# 2027 Plan Highlights

**UHC Dual Complete WV-Q1 (PPO D-SNP)**

H2001-030-000

**Service area:** West Virginia - Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming counties

United Healthcare® Dual Complete

WV-Q1
FBDE, QMB+, SLMB+, QMB, SLMB, QI

# Whatever comes next, UnitedHealthcare provides Medicare coverage you can count on for your whole life ahead

You've got plans. So do we. Medicare plans from UnitedHealthcare offer reliable coverage designed to support your health wherever life takes you. Our Medicare Advantage members don't have to give up the doctor's they rely on — 9 out of 10 members can keep their preferred doctors. It's one more way we're here to support your health — every step of the way.

After all, you may not always know what's next, but you can count on UnitedHealthcare to be there from the moment you choose your plan to the moments that matter most.

## See why 4 out of 5 members would choose UnitedHealthcare again for their Medicare coverage

"I really appreciated all of the help that I got from UnitedHealthcare. UnitedHealthcare is the company that is best suited to my needs."

**— Karen K, UnitedHealthcare Medicare Advantage Member**

"You need a strong insurance company behind you to back you up and cover the things that need to be covered and UnitedHealthcare does that."

**— Mary M, UnitedHealthcare Complete Care Member**

Medicare member responses based on Human8 survey, May 2025.

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# Discover a plan that works for you

This PPO D-SNP plan is for people with both Medicare and Medicaid. It offers extra benefits to support your health and well-being.

## You'll enjoy:

**$0 copays for covered preventive services** when you use in-network providers

**Access to a broad network** of doctors, hospitals and pharmacies – you can also see out-of-network providers nationwide if they accept the plan and participate in Medicare for Medicare-covered services, but keep in mind your costs may be higher

**Prescription drug coverage** – use network pharmacies for the lowest cost

**Plan credits** to spend on over-the-counter (OTC) items and wellness support products – plus healthy food and utility bills for members who qualify

## How the plan works:

- Choose a primary care provider (PCP) to help manage your care – you're not limited to this PCP, but it's beneficial for your long-term health
- Get care from in-network providers for your plan's lowest cost
- No referral needed to see a network specialist or other provider
- Review your Summary of Benefits to see what's covered
- Plan credits can be used for OTC items and other wellness products. Members with a verified chronic condition and more complex health needs can also use credits for healthy food and utilities.

**Scan this code for OTC credit details**

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# Benefit Highlights

## UHC Dual Complete WV-Q1 (PPO D-SNP)

This is a short description of 2027 plan benefits and costs. Refer to the Summary of Benefits or Evidence of Coverage for complete information about the plan, including costs for members without Medicare Parts A and B cost-sharing covered by the state.

| Plan costs | | |
|---|---|---|
| **If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services.** You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change. | | |
| | **With Medicaid Cost Share Assistance** | **Without Medicaid Cost Share Assistance** |
| **Monthly plan premium** | $0 with "Extra Help" | $0 |
| **Annual medical deductible** (applies to certain medical benefits) | $0 combined in and out-of-network | $283† combined in and out-of-network |
| **Annual out-of-pocket maximum** (the most you may pay in a year for covered medical care) | $0 combined in and out-of-network | $9,850 in-network<br><br>$14,800 combined in and out-of-network |

| Covered plan benefits and costs | | | | |
|---|---|---|---|---|
| Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. | | | | |
| | **With Medicaid Cost Share Assistance** | | **Without Medicaid Cost Share Assistance** | |
| | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Doctor's office visit** | | | | |
| Primary care provider (PCP) | $0 copay<br>Select a PCP to help manage your care | $0 copay | 20% coinsurance<br>Select a PCP to help manage your care | 30% coinsurance |
| Specialist | $0 copay<br>No referral required | $0 copay | 20% coinsurance<br>No referral required | 30% coinsurance |
| Virtual visits | $0 copay | Same as a Doctor's office visit | $0 copay | Same as a Doctor's office visit |

