



Annual Notice of Change 2026

UHC Dual Choice DC-Q001 (PPO D-SNP)



MyUHC.com/CommunityPlan



Toll-free 1-866-242-7726, TTY 711

8 a.m.–8 p.m., 7 days a week, October–March;

8 a.m.–5:30 p.m., Monday–Friday, April–September

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

**United
Healthcare®**

Annual Notice of Change for 2026

Introduction

You're currently enrolled as an enrollee of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This **Annual Notice of Change** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Enrollee Handbook**, which is located on our website at **MyUHC.com/CommunityPlan**. Call Enrollee Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Enrollee Handbook**.

More resources

- This material is available for free in Spanish and Amharic.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-242-7726**, TTY **711**. Someone that speaks your preferred language can help you. This is a free service.
- Our Enrollees can request their preferred language other than English and/or alternate format, by contacting Enrollee Services number at the bottom of this page. Enrollee's information will be noted as a standing request for future mailings and communications, so Enrollees do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, Enrollees can contact Enrollee Services to have their preference updated for future communications.

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
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A. Disclaimers

- ❖ UHC Dual Choice DC-Q001 (PPO D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the District Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and with District Medicaid.
- ❖ Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ **If you do nothing by December 7, 2025, you'll automatically be enrolled in UHC Dual Choice DC-Q001 (PPO D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through UHC Dual Choice DC-Q001 (PPO D-SNP). Go to Section F for more information about how to change plans and deadlines for making a change.
- ❖ Our plan also has a written agreement with the District of Columbia Medicaid program to coordinate your Medicaid benefits.

B. Reviewing your Medicare and DC Medicaid coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your enrollment will end on the last day of the month in which your request was made. You'll still be in the Medicare and DC Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- DC Medicaid options and services in **Section F2**.

B1. Information about UHC Dual Choice DC-Q001 (PPO D-SNP)

- UHC Dual Choice DC-Q001 (PPO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to enrollees.
- When this **Annual Notice of Change** says "we," "us," "our," or "our plan," it means UHC Dual Choice DC-Q001 (PPO D-SNP).



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
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B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they'll work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with UHC Dual Choice DC-Q001 (PPO D-SNP):

If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you automatically stay enrolled in UHC Dual Choice DC-Q001 (PPO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at MyUHC.com/CommunityPlan. You may also call Enrollee Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
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It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Enrollee Handbook** or call Enrollee Services at the number at the bottom of the page for help.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Annual routine physical exam	You pay 30% of the total cost (out-of-network).	You pay 40% of the total cost (out-of-network).
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B unless it is paid for you by Medicaid.	Up to \$1.60 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	Up to \$1.00 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.

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	2025 (this year)	2026 (next year)
Chronic care management services, including chronic pain management and treatment plan services	This section did not exist in your 2025 Enrollee Handbook. If you have serious chronic conditions and receive chronic care management services, your provider develops a monthly comprehensive care plan that lists your health problems and goals, providers, medications, community services you have and need, and other information about your health. Your provider also helps coordinate your care when you go from one health care setting to another.	What you pay depends on who provides your chronic care management services. You will pay the cost-sharing that applies for services provided by your primary care provider, specialist, nurse practitioner, physician's assistant, or other non-physician health care professional. View the Enrollee Handbook for your specific cost-share amounts.

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	2025 (this year)	2026 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	You pay a \$0 copayment (in-network). We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand. All trademarks are property of their respective owners.	You pay a \$0 copayment (in-network). We only cover Contour® and Accu-Chek® brands. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand. All trademarks are property of their respective owners.



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	2025 (this year)	2026 (next year)
Dental services Comprehensive and preventive dental	You pay a \$0 copayment for covered preventive and diagnostic services. You pay a \$0 copayment for covered comprehensive dental services. You are covered for up to \$1,500 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.	You pay a \$0 copayment for covered preventive and diagnostic services. You pay a \$0 copayment for covered comprehensive dental services. You are covered for up to \$1,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.
Hearing services Hearing aids	You receive a \$1,500 allowance for up to 2 OTC or prescription hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a \$1,500 allowance for up to 2 OTC or prescription hearing aids every 2 years. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.


