



# **2022 Ancillary Benefits**

August 2021



**United  
Healthcare**

# 2022 Ancillary Benefits Reference Guide

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*Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. Please reference Evidence of Coverage (EOC) for plan specific details.*



# Acupuncture & Chiropractic

Acupuncture and Chiropractic services are supplemental benefits offered which cover additional services and visits not covered under the Original Medicare benefit. UnitedHealthcare offers this Routine Chiropractic and Acupuncture Benefit in addition to medical benefits to better meet the needs of members. The vendor for routine chiropractic and acupuncture services is OptumHealth Care Solutions, LLC (Optum).

## *What does this benefit offer members?*

- This benefit allows members to visit chiropractors or acupuncturists for services not covered under Original Medicare or the member's medical benefits.
- Services are covered for the relief of pain, neuromusculoskeletal disorders (affecting muscles, nerves, and bones), and nausea.
- Covered services do not include:
  - Chiropractic or acupuncture 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.
- There are no referral requirements and members can see any chiropractic and/or acupuncture participating provider.
- Copays range from \$0 to \$20 based on the member's plan.
- Number of visits vary based on the member's plan.

## *How does the benefit work?*

- The member finds a participating acupuncturist or chiropractic provider through Rally via myuhc.com or by contacting Optum Customer Service via phone: 1-800-428-6337 For CA plans and 1-866-785-1654 for all other states (non-CA plans).
- The member makes an appointment with a participating provider.
- The member pays a copay, if applicable, at the provider's office for each visit.
- The majority of plans in 2022 will have separate chiropractic and acupuncture visit allowances. Please refer to the EOC for specific benefit information.
- Members that have questions about the routine chiropractic and/or acupuncture benefit can call Optum toll-free at: 1-800-428-6337 for CA plans and 1-866-785-1654 for all other states (non-CA plans).



### **Where is the benefit available?**

- Varies by plan - check the Evidence of Coverage (EOC) for specific routine acupuncture and/or chiropractic benefits.

### **Value Proposition and General Points**

- Original Medicare provides limited acupuncture coverage for chronic lower back pain.
- Original Medicare provides limited chiropractic coverage for active/corrective treatment to correct acute or chronic subluxation (a “misalignment” of the spine).
- Routine or “maintenance” chiropractic and acupuncture services are not covered by Original Medicare.
- UnitedHealthcare's Acupuncture & Chiropractic Ancillary Benefits:
  - Referrals are not required for routine acupuncture or routine chiropractic care. Members may need a referral from a primary care physician for chiropractic services that would be covered by Original Medicare (see above).
  - Members may use any participating acupuncturist or chiropractic provider.
  - There are a set number of annual visits according to the member’s benefit package.
  - Services do not count towards the members maximum out-of-pocket amount.
  - Optum manages the Chiropractor and Acupuncture benefit. Members are encouraged to use Optum Health providers for services as not all plans allow for out of network benefits. For more information regarding out of network benefits members should be referred to their EOC.



# Dental

Dental services are supplemental benefits offered in addition to medical benefits to better meet the needs of members. They cover additional services not covered by Original Medicare including certain commonly used dental exams, x-rays and 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 Dental is UnitedHealthcare Dental. Preferred Care Partners and Preferred Care Network (formerly Medica) have Solstice Dental as their vendor in certain parts of Florida, and People's Health Plan uses Dina Dental in Louisiana.

## *What does this benefit offer members?*

- Access to dental care and services not covered by Original Medicare.
- Value factor as it saves members money to have these benefits included as part of their Medicare Advantage plan.
- Choice from a robust dental network. Most plans are supported by the UHC Dental National Medicare Advantage Network which is the largest national Medicare dental network\*. Some plans also offer access to out-of-network coverage. Seeing a network dentist may result in substantial savings.
- \$0 copayment\*\* on covered routine cleanings, exams, x-rays, and fluoride from network dentists. If fillings and nitrous oxide are covered on the plan, these services are also always \$0 copayment\*\* from network dentists.
- In addition to Preventive and Diagnostic services, many plans also offer comprehensive dental services which may include some combination of the following: fillings, crowns, bridges, root canals, extractions, periodontal services, sedation, dentures and implants.
- Annual maximums range from \$500-\$3500.

## *How does the benefit work?*

- Members can locate a dental provider by logging into their UHC member portal and using the Dental Provider Search tool.
- For help locating a dental provider, or for assistance scheduling a dental appointment, members can call the Customer Service number on the back of their member ID card.
- The member makes an appointment and brings their ID card to the dental office to verify eligibility and benefits.



- A comprehensive list of covered dental services can be accessed through the plan-specific Evidence of Coverage (EOC), including frequency limitations and exclusions.
- Members are encouraged to discuss treatment plan options, risks, benefits, and fees with their dentist prior to receiving services. Dentists can perform real time cost calculations on the member's behalf by using the UHC Dental provider portal to input proposed dental services relative to the member's current plan balance.
- Further questions are supported by UHC Consumer Services. Escalated questions are transferred to and supported by UnitedHealthcare Dental.

### **Where is the benefit available?**

- Varies by plan - check the Evidence of Coverage (EOC) for specific dental benefits by plan.

### **Value Proposition and General Points**

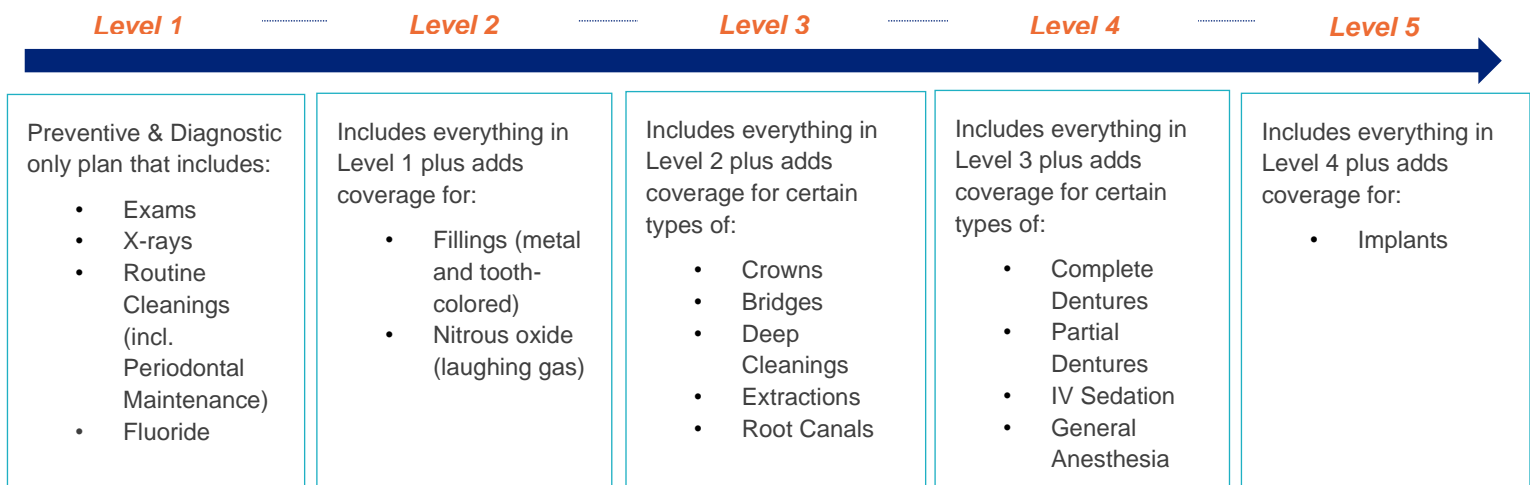
- In general, preventive and routine dental services are not covered under Original Medicare. The UnitedHealthcare Supplemental Dental Benefit provides coverage for dental services described in the EOC.
- Referrals are not required and there is no deductible for standard embedded or Platinum Rider plans.
- Electronic claim submission is available through the UnitedHealthcare Dental Provider Portal at <https://www.uhcdental.com> and expedites reimbursement.
- For some procedures, dentists are required to submit supporting clinical documentation to UnitedHealthcare Dental with the claim. Members do not need to request this information directly if a provider is submitting the claim on their behalf. Any member or dentist may request a voluntary Pre-Treatment Estimate to estimate plan coverage for services associated with an established dental treatment plan.
- Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.
- Any services not listed in the EOC are NOT covered.



