



Ancillary Benefits Reference Guide

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Resources

We have a variety of materials available to help you understand these UnitedHealthcare differentiators.

Sales Materials Portal

Ancillary benefits may vary by plan. Consult these documents for benefit details.

Jarvis > Sales & Marketing Tools > Sales Materials > Sales Materials Portal

- **Enrollment Guide**
- **Evidence of Coverage**

UnitedHealthcare Toolkit

Find approved materials to share with consumers.

Jarvis > Sales & Marketing Tools > Sales Materials > UnitedHealthcare Toolkit

- **Prospect-facing flyers**
- **Prospect postcards**
- **Table top and pull up banners**

Learning Lab

Find training and sign-up for instructor-led sessions.

Jarvis > Knowledge Center > Training > Learning Lab > Content Library > Search keyword: "ancillary"

- **Ancillary Benefits Instructor-Led Training (ILT)**
- **Ancillary Benefits eLearning**
- **Ancillary Answers**



Acupuncture



This benefit allows members to visit acupuncturists for services not covered under Original Medicare. Services are covered for the relief of pain, nausea, and disorders affecting muscles, nerves, and bones. There are no referral requirements for routine care and members may use any participating acupuncturist.

The vendor for routine acupuncture services is OptumHealth Care Solutions, LLC. Contact Optum Customer Service for questions.

To Use this Benefit

- **Find** a participating acupuncturist provider through Rally via myuhc.com.
 - Members may also call Optum Customer Service.
- **Schedule** an appointment with the provider.
- **Pay** copay (if applicable) at the provider's office for each visit.

Important Notes

- Original Medicare provides limited acupuncture coverage for chronic lower back pain.
- Treatment for weight loss, sexual dysfunction, mental conditions such as depression, smoking cessation, drug or alcohol addiction, or any other conditions not related to the relief of pain are not covered.
- Members must use OptumHealth providers for services.
- Services do not count toward the member's maximum out of pocket amount.

Check Plan Details

- Copay and number of visits per year vary by plan.



Chiropractic



This benefit allows members to visit chiropractic providers for services not covered under Original Medicare. Services are covered for the relief of pain, nausea, and disorders affecting muscles, nerves, and bones. There are no referral requirements for routine care* and members may use any participating chiropractic provider.

The vendor for routine chiropractic services is OptumHealth Care Solutions, LLC. Contact Optum Customer Service for questions.

To Use this Benefit

- **Find** a participating chiropractic provider through Rally via myuhc.com.
 - Members may also call Optum Customer Service.
- **Schedule** an appointment with the provider.
- **Pay** copay (if applicable) at the provider's office for each visit.

Important Notes

*Treatment for subluxation, a "misalignment" of the spine, may need a referral from a primary care physician.

- Original Medicare provides limited chiropractic coverage for subluxation.
 - Routine or "maintenance" chiropractic services are not covered under Original Medicare.
- Treatment for weight loss, sexual dysfunction, mental conditions such as depression, smoking cessation, drug or alcohol addiction, or any other conditions not related to the relief of pain are not covered.
- Members must use OptumHealth providers for services.
- Services do not count toward the member's maximum out of pocket amount.

Check Plan Details

- Copay and number of visits per year vary by plan.



Dental



This benefit provides access to dental care and services not covered under Original Medicare, including \$0 copay for covered preventive and diagnostic dental services such as commonly used oral exams, x-rays, and routine cleanings.

Dental plans may also include additional comprehensive dental services, either embedded into the plan or offered as a dental rider.

The main vendor for routine dental is UnitedHealthcare Dental.*

To Use this Benefit

- **Find** an in-network dental provider by logging in at [UHC.com](https://www.uhc.com).
- **Schedule** an appointment with the provider.
- **Bring** UnitedHealthcare member ID card to the appointment.
- **Discuss** treatment plan options, risks, benefits, and fees with the dentist prior to receiving services.
 - Review plan specific details in the Evidence of Coverage (EOC). Contact the Customer Service number on the member ID card for questions.

Important Notes

*Solstice Dental is the vendor for Preferred Care Partners and Medica in certain parts of Florida.

Dina Dental is the vendor for People's Health Plan in Louisiana.