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	2025 (this year)	2026 (next year)
Nurse Hotline	Not covered	You pay a \$0 copayment. Nurse Hotline services are available 24 hours a day, 7 days a week. Speak to a registered nurse (RN) about your medical concerns and questions.

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	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically Ill (continued on next page)	\$88 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, healthy food, certain utility bills and home and bath safety devices. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. The healthy food and utility bills options are only available to qualifying members through the Value Based Insurance Design (VBID) program. Fitness equipment, wearables, and extra support with in-home services, respite care and weight management are not covered by the credit. Important note: Medicare has decided to end the Value Based Insurance Design (VBID) program on Dec. 31, 2025. This is an industry-wide change that impacts all Medicare Advantage insurance carriers.	\$57 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, select fitness equipment and wearables, and extra support with in-home services, respite care and weight management. If you qualify, you can also use it to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.

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	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically Ill (continued)	The VBID program let Medicare Advantage insurance carriers provide members with tailored benefits, like grocery assistance or lowered costs for prescriptions. We were able to use this program to offer a healthy food and utility bills credit to members of your plan.	If you use an out-of-network provider for in home services, respite care or weight management coaching, you pay 75% of the total cost. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. Visit MyUHC.com/CommunityPlan or view your Enrollee Handbook for more information. Important note: Due to the VBID program ending, we will use the SSBCI program to continue to offer benefits like healthy food and utilities. Because of this change, you will need to have a qualifying chronic condition to use your OTC credit to help pay for healthy food and utilities.

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	2025 (this year)	2026 (next year)
Transportation (additional routine)	You pay a \$0 copayment for 36 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (in-network). You pay 75% coinsurance for 36 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (out-of-network). Trips are combined in and out-of-network.	You pay a \$0 copayment for 24 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (in-network). You pay 75% coinsurance for 24 one-way trips to or from plan approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits (out-of-network). Trips are combined in and out-of-network.
Vision care Additional routine eyewear	Receive a total credit of \$250 toward your purchase of frames/lenses and contact lenses every year. Limited to 1 pair of frames/lenses and contact lenses every year. Benefit is combined in and out-of-network.	Receive a total credit of \$200 toward your purchase of frames/lenses and contact lenses every year. Limited to 1 pair of frames/lenses and contact lenses every year. Benefit is combined in and out-of-network.



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D2. Changes to drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at **MyUHC.com/CommunityPlan**. You may also call Enrollee Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**. This material will be available online after **October 15, 2025**.

The **List of Covered Drugs** is also called the **Drug List**.

We made changes to our **Drug List**, which could include removing or adding drugs, or changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the **Drug List** to **make sure your drugs will be covered next year** and to find out if there are any restrictions .

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the District that will affect you during the calendar year. We update our online **Drug List** at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Enrollee Services at the numbers at the bottom of the page to ask for a **List of Covered Drugs** that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Enrollee Handbook**.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:



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Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to Chapter 6 of your Enrollee Handbook for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our **Drug List** to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our **Drug List**.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our five drug tiers. These amounts apply only during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines or information about the costs go to **Chapter 6, Section D** of your **Enrollee Handbook**.



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D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit \$2,100 for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year. You may have copays for Medicaid covered drugs or excluded drugs that are covered under our enhanced benefit.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section D** of your **Enrollee Handbook**

Do you get Extra Help to pay for your drug coverage costs?

If you’re in a program that helps pay for your drugs (Extra Help), the information about costs for Part D drugs may not apply to you. We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don’t get this material, call Enrollee Services at **1-866-242-7726** (TTY users call **711**) and ask for the LIS Rider to be sent to you.