## Plan Design

### Logical and Progressive Plans

- The standardized plan designs from 2021 will carry over into 2022. The plan designs are sequentially built so that each plan level adds on additional coverage without removing any coverage that was included at the lower plan level.
- The Health Plan selects the plan type and decides whether cost sharing will be applied. If a Health Plan selects cost sharing, then 50% coinsurance will be applied to services that are not offered on Level 2 plan design or below. Any routine dental cleanings, exams, x-rays, fluoride, fillings, or nitrous oxide that are covered on the plan will be \$0 copay\*.
- See the EOC for a list of covered services, limitations, cost sharing and exclusions.



\*\$0 cost-share for network dental care, specified services only. If the plan offers out-of-network dental coverage and the member chooses to see an out-of-network dentist, they might be billed more, even for services listed as \$0 copay.

- Most Health Plans have selected one of the following embedded dental plan designs: Level 1, Level 2, Level 3, Level 4 or Level 5. Unique package codes are aligned with the plan type (Non-SNP/DSNP, HMO, PPO/POS), the annual maximum, and cost sharing structure.
- PCP, Preferred Care Network (formerly Medica), Florida DSNP, and People's Health plans use alternative plan designs. See EOC for details.
- There is also a Dental Platinum Rider offered on some plans. The Dental Platinum Rider has a procedure code list that is identical to the Level 4 plan design. It has a \$1500 annual maximum, offers both in-network and out-of-network coverage, \$0 copay on preventive care and fillings, and 50%



coinsurance for additional procedures. If a member chooses to see an out-of-network dentist, they might be billed more, even for services listed as \$0 copay. See the EOC for a complete list of covered services, limitations, cost sharing, and exclusions.

- The Health Plan can select to offer the Dental Platinum Rider as an optional buy-up for a monthly premium on plans with no embedded dental benefit, on plans with a Level 1 embedded dental benefit, or on plans with a Level 2 embedded dental benefit. When offered on plans with embedded dental benefits, the Dental Platinum Rider premium reflects a discount for the investment the plan has made in the embedded dental benefit offering. Members can only be enrolled in one dental benefit at a time (Embedded or Rider). They are not additive. If a member “buys up” to the rider on a plan with an embedded dental plan offering, then they are changing their dental plan from the embedded option to the rider option.
- In some parts of California, a High-Option Dental Rider (supported by the CA DHMO network) is offered as an optional buy-up alongside the Dental Platinum Rider (supported by the UHC Dental National Medicare Advantage Network).
- On plans where it 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 from the plan effective date.
- If out-of-network coverage is available on the plan and a member chooses to see an out-of-network provider, the member may be billed for charges above what the plan pays, even for services listed as \$0 copayment.

*\*Network size varies by plan and by market.*

*\*\*\$0 cost-share for in-network dental care, specified services only. If your plan offers out-of-network dental coverage and you see an out-of-network dentist you might be billed more, even for services listed as \$0 copay.*





# Renew Active

Renew Active® is the gold standard in Medicare fitness programs for body and mind. Renew Active is focused on helping the Medicare population maintain functional mobility and cognitive health through:

- Free gym membership.
- On-demand workout videos and live streaming classes.
- Connecting with others at local classes and events, and through the Fitbit® Community for Renew Active members.
- Access to AARP® Staying Sharp®, an online brain health program.
- An annual personalized fitness plan and access to a wide variety of fitness classes.
- Reward card rewards staying active and tracking your steps (for certain plans).

## *What does this benefit offer members?*

- Stay active with a free gym membership at a fitness location you select from our nationwide network — the largest of all Medicare fitness programs, including many premium gyms. Members get an annual personalized fitness plan plus access to group classes.
- If members prefer to exercise at home, they can view thousands of on-demand workout videos and live streaming fitness classes.
- Members can participate in social activities offered through local health and wellness classes and events. Members can join in various activities— such as walking and hiking, arts and crafts, dancing, gardening, bowling, reading, fishing and more.
- Access to the online Fitbit® Community for Renew Active. This allows participation in fun, friendly step challenges with other health-minded members. No Fitbit device is needed. Joining the community also provides access to Fitbit Premium.™ To access Fitbit Premium, members must first join the online Fitbit Community for Renew Active.
- Access to AARP® Staying Sharp®, an online brain health program with exclusive content for Renew Active members. It includes a brain health assessment with personalized recommendations, interactive brain health challenges, videos, fun games and more.



- Allows members to bring a family member or friend to the gym to assist in them in their workout, at no additional cost.
- Digital integration with wearables to track steps and plan-specific incentives through Renew Rewards (for certain Medicare Advantage plans).

### **How does the benefit work?**

- The Renew Active confirmation code is a member's golden ticket to all Renew Active features. Within the Renew Active experience, members can search for a gym, register for any of the digital features, find local classes and events near them, and more! To obtain their Renew Active confirmation code and learn more, members will log into their UHC member portal and find the Renew Active tile on the Health and Wellness tab. Members can also call the Customer Service number on the back of their member health plan ID card to obtain their Renew Active confirmation code.
- Once the member has obtained their confirmation code, they can engage in the following features within the Renew Active site:
  - **Free Gym Membership** – Members will present their confirmation code at any in-network gym or fitness location to obtain their free gym membership.
  - **Digital Fitness Network** – Members have access to thousands of on-demand workout videos and live streaming fitness classes. Members will need their confirmation code to join each on-demand platform.
  - **AARP Staying Sharp** – Members will be asked to complete an AARP Staying Sharp profile to get started and access the online brain health program with exclusive content for Renew Active members.
  - **Fitbit Community for Renew Active and Fitbit Premium** –Members will be asked to complete a Fitbit profile and to download the Fitbit Mobile app to gain full access into the Fitbit Community. Joining the Fitbit Community also provides access to Fitbit Premium.
  - **Classes and Events** –Search for classes and events near members using their desired zip code.
  - **At-Home Option** - Members that do not have the ability to access a participating gym or fitness location or online brain health program can receive an at-home fitness and/or brain game offering. For more information or to order an at-home offering, members can call Customer Service toll-free at the number on the back of their health plan member ID card. Hours are 8 a.m. to 8 p.m. local time, 365 days/year.