- Preferred Care Partners, Medica, Florida DSNP, and People's Health plans use alternative plan designs. CA High Option Rider plan design is also a non-standardized plan design.
- Members can choose from a robust dental network. Most plans are supported by the UnitedHealthcare Dental National Medicare Advantage Network which is the largest national Medicare dental network.
- Most Health Plans have selected one of the following embedded dental plan designs. Plans follow a simplified and standardized design, built sequentially so that each plan level adds on additional coverage without removing any coverage that was included at a lower plan level.
 - **Level 1:** Includes exams, x-rays, routine cleanings, fluoride
 - **Level 2:** Includes Level 1 *plus* fillings (metal and tooth-colored), nitrous oxide (laughing gas)
 - **Level 3:** Includes Level 2 *plus* certain types of crowns, bridges, deep cleanings, extractions, root canals
 - **Level 4:** Includes Level 3 *plus* certain types of complete dentures, partial dentures, IV sedation, general anesthesia, occlusal guards
 - **Level 5:** Includes Level 4 *plus* implants

Check Plan Details

- Check the plan-specific Evidence of Coverage (EOC) for a comprehensive list of covered dental services, frequency limitations, and exclusions.
- In addition to preventive and diagnostic services, plans may also offer comprehensive dental services which may include some combination of fillings, crowns, bridges, root canals, extractions, periodontal services, sedation, and dentures.
- Plans may offer a Dental Platinum Rider with a procedure code list identical to Level 4 plan design.
- On plans where a dental rider is offered, members can purchase a dental rider at the time they enroll in the plan or within 3 months after the effective date of their plan. In parts of California where both the High-Option and Dental Platinum Rider are available, members may change between rider options during this 3-month window. Members can disenroll from their dental rider at any time during the plan year, however they may not re-enroll after their 3-month window.
- Some plans may offer access to out-of-network coverage.
 - If out-of-network coverage is available on the plan and a member chooses an out-of-network provider, the member may be billed for charges above what the plan pays, even for services listed as \$0 copayment.



Fitbit



This benefit provides one Fitbit activity tracker at no cost every two years. The activity tracker monitors heart rate, steps, distance, calories, and sleep.

To Use this Benefit

- **Order** an activity tracker through Fitbit's storefront webpage especially designed for members. (Note: URLs may not be active before October 2020.)
 - [Storefront webpage for Renew Active + Fitbit plans](#)
 - [Storefront webpage for Fitbit standalone plans](#)
- **Enter** the member ID found on the UnitedHealthcare membership card.
- **Choose** from two tracker models.
- **Enter** additional applicable information to complete the ordering process.

Members can also call Fitbit Customer Service for support with ordering an activity tracker.

Important Notes

- The Fitbit benefit may be available on Individual Medicare Advantage plans as:
 - Renew Active + Fitbit
 - Fitbit standalone
- The activity tracker can motivate members to reach health and fitness goals by tracking activity, exercise, sleep, weight and more.
 - Auto-Syncing provides real-time information.



Hearing



This benefit provides access to a full range of hearing health services and custom-programmed hearing aids.

To Use this Benefit

For plans that use UnitedHealthcare Hearing:

- **Visit** the [UnitedHealthcare Hearing website](#) to locate a hearing provider.
 - Click **Locations**, search by zip code, and click **Request an Appointment** to connect with a provider.
 - Members may also call UnitedHealthcare Hearing.
- **Get** a hearing test and order hearing aids.
- **Purchase** hearing aids in-person through a hearing provider or have the hearing aids delivered anywhere in the U.S. with virtual follow-up care.

Important Notes

- Members can choose from over 5,500 accredited network hearing provider locations nationwide.
- Hearing aids from major manufacturers at up to 80% savings off industry prices. Brands include:
 - Beltone
 - Oticon
 - Phonak
 - Resound
 - Signia
 - Starkey
 - Unitron
 - Widex
 - UnitedHealthcare Hearing's exclusive brand Relate, featuring advanced technology, including remote fittings and adjustments, Bluetooth streaming, recharging capabilities and a smart phone app – all new for 2021.

Check Plan Details

- Routine hearing benefits, including copay and allowance amounts, vary by plan.