	2025 (this year)	2026 (this year)
Part D prescription drug coverage (If you do qualify for “Extra Help” from Medicare to help pay for your prescription drug costs)	If you are enrolled in Medicare A and B and receive full DC Medicaid benefits, depending on your income and institutional status, you pay one of the following amounts: For generic drugs (including brand drugs treated as generic): • \$0 copayment For all other covered drugs: • \$0 copayment	If you are enrolled in Medicare A and B and receive DC Medicaid benefits, depending on your income and institutional status, you pay one of the following amounts: For generic drugs (including brand drugs treated as generic): • \$0 copayment or • \$1.60 copayment or • \$5.10 copayment For all other covered drugs: • \$0 copayment or • \$4.90 copayment or • \$12.65 copayment

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Part D prescription drug coverage If you do not qualify for “Extra Help” from Medicare to help pay for your prescription drug costs	You pay 25% of the total cost. In 2025, you pay no more than \$0 for each 1-month supply of Part D covered insulin drugs. In 2026, you’ll pay no more than a \$35 copay or 25% of the total drug cost — whichever is less — until you reach the Catastrophic Coverage stage where your cost drops to \$0. You pay these amounts even if you haven’t paid your deductible.	Drug Tier 1: You pay \$0 per prescription Drug Tier 2: You pay 25% of the total cost. Drug Tier 3: You pay 25% of the total cost. You pay 25%, up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: You pay 25% of the total cost. Drug Tier 5: You pay 25% of the total cost. In 2026, you pay no more than \$0 for each 1-month supply of Part D covered insulin drugs. In 2026, you’ll pay no more than a \$35 copay or 25% of the total drug cost — whichever is less — until you reach the Catastrophic Coverage stage where your cost drops to \$0. You pay these amounts even if you haven’t paid your deductible.

Changes to your VBID Part D Benefit

Medicare has decided to end the Value Based Insurance Design (VBID) program on Dec. 31, 2025. This is an industry-wide change that impacts all Medicare Advantage insurance carriers. The VBID program let Medicare Advantage insurance carriers provide members of this plan with tailored benefits, like grocery assistance or lowered costs for prescriptions. We were able to use this program to offer all covered Part D prescription drugs at \$0 to members of your plan.



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For more information, visit **MyUHC.com/CommunityPlan**.

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In 2026, covered Tier 1 drugs will continue to be a \$0 copayment. Due to the VBID program ending, what you pay for drugs on Tiers 2–5 is changing. The amount you pay is determined by Medicare and depends on what drug stage you're in, the level of Extra Help you receive and whether it's a brand or generic drug. If you reach the Catastrophic Coverage stage, you will have a \$0 copayment on all covered drugs for the rest of the plan year. For more details on your cost-shares, review the Part D tables above.

For more details on your cost-shares, review the Part D tables above.

Depending on your level of Medicaid eligibility, for Medicare-covered services:

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits and your provider accepts Medicaid, you pay a \$0 copayment for your Medicare cost sharing.

If you are not a QMB or you do not have full Medicaid benefits, or you do have full Medicaid benefits and you see an out-of-network provider that does not accept Medicaid, you must pay your Medicare cost sharing.

E. Administrative changes

This section highlights other important changes to your plan. For 2026, this includes updates to the Medicare Prescription Payment Plan and new details in your **Enrollee Handbook** for emergency care and transplant-related expenses.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January–December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-866-242-7726 (TTY users call 711) or visit Medicare.gov.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

UHC Dual Choice DC-Q001 (PPO D-SNP) ANNUAL NOTICE OF CHANGE FOR 2026

	2025 (this year)	2026 (next year)
Emergency care — Worldwide reimbursement	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable.	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The Enrollee Handbook now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. Please see Chapter 7, Section 1 of the Enrollee Handbook for complete information.
Transplant services — Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The Enrollee Handbook has been updated to include more details explaining allowable transplant related travel and lodging expenses. Please see the Chapter 4, Section 3 for more details.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan enrollee. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you automatically stay enrolled as an enrollee of our plan for 2026.

