



2022 Benefit Plan

San Antonio Water System

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UnitedHealthcare is here for you

Helping you make the most of your plan



Get the care you need when — and where — you need it

Whether it's an appointment with a doctor online, a call with a nurse at 3 a.m. or taking care of a wellness visit from the comfort of your home, we make it easier to connect you with care so you can stay on top of your health — when, where and how you need it.



One-on-one help using your Medicare plan

At UnitedHealthcare, it's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.]



Renew by UnitedHealthcare[®], our health and wellness experience

Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including brain games, healthy recipes, fitness activities, learning courses and more. All at no additional cost.*

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



UnitedHealthcare is here for you (continued)

Helping you make the most of your plan



Medicare Advantage's largest provider network

UnitedHealthcare has Medicare Advantage's largest provider network now with more doctors and specialists.*



Comprehensive drug coverage

When it comes to your prescription drug needs, it's good to know that you'll have one of the most comprehensive drug coverage programs available. And, you can have your prescriptions delivered straight to your door — it's like having a drugstore at your fingertips.]]



[America's #1 Medicare plan provider

More people turn to UnitedHealthcare than any other company** when it's time to choose their Medicare coverage. UnitedHealthcare is proud to have been serving the health care needs of people just like you for more than 40 years — and you can count on us to be here when you need us.

*Network size varies by plan and by market. Based on UnitedHealthcare's national provider network report, May 2021.

**Based on May 2021 CMS & NAIC enrollment data.





Original Medicare Basics

When are you eligible for Medicare?



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

AND



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

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



Understanding your Medicare choices

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

Step 1: Enroll in Original Medicare

Original Medicare

Provided by the federal government



Part A
Helps pay for hospital stays and inpatient care



Part B
Helps pay for doctor visits and outpatient care



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

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

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



Understanding your Medicare choices

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

OPTION 1 _____ or _____ **OPTION 2**

Add 1 or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement plan

Offered by private companies



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

Medicare Part D plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage plan or Part C plan

Offered by private companies



Part C:

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



Part D:

Usually includes prescription drug coverage



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



Option 1

Keep Original Medicare and add:

Medicare Supplement plan

Offered by private companies



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

AND/OR

Medicare Part D plan (prescription drugs)

Offered by private companies



Helps pay for prescription drugs



Option 2

Medicare Part C (Medicare Advantage plan)

Medicare Advantage plan Offered by private companies



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



Usually includes prescription drug coverage



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





Plan Benefits, Programs and Features

2022 MAPD PPO Benefits
San Antonio Water System

Your Medicare Advantage plan

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



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

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



Prescription drug coverage

- Included in many Medicare Advantage plans



Additional benefits, programs and features

- May be bundled with the plan



Your plan overview National PPO

- Coverage for visiting doctors, clinics and hospitals
- Prescription drug coverage
- No referral needed to see a specialist
- Depending on where you live, you can see a doctor outside the network for the same cost share as network providers as long as the provider participates in Medicare and accepts the plan
- If you move, your cost share may change



Your doctors National PPO

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



Medicare Advantage PPO Plans

	PPO Plus	PPO Economy
Annual deductible	\$300	\$500
Annual out-of-pocket maximum	\$2,550	\$3,600



Medicare Advantage PPO Plans

Benefit coverage	PPO Plus	PPO Economy
Primary care provider (PCP) office visit	\$20 copay	\$25 copay
Specialist office visit	\$40 copay	\$40 copay
Urgent care	\$40 copay	\$40 copay
Emergency room	\$65 copay	\$65 copay
Inpatient hospitalization	Deductible plus 20% coinsurance up to OOP Maximum of \$2,550	Deductible plus 20% coinsurance up to OOP Maximum of \$3,600
Outpatient surgery	Deductible plus 20% coinsurance up to OOP Maximum of \$2,550	Deductible plus 20% coinsurance up to OOP Maximum of \$3,600
Medical virtual visits	\$0 copay	\$0 copay



Medicare Advantage PPO Plans

Preventive services

Benefit coverage	PPO Plus	PPO Economy
Annual physical	\$0 copay	\$0 copay
Annual wellness visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast cancer screenings	\$0 copay	\$0 copay
Colon cancer screenings	\$0 copay	\$0 copay



Medicare Advantage PPO Plans

Benefit coverage	PPO Plus	PPO Economy
Medicare-covered podiatry	\$40 copay	\$40 copay
Medicare-covered chiropractic care	\$20 copay	\$20 copay
Medicare-covered vision services	\$40 copay	\$40 copay
Medicare-covered hearing services	\$40 copay	\$40 copay



Diabetes testing and monitoring supplies

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

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

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



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



Your Part D (prescription drug)

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



Check your plan's drug list online at <[UHCRetiree.com](https://www.uhc.com/retiree)> or call Customer Service to see if your prescription drugs are covered



