

Annual Notice of Change 2027

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



Download the **UnitedHealthcare** app



Visit **myuhc.com/CommunityPlan**



Call toll-free **1-866-242-7726**, TTY **711**

8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept



**United
Healthcare®**

Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this UnitedHealthcare plan still fits your needs.

Here are a few benefit highlights for your 2027 plan:



Your plan will still have an over-the-counter (OTC) credit to help with your everyday needs, but the amount will change next year. Use your credits and earned rewards to buy thousands of covered OTC products, plus healthy food and utilities for enrollees who qualify.



Your plan includes \$1,000 toward preventive and comprehensive dental services. Sign in to your enrollee site for more details.



Your plan includes a \$200 vision allowance. You can use it to buy a pair of eyeglasses (lenses and frames) or contacts.

Your plan may have other changes. Please review this Annual Notice of Change for full details.

New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your enrollee ID card – Use this at the doctor's office and pharmacy
- Your UnitedHealthcare UCard® – Use this for plan benefits like: OTC credits and earned rewards

Having separate cards helps protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

Guidelines for using your OTC credits

To keep using OTC credits for healthy food and utilities, we're required to confirm you have a qualifying chronic health condition and complex health needs. The good news is we're already reviewing your eligibility. We'll send you an update soon.

How to prepare for next year

- ✓ Review your 2027 Annual Notice of Change.

- ✓ Visit the **Prepare for Next Year** page on your enrollee site or UnitedHealthcare® app. You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.
- ✓ Watch for more information from us about your benefits and coverage for next year.

Your enrollment will renew automatically

If this plan still meets your needs, you don't need to do anything. Your enrollment will renew automatically. You'll continue to have access to the UnitedHealthcare plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We'll be happy to help you explore other options that may better meet your health care needs and budget.

Thank you for trusting us with your Medicare experience

If you have questions, call Customer Service at the toll-free number on your enrollee ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.

Scan the QR code or visit **uhc.care/covered** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at myuhc.com/CommunityPlan after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Enrollee Handbook

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as an enrollee.

We know some enrollees prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit myuhc.com/CommunityPlan to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

Annual Notice of Change for 2027



You're enrolled as an enrollee of UHC Dual Choice DC-Q001 (PPO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in UHC Dual Choice DC-Q001 (PPO D-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 handbook.
- You don't need to take any action to stay enrolled in this plan for next year - your enrollment will continue automatically.
- **Note this is only a summary of changes. More information about costs, benefits, and rules is in the Enrollee Handbook. Get a copy at myuhc.com/CommunityPlan or call Customer Service at 1-866-242-7726 (TTY users call 711) to get a copy by mail.**

More Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your UnitedHealthcare UCard® or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su UCard® de UnitedHealthcare o en la portada de la guía de su plan.

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

- 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.
- Our plan also has a written agreement with the District of Columbia Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Dual Choice DC-Q001 (PPO D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in UHC Dual Choice DC-Q001 (PPO D-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through UHC Dual Choice DC-Q001 (PPO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Annual Notice of Change for 2027

Table of Contents

Summary of important costs for 2027	7
Section 1 Changes to Benefits & Costs for Next Year	11
Section 1.1— Changes to the Monthly Plan Premium.....	11
Section 1.2— Changes to Your Maximum Out-of-Pocket Amounts	11
Section 1.3— Changes to the Provider Network.....	12
Section 1.4— Changes to the Pharmacy Network	12
Section 1.5— Changes to Benefits & Costs for Medical Services	13
Section 1.6— Changes to Part D Drug Coverage	19
Section 1.7— Changes to Prescription Drug Benefits & Costs.....	19
Section 2 Administrative Changes	22
Section 3 How to Change Plans	23
Section 3.1— Deadlines for Changing Plans.....	23
Section 3.2— Are there other times of the year to make a change?	23
Section 4 Get Help Paying for Prescription Drugs.....	24
Section 5 Questions?	25
Get Help from UHC Dual Choice DC-Q001 (PPO D-SNP)	25
Get Free Counseling about Medicare	26
Get Help from Medicare	26
Get Help from Medicaid	26

Summary of important costs for 2027

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 deductible, doctor office visits, and inpatient hospital stays.