FirstLine Essentials+ — OTC Catalog



This benefit provides credits to use on OTC products including OTC medication, medicine chest items, vitamins & supplements, and more.

To Use this Benefit

All new members will receive a welcome mailing with information about the program.

- FirstLine Benefits will add credits to the member's account every three months.
 - A personalized catalog and letter are also mailed to the member every three months.
- **Purchase** daily-use OTC products through FirstLine Benefits by mail, phone, website or mobile app.
 - Products ordered through FirstLine Benefits are delivered directly to the member's home at no cost to the member with a \$30 minimum order.

Important Notes

- 500+ products are offered under this benefit, including:
 - Pain management
 - OTC medications
 - Medicine chest items
 - Stomach remedies
 - Incontinence
 - Home medical
 - Bath safety
 - Vitamins & supplements
- Check current balance through the website, mobile app, or by phone.

Check Plan Details

- Benefit credit amount and credit expiration vary by plan.



FirstLine Select — OTC Debit Card



This benefit provides a debit card with credits to use on OTC products including OTC medication, medicine chest items, vitamins & supplements, and more.

To Use this Benefit

All new members will receive a welcome mailing with a debit card and information about the program.

- FirstLine Benefits will add credits to the member's debit card every three months.
 - A personalized catalog and letter are also mailed to the member every three months.
- **Purchase** health & wellness products through FirstLine Benefits by mail, phone, website or mobile app, or at Walgreens and other participating retailers.
 - Scan in-store items using the mobile app to determine if they are eligible.
 - Products ordered through FirstLine Benefits are delivered directly to the member's home at no cost to the member with a \$30 minimum order.

Important Notes

- 500+ products are offered under this benefit, including:
 - Pain management
 - OTC medications
 - Medicine chest items
 - Stomach remedies
 - Incontinence
 - Home medical
 - Bath safety
 - Vitamins & supplements
- Check current balance through the website, mobile app, or by phone.

Check Plan Details

- Benefit credit amount and credit expiration vary by plan.



FirstLine Select+ — OTC Card & Healthy Food



FirstLine is the vendor for the healthy food benefit in **NY only**. Solutran is the vendor for all other healthy food benefits.

This benefit provides a card with credits to use on healthy food and OTC products. Healthy food include fruits, vegetables, grains, breads, dairy, meats, nutritional drinks like Boost and Ensure, and more. OTC products include OTC medication, medicine chest items, vitamins & supplements, and more.

To Use this Benefit

- FirstLine Benefits will add credits to the member's card. The card will be automatically loaded with the plan's benefit amount.
 - Healthy food credits are added every first day of the month.
 - OTC credits are added every three months.
 - A personalized catalog and letter are mailed to the member every three months.
- **Purchase** OTC products through FirstLine Benefits by mail, phone, website or mobile app, or at Walgreens and other participating retailers.
- **Purchase** healthy foods like fruits, vegetables, grains and dairy products at participating local stores.
 - Scan in-store items using the mobile app to determine if they are eligible.
- OTC products ordered through FirstLine Benefits are delivered directly to the member's home at no cost to the member with a \$30 minimum order.

Important Notes

- If the member's OTC benefit and healthy food benefit are both through FirstLine, they will receive one card for both benefits.
 - Otherwise, the member will receive a navy blue card for the OTC benefit and a white card for the healthy food benefit. Both cards will be labeled to identify which benefit they support.
 - The FirstLine card has the traditional debit card symbol with the Mastercard logo on the back of the card.
 - The card is reusable until the end of the benefit year.
- 500+ OTC products offered under this benefit such as:
 - Pain management
 - OTC medications
 - Medicine chest items
 - Stomach remedies
 - Incontinence
 - Home medical
 - Bath safety
 - Vitamins & supplements

Check Plan Details

- Benefit credit amount and credit expiration vary by plan.
- For plans with different vendors for the OTC benefit and the healthy food benefit, check the healthy food retailer network, as it may vary from the OTC retailer network.



Post-Discharge Meal Delivery



This benefit provides home-delivered refrigerated meals at no additional cost after an inpatient hospital discharge or skilled nursing facility stay.

The vendor for post-discharge meal delivery is Mom's Meals.

To Use this Benefit

Activation of this benefit occurs behind the scenes and requires no action from the member.