F2. Changing plans

Most people with Medicare can end their enrollment during certain times of the year. Because you have DC Medicaid, you can end your enrollment in our plan any month of the year.

In addition, you may end your enrollment in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your enrollment in our plan ends on December 31 and your enrollment in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your enrollment in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for DC Medicaid or Extra Help changed, or
- you recently moved into or are currently getting care in, an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have two options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your enrollment in our plan.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

UHC Dual Choice DC-Q001 (PPO D-SNP) ANNUAL NOTICE OF CHANGE FOR 2026

1. You can change to: Original Medicare with a separate Medicare drug plan NOTE: If you choose this option, you'll be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday–Friday, 9:30 a.m.–4:30 p.m. For more information or to find a local SHIP office in your area, please visit dacl.dc.gov/service/health-insurance-counseling. OR Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your entitlement to Medicaid isn't affected by your choice of Medicare coverage. You'll still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.
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If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

UHC Dual Choice DC-Q001 (PPO D-SNP) ANNUAL NOTICE OF CHANGE FOR 2026

2. You can change to:

Original Medicare without a separate Medicare drug plan

NOTE: If you choose this option, you'll be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your entitlement to Medicaid isn't affected by your choice of Medicare coverage. You'll still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

3. You can change to: Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call (571) 622-0555. TTY users should call (571) 622-0511. If you need help or more information: • Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday–Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling. OR Enroll in a new Medicare plan. You’re automatically disenrolled from our Medicare plan when your new plan’s coverage begins. Your entitlement to Medicaid isn’t affected by your choice of Medicare coverage. You’ll still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service.
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Your DC Medicaid services

For questions about how to get your DC Medicaid services after you leave our plan, contact Dual Choice support, 202-442-9533, TTY 711, 9 a.m.–4:45 p.m., Monday–Friday, dhcf.dc.gov/. Ask how joining another plan or returning to Original Medicare affects how you get your DC Medicaid coverage.

G. Getting help

G1. Our plan

We’re here to help if you have any questions. Call Enrollee Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.

For more information, visit **MyUHC.com/CommunityPlan**.

UHC Dual Choice DC-Q001 (PPO D-SNP) ANNUAL NOTICE OF CHANGE FOR 2026

Read your Enrollee Handbook

Your **Enrollee Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The **Enrollee Handbook** for 2026 will be available after **October 15**. You can also review the **Enrollee Handbook** to find out if other benefit or cost changes affect you. An up-to-date copy of the **Enrollee Handbook** is available on our website at **MyUHC.com/CommunityPlan**. You may also call Enrollee Services at the numbers at the bottom of the page to ask us to mail you an **Enrollee Handbook** for 2026.

Our website

You can visit our website at **MyUHC.com/CommunityPlan**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **Drug List (List of Covered Drugs)**. These documents will be available after **October 15, 2025**.

G2. DC State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In the District the SHIP is called the DC State Health Insurance Assistance Program (SHIP). The DC SHIP can help you understand your plan choices and answer questions about switching plans. The DC SHIP isn't connected with us or with any insurance company or health plan. The DC SHIP has trained counselors who serve the entire District and services are free. The DC SHIP phone number is 202-727-8370, TTY 711. For more information or to find a local DC SHIP office in your area, please visit dacl.dc.gov/service/health-insurance-counseling.

G3. Office of the Insurance Ombudsperson and Bill of Rights

The Office of Health Care Ombudsman and Bill of Rights can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Care Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Health Care Ombudsman Program is 202-724-7491.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

UHC Dual Choice DC-Q001 (PPO D-SNP) ANNUAL NOTICE OF CHANGE FOR 2026

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044

Medicare's Website

You can visit the Medicare website ([medicare.gov](https://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [medicare.gov](https://www.medicare.gov) and click on "Find plans.")