Drug payment stages — full coverage in the gap and catastrophic stages

Initial coverage	Coverage gap	Catastrophic coverage
<p>In this drug payment stage:</p> <p>You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest</p> <p>You stay in this stage until your total drug costs reach \$4,430</p>	<p>Your plan provides additional coverage through the gap</p> <p>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</p> <p>You stay in this stage until your out-of-pocket costs reach \$7,050</p>	<p>After your out-of-pocket costs reach \$7,050:</p> <p>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</p> <p>You stay in this stage for the rest of the plan year</p>



Your Part D (prescription drug) PPO Plus & PPO Economy

Tier	Prescription drug type	Your costs	
		Retail 30-day supply	Preferred Mail Order 90-day supply)
Tier 1	Preferred Generic All covered generic drugs	\$10 copay	\$25 copay
Tier 2	Preferred Brand Many common brand-name drugs, called preferred brands	30% up to \$45	\$62.50
Tier 3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3	45% up to \$75	\$100.00
Tier 4	Specialty Tier Unique and/or very-high-cost brand-name drugs	\$60	\$150.00



More ways you can save



Review your medications

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



Use your UnitedHealthcare® member ID card

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



Use participating network pharmacies

You may save on the medication you take regularly.



Consider using OptumRx® Home Delivery Pharmacy

You could save time and trips to the pharmacy.



Home Delivery Pharmacy^{<2>}

After you've chosen OptumRx and your order has been placed:



1 Your order enters the OptumRx fulfillment system



2 A pharmacist reviews your information for drug interactions, allergies and dosage

3 For your safety, another pharmacist reviews your medication for accuracy after it is dispensed

4 OptumRx seals your medication in a tamper-evident package



5 OptumRx mails your medication to you and notifies you when it has been shipped



Annual physical and wellness visit

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

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

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



*A copay or coinsurance may apply if you receive services that are not part of the annual physical/wellness visit.



Vaccines

Why are vaccines important?

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



Vaccines

Common vaccines covered under Medicare Part B

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

Common vaccines covered under Medicare Part D

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

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

- COVID-19*

Did you know?

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

*You will have \$0 cost-share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers through Dec. 31, 2021.

**Centers for Disease Control and Prevention, 2019.

^Centers for Disease Control and Prevention, 2020.



UnitedHealthcare[®] HouseCalls

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

What to expect from a HouseCalls visit:

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

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



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

*HouseCalls may not be available in all areas.



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

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

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



Renew magazine



Recipe library



Health news, articles and videos



Renew Active^{®4}



Workout videos



Health topic library



Renew Rewards



Learning courses



Brain games



Interactive quizzes and tools

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

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





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

Renew Active includes:

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

*Based on gym and fitness location network size.



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Virtual Visits



With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night^{<5>}

Virtual Doctor Visits

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

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

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

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

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



Telephonic Nurse Support^{<6>}



You are never alone with Telephonic Nurse Support

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

When you call, a registered nurse can help you:

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



UnitedHealthcare Hearing



Hear the moments that matter most

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

- Get access to the largest nationwide accredited network of more than 7,000 hearing providers*
- Choose latest technology hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™
- Receive hearing aids in person or delivered directly to your doorstep with virtual follow-up care through Right2You, available only through UnitedHealthcare Hearing**
- Save thousands of dollars, up to 50%–80% off standard industry prices, with exclusive pricing^

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

**Select products only.

^Based on suggested manufacturer pricing.



Post-Discharge Meal Delivery Benefit



Our post-discharge meal delivery program provides freshly-made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost

The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare Advocate.



UnitedHealthcare Healthy at Home



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

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

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



Understanding Original Medicare's rules

- You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan
- If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty
- You must inform us of any current prescription drug coverage or future enrollment that includes prescription drug coverage
- Medicare allows you to have different plans for medical (Medicare Advantage) and prescription drug coverage (Part D), but they both must be group-sponsored retiree health coverage. If you are enrolled in a group Medicare Advantage plan without prescription drug coverage and need Part D coverage, you cannot enroll in an individual Part D plan. You must enroll in a group-sponsored Part D prescription drug plan.
- If you are a member, you are encouraged to read the plan's Evidence of Coverage (EOC), including appeals and grievance rights, which can be found at www.UHCRetiree.com.
- The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.
- Please review the full text of the Statement of Understanding in your 2022 enrollment kit.