| Covered plan benefits and costs | | | | |
|---|---|---|---|---|
| Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. | | | | |
| | **With Medicaid Cost Share Assistance** | | **Without Medicaid Cost Share Assistance** | |
| | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Preventive services** | $0 copay | $0 copay | $0 copay | $0 copay - 40% coinsurance (depending on the service) |
| **Inpatient hospital care** | $0 copay per stay for unlimited days | $0 copay per stay for unlimited days | $1,970 copay per stay for unlimited days | $1,970 copay per stay for unlimited days |
| **Skilled nursing facility** (SNF) (Stay must meet Medicare coverage criteria) | $0 copay per day: days 1-100 | $0 copay per day: days 1-100 | $0 copay per day: days 1-20 $217† copay per day: days 21-100 | $0 copay per day: days 1-20 $217† copay per day: days 21-100 |
| **Outpatient hospital** | | | | |
| Ambulatory surgical center (ASC) | $0 copay | $0 copay | 20% coinsurance | 40% coinsurance |
| Outpatient hospital, including surgery | $0 copay | $0 copay | 20% coinsurance | 40% coinsurance |
| **Outpatient mental health** | | | | |
| Group therapy | $0 copay | $0 copay | 20% coinsurance | 30% coinsurance |
| Individual therapy | $0 copay | $0 copay | 20% coinsurance | 30% coinsurance |
| Virtual visits | $0 copay | Same as an Outpatient mental health office visit | $0 copay | Same as an Outpatient mental health office visit |
| **Outpatient rehabilitation services** | | | | |
| Physical and speech therapy | $0 copay | $0 copay | 20% coinsurance | 30% coinsurance |
| Occupational therapy | $0 copay | $0 copay | 20% coinsurance | 30% coinsurance |
| **Durable medical equipment (DME) and related supplies** | | | | |
| DME (e.g., wheelchairs, oxygen) | $0 copay | $0 copay | 20% coinsurance | 20% coinsurance |
| Prosthetics (e.g., braces, artificial limbs) | $0 copay | $0 copay | 20% coinsurance | 20% coinsurance |

| Covered plan benefits and costs | | | | |
|---|---|---|---|---|
| Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. | | | | |
| | **With Medicaid Cost Share Assistance** | | **Without Medicaid Cost Share Assistance** | |
| | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Diabetes monitoring supplies** | $0 copay for covered brands | $0 copay | $0 copay for covered brands | 20% coinsurance |
| **Diagnostic radiology services** (such as MRIs, CT scans) | $0 copay | $0 copay | 20% coinsurance | 40% coinsurance |
| **Diagnostic tests and procedures** (non-radiological) | $0 copay | $0 copay | 20% coinsurance | 40% coinsurance |
| **Lab services** | $0 copay | $0 copay | $0 copay | $0 copay |
| **Outpatient X-rays** | $0 copay | $0 copay | 20% coinsurance | 40% coinsurance |
| **Ambulance** | $0 copay for ground or air | $0 copay for ground or air | 20% coinsurance for ground or air | 20% coinsurance for ground or air |
| **Emergency care** | $0 copay | | $115 copay per visit | |
| **Urgently needed services** | $0 copay | | $40 copay per visit | |

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.†These are the 2026 Medicare-defined amounts and may change for 2027

| Additional plan benefits | | | |
|---|---|---|---|
| | | **In-network** | **Out-of-network** |
| **Routine physical** | | $0 copay, 1 per year* | 40% coinsurance, 1 per year* |
| **Hearing services** | Routine hearing exam | $0 copay for a routine hearing exam to help support hearing health* | 30% coinsurance for a routine hearing exam to help support hearing health* |
| | Hearing aids | $2,200 allowance for 2 hearing aids every 2 years*<br>• A broad selection of high-value and brand name prescription hearing aids<br>• Access to one of the largest | If you use an out-of-network provider, you are responsible for 90% of the allowance amount.* |

| Additional plan benefits | | | |
|---|---|---|---|
| | | **In-network** | **Out-of-network** |
| | | national networks of hearing professionals with more than 6,500 locations<br>• 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period | |
| **Routine dental benefits** | Preventive and comprehensive services | $2,000 allowance for all covered dental services*<br><br>$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures<br>• No annual deductible<br>• Access to one of the largest national dental networks<br>• Freedom to see any dentist | |
| **Vision services** | Routine eye exam | $0 copay for a routine eye exam each year to help protect your eyesight and health* | 30% coinsurance for a routine eye exam each year to help protect your eyesight and health* |
| | Routine eyewear | $250 allowance every year for 1 pair of eyeglasses (lenses and frames) or contacts*<br>• Access to one of Medicare Advantage's largest national networks of vision providers and retail providers<br>• Eyewear available from many online providers, including Warby Parker | If you use an out-of-network provider, you are responsible for 90% of the allowance amount* |

| Additional plan benefits | | |
|---|---|---|
| | **In-network** | **Out-of-network** |
| | and GlassesUSA | |
| **Fitness program** | $0 copay<br>Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes:<br>• Free gym membership at core locations<br>• Access to a large national network of gyms and fitness locations | If you use an out-of-network provider, you pay 90% of the total cost |
| **Foot care - routine** | $0 copay, 4 visits per year* | 30% coinsurance, 4 visits per year* |
| **OTC, healthy food, utilities + wellness support**<br>Special Supplemental Benefits for the Chronically Ill (SSBCI) allow eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products. | $104 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members<br>• Choose from thousands of OTC products, like first aid supplies, pain relievers and more<br>• Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water<br>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, | If you use an out-of-network store, you pay 90% of the total cost |

| Additional plan benefits | | |
|---|---|---|
| | **In-network** | **Out-of-network** |
| | Target and at neighborhood stores near you<br>• Pay home utilities like electricity, heat, water and internet<br>• Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more | |
| **Rewards** | Earn up to $165 in rewards when you get started in January | |