Medicare & You 2026

You can read the **Medicare & You 2026** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Quality Improvement Organization

There's a designated Quality Improvement Organization serving Medicare beneficiaries in each state. For the District, the Quality Improvement Organization is called Livanta BFCC-QIO Program.

The District's Quality Improvement Organization has a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. The District's Quality Improvement Organization is an independent organization. It isn't connected with our plan.

You should contact the District's Quality Improvement Organization at 1-888-396-4646 or TTY 1-888-985-2660 in any of these situations:

- You have a complaint about the quality of care you've received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

G5. DC Medicaid

Medicaid is a joint Federal and District government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. Some people are eligible for Medicaid but not Medicare. In the District of Columbia, Medicaid may pay for personal care, homemaker and other services that aren't covered by Medicare. Medicaid also has programs that can help pay for your Medicare premiums and other costs if you're eligible for Medicare and qualify. If you have questions about the assistance you get from Medicaid, contact Dual Choice support at 202-442-9533, TTY 711, Monday–Friday, 9 a.m.–4:45 p.m.

UHC Dual Choice DC-Q001 (PPO D-SNP) has a contract with the DC Department of Health Care Finance (DHCF) to provide all your benefits under Medicaid as well as Medicare.

G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January–December) as monthly payments. This program doesn't save you money or lower your drug costs.

“Extra Help” from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [medicare.gov](https://www.medicare.gov).



If you have questions, please call **UHC Dual Choice DC-Q001 (PPO D-SNP)** at **1-866-242-7726**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; 8 a.m.–5:30 p.m., Monday–Friday, April–September. The call is free.
For more information, visit **MyUHC.com/CommunityPlan**.

Notice of nondiscrimination

UnitedHealthcare complies with applicable Federal and District of Columbia civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of any of the following:

- Race or ancestry
- Color
- Creed
- Religion
- Age
- National origin
- Language
- Marital status
- Sex (including sexual orientation and gender identity)
- Medical condition or disability (including physical or mental impairment)
- Pregnancy
- Family responsibilities
- Source of income
- Place of residence
- Political affiliation
- Personal appearance

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, please call Enrollee Services at **1-866-242-7726**, TTY **711**, between 8:00 a.m.–5:30 p.m. ET, Monday–Friday, months April–September; 8:00 a.m.–8:00 p.m. ET, 7 days a week, months October–March.

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your enrollee identification card (TTY **711**). If you need any other assistance, please contact the Office of Health Care Ombudsman at 202-724-7491.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

If you do not speak and/or read English, please call 1-866-242-7726, TTY 711, between 8:00am – 5:30pm EST, Monday – Friday, months April – September; 8:00am – 8:00pm EST, 7 days a week, months October – March. A representative will assist you.

እንግሊዘኛ የማይናገሩ እና/ወይም የማያነቡ ከሆኑ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከጥቅምት 8:00 - ከሰኔ 5:30 EST፣ ሰኞ - አርብ፣ ኤፕሪል - ሴፕቴምበር ወራት፣ ጥቅምት 8:00 - ከሰኔ 8:00 EST፣ በሳምንት 7 ቀናት፣ ከአክቶበር - ማርች ወራት ይደውሉ። ተወካይ ያነጋግርዎታል።

إذا كنت لا تتحدث و/أو لا تقرأ اللغة الإنجليزية، يُرجى الاتصال على الرقم 1-866-242-7726 (TTY 711)، بين الساعة 8:00 صباحًا و 5:30 مساءً بالتوقيت الشرقي القياسي، من الاثنين إلى الجمعة، خلال أشهر أبريل حتى سبتمبر؛ ومن الساعة 8:00 صباحًا حتى 8:00 مساءً بالتوقيت الشرقي القياسي، طوال أيام الأسبوع، خلال أشهر أكتوبر حتى مارس. وسيساعدك أحد الممثلين.