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher than this amount. (Go to Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amounts This is the most you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$0 From in-network and out-of-network providers combined: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From network providers: \$0 From in-network and out-of-network providers combined: \$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	You pay a \$0 copayment per visit (in-network). You pay a \$0 copayment per visit (out-of-network).	You pay a \$0 copayment per visit (in-network). You pay a \$0 copayment per visit (out-of-network).
Specialist office visits	You pay a \$0 copayment per visit (in-network). You pay a \$0 copayment per visit (out-of-network).	You pay a \$0 copayment per visit (in-network). You pay a \$0 copayment per visit (out-of-network).
Inpatient hospital stays	You pay a \$0 copayment for each Medicare-covered hospital stay for	You pay a \$0 copayment for each Medicare-covered hospital stay for



Questions? Get answers on the UnitedHealthcare app or Chat with us at myuhc.com/CommunityPlan. You can also call Customer Service at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

	2026 (this year)	2027 (next year)
Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	unlimited days (in-network). You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).	unlimited days (in-network). You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).
Part D drug coverage deductible (Go to Section 1.7 for details.)	If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs	
	\$0	\$0
	If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs	
	\$0 Tier 1 \$615 Tier 2, Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.	\$0 Tier 1 and Tier 2 \$255 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	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 DC Department of Human Services (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:	If you are enrolled in Medicare A and B and receive DC Department of Human Services (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:



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	2026 (this year)	2027 (next year)
	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 If the total amount you pay for copayments and coinsurance reaches \$2,100, you pay nothing for your covered Part D drugs.	For generic drugs (including brand drugs treated as generic): • \$0 copayment or • \$1.65 copayment or • \$5.80 copayment For all other covered drugs: • \$0 copayment or • \$5 copayment or • \$14.40 copayment If the total amount you pay for copayments and coinsurance reaches \$2,400, you pay nothing for your covered Part D drugs.
	If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs	
	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: Drug Tier 1: Standard retail cost-sharing (in-network) \$0 per prescription. Drug Tier 2: Standard retail cost-sharing (in-network) 25% of the total cost. Drug Tier 3: Standard retail cost-sharing (in-network) 25% of the total cost.	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: Drug Tier 1: Standard retail cost-sharing (in-network) \$0 per prescription. Drug Tier 2: Standard retail cost-sharing (in-network) \$0 per prescription. Drug Tier 3: Standard retail cost-sharing (in-network) 25% of the total cost.



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	2026 (this year)	2027 (next year)
	You pay 25%, up to \$35 per month supply of each covered insulin product on this tier¹ Drug Tier 4: Standard retail cost-sharing (in-network) 25% of the total cost. Drug Tier 5: Standard retail cost-sharing (in-network) 25% of the total cost. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.	You pay 25%, up to \$35 per month supply of each covered insulin product on this tier¹ Drug Tier 4: Standard retail cost-sharing (in-network) 25% of the total cost. Drug Tier 5: Standard retail cost-sharing (in-network) 30% of the total cost. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.

¹ In 2026, you pay no more than \$35 for each 1-month supply of Part D covered insulin drugs. In 2027, 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.

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0
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 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

	2026 (this year)	2027 (next year)
drugs don't count toward your maximum out-of-pocket amount.		
Combined maximum out-of-pocket amount You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 **Provider Directory** (myuhc.com/CommunityPlan) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website myuhc.com/CommunityPlan.
- Call Customer Service at 1-866-242-7726 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-242-7726 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your Enrollee Handbook.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 Pharmacy Directory (myuhc.com/CommunityPlan) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at myuhc.com/CommunityPlan.
- Call Customer Service at 1-866-242-7726 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-866-242-7726 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

The amount you pay for Medicare-covered services depends on your level of Medicaid eligibility:

- 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 don't 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.