### **Where is the benefit available?**

- Renew Active is the Fitness Vendor for Individual Medicare Advantage plans.
- Varies by plan - check the EOC for specific Renew Active benefits by plan.

### **Value Proposition and General Points**

- Members have the flexibility to use any Renew Active participating gym or fitness location across the US.
- There are no restrictions on the number of participating gyms or fitness locations, including digital on-demand fitness, a member can visit in any one day or year.
- Members in certain plans with Renew Active will be eligible to receive rewards, as part of the Renew Rewards program. Not all plans with Renew Active will have reward offers tied to Renew Rewards.
- Members do not need to have a Fitbit in order to join and participate in the Fitbit Community for Renew Active or Fitbit Premium. They will need to download the mobile app in order to participate.

*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, discounts, classes events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. Medicare's Biggest Gym Network/The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of <March, 2021>. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.*



# Fitbit

UnitedHealthcare and Fitbit® have teamed up to offer select Fitbit devices at no cost to members. Fitbit® devices help members reach their health and fitness goals by tracking their activity, sleep, stress levels and more.

The Fitbit device is a 24/7 health and wellness companion designed to support members on their health journey throughout their daily lives. In addition to supporting health and fitness goals, members can use on-wrist reminders to take medications or grab a snack.

\*Most up-to-date version of the models offered

## ***What does this benefit offer members?***

- One device every 2 plan years at no additional cost to members to help improve or maintain good health by tracking activity, sleep, stress levels and more.
- Real time information all day and night.
- Auto-syncing for up-to-date information on stats.

## ***How does the benefit work?***

- Easy online access to order their tracker on Fitbit's Storefront webpage especially designed for members.
  - <https://www.fitbit.com/global/us/store/UHC>.
- Click the link to the Fitbit Order site and enter the Member ID on the UHC membership card.
  - Select the desired device.
  - Complete ordering process by entering additional applicable information.
- Members can also call Fitbit's customer service phone line for support ordering their tracker.

## ***Where is the benefit available?***

- The Fitbit benefit can be available on:
  - Renew Active + Fitbit Plans
  - Fitbit Standalone Plans
- Device offerings
  - Fitbit Inspire 2 (or current version)
  - Fitbit Charge 5
  - Fitbit Luxe



### **Value Proposition and General Points**

- Fitbit® devices provide Heart Rate Monitoring, Steps, Calories Distance and Sleep Monitoring and more.
- Depending on the model chosen here are some of the device qualities:
  - Up to 7-day battery life
  - Large touchscreen
  - Lightweight, comfortable and durable
  - Water-resistance
- Ordered by accessing the online Storefront – or by calling Fitbit’s Customer Service.



# Routine Hearing and Hearing Aids

UnitedHealthcare Hearing provides a full range of hearing health services and custom-programmed hearing aids for members hearing needs. Members have access to name brand hearing aids, as well as UnitedHealthcare Hearing's private labeled brand Relate™. With more than 7,000 hearing locations nationwide\* and the option to purchase hearing aids in-person through a hearing provider or sent to their doorstep through the Right2you direct delivery with follow-up virtual care (select products only).

## What does this benefit offer members?

Hearing services are offered on most plans and may cover routine hearing exams and hearing aids. Not all plans offer routine hearing services; those that do may only cover the routine hearing exam and not include a hearing aid benefit. Check the Evidence of Coverage (EOC) for benefits by plan.

UnitedHealthcare Hearing offers:

- Copay plans with copays ranging from \$175 to \$1,425 per hearing aid, based on the member's plan and the model selected, up to two hearing aids every year. Refer to the chart below to view the copays broken out by technology level.

Silver	Gold	Classic	Premier
\$175	\$425	\$800	\$1,225
\$375	\$625	\$1,000	\$1,425

- Hearing aids from major manufacturers, including Beltone™, Oticon, Phonak, Resound, Signia, Starkey®, Unitron™ and Widex® at savings of up to 80% off industry prices. Plus, access to UnitedHealthcare Hearing's private labeled brand Relate™ that feature advanced technology, including remote fittings and adjustments, Bluetooth® streaming, recharging capabilities and a smart phone app.
- Access to more than 7,000 credentialed hearing provider locations in all 50 states\* that offer hearing exams and hearing aid evaluations.
- Convenient ordering options with hearing aids available in-person through a hearing provider or through Right2You direct delivery with hearing aids delivered right to the member's home, including virtual follow-up care (select products only).



- 3-year warranty on all hearing aids which covers repair, damage, and one-time loss.
- Includes a charging case with rechargeable models or batteries.
- Minimum 45-day money-back trial period on hearing aids purchased through a hearing provider; 70-day money-back trial period on hearing aids purchased through direct delivery.
- Three follow-up appointments in the first year, at no charge when hearing aids are purchased in-person through a hearing provider. Up to three virtual follow-up visits in the first year, at no charge when hearing aids are purchased through direct delivery. Silver technology level includes 1 visit and all other technology levels include 3 visits.

### **How does the benefit work?**

Members should call UnitedHealthcare member services with general questions regarding their hearing benefits. Members with hearing coverage that is not provided through UnitedHealthcare Hearing should contact UnitedHealthcare customer service directly for assistance.

UnitedHealthcare Hearing service model:

- The member contacts UnitedHealthcare Hearing at 855-523-9355 or visits [www.UCHearing.com/Medicare](http://www.UCHearing.com/Medicare) to learn more about the ordering process.
- UnitedHealthcare Hearing confirms eligibility, discusses products and services, and finds the member's nearest hearing provider – one of the more than 7,000 UnitedHealthcare Hearing network provider locations.
- UnitedHealthcare Hearing mails the member information, including the provider contact and the step-by-step process for scheduling an appointment. Simultaneously, UnitedHealthcare Hearing sends paperwork to the provider notifying them that the member will be contacting them directly to schedule an appointment.
- During the appointment, the member receives a hearing exam and decides if they would like to have their hearing aids fitted in-person with their hearing provider or have their hearing aids delivered with Right2You virtual care at home (select hearing aid models only).
- After the member is seen, the provider sends the member's hearing exam result and hearing aid recommendation to UnitedHealthcare Hearing.
- The member will have an option to place an order for hearing aids during the appointment if the eligibility and benefit information can be confirmed. If eligibility



needs to be confirmed, or the member needs more time to think about their purchase, UnitedHealthcare Hearing contacts member within 24-48 hours of receiving the provider’s recommendation to discuss the recommendation, benefit coordination (if applicable), any out-of-pocket expense, and delivery choice. If member chooses to purchase hearing aids from the provider, the hearing aids are ordered by the provider and sent directly to the provider’s office. The member is fitted with the hearing aid(s) by the local provider. If the member chooses direct delivery, the hearing aids will be sent directly to their home.

