient Rehabilitation | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p> | Covered |
| Ambulance | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p> | Covered |
| Transportation (Routine) | <p>\$0 co-pay for Medicaid services*</p> <p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when provided by a participating transportation provider.</p> | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|--|--|------------------------------|
| Prescription Drug Benefits | Medicaid does not cover Part D covered drugs. | Covered |
| Chiropractic Care | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Diabetes Supplies and Services | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Durable Medical Equipment (Wheelchairs, oxygen, etc.) | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | Covered |
| Foot Care (Podiatry services) | Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|--|--|------------------------------|
| | \$0 co-pay for Medicaid services * | |
| Skilled Nursing Facility (SNF) | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.</p> | Covered |
| Hospice | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Renal Dialysis | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p> | Covered |
| Prosthetic Devices (Braces, artificial limbs, etc.) | <p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is</p> | Covered |

Benefits

| | Medicaid | MedicareMax Plus (HMO D-SNP) |
|---|--|-------------------------------------|
| | exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * | |
| Over-the-Counter Items (with prescription) | \$0 co-pay for Medicaid services * | Covered |

Required Information

MedicareMax Plus (HMO 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 or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-800-407-9069 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-407-9069, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five 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.

Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

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

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