*Benefits are combined in and out-of-network

| Prescription drugs | |
|---|---|
| **If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:** | |
| **Deductible** | Your deductible amount is $0. |
| **Initial Coverage** | In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,400, you move to the Catastrophic Coverage stage. |
| **Drug coverage** | **30-day or 100-day supply from a retail network pharmacy** |
| **Generic (including brand drugs treated as generic)** | $0, $1.65, or $5.80 copay<br>Drugs that are in Tier 1 are always $0 copay.<br>(Some covered drugs are limited to a 30-day supply) |
| **All other drugs[3]** | $0, $5, or $14.40 copay<br>Drugs that are in Tier 1 are always $0 copay.<br>(Some covered drugs are limited to a 30-day supply) |
| **Catastrophic Coverage** | Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. |

[3]You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

## Member discounts

As a UnitedHealthcare Medicare Advantage plan member, you'll have access to a 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.

**Scan this code to view your Summary of Benefits**

## Required Information

UHC Dual Complete WV-Q1 (PPO 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 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 1-866-480-1086 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 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 1-866-480-1086, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son 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.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

**Hearing aids -** The plan may only cover hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.

**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 2025.

**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 -** The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

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

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.

**Member discounts -** As a UnitedHealthcare 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. 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 discount offers is 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.

**Rewards Program -** Medicare Advantage reward offerings may vary by plan and are not available in all plans. By participating in the program or accessing rewards funds, you agree to the **Rewards Program Terms of Service**. Members must participate January through December to earn all available rewards. Rewards must be earned and reported within time frames specified by the plan.

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# Helpful resources

## A yearly in-home visit to help support your health

As a UnitedHealthcare member, you have access to Optum® HouseCalls — a yearly in-home health and wellness visit designed to support your overall health at no additional cost to you.

An Optum HouseCalls visit is completed by a licensed health care practitioner and provides an extra layer of preventive care. The visit lasts up to an hour and includes an exam, tailored health screenings, and a review of your medications and supplements. These services may help identify potential health concerns earlier and support informed decisions about your care.

After your visit, you'll receive a summary of the results, and a copy is shared with your primary care provider. This information can help keep everyone aligned on your care plan. Investing in preventive care today may help support your health and could mean fewer health care visits in the future.

There's no additional cost for this visit — it's included as part of your UnitedHealthcare plan.

Scan this code or visit **UHCHouseCalls.com** for more information

## Resources for caregivers

UnitedHealthcare offers resources and support for our members and the people who care for them. Ask about our caregiving resources the next time you call or visit **uhc.com/caregiving**.

## You may qualify for Extra Help from Medicare

If you haven't already, you may want to find out if you qualify for Medicare's low-income subsidy, called Extra Help. Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778 or visit ssa.gov
- Your state Medicaid office or visit medicaid.gov

## Medicare Made Clear®

Medicare Made Clear is an educational program from UnitedHealthcare designed to help you learn about Medicare so you can make informed decisions about your health and Medicare coverage.

**MedicareMadeClear.com**

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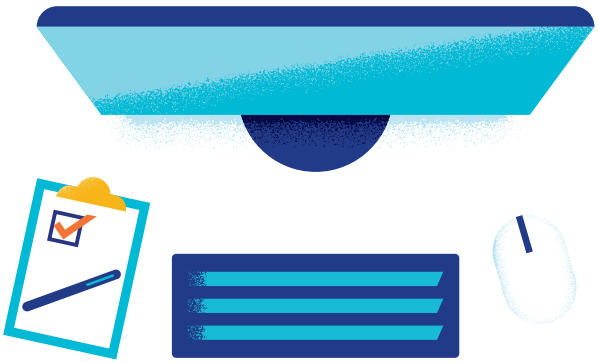
# Get more from your Medicare coverage



With this plan you have access to online resources that help you use your plan with confidence. You can find all these documents, directories and other helpful resources on the UnitedHealthcare app or at **UHC.com/Medicare**.

## See what drugs are covered

Review the **Drug List (Formulary)** to find out what drugs are covered and any coverage rules.

- If your medication isn't on the list, there may be an alternative covered drug you can discuss with your provider

You can also use the online **Drug Cost Estimator** to:

- Look up covered medications
- View your estimated costs
- See if a lower-cost generic option is available

Visit **UHCdrugcosts.com** or scan the QR code below.

## Confirm your providers are in the plan network

This plan includes a network of quality doctors, hospitals, and other providers, designed to help you get the care you need.