Routine hearing services for DSNP and ISNP\* members:

- UnitedHealthcare Hearing provides hearing health services and custom-programmed hearing aids at allowance amounts ranging from \$1,100 to \$3,600 depending upon the plan for DSNP and ISNP members. Virtual support for assistance with fittings and customization is available. Refer to the following chart for pricing per hearing aid, based on each technology level.

Silver	Gold	Essential	Standard	Advanced	Premium
\$549	\$749	\$999	\$1,249	\$1,799	\$2,249

- Members in a facility, such as a Skilled Nursing Facility, receive hearing aid services in person from a UnitedHealthcare Hearing-employed hearing professional, or by a mobile network provider, through coordination with the UHC care management team from the local market. ISNP members should contact UnitedHealthcare Hearing at 888-899-1486 or visit [www.uhchearing.com/SNP](http://www.uhchearing.com/SNP) to learn more.

*\* Direct delivery not available to most ISNP plans*

### **Where is the benefit available?**

- Routine hearing services vary by plan; therefore, it is important to confirm the plan’s benefits and vendor information. Plans that offer UnitedHealthcare Hearing:
  - Members must contact UnitedHealthcare Hearing or go to [UHChearing.com/Medicare](http://UHChearing.com/Medicare) to coordinate routine hearing services.
  - If the member has already had a hearing exam, they can purchase hearing aids by calling UnitedHealthcare Hearing to have them delivered directly to their home.

### **Value Proposition and General Points**

- UnitedHealthcare Hearing’s contact information is listed in the Evidence of Coverage (EOC).





- [www.UHChearing.com](http://www.UHChearing.com)\Medicare has more information, including the ability to take an online hearing test, look up network providers and request an appointment. **\*\* The online hearing test is not intended to act as a substitute for the required audiology exam.\*\***
- UnitedHealthcare Hearing makes hearing health care more accessible and affordable, delivering value to members in several ways:
  - Widest selection of hearing aids in the industry, including thousands of innovative technology options at multiple price points.
  - Diverse range of flexible care choices, from in-person to virtually at home.
  - One of the largest nationwide accredited network of hearing professionals.
  - UHC Hearing provides an integrated, end-to-end customer experience.
  - UHC Hearing provides members access to hearing aids that may reduce future medical costs and can help improve their quality of life.

*\*Network size varies by plan and by market.*



# Post-Discharge Meal Delivery

The Post-Discharge Meal Delivery benefit is offered to eligible Medicare Advantage and DSNP plan members to help ensure proper nourishment after an inpatient hospitalization. Eligible members are sent home-delivered refrigerated meals after an inpatient hospitalization or skilled nursing facility discharge through the vendor Mom's Meals at no additional cost. Proper nutrition aids the member in their recovery and may reduce the likelihood of a hospital re-admission.

## *What does this benefit offer members?*

- The ability to receive proper nutrition after discharge from an inpatient stay in either a hospital or skilled nursing facility.
- Can be ordered one, two or three times within the calendar year as specified by the benefit package.
- Supports recuperation and nourishment independence for higher quality living at home.
- High quality ingredients are used to create well-rounded, seasonal menus featuring classic comfort foods along with contemporary favorites.
- Menu variety supporting chronic conditions:
  - General Wellness Menu
  - Lower Sodium (Sodium <600 mg)
  - Heart-Friendly (Sodium <800 mg, Fat < 30%, Sat Fat < 10%)
  - Diabetic-Friendly (Carbohydrates <67 g)
  - Renal-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)
- Fresh meals are shipped to the member in a temperature-controlled cooler and are ready to heat and eat.



- Benefit packages vary in quantity of meals (14 to 84), duration of meal delivery (7 to 28 days) and the number of times per year the benefit can be used (one to three) based on the specific plan.

### **How does the benefit work?**

- The member or their physician does not need to do anything to initiate the benefit. Since a referral is required, the United Clinical Services (UCS) team will initiate outreach to the member once the member is discharged. A daily discharge report is used to identify a member's eligible for the benefit and they will receive a call from an Engagement Specialist to discuss receiving the meals.
- The UCS Nurse Case Manager will send a completed a referral/service authorization form to Mom's Meals to fulfill the meals request.
  - The meals requested will be based on the member's health condition(s) and nutritional needs.
- Meals are packaged and shipped to the home (or alternate address where the member is recuperating) in a temperature-controlled cooler and can be refrigerated up to two weeks, or meals can be frozen up to three months.
- The member will receive the initial meal delivery order within 72 hours of the order.
- If a member has the benefit available and has not received their initial order of meals after their hospital stay and they have already spoken to with someone from the UCS team, contact Mom's Meals at 855-428-6667 to find out when the member should expect to receive their shipment.

### **Where is the benefit available?**

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.
- Delivery service available to all rural and urban areas in all 50 states.

### **Value Proposition and General Points**

- The meals can be ordered one, two or three times within the calendar year as specified by the plan benefit package.
  - For members of plans that allow the benefit to be used two or three times per year, they can use the benefit multiple times during the year, once per qualifying discharge. Each meal order must be immediately following an inpatient hospital or skilled nursing facility stay.
- Members get proper nourishment after a hospital or SNF stay with fresh, nutritious meals.



- Outreach is made by to the member after a hospital discharge to initiate the referral to Mom's Meals.
- Fresh meals are shipped to the member within 72 hours of referral in a temperature-controlled cooler.
- Meals are ready to heat and eat.
- Menu variety supporting chronic conditions.
- Members can call Mom's Meals toll-free at 855-428-6667 if they have questions about their order status, want to submit a complaint, want to order more meals after receiving their initial order or if they want to change the delivery date for their meal delivery.



# Naturopathy

Naturopathy services are supplemental benefits which cover this alternative therapy not covered under the Original Medicare benefit. UnitedHealthcare offers this naturopathic benefit in addition to medical benefits to better meet the needs of members. The vendor for naturopathic services is OptumHealth Care Solutions, LLC (Optum).

## *What does this benefit offer members?*

- 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 bodies' ability to ward off and combat disease.
- The plans that offer this benefit cover unlimited office visits to a naturopath provider for medically related services.
- Covered services do not include Durable Medical Equipment (DME), herbs, homeopathic remedies, medications, nutritional supplements, vitamins or vitamin injections.
- There are no referral requirements and members can see any naturopath participating provider.
- A \$10 copay per visit with an in-network provider applies to the packages that are active in 2022.

## *How does the benefit work?*

- The member finds a participating naturopathic provider through Rally via myuhc.com or by contacting Optum Customer Service via phone: 1-800-428-6337 for CA plans and 1-866-785-1654 for all other states (non-CA plans)
- The member makes an appointment with participating provider.
- The member pays the copay, if applicable, at the provider's office for each visit.
- Members that have questions about the routine naturopathic benefit can call Optum toll-free at: 1-800-428-6337 for CA plans and 1-866-785-1654 for all other states (non-CA plans).



