

UHC Care Advantage Video Transcript

Video Length – 1:25

We're all looking to live someplace where we can truly focus on our health and well-being.

If you found this in an assisted living, independent living, or memory care community, then UHC Care Advantage may be a great way to help you live a healthier life.

Our comprehensive plan offers extra benefits beyond original Medicare, such as dental, hearing, vision, transportation assistance, and more. Plus, Part D prescription drug coverage.

We also offer a credit every month for healthy food for qualifying members and OTC products.

In addition to these benefits, with UHC Care Advantage, you get personal care from a dedicated care team. They'll create a customized care plan that's right for you. Then they'll work with you, your caregivers, and your primary care provider to help keep everyone up to date on your health goals.

When you have health concerns or questions, our care team can be reached by phone 24 hours a day, seven days a week. We help to ensure you have more hands-on care, which may mean less worry for you.

Let UHC Care Advantage help provide you with more benefits and coordinated care right where you live.

ON-SCREEN TEXT: Have questions? We'd love to talk to you. Call 1-844-886-1314 TTY 711 or visit uhccareadvantage.com

Disclaimer: This is a partial listing of covered benefits and services. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. OTC and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan

coverage criteria. There may be other qualified chronic conditions not listed. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Enrollee must be enrolled in Original Medicare parts A and B, live in the plan service area, and require the same level of care usually provided in an institutional setting. To be eligible, the prospect must meet the state criteria for Level of Care (LOC) needs assessment.

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