- A case manager will initiate outreach to eligible members after discharge and complete a referral/service authorization.
- **Receive** initial order meal delivery within 72 hours of authorization.
 - Meals are packaged and shipped to the member's home in a temperature-controlled cooler and can be refrigerated up to two weeks or frozen up to three months.
 - Delivery service available to all rural and urban areas in all 50 states.

Important Notes

- Mom's Meals provides well-rounded, seasonal menus featuring classic comfort foods along with contemporary favorites made using high-quality ingredients.
- Proper nutrition aids the member in their recovery and reduces the likelihood of a hospital readmission.
- Menu options include:
 - General Wellness Menu
 - Lower Sodium (Sodium <600 mg)
 - Heart-Friendly (Sodium <800 mg, Fat <30%, Sat Fat <10%)
 - Diabetic-Friendly (Sodium <700 mg, Potassium <833 mg, Phosphorus <300 mg)
 - Gluten-Free (Tested less than 20 ppm, not a dedicated kitchen)
 - Cancer Support (Calories >600, Protein >25 g)
 - Vegetarian (includes dairy, eggs, plant protein, nuts, and beans. Vegan not available)
 - Pureed (for dysphagia patients and those with difficulty swallowing)

Check Plan Details

- Quantity of meals, duration of meal delivery, and the number of times per year the benefit can be used vary by plan.



Naturopathy



This benefit covers unlimited office visits to a naturopath provider for disease prevention and treatment. There are no referral requirements and members may use any naturopath participating provider.

The vendor for naturopathic services is OptumHealth Care Solutions, LLC.
Contact Optum Customer Service for questions.

To Use this Benefit

- **Find** a participating naturopath provider through Rally via myuhc.com.
 - Members may also call Optum Customer Service.
- **Schedule** an appointment with the provider.
- **Pay** copay (if applicable) at the provider's office for each visit.

Important Notes

- Naturopathic medicine is a distinct health care profession that emphasizes prevention, treatment and optimal health, focusing on the body's ability to heal itself. Naturopathy uses diet, exercise, lifestyle changes and natural therapies to enhance the body's ability to ward off and combat disease.
- Original Medicare does not cover routine naturopathic services.
- This benefit does not cover:
 - Durable medical equipment (DME)
 - Herbs
 - Homeopathic remedies
 - Medications
 - Nutritional supplements, vitamins or vitamin injections
- Members must use OptumHealth providers for services.
- Services do not count toward the member's maximum out of pocket amount.

Check Plan Details

- Copay varies by plan.



Solutran Health & Wellness Products Catalog



This benefit provides credits to use on OTC products including first aid items, OTC medications, vitamins & supplements, and more.

For questions about the catalog program, members can call 1-833-845-8798 (TTY: 711), 8 AM-8PM local time, 7 days a week.

To Use this Benefit

All new members will receive a welcome kit that includes a card, catalog, order forms for mailing, and information about the program.

- **Receive** credits on the first business day of each quarter.
- **Purchase** OTC products through the catalog online, by phone, or by mail.
 - Products delivered directly to the member's home at no additional cost. 2-day shipping on most items.
 - Place unlimited orders per quarter. There is a \$35 minimum on orders.

Important Notes

- Thousands of products are offered under this benefit, including:
 - Vitamins & supplements
 - First aid items
 - Pain management
 - Oral care items
 - OTC medications
 - Medicine chest items
 - Stomach remedies
 - Incontinence
- Members can update their profile, check balances, browse products, and see transaction history on the website.

Check Plan Details

- Benefit credit amount and expiration vary by plan.



Solutran Health & Wellness Products Card



This benefit provides a prepaid card to use on OTC products including first aid items, OTC medications, vitamins & supplements, and more.

For questions about the card program, members can call 1-833-853-8587 (TTY: 711), 8 AM-8PM local time, 7 days a week.

To Use this Benefit

All new members will receive a welcome kit that includes a card, catalog, order forms for mailing, and information about the program.

- **Receive** credits on the first business day of each quarter.
- **Purchase** OTC products in-store at any Walmart or participating provider, online, by phone, or by mail.
 - Products ordered online, by phone, or by mail are delivered directly to the member's home at no additional cost. 2-day shipping on most items.
 - Place unlimited orders per quarter. There is a \$35 minimum on orders. In-store orders have no minimum.