အကယ်၍ သင်သည် အင်္ဂလိပ်လိုမပြောတတ် နှင့်/သို့မဟုတ် မဖတ်တတ်ပါက ကျေးဇူးပြု၍ 1-866-242-7726၊ TTY 711 ထံသို့ ဧပြီလမှ စက်တင်ဘာလအထိ တနင်္လာနေ့မှ သောကြာနေ့၊ EST အချိန် 8:00am မှ 5:30pm အတွင်းနှင့် အောက်တိုဘာလမှ မတ်လအထိ တစ်ပတ်လျှင် ၇ ရက်၊ EST အချိန် 8:00am မှ 8:00pm အတွင်း ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီပေးပါလိမ့်မည်။

如果您不能说和 / 或读英语，请致电 1-866-242-7726，听力语言残障服务专线 (TTY) 711，4 月至 9 月周一至周五，东部标准时间 (EST) 上午 8:00 至下午 5:30；10 月至 3 月每周 7 天，东部标准时间 (EST) 上午 8:00 至晚上 8:00。会有一位代表为您提供协助。

如果您不能說和 / 或讀英語，請致電 1-866-242-7726，聽力語言殘障服務專線 (TTY) 711，4 月至 9 月週一至週五，東部標準時間 (EST) 上午 8:00 至下午 5:30；10 月至 3 月每週 7 天，東部標準時間 (EST) 上午 8:00 至晚上 8:00。會有一位代表為您提供協助。

اگر به زبان انگلیسی صحبت نمی‌کنید و/یا نمی‌توانید بخوانید، لطفاً با شماره 1-866-242-7726

(TTY 711) تماس بگیرید. ساعات پاسخگویی از دوشنبه تا جمعه، بین ساعات 8:00 AM تا

5:30 PM به وقت EST در ماه‌های آوریل تا سپتامبر، و همه روزه بین ساعات 8:00 AM تا 8:00 PM

به وقت EST در ماه‌های اکتبر تا مارس می‌باشد. یک نماینده به شما کمک خواهد کرد.

Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le 1-866-242-7726, TTY 711, entre 8:00am et 5:30pm heure de l'Est, du lundi au vendredi, d'avril à septembre ; et entre 8:00am et 8:00pm heure de l'Est, 7 jours sur 7, d'octobre à mars. Un représentant vous aidera.

Si ou pa pale ak/oswa li angle, tanpri rele 1-866-242-7726, TTY 711, ant 8:00am - 5:30pm EST, lendi - vandredi, mwa avril - septanm; 8:00am - 8:00pm EST, 7 jou pa semèn, mwa oktòb - mas. Yon reprezantan ap ede ou.

यदि आप अंग्रेज़ी नहीं बोल सकते और/या पढ़ नहीं सकते, तो कृपया 1-866-242-7726, TTY 711 पर कॉल करें। अप्रैल से सितंबर तक सोमवार से शुक्रवार, सुबह 8:00 बजे से शाम 5:30 बजे (EST) तक, और अक्टूबर से मार्च तक सप्ताह के सातों दिन, सुबह 8:00 बजे से रात 8:00 बजे (EST) तक कॉल कर सकते हैं। एक प्रतिनिधि आपकी सहायता करेगा।

Yog tias koj tsis paub hais thiab/los sis nyeem tsis tau ntawv Askiv, thov hu rau 1-866-242-7726, TTY 711, thaum 8:00 teev sawv ntxov - 5:30 teev tsaus ntuj lub sij hawm EST, hnub Monday - hnub Friday, lub Plaub Hlis - Cuaj Hli; 8:00 teev sawv ntxov - 8:00 teev tsaus ntuj lub sij hawm EST, 7 hnub hauv ib lub lim tiam, lub Kaum Hli - Lub Peb Hlis. Ib tug neeg sawv cev yuav los pab koj.