### ***Where is the benefit available?***

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.

### ***Value Proposition and General Points***

- Routine naturopathic services are additional services not covered under the Original Medicare benefit.
- Referrals are not required.
- Members may select any participating naturopathic provider.
- Routine services do not count towards the member's maximum out-of-pocket amount.
- OptumHealth manages the Naturopathy benefit and members can only see OptumHealth providers for services. Please refer to EOC for additional information regarding out of network coverage.



# NurseLine

Experienced nurses help drive better health outcomes. Health questions can come up at any time. NurseLine provides access to a registered nurse who can help with sudden health concerns – 24 hours a day, 7 days a week. NurseLine’s registered nurses guide members to the Right Treatment, Right Provider, Right Medication and Right Lifestyle.

## *What does this benefit offer members?*

- NurseLine provides clinical support, through registered nurses, and helps connect members with other health care experts who can provide ongoing health and navigational support.
- Staffed 24/7 to help members with symptoms decide the right place to seek care.
- Provides help understanding a diagnosis and exploring different treatment options and outcomes.
- Uses robust evidence-based medicine clinical guidelines when interacting with members.
- Helps members learn self-care techniques and understand what symptoms might mean.
- Provides health education on hundreds of health-related topics leading to better health outcomes and empowers members to make better health care decisions.
- Helps members achieve a healthier lifestyle and get tips on nutrition, exercise, health screenings and immunizations.
- Answer questions about medication dosage and generic options.
- Helps members understand potential side effects, and any health and safety issues associated with the medications they are taking, particularly if they are taking multiple medications.
- Integration with other programs helps drive higher referral rates across the continuum of care, including disease management, case management and wellness.
- Helps members with enrollment in clinical programs (i.e., Case and Disease Management).
- Access to interpreters for more than 140 different languages.



### ***How does the benefit work?***

- The member calls the NurseLine telephone number on their Member ID card or the member routes to NurseLine through the member services IVR or staff.
- Member authentication is required, so the appropriate state-licensed registered nurse assists the caller.
- The NurseLine staff assists the member depending on the need at the time of the call.

### ***Where is the benefit available?***

- The NurseLine benefit is offered to select plans. If the member has NurseLine available, then the number will be printed on the Member ID card.

### ***Value Proposition and General Points***

- This service should not be used for emergency or urgent care needs. The nurses will assist callers with information about other available benefits, including virtual visits, transportation, etc.
- NurseLine staff uses Integrated Clinical User Experience (ICUE) and documents all incoming calls.





# Over the Counter (OTC) Catalog Program

FirstLine Benefits, a UnitedHealth Group company, offers a variety of supplemental benefits. An OTC program offered along with curated packages for members to help impact some of the most vulnerable consumers and conditions. Supplemental benefit care made easy for members.

## *What does this benefit offer members?*

- Our vendor partner FirstLine Benefits manages the overall operations of this program which includes receiving eligibility data, marketing/member communications, website, mobile app, call center/customer service support, product sourcing, order fulfillment, reporting and more.
- 600+ products are offered under this benefit through a catalog and FirstLine Benefit's online store. FirstLine Benefit offers a broad assortment of products and ensures all items are CMS covered. Their focus is on high quality items at a low cost to members including pain management, OTC medications, medicine chest items, stomach remedies, incontinence, home medical, bath safety, vitamins and supplements and more.
- Omni-channel experience which gives members the choice they need to get the products they want.

## *How does the benefit work?*

- Members receive a credit every quarter to purchase OTC health products.
- OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.
- Upon receipt of eligibility data, files are loaded into FirstLine Benefit's proprietary system. Once the data load is complete, a new member mailing (Welcome Kit) is triggered and mailed to members.
- Members have several channels to purchase items including online, by phone, by mail order or by using the mobile app.
- A click to chat option is available online and in the mobile app.
- The mobile app allows for ordering, viewing balance, product search and more.
- Products are delivered to member within 2-3 days, all shipping charges are covered by plan with your \$30 minimum order for home delivery.



### **Where is the benefit available?**

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.

### **Value Proposition and General Points**

- Hundreds of health-related available products.
- Make it easier for members to purchase over-the-counter products with omnichannel access which provides easy ways to buy products:
  - Shop online in the comfort of their own home with fast delivery.
  - Order by phone with the product catalog for easy home delivery.
  - Catalog includes order forms and postage-paid envelopes members can use to purchase products.
  - Mobile app for a quick at-a-glance account balance and to purchase OTC products.
- Health Plan trainings and sales support including agent training, on-site event representation and prospect materials.



# Over the Counter (OTC) Card Program

FirstLine Benefits, a UnitedHealth Group company, offers a variety of supplemental benefits. An OTC program offered along with curated packages for members to help impact some of the most vulnerable consumers and conditions. Supplemental benefit care made easy for members.

## *What does this benefit offer members?*

- Our vendor partner FirstLine Benefits manages the overall operations of this program which includes receiving eligibility data, marketing/member communications, website, mobile app, call center/customer service support, product sourcing, order fulfillment, reporting and more.
- 600+ products are offered under this benefit through a catalog and FirstLine Benefit's online store. FirstLine Benefit offers a broad assortment of products and ensures all items are CMS covered. Their focus is on high quality items at a low cost to members including pain management, OTC medications, medicine chest items, stomach remedies, incontinence, home medical, bath safety, vitamins and supplements and more.
- Omni-channel experience which gives members the choices they need to get the products they want.

## *How does the benefit work?*

- Members receive a credit every quarter on a prepaid card to purchase OTC health products.
- OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.
- Members have several channels to purchase items including online, by phone, by mail order, mobile app, and at Walgreens or other participating retailers.
- Upon receipt of eligibility data, files are loaded into FirstLine Benefit's proprietary system. Once the data load is complete, a new member mailing (Welcome Kit) and prepaid card is triggered and mailed to members.
- Card activation via IVR, online or UHC retention team.
- Mobile app allows for ordering, product scanning, retail location search and more.
- Members may purchase OTC items online, by phone, by mail order, mobile app or participating retailers.



- Click to chat available online and in the mobile app.
- Products are delivered to members within 2-3 days, all shipping charges are covered by plan with your \$30 minimum order for home delivery.

### **Where is the benefit available?**

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.

### **Value Proposition and General Points**

- Members can access benefits in one, single experience.
- Hundreds of health-related products are available.
- Makes it easier for members to purchase over-the-counter products on an omnichannel program:
  - Shop in-store at thousands of convenient store locations in the national retail network.
  - Shop online in the comfort of their own home with fast delivery.
  - Order by phone with the product catalog for easy home delivery.
  - Catalog includes order forms and postage-paid envelopes members can use to purchase products.
- Mobile app for a quick at-a-glance account balance; locate retailers nearby; scan feature to check what products are available and to check out at register
- Health Plan trainings and sales support including agent training, on-site event representation and prospect materials.