Important Notes

- Thousands of products are offered under this benefit, including:
 - Vitamins & supplements
 - First aid items
 - Pain management
 - Oral care items
 - OTC medications
 - Medicine chest items
 - Stomach remedies
 - Incontinence
- Members can update their profile, check balances, browse products, see transaction history, and locate participating stores on the website.
- Credits expire annually on 12/31.

Check Plan Details

- Benefit credit amount varies by plan.



Solutran Health & Wellness Products Card & Healthy Food

Go to the next page for information on the [Solutran Healthy Food benefit only](#).



This benefit provides a card with credits to use on healthy food and OTC products. Healthy food include fruits, vegetables, healthy grains, soups, dairy, meats, nutritional drinks like Boost and Ensure, and more. OTC products include vitamins & supplements, first aid items, OTC medications and more.

Solutran is the vendor for the healthy food benefit, except in NY.

For questions about the card & food program, members can call 1-833-853-8587 (TTY: 711), 8 AM-8PM local time, 7 days a week.

To Use this Benefit

All new members will receive a welcome kit with information about the OTC and healthy food benefit. The card will be automatically loaded with the plan's benefit amount.

- **Receive** healthy food credits monthly.
- **Receive** OTC credits on the first business day of each quarter.
- **Purchase** healthy food at Walmart or other participating stores.
 - Members may receive healthy food discounts or coupons which are applied automatically at checkout and are updated weekly.
- **Purchase** OTC products like pain relievers, cold remedies, and vitamins at Walmart and other participating stores, online, by phone, or by mail.
 - Products purchased online, by phone, or by mail are delivered at no additional cost.
 - Place unlimited orders per quarter. There is a \$35 minimum on orders. In-store orders have no minimum.

Important Notes

- If the member's OTC benefit and healthy food benefit are both through Solutran, they will receive one card for both benefits.
 - Otherwise, the member will receive a navy blue card for the OTC benefit and a white card for the healthy food benefit. Both cards will be labeled to identify which benefit they support.
 - The Solutran card has an S3 symbol in the bottom corner of the front and the back of the card.
 - The card is a barcode-based form of payment. To use the card, the member turns the card over to scan the barcode at the point of sale. There is no chip or pin, and the card cannot be swiped.
 - The card is reusable until the end of the benefit year.
- Members can update their profile, check balances, browse approved grocery departments, see transaction history, and locate participating stores on the website.
- Participating stores include Albertsons, Giant, Martins, Safeway, Food Lion, Kroger, Kroger Marketplace, Shoppers, SNS East, Walgreens, Walmart, Stop and Shop, Star Markets, Hannaford, and more.

Check Plan Details

- Benefit credit amount and expiration vary by plan.
- For plans with different vendors for the OTC benefit and the healthy food benefit, check the healthy food retailer network as it may vary from the OTC retailer network.



Solutran Healthy Food



This benefit provides a card with credits to use on healthy food. Healthy food include fruits, vegetables, healthy grains, soups, dairy, meats, nutritional drinks like Boost and Ensure, and more.

For questions about the food program, members can call 1-855-473-4369 (TTY: 711), 8 AM-8PM local time, 7 days a week.

To Use this Benefit

All new members will receive a welcome kit with information about the OTC and healthy food benefit. The card will be automatically loaded with the plan's benefit amount.

- **Receive** healthy food credits monthly.
- **Purchase** healthy food at Walmart or other participating stores.
 - Members may receive healthy food discounts or coupons which are applied automatically at checkout and are updated weekly.

Important Notes

- The member will receive a navy blue card for the OTC benefit from FirstLine and a white card for the healthy food benefit from Solutran. Both cards will be labeled to identify which benefit they support.
 - The Solutran card has an S3 symbol in the bottom corner of the front and the back of the card.
 - The card is a barcode-based form of payment. To use the card, the member turns the card over to scan the barcode at the point of sale. There is no chip or pin, and the card cannot be swiped.
 - The card is reusable until the end of the benefit year.
- Members can update their profile, check balances, browse approved grocery departments, see transaction history, and locate participating stores on the website.
- Participating stores include Albertsons, Giant, Martins, Safeway, Food Lion, Kroger, Kroger Marketplace, Shoppers, SNS East, Walgreens, Walmart, Stop and Shop, Star Markets, Hannaford, and more.