Se non parla o legge l'inglese, chiami il numero 1-866-242-7726 (TTY 711), attivo dal lunedì al venerdì, dalle 8:00 alle 17:30 EST, nei mesi da aprile a settembre e attivo tutti i giorni, dalle 8:00 alle 20:00 EST, nei mesi da ottobre a marzo. Un nostro consulente le fornirà assistenza.

英語を話したり読んだりできない場合は、1-866-242-7726、TTY 711 までお電話ください。受付時間：4月～9月は月曜日～金曜日、東部標準時午前8時～午後5時30分。10月～3月は毎日、東部標準時午前8時～午後8時です。担当者がお手伝いいたします。

영어를 말하거나 읽을 수 없는 경우, 1-866-242-7726, TTY 711 번으로 4 월-9 월, 월요일-금요일, 오전 8 시-오후 5 시 30 분(동부표준시), 10 월-3 월, 주 7 일, 오전 8 시-오후 8 시(동부표준시) 사이에 전화하십시오. 담당자가 도와드릴 것입니다.

Jeśli nie mówi i/lub nie czyta Pan/Pani w języku angielskim, prosimy zadzwonić pod numer 1-866-242-7726, TTY 711, w godzinach od 8:00 rano do 5:30 wieczorem czasu EST, od poniedziałku do piątku, od kwietnia do września; w godzinach od 8:00 rano do 8:00 wieczorem czasu EST, 7 dni w tygodniu, od października do marca. Przedstawiciel udzieli Panu/Pani pomocy.

Se você não fala ou lê inglês, ligue para 1-866-242-7726, TTY 711, entre 8:00 a.m. e 5:30 p.m. EST, de segunda a sexta-feira entre os meses de abril e setembro, e entre 8:00 a.m. e 8:00 p.m. EST, 7 dias por semana entre os meses de outubro e março. Um representante auxiliará você.

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲ ਨਹੀਂ ਸਕਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-866-242-7726, TTY 711 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪ੍ਰੈਲ ਤੋਂ ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ (EST) ਤੱਕ, ਅਤੇ ਅਕਤੂਬਰ ਤੋਂ ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਰਾਤ 8:00 ਵਜੇ (EST) ਤੱਕ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਮਦਦ ਕਰੇਗਾ।

Если вы не говорите и/или не читаете по-английски, обращайтесь по телефону 1-866-242-7726 (линия TTY: 711) в соответствии со следующим графиком работы: с 8:00am до 5:30pm по восточному времени (EST) с понедельника по пятницу в период с апреля по сентябрь; с 8:00am до 8:00pm по восточному времени (EST) ежедневно в период с октября по март. Представитель компании окажет вам помощь.

Haddii aadan ku hadlin iyo/ama aadan akhrin Af-Ingirisiga, fadlan wac 1-866-242-7726, TTY 711, inta u dhaxeysa 8:00am – 5:30pm EST, Isniin – Jimce, bilaha Abriil – Setenbar; 8:00am – 8:00pm EST, 7 maalmood isbuucii, bilaha Oktoobar – Maarso. Wakiil ayaa ku caawin doona.

Si no habla o no lee inglés, llame al 1-866-242-7726, TTY 711, de 8:00 a.m. a 5:30 p.m., hora del Este, de lunes a viernes, de abril a septiembre; y de 8:00 a.m. a 8:00 p.m., hora del Este, los 7 días de la semana, de octubre a marzo. Un representante le ayudará.

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UHC Dual Choice DC-Q001 (PPO D-SNP) Enrollee Services



MyUHC.com/CommunityPlan



Call 1-866-242-7726

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March;
8 a.m.–5:30 p.m., Monday–Friday, April–September. Enrollee Services also has free
language interpreter services available for non-English speakers.

TTY 711

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Write P.O. Box 30769

Salt Lake City, UT 84130-0769