Medicare cost sharing includes copayments, coinsurance, and deductibles. If you don't have Extra Help, you're responsible for all Part D cost sharing amounts. Contact DC Department of Human Services (Medicaid) at 1-202-442-9533 for more details.

The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, 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. Contact us for details.

	2026 (this year)	2027 (next year)
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the Plan. If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Hearing services Hearing aids	You receive a \$1,500 allowance for up to 2 OTC or prescription hearing aids every 2 years. You pay a \$0 copayment. 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 prescription hearing aids every 2 years. In-network You pay a \$0 copayment. Out-of-network You are responsible for 90% of the allowance amount if you purchase hearing aids from an out-of-network provider. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered. Benefit is combined in and out-of-network.

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

	2026 (this year)	2027 (next year)
Meal benefit	Covered	Not covered

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

	2026 (this year)	2027 (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 III	\$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 your credits 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 III (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 more complex health needs. There may be other qualifying conditions not listed. In-network You pay a \$0 copayment. Out-of-network	\$49 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 your credits 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 III (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 more complex health needs.

	2026 (this year)	2027 (next year)
	You pay 75% of the total cost if you use an out-of-network provider for in-home services, respite care or weight management coaching. The credit applies to remaining balance, up to the monthly limit. Benefit is combined in and out-of-network. Your credit amount expires at the end of each month.	There may be other qualifying conditions not listed. We'll send you a letter with information about your eligibility for SSBCI benefits. In-network You pay a \$0 copayment. Out-of-network You pay 90% of the total cost if you use an out-of-network store or provider. The credit applies to remaining balance, up to the monthly limit. Benefit is combined in and out-of-network. Your credit amount expires at the end of each month. You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. Visit member.uhc.com/community/benefits/ssbci or view your Evidence of Coverage after Oct.1, 2026, for more information.

	2026 (this year)	2027 (next year)
Urgently needed services – worldwide	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Vision care Additional routine eyewear	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. You pay a \$0 copayment. 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. In-network You pay a \$0 copayment. Out-of-network You are responsible for 90% of the allowance amount if you purchase frames/lenses or contact lenses from an out-of-network provider. Benefit is combined in and out-of-network.

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-866-242-7726 (TTY users call 711) or visiting our website (myuhc.com/CommunityPlan). This material will be available online after **October 15, 2026**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Enrollee Handbook and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-866-242-7726 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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 Enrollee Handbook 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 Customer Service at 1-866-242-7726 (TTY users call 711) and ask for the LIS Rider to be sent to you.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$0 (Look at the separate insert, the LIS Rider, for your deductible amount.) If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs: \$615 During this stage, you pay \$0 for drugs on Tier 1 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.	\$0 (Look at the separate insert, the LIS Rider, for your deductible amount.) If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs: \$255 During this stage, you pay \$0 for drugs on Tier 1 (in-network standard retail 30-day supply), \$0 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your **Enrollee Handbook**.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
	If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs	
Generic drugs (including brand drugs treated as generic)	For generic drugs (including brand drugs treated as generic) • \$0 copayment or • \$1.60 copayment or • \$5.10 copayment	For generic drugs (including brand drugs treated as generic) • \$0 copayment or • \$1.65 copayment or • \$5.80 copayment
For all other covered drugs	For all other covered drugs: • \$0 copayment or • \$4.90 copayment or • \$12.65 copayment	For all other covered drugs: • \$0 copayment or • \$5 copayment or • \$14.40 copayment
	If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs	
Tier 1 - Preferred Generic	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 2 - Generic	You pay 25% of the total cost.	You pay \$0 per prescription.
Tier 3 - Preferred Brand	You pay 25% of the total cost. You pay 25%, up to \$35 per month supply of each covered insulin product on this tier ¹ .	You pay 25% of the total cost. You pay 25%, up to \$35 per month supply of each covered insulin product on this tier ¹ .
Tier 4 - Non-Preferred Drug	You pay 25% of the total cost.	You pay 25% of the total cost.
Tier 5 - Specialty Tier	You pay 25% of the total cost.	You pay 30% of the total cost.