Check Plan Details

- Benefit credit amount and expiration vary by plan.
- For plans with different vendors for the OTC benefit and the healthy food benefit, check the healthy food retailer network as it may vary from the OTC retailer network.



NurseLine



This benefit provides 24/7 access to a registered nurse who can help with health-related concerns, including medication dosage & generic options, side effects, understanding symptoms and self-care techniques.

To Use this Benefit

- **Call** the NurseLine telephone number found on the member ID card.
- **Verify** member or plan details so that an appropriate state-licensed registered nurse can assist the caller.
- **Receive** assistance from NurseLine staff.

Important Notes

- NurseLine's registered nurses guide members to the right treatment, the right provider, the right medication, and the right lifestyle.
- Members have access to interpreters for more than 140 different languages.
- This service should not be used for emergency or urgent care needs. Call 911 or go to the nearest emergency room in an emergency.



Passport



The UnitedHealth Passport program provides members that travel or relocate flexibility and coverage* at in-network prices for up to 9 months of the plan year.

A member is eligible for the UnitedHealth Passport program when they leave the plan's service area for an absence of no longer than 9 consecutive months. The member must be going to the service area of an affiliated organization to receive coverage.

To Use this Benefit

- **Call** UnitedHealthcare Customer Service in advance to notify UnitedHealthcare that the member intends to be outside of the plan's service area and wants to have coverage under the UnitedHealth Passport program.
- **Obtain** a referral from UnitedHealthcare to physicians who are contracted with an affiliated organization.
 - The member is required to notify UnitedHealthcare prior to obtaining any health care services until the member has obtained the name of a network provider in the affiliated service area.
- **Use** services of a network physician in the affiliated service area.
 - Members may access all covered services without additional notification to UnitedHealthcare.
 - Members must authorize the contracted affiliated organization physicians and other providers to request medical records from the member's primary care physician (PCP) and must further authorize these physicians and other providers to send medical records to the PCP to ensure continuity of care. The member must also agree to cooperate with these physicians and other providers.
- **Contact** UnitedHealthcare as soon as the member returns to the plan's service area.

Important Notes

*Coverage includes services under the Evidence of Coverage (EOC) for the member's plan. All conditions of coverage under the EOC will continue to apply.

- Coverage will be effective on the 1st day that the member is located in the service area of an affiliated organization.
- If a member does not return to the plan's service area within 9 months of activating UnitedHealth Passport program, UnitedHealthcare is required to disenroll the member on the 1st day of the month coinciding with or next following the expiration of the 9 month UnitedHealth Passport period.



Personal Emergency Response System (PERS)



This benefit provides an in-home monitoring device members can use 24/7 to call for help in any emergency situation. The device is a lightweight, discreet button that can be worn on the wrist or as a pendant.

To Use this Benefit

- **Check** that the member has a working phone number, landline, or cellular access (required to take part in this benefit).
- Members, family members, caregivers and healthcare professionals may enlist a member into this benefit online at [the Philips Lifeline webpage](#).
- **Choose** between Standard help button, AutoAlert help button, or Mobile help button.
 - *Standard help button* - Requires a manual press. Available in pendant or bracelet.
 - *AutoAlert help button* - Automatically detects a fall, even if the person is disoriented, immobilized or unconscious and cannot push the help button. Available in pendant only.
 - *Mobile help button* - Automatically detects a fall and uses 5 different locating technologies to quickly find the person, including advanced GPS and Wi-Fi. The button is one piece system and is a 2-way voice communicator. Available in pendant only.
- **Use** the help button. A trained Care Specialist will access the member's profile, assess the situation, and dispatch the help needed. The Care Specialist will also follow up to ensure help has arrived.