# Over the Counter (OTC) Card Program

Solutran, a UnitedHealth Group company, offers an OTC program designed with several options for our members. These benefits can be used for home delivery or in-store purchases at many convenient store locations in their national retail network. Supplemental benefit care made easy for members.

## *What does the OTC Card program offer our members?*

- Our vendor partner, Solutran manages the overall operations of this program which includes receiving eligibility data, benefit credit management, website portal, mobile app, call center support, printing & fulfillment of a member welcome packet, reporting, and through Walmart the product sourcing and order fulfillment.
- 1000+ of products offered under this benefit that ties to Walmart's inventory of high-quality items – both generic and national brands.
- More competitive product pricing – with categories that include:

Vitamin & Supplements	OTC Medications	Pain Management
First Aid items	Medicine Cabinet items	Stomach Remedies
Oral Care items	Incontinence	
- Omni-channel experience which provides members the choice they need to get the products they want.

## *How does the OTC Card program work?*

- Solutran receives eligibility data, files are loaded into their system. Once data load is complete, a new member mailing (welcome packet) and prepaid card is triggered and mailed to member.
- Welcome packets are mailed in-home to members prior to 1/1, although some exceptions based on late enrollment. A welcome packet includes, a catalog, personalized letter, order forms, business reply envelopes (BREs) and prepaid card.
- Members may purchase OTC products by using their prepaid card, online, by phone, by mail order, mobile app, or in-store at Walmart and other participating retailers.
- Members can place unlimited orders – with a \$35-dollar minimum order for home delivery. Products purchased online, by phone or mail are delivered to member's home at no additional cost. In-store orders have no minimum.
- Members can view catalogs online or request a replacement catalog online or by phone.



- OTC benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.
- A dedicated website into Healthy Benefits Plus, which is tied to Walmart's everyday low pricing.
- Customer service available via phone 8a.m. to 8p.m. local time zone.
- Members can go to the website or the mobile app to update their profile, check balances, browse products, view participating stores and retailers, and see transaction history.
- Participating retail network includes – Albertsons, Giant, Martins, Safeway, Food Lion, Kroger, Kroger Marketplace, Shoppers, SNS East, Walgreens, Walmart, Stop and Shop, Star Markets, Hannaford and many more.

### **Where is the benefit available?**

- Varies by plan – check the EOC for specific details by plan.



# Over the Counter (OTC) + Healthy Food Program

Solutran, a UnitedHealth Group company, offers an OTC with healthy food program designed with several options for our members. This new program offers members the flexibility to buy health and wellness products or healthy food from the same benefit card. These benefits can be used for home delivery or in-store purchases at many convenient store locations in their national retail network. Supplemental benefit care made easy for members.

## *What does the OTC + Healthy Food program offer our members?*

- Our vendor partner, Solutran manages the overall operations of this program which includes receiving eligibility data, benefit credit management, website portal, mobile app, call center support, printing & fulfillment of the member welcome packet, reporting, and the management of their retailer network.
- **\*New for 2022\*** Single purse, one prepaid card, two benefits – OTC + Healthy Food.
- Credits are added to a prepaid card each month. Unused credits expire on the last day of the month.
- Omni-channel experience which gives members the choice they need to get the products they want.
- OTC products and Healthy Food can be ordered online. Products that tie to Walmart's inventory of high-quality items – both generic and national brands for home delivery that ships quickly to members.
- OTC products include pain management, OTC medications, medicine chest items, stomach remedies, incontinence, home medical, bath safety, vitamins, and supplements and more.
- Healthy groceries chose from thousands of healthy food options available under this benefit at participating retailers including fruits, vegetables, grains, dairy, protein and more.
- **Coming in 2022**, options for food delivery from Walmart.com and Mom's Meals.
- High priority in-store retailers coming in 2022 include: H-Mart, Publix, SE Grocers (Winn Dixie), HEB, Rite Aid, Meijer, Dollar Store, and Dollar Tree/Family Dollar.

## *How does the OTC + Healthy Food program work?*

- Upon receipt of eligibility data, files are loaded into Solutran's system. Once data load is complete, a new member mailing (welcome packet) and prepaid card is triggered and mailed to member.
- Members receive a credit each month on a prepaid card to purchase OTC products or healthy groceries, or both.



- OTC and Healthy Food benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.
- Members may purchase healthy food items at participating retailers or order healthy food online for home delivery.
- And for OTC items, members have several channels to purchase OTC products including online, by phone, by mail order, mobile app, and at Walmart or participating retailers.
- Products are delivered at no cost to the member with their \$35 order minimum for home delivery.
- Mobile app allows for ordering, product scanning, retail location search for healthy food and OTC and more.
- Health Plan trainings and sales support including agent training, and prospect materials.

***Where is the benefit available?***

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.





# Healthy Food Benefit

Solutran, a UnitedHealth Group company, offers a Healthy Food program designed with options for our members. These benefits can be used for home delivery or in-store purchases at many convenient store locations in their national retail network. Supplemental benefit care made easy for members.

## *What does this benefit offer members?*

- Our vendor partner, Solutran manages the overall operations of this program which includes receiving eligibility data, benefit credit management, website portal, mobile app, call center support, printing & fulfillment of the member welcome packet, reporting, and the management of their retailer network.
- Members can purchase a wide variety of healthy food grocery items, such as:

Fruits & vegetables	Beans & legumes
Canned fruits & vegetables	Pantry Staples – flour, spices etc.
Frozen produce & meats	Healthy Grains – bread, cereals, pastas
Fresh salad kits	Nutritional shakes & bars
Dairy products	Soups
Meat & seafood	Water/vitamin enhanced water
- Member also receive exclusive grocery discounts on healthy foods throughout the store.

## *How does the benefit work?*

- Solutran receives member eligibility files which are loaded and trigger a welcome packet mailing which includes a welcome letter and a prepaid card.
- Members receive monthly credits on a prepaid card on the first business day each month.
- Healthy Food credits expire at the end of each month.
- Members may purchase groceries using their prepaid card at Walmart and other participating retailers.
- Participating retailers include Albertsons, Giant, Martins, Safeway, Food Lion, Kroger, Kroger Marketplace, Shoppers, SNS East, Walgreens, Walmart, Stop and Shop, Star Markets, Hannaford and more.
- On the website –members can update their profile, check balances, view participating stores, see transaction history, and request support.



- Both the healthy food credit and grocery food discounts occur in real time as the card is scanned in store.
- Healthy Food benefits have expiration timeframes. Call the plan or refer to your Evidence of Coverage (EOC) for more information.

### **Where is the benefit available?**

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.

### **Value Proposition and General Points**

- Members can access covered groceries in one, single experience.
- Thousands of healthy food items to choose from every day.
- Make it easier for members to purchase healthy food items with various easy ways to buy their groceries.
  - Shop in-store at any convenient store location in the national retail network.
  - Shop online in the comfort of their own home with delivery options.
- Mobile app for a quick at-a-glance account balance; locate retailers nearby; scan feature to check what products are available and to check out at register.