What to Expect Next

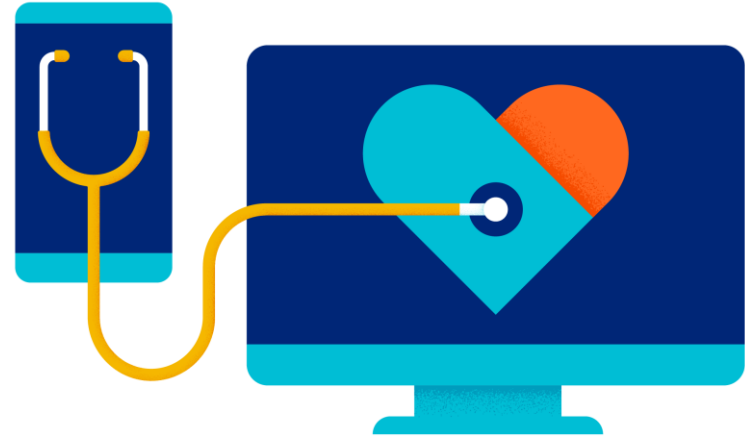
What to expect

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



Visit the Virtual Education Center to explore and learn more

- Learn more about the custom programs offered to Medicare Advantage PPO Plan members
- Watch videos from UnitedHealthcare Medicare Advantage plan members
- Print additional plan program information
- Access via any tablet, computer or smartphone



uhcvirtualretiree.com/ra

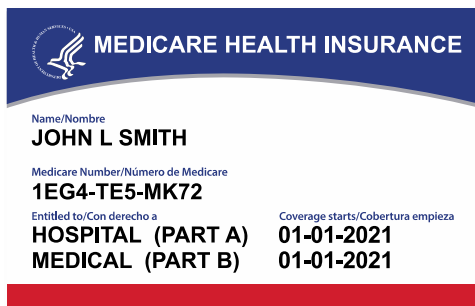


How to use your new plan after 01/01/2022

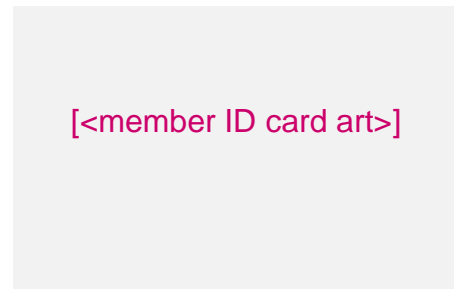
It's easy!

- Beginning 01/01/2022, simply use your UnitedHealthcare member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy
- The back of your member ID card lists important phone numbers you may need throughout the year
- Don't discard your red, white and blue Medicare card

[Store this card in a safe place]



Use this beginning January 1, 2022



UnitedHealthcare member ID card

Sometime in the month of December 2021, you and any Medicare-eligible dependent will each be receiving a UnitedHealthcare Quick Start Guide and member ID card, which is your confirmation of enrollment.

Retirees in the same household may receive these on different days, which is a normal part of the mail stream.



UHCRetiree.com

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

After you sign up, you can:

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

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

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





How to Enroll

Enrolling for SAWS retirees

Passive Open Enrollment

- SAWS has selected UnitedHealthcare PPO Plan for its Medicare-eligible retirees, and spouses and their dependents.
- Retirees already enrolled in the Medicare Advantage Plan (MAPD) do not need to submit a new enrollment form unless you want to make changes to your current benefits or plan option. If you do not submit a 2022 enrollment form, you will continue in the same plan as 2021.

Are you Turning Age 65?

- If you are turning age 65 now or during 2022, you will need to enroll in Medicare Parts A and B to continue retiree medical coverage through SAWS. Be sure to complete the following steps to ensure there is no break in coverage:
 - **Enroll in Medicare Parts A and B.** You and/or your covered spouse must enroll in Medicare Parts A and B at age 65 as a requirement of medical coverage through the SAWS benefit programs. Three months before you turn age 65, contact your local Social Security Administration office to enroll in Medicare Parts A and B or you can apply online at ssa.gov. You must pay the full cost of the monthly premium for Medicare Part B. Medicare may charge a penalty to retirees who delay enrollment in Medicare Part B at the time of initial eligibility.



Enrolling for SAWS retirees

Are you Turning Age 65?

- **Notify the SAWS Benefits Office within 30 days of your 65th birthday.** At least 30 days prior to reaching 65, you and/or your covered spouse must report the change in age to the Benefits Office and complete a Medicare Advantage enrollment form. A copy of your Medicare card will need to accompany your enrollment form.

You can opt-out

- You will have the opportunity to opt-out of this plan if you don't want to be enrolled.
- You can opt-out by completing the Enrollment Form and Opt-Out Form found in your Enrollment Packet or contact SAWS at **210-233-2025 TTY 711**, Monday – Friday 8:00am to 5:00pm no later than **October 30, 2021**.
- **If you enroll in another Medicare Advantage plan you will be automatically disenrolled in the SAWS group retiree Medicare Advantage PPO plan.**

If you wish to continue to receive medical and prescription drug coverage through SAWS, you do not need to take any action.





Questions and Answers



Thank You

We look forward to welcoming you to our Medicare family

Additional information

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

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

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

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

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. AARP MedicareComplete and AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.



Additional information

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

³Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers GO and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

⁴Participation in the Renew Active[®] program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March, 2021. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.]

⁵Benefits and availability may vary by plan and location.

⁶The Telephonic Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.]

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please call our customer service number located on the back of your member ID card.

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