Important Notes

- PERS uses a 2-way communicator. It works like a speaker phone and speed dials the response center for direct communication. The communicator uses a working landline or the AT&T cellular network to connect to the response center.
- PERS helps to give peace of mind to family members, friends, and caregivers knowing that help is only a button press away.
 - Members decide who comes to help them - it could be a neighbor, local family member, friend, or emergency services.
 - Members who are at an elevated risk of medical emergency due to chronic disease, complications from medication adherence, recent hospital discharge, or have a history, fear, or risk of falling may wish to consider PERS.
- The system setup includes completing a range test, so a member can be reassured Philips will receive the signal from the communicator at all points within the home.
- The button should be worn at all times and is safe to wear in the shower or bath.
- The help button does not require charging and a new one will be sent if low battery is detected.
- The communicator conducts regular system checks automatically alerting Philips Lifeline if maintenance is required.



Renew Active



This benefit provides access to local and national fitness locations to help members maintain functional mobility. Participating gyms include YMCA, 24 Hour Fitness, Gold's Gym, LA Fitness, Life Time, Snap Fitness and more.

The benefit also includes online brain exercises through AARP Staying Sharp and a Fitbit Community for Renew Active.

To Use this Benefit

Visit the health & wellness section of the member portal and look for Renew Active to:

- **Obtain** a Renew Active confirmation code
- **Find** participating gyms and fitness locations
- **Access** the AARP Staying Sharp experience
- **Access** the Fitbit Community registration link

Members may also call the UnitedHealthcare Customer Service number on the back of their member ID card to obtain a Renew Active confirmation code.

Fitness Benefit

- **Present** a Renew Active confirmation code at any participating location.

AARP Staying Sharp

- **Create** an AARP Staying Sharp profile.
 - A Renew Active confirmation code is required.
- **Access** brain exercises and activities.

Fitbit Community for Renew Active

- **Create** a Fitbit profile.
 - A Renew Active confirmation code is required.
- **Join** the digital community.

Important Notes

- Renew Active is focused on helping the 65+ population maintain functional mobility and cognitive health through a free gym membership, in-person fitness orientation, a personalized fitness plan, group exercise classes, online brain health program with exclusive content from AARP Staying Sharp, local health & wellness events, and a Fitbit Community for Renew Active including thousands of workout videos with Fitbit premium content.
- Members have flexibility to use any participating fitness location in any program eligible state.
- There are no restrictions on the number of participating fitness locations a member can visit in any one day.
- Caregiver access available at select locations.
- Members that do not have the ability to access a participating fitness location or brain exercises online can receive an At Home fitness or brain exercise offering. Call UnitedHealthcare Customer Service to order an At Home offering or for more information.

Check Plan Details

- Select plans may offer incentives through Renew Rewards.



Transportation



This benefit provides non-emergency medical rides, with pick-up to or from physicians, medical facilities, and pharmacies at no cost to the member. Wheelchair-accessible vans available upon request.

To Use this Benefit

- **Schedule** a ride by calling the plan's toll-free number for LogistiCare.
 - Routine (non-urgent) medical appointment trips must be requested three business days in advance of scheduled medical appointment.
 - Urgent (non-emergency) medical appointment trips can be scheduled 24/7. Urgent medical appointments include hospital or nursing facility discharges, follow-up appointments, pre-operative appointments, outpatient surgery, dialysis, chemotherapy, radiation, wound care, urgent care facility appointment, or any appointment for a condition where the member must be seen the same or next day.
 - Members may set a time for the return ride home or leave as "will call," which give the transportation provider up to one hour to return for member pick up.
- The vendor will send an appropriate vehicle based on the member's mobility needs.

Important Notes

- Safe and reliable transportation ensures access to health care and helps members utilize the benefits of their plan.
- Covered services do not include transportation by stretcher or ambulance.
- Drivers do not have medical training. Call 911 in an emergency.
- The vendor tracks trip usage and will inform the member when trip limits have been reached or nearing exhaustion.
 - A one-way trip is considered one trip. A round-trip is considered two trips.
- Members may be accompanied by up to one companion per trip. The companion must be at least 18 years old.
- Contact LogistiCare for concerns, not the driver or sub-contracted transportation provider.

Check Plan Details

- Mileage limits and trip limits vary by plan.



Virtual Medical Visits



This benefit provides unlimited virtual medical visits with \$0 copay for non-critical illnesses such as cold, flu, sore throat, and skin rashes. Members may access treatment 24/7 using a computer, tablet, or smartphone.