# Personal Emergency Response System (PERS)

With the Personal Emergency Response System help is a button press away. The Personal Emergency Response System is a monitoring device that can help provide the member with the confidence of knowing they have quick access to the help they need 24/7/365 in any situation. The device is a lightweight, discreet button that can be worn on the wrist or as a pendant (automatic fall detection and mobile options available). It is also safe to wear in the shower or bath\*. The member must have a working phone number, landline and/or cellular\*\*, to take part in this benefit. The Philips Lifeline cellular device works nationwide with the AT&T wireless network but, does not require the member to have AT&T coverage.

## *What does this benefit offer members?*

- Quick access to the help in any situation: Trained Care Specialists are ready to answer the member's call 24/7/365.
- The member decides who comes to help them in any situation – could be a neighbor, local family member, friend, or their local emergency service.
- Helps provides the member with confidence and independence.
- Helps give peace of mind to family members, friends and caregivers knowing that help is only a button press away.

## *How does the benefit work?*

### In-home communicator + Pendant/Wrist

- Standard help button requires a manual press, available in pendant or bracelet
- AutoAlert help button automatically detects a fall if you can't press the button, available in pendant only (1).
- The 2-way voice communicator is a critical component of the in-home medical alert system, available in landline or cellular options. When the member presses the help button in range of the communicator, it works like a speaker phone and speed dials the response center for direct communication with a Trained Care Specialist. The communicator amplifies sound so the member can hear and be heard throughout the home. Range from the communicator is approximately 900 square feet.

### Mobile GPS

- The mobile help button uses 5 different locating technologies to quickly find you(2), including advanced GPS and Wifi. It is functional within the continental US, Puerto Rico and Hawaii. It also includes AutoAlert fall detection so if you fall



and can't press the help button it will automatically call the response center. The button is a one-piece system and does not require a separate in-home communicator. It uses AT&T cellular service for direct communication with the response center.

- A member who has a history, fear or risk of falling should consider the optional AutoAlert fall detection option which can automatically provide access to help if it detects a fall — even if you are disoriented, immobilized or unconscious and cannot press the help button(1)
- A member who is at an elevated risk of a medical emergency due to chronic diseases, complications from medication adherence, recent hospital discharge, as well as other common medical conditions such as elevated risk of dehydration.
- Approximately 50% of older adults who fall cannot get up without help. Remaining on the floor for more than 2 hours after a fall increases risk of dehydration, pressure ulcers, rhabdomyolysis, hypothermia, and pneumonia (3).

### ***Who helps the member if help is requested?***

- Member can get quick access to the help they need 24/7/365 from dedicated Trained Care Specialists.
- Member can request who comes to help them – could be a neighbor, local family member, or friend in non-emergency situations.
- A Trained Care Specialist will access the member's profile, assess the situation and dispatch the help needed, including local emergency services. They will also follow up to ensure help has arrived.

### ***How do members subscribe to the benefit?***

- Members, family members, caregiver and healthcare professionals may enlist a member into this benefit if this benefit is available in their plan by:
  - Calling: 1-855-596-7612 - People's Health: 1-855-595-0464
    - 8:00am - 8:30pm (ET), Monday – Friday or 9:00am – 5:30pm (ET), Saturday.
  - Online at [www.lifeline.philips.com/UHCMedicare](http://www.lifeline.philips.com/UHCMedicare).
  - Faxing in a request for service to 1-800-548-7695.

### ***Where is the benefit available?***

- Varies by plan – check the Evidence of Coverage (EOC) for specific details by plan.



### **Value Proposition and General Points**

- The button should always be worn and is safe to wear in the shower or the bath.
- The system setup includes completing a range test, so the member can be reassured Philips Lifeline will receive the signal from the communicator at all points within the home. They can test the areas directly outside the home to determine if the areas are within range of the communicator.
- The standard and AutoAlert help buttons do not require charging, a new one will be sent if the battery life is detected as low.
- The communicator also conducts regular system checks automatically alerting Philips Lifeline if maintenance is required.
- The mobile help button includes a charger that can even charge while worn, the battery lasts up to 2-3 days on a single charge.

### **Choose your option – In-Home Landline or Cellular, or Mobile GPS Benefit**

- Both in-home landline and cellular options function the same way but use different technology to help members stay safe.
- If choosing the landline option, a working landline is required in the member's home. Philips Lifeline does not install or activate telephone landline service. There may be costs incurred for a member to activate landline service with their local telecom provider.
- If choosing the in-home cellular or mobile GPS option, the member must live in an area covered by the AT&T wireless network. The cellular and mobile GPS options do not require the member to have a cellular contract with AT&T or any other cellular service provider. The cellular and mobile GPS products work nationwide with the AT&T network.



Landline

**Communicator with pendant and bracelet button options**



**Communicator with AutoAlert pendant (fall detection)**



In-home Cellular

**Communicator (no landline) with pendant and bracelet button options**



**Communicator (no landline) with AutoAlert pendant (fall detection)**



Mobile GPS

**Mobile pendant (no communicator required)**



*Button signal range may vary due to environmental factors.*

*\*Up to 1 meter of water for 30 minutes. Refer to IFU for more details. \*\*A customer phone number is required to enroll in the service, assume location of the communicator is in an area with sufficient access to coverage by the AT&T wireless network. (1) AutoAlert does not detect 100% of falls. If able, users should always press their button when they need help. (2) Coverage inside and outside the home is provided where AT&T wireless network coverage is available. Recharging of the GoSafe 2 button is done by the user as needed, when connected to the charger. (3)<https://www.merckmanuals.com/home/older-people%E2%80%99s-health-issues/falls/falls-in-older-people>*



# Routine Transportation

The routine transportation benefit provides non-emergency medical rides to a doctor's office, pharmacies or hearing and vision appointments at no cost to the member. The service is provided by ModivCare and local providers.

## *What does this benefit offer members?*

- Pick-up to or from plan-approved locations such as network providers, medical facilities, pharmacies, and hearing and vision appointments. Certain plans will also allow members to be transported to additional locations based on their filed benefits (i.e., adult day care, gym, etc.).
- Curb-to-curb service; wheelchair-accessible vans upon request.
- Up to one companion per trip (must be at least 18 years of age).
- A trip is considered one way, a round trip is considered two trips.
- A limit of 50 or 75 miles one-way applies to all plans, based on the specific plan's benefit package.
- Annual trip limits vary by plan and range from 12 trips up to unlimited trips based on the specific plan's benefit package.

## *How does the benefit work?*

- Member schedules ride with ModivCare by calling the appropriate toll-free number for their plan
  - ModivCare - National Medicare 1-866-418-9812
  - ModivCare - FL Preferred Care Partners & Preferred Care Network (formerly Medica) 1-888-774-7772
  - ModivCare – Nevada 1-844-409-0685
- Routine (non-urgent) medical appointment trips must be requested at least three business days in advance of scheduled medical appointment, and up to two weeks in advance.
- Routine medical appointments may be scheduled 8:00am-5:00pm Monday through Friday, excluding holidays.
- Urgent (non-emergency) medically necessary trips can be scheduled 24/7/365
  - Urgent trips include hospital or nursing facility discharges, follow-up appointments, pre-operative appointments, outpatient surgery, dialysis, chemotherapy, radiation, wound care, urgent care facility or any



appointment for a new medical condition where the member must be seen the same or next day.