## Check your pharmacy directory

If your pharmacy isn't in the network, switching to a network pharmacy can help ensure you receive the lowest cost available through your plan.

## Review your plan details anytime

Your Summary of Benefits gives you an overview of many key plan features. For a complete picture — including coverage, costs, benefits and plan rules — your Evidence of Coverage is available online whenever you need it.

**Scan this code to use the Drug Cost Estimator**

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# A few more things to know

### We'll confirm your eligibility

Members with a qualifying condition and more complex health needs can use their over-the-counter (OTC) credits for healthy food and utilities. We'll confirm if you qualify and send you a letter with your status and next steps. With or without a qualifying condition, credits can be used for covered OTC products and wellness support, like fitness items, in home services, weight management counseling, caregiver relief and more.

### You'll receive 2 cards in the mail — each with a different purpose

Your membership comes with 2 easy-to-use cards: Your UnitedHealthcare UCard® and your member ID card. Use your member ID card when visiting a provider or filling a prescription. Use your UCard to access over-the-counter (OTC) products and earned rewards.

### What's the difference between a copay and coinsurance?

Copays and coinsurance are both ways you share the cost of care and prescriptions, but they work differently. A **copay** is a fixed dollar amount. You pay the same amount each time for the same service or prescription. **Coinsurance** is a percentage of the cost. The amount you pay depends on how much the service or prescription costs.

### What is a deductible?

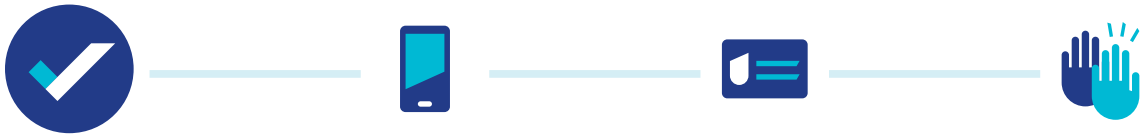
A deductible is the amount you pay for prescriptions and covered services before your plan starts to pay its share. You pay the full cost for prescriptions and covered services until the deductible is met. Some services, like preventive care, may be covered before you meet the deductible. There are separate deductibles for prescriptions and covered medical services. Not all plans have deductibles. Any applicable deductible amounts are listed in the Benefit Highlights.

### Watch for your Annual Notice of Change (ANOC)

You'll get an ANOC in the fall. It explains what's changing in your plan for the upcoming year — including costs, benefits and coverage rules. Reviewing the ANOC helps you understand what's changing — so you can feel confident your plan will continue to meet your needs next year. If it's still the right plan for you, you don't need to do anything. Your enrollment will continue automatically.

# What to expect after you enroll

Once you're a member, you can rely on UnitedHealthcare to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site.



**You are here**
Enrollment submitted

Download the app or create your account online

Member ID card and UCard arrive in 2 separate mailings

Coverage begins! Start using your plan

## Manage your plan online

If you haven't done so already, use your Medicare number or member ID number and email address to create an account on the app or at **myUHCMedicare.com**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

## Use the right card for the job

- Show your member ID card when visiting a provider or pharmacy
- Reach for your UCard when paying for OTC products and spending your earned rewards

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Schedule your yearly in-home Optum® HouseCalls visit to help support your health. Visit **optum.com/healthvisitUHC** to learn more
- Visit the UCard Hub to check your balance, find covered products, locate thousands of participating stores to shop at and much more

## Thank you for choosing UnitedHealthcare

We're here for you — today and along the way. Chat with us on the UnitedHealthcare app or member site. Or call us at the toll-free member phone number on your member ID card.

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# Notes & doodles

# Notes & doodles

# Ready to use your extra benefits?

## UHC Dual Complete WV-Q1 (PPO D-SNP)

Take advantage of your additional plan benefits by using the providers below.

Call **1-866-480-1086**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept or visit **myUHCMedicare.com** for:

- Routine vision services: UnitedHealthcare Vision®
- Routine dental benefits: UnitedHealthcare Dental
- Fitness program: Renew Active®

**Scan this code to find fitness locations**

**Hearing aids**
UnitedHealthcare Hearing
1-877-704-3384
UHCHearing.com/Medicare

**Prescription drug home delivery**
Optum® Home Delivery Pharmacy
1-877-889-6358
myUHCMedicare.com

**OTC, healthy food, utilities + wellness support**
Solutran
1-833-853-8587
ucardhub.uhc.com

# 50 years of experience

UnitedHealthcare has 50 years of experience serving members like you. You can count on us to be there when you need us. Call us when you need 1 on 1 support.

## We're happy to help

Download the UnitedHealthcare app

Visit **UHC.com/Medicare**

Call toll-free **1-844-560-4944**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone.

**Scan this code to download the UnitedHealthcare app**

Important plan information

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