The vendor for virtual medical visits is American Well (AmWell).

To Use this Benefit

Through the AmWell website

- **Create** an AmWell account at [the AmWell website](#).
- **Log in** anytime to use the virtual visit benefit.

Through the member portal

- **Click Get Treated Now** from the health & wellness section.
- **Create** an AmWell account.
- **Initiate** a virtual visit anytime to use the benefit.

Important Notes

- AmWell virtual visits use live audio/video capabilities to enable members to ask questions about symptoms, get a diagnosis, and get a prescription. Members can have an appointment from the comfort and convenience of their home.
 - Virtual visits are also available in audio only.
 - Using video on a device may help the health care provider better understand symptoms and concerns, leading to a more productive visit.
- Virtual visits have \$0 cost sharing.
- Members should use the Contact Us feature on the AmWell website for assistance with technical issues or password resets.

Check Plan Details

- Select plans may provide the opportunity for members to meet with their provider group at no cost. Members should check with their primary care physician for more information about virtual provider visits.



Virtual Mental Health



This benefit provides access to virtual mental health visits to discuss general mental health conditions such as depression and anxiety. Members can access convenient and confidential health care with \$0 copay.

Mental health virtual visit providers are part of the Optum Behavioral Health network.

To Use this Benefit

- **Find** a licensed therapist at the [virtual mental health visits website](#).
- **Schedule** an appointment online or by calling the provider.
 - Mental health virtual visits are usually held during regular business hours.
- **Talk** to a licensed therapist online.

Important Notes

- Mental health virtual visits enable members to have a live video chat with a mental health care provider from the comfort and convenience of their home.
 - Not all mental health conditions can be treated through virtual visits. Virtual visit providers will alert patients if they need to see an in-person provider for treatment.
- Provider technical requirements may vary. The provider will let the member know what technology they use to perform each visit.
 - Members may need a computer with an updated browser and video capability. Some providers support the use of smartphones or tablets.
 - For live video chat with the health care provider, a stable internet connection is recommended.



Vision



This benefit covers additional routine vision services not covered under Original Medicare including annual routine eye exams and eyewear.

Contact UnitedHealthcare Customer Service for questions.

To Use this Benefit

For plans that use UnitedHealthcare Vision:

- **Find** a provider at [the UnitedHealthcare Vision website](#).
 - Members may also call UnitedHealthcare Customer Service for assistance with locating a provider.
- **Order** eyewear at the provider's office or for home delivery nationwide through UnitedHealthcare Vision online network providers like Warby Parker and Glasses USA.

Important Notes

- Increase healthier lifestyles through the eyes-body connection. Vision benefits are used more than other coverages, making eye care providers a front-line resource for monitoring overall health.
- UnitedHealthcare Vision's large and balanced vision network features a range of provider types, price points, locations and convenient hours.
 - \$0 copay for routine vision exam every year.
 - Refractions are covered by UnitedHealthcare Vision as part of the routine vision exam.
 - Standard lenses are covered in full including single vision, bifocal or trifocal lenses, plus progressives and scratch-resistant coating.
 - Members can purchase contacts in lieu of eyeglasses. Formulary listed contacts are covered up to 8 boxes. The contact lens allowance can be applied to the purchase of non-formulary contact lenses.
 - **New for 2021** - Members in PPO and POS plans with out of network routine vision benefits through UnitedHealthcare Vision must receive eyewear from UnitedHealthcare Vision network providers. Home delivered eyewear is available nationwide through UnitedHealthcare Vision.

Check Plan Details

- Routine vision coverage varies by plan.
- UnitedHealthcare Vision is the vendor for most plans; however, there are different vendors in specific markets, including:
 - March Vision (Various DSNP Plans)
 - Nationwide Vision (Arizona DSNP)
 - 20/20 Eye Care Network (Florida select plans)
 - Icare (Florida select plans)
 - Primary Medicaid Group PMG (California and Texas)
 - Texas – if a member belongs to an IPA or Primary Medical Group, then they may receive routine vision services thru their primary care provider or UnitedHealthcare Vision.
 - California – Members assigned to a Sharp medical group will receive their routine vision services thru UnitedHealthcare Vision.
 - Fee-for-Service (FFS)