- Vendor will send the appropriate vehicle based on the member's mobility needs (sedan or wheelchair-accessible vehicle).
- When scheduling the ride reservation, member has the option to set a time for the return ride home or leave it open as a "will call".
- Transportation provider will have up to one hour to return for member pick-up upon activation of a "will call" return ride.
- Member should always contact ModivCare, not the sub-contracted transportation provider/driver directly, for any concerns including on-time pickups/drop-offs, will-call activation, complaints, etc.
- Vendor tracks member trip usage and informs member when trip limits have been reached or nearing exhaustion.

### ***Where is the benefit available?***

- Check the Evidence of Coverage (EOC) for specific plan coverage, trip limits and mileage maximum.

### ***Value Proposition and General Points***

- The routine transportation benefit ensures access to health care and helps members utilize the benefits of their plan.
- ModivCare is a national vendor servicing various Medicare, DSNP and Medicaid plans.
- ModivCare is a broker model transportation company that contracts with local transportation companies to provide the rides to our members.
- Claims are paid to the transportation provider directly from ModivCare.
- Limited to ground transportation.
- Association with Lyft and Uber
  - Lyft and Uber are used in addition to traditional transportation providers as part of the ModivCare network; ModivCare would still facilitate the ride.





# Routine Vision

Routine Vision services are supplemental benefits offered that cover additional routine vision services not covered under the Original Medicare benefit. The routine vision benefits, routine eye exams and eyewear, are offered in addition to medical benefits to better meet the needs of members.

## *What does this benefit offer members?*

- Through UnitedHealthcare (UHC) Vision, members receive quality vision benefits that are easy to use and help deliver simplicity and savings, along with a professional, nationwide network of providers for our Medicare Advantage members.
- UHC Vision has a robust network of vision providers, including nationwide retailers. Note: retailers, such as Walmart and Costco, hire independent providers that may choose whether to participate in the network. Refer to [medicare.myuhcvision.com](http://medicare.myuhcvision.com) to locate UHC Vision Medicare network providers.
- UHC Vision also contracts with the following online providers: Warby Parker, GlassesUSA, UHCContacts.com, and 1-800-Contact, to offer home delivered eyewear.
- Access to a comprehensive routine eye exam, which may identify other eye issues (i.e. glaucoma, eye disease related to diabetes, optic nerve damage).
- UHC Vision standard packages include:
  - \$0 copay for annual routine vision exam.
  - Eyewear materials covered every two years in network (some plans offer eyewear every year):
    - Frame allowance ranging from \$100 - 400, depending on the plan benefit package.
    - Standard lenses are covered in full, which includes standard single vision, bifocal or trifocal lenses, as well as standard progressives and scratch resistant coating.
    - If the member prefers contacts, they may purchase contacts in lieu of glasses.
      - Contact lens from selection list include fitting and evaluation and covers up to 8 boxes.
      - The contact lens allowance can be applied towards the purchase of non-formulary contact lenses.
    - Members use their in-network benefits to receive home delivered eyewear nationwide. UHC Vision contracts with the following



online network providers: Warby Parker, Glasses USA, UHCcontacts and 1-800-Contacts. Additional online eyewear providers may be available in the future; refer to the provider directory for the most current provider listing.

**\*\*Reminder\*\*** *Members in PPO and POS plans with out of network routine vision benefits through UHC Vision must receive eyewear from UHC Vision network providers. Home delivered eyewear is available nationwide through contracted UHC Vision online provider.*

### **How does the benefit work?**

- Members call UnitedHealthcare Customer Service for assistance with questions about their routine vision benefits and to help locate a provider.
- To locate a provider:
  - UHC Vision go to: [medicare.myuhcvision.com](https://medicare.myuhcvision.com)
  - March Vision go to: [marchvisioncare.com](https://marchvisioncare.com)
  - 20/20 EyeCare go to: [our2020.com](https://our2020.com)
  - Nationwide and Icare: members should contact the UnitedHealthcare customer service for assistance.

### **Where is the benefit available?**

- Routine Vision benefits vary by plan - check the EOC for specific details.
- Vendors: UHC Vision is the vendor for most plans offering routine vision services; however, there are different vendors in specific markets.
- Primary Medicaid Group PMG (California and Texas)
  - Texas – if a member belongs to a Primary Medical Group (IPA), then they may receive routine vision services through their primary care provider or UHC Vision.
  - California – members assigned to a Sharp medical group may receive their routine vision services through UHC Vision.

### **Value Proposition and General Points**

- Increase healthier lifestyles through the eyes-body connection. Vision benefits are used more than other coverages, making eye care providers a front-line resource to monitor overall health.
- Generous benefit - Standard lenses included at no cost with the added benefit of \$100 - 400 allowance for frames and now the added service of mail order contact lenses delivered to the members' doorstep through UHCContact.com or 1-800-Contacts.
- Expansive and balanced vision network. This vast network features a range of provider types, price points, locations, and convenient hours.



- Unique Partnerships. With the added convenience of at home try-ons and in-home delivery made available by our partnership with Warby Parker and Glasses USA enable a wide range of retail options from high-end to high value, choices members want and expect.
- UHC Vision only offers in-network routine vision benefits. **Reminder**, *PPO and POS plan members will utilize their in-network benefit when using a UHC Vision network provider for routine eyewear.*
- Refractions are covered by UHC Vision as part of the routine vision exam.
- Medical vision care for eye disease (cataracts, macular degeneration, etc..) is covered under the member's medical benefits, **not** UHC Vision. Network providers for medically covered vision services are found in Rally.
- **Warby Parker** allows UHC Vision members the ability to purchase designer quality prescription eyeglasses, sunglasses or contact lens (must call Warby for contact lens order). The package includes a frame, single vision or progressive lens, anti-reflective and UV protective coating, one year no scratch guarantee, free shipping, returns and exchanges. Home try on is free and there is no obligation to purchase at [www.warbyparker.com](http://www.warbyparker.com). For every pair of Warby Parker glasses or sunglasses purchased, a pair of glasses is disturbed to someone in need.
- **GlassesUSA** is the largest online eyewear retailer in the US with thousands of frames to choose from, including designer brands. GlassesUSA.com offers state-of-the-art lens solutions that cover all prescription requirements for glasses and sunglasses. All glasses purchased on [GlassesUSA.com](http://GlassesUSA.com) include scratch resistant, anti-reflective and UV lens coatings at no additional cost.
- **UHC Contacts:** [www.uhccontacts.com](http://www.uhccontacts.com)
- **1-800-Contacts:** [www.1800contacts.com](http://www.1800contacts.com)

*Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. Please reference Evidence of Coverage (EOC) for plan specific details.*