¹ In 2026, you pay no more than \$35 for each 1-month supply of Part D covered insulin drugs. In 2027, 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.

Section 2 Administrative Changes

	2026 (this year)	2027 (next year)
Prior Authorization - Comprehensive Dental Services	Your provider may need to request prior authorization.	Your provider no longer needs to request prior authorization.
UnitedHealthcare UCard and enrollee ID card	The UCard serves as your enrollee ID card and more – use it to spend your OTC credits and earned rewards on eligible items.	You'll get 2 cards in separate mailings - a enrollee ID card and a UCard. Use your new enrollee ID card when visiting a provider or filling a prescription. Use your UCard as payment in-store or online to spend your OTC credits and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the UnitedHealthcare app or your member site.

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our UHC Dual Choice DC-Q001 (PPO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from UHC Dual Choice DC-Q001 (PPO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from UHC Dual Choice DC-Q001 (PPO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (myuhc.com/CommunityPlan). Call Customer Service at 1-866-242-7726 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.medicare.gov), check the **Medicare & You 2027 handbook**, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your enrollment in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** District of Columbia has a program called DC Pharmacy Benefits Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs

that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Enrollee Handbook**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use 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 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All enrollees are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-242-7726 (TTY users call 711) or visit Medicare.gov.

Section 5 Questions?

Get Help from UHC Dual Choice DC-Q001 (PPO D-SNP)

- **Call Customer Service at 1-866-242-7726. (TTY users call 711).**

We're available for phone calls 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. Calls to these numbers are free.

- **Read your 2027 Enrollee Handbook**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Enrollee Handbook** for UHC Dual Choice DC-Q001 (PPO D-SNP). The **Enrollee Handbook** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the **Enrollee Handbook** on our website at myuhc.com/CommunityPlan or call Customer Service at **1-866-242-7726** (TTY users call **711**) to ask us to mail you a copy.

- **Visit myuhc.com/CommunityPlan**

Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list). The Provider Directory and Formulary will be available after **October 15, 2026**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In District of Columbia, the SHIP is called DC State Health Insurance Assistance Program (SHIP).

Call DC State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call DC State Health Insurance Assistance Program (SHIP) at 1-202-727-8370.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call DC Department of Human Services (Medicaid) at 1-202-442-9533. TTY users can call 711 for help with Medicaid enrollment or benefit questions.

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.

እንግሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆኑ፣ እባክዎን በ1-866-242-7726፣ TTY 711፣ ከጠዋቱ 8:00 - ከሰዓት 5:30 EST፣ ሰኞ - አርብ፣ ኤፕሪል - ሴፕቴምበር ወራት፤ ጠዋት 8:00 - ከሰዓት 8:00 EST፣ በሳምንት 7 ቀናት፣ ከኦክቶበር - 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, hnuv Monday - hnuv Friday, lub Plaub Hlis - Cuaj Hli; 8:00 teev sawv ntxov - 8:00 teev tsaus ntuj lub sij hawm EST, 7 hnuv 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 ਸੱਤੋਂ 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.

Kung hindi ka makapagsalita at/o makapagbasa ng Ingles, pakitawagan ang 1-866-242-7726, TTY 711, 8:00am – 5:30pm EST, Lunes – Biyernes, mga buwan ng Abril – Setiembre; 8:00am – 8:00pm EST, 7 araw kada linggo, mga buwan ng Oktubre – Marso. May representative na tutulong sa iyo.

Nếu quý vị không nói và/hoặc đọc tiếng Anh, vui lòng gọi số 1-866-242-7726, TTY 711, 8:00 sáng – 5:30 chiều theo giờ EST, thứ Hai đến thứ Sáu, trong giai đoạn từ tháng 4 đến tháng 9; 8:00 sáng – 8:00 tối theo giờ EST, tất cả các ngày trong tuần, trong giai đoạn từ tháng 10 đến tháng 3. Một nhân viên đại diện sẽ hỗ trợ quý vị.



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

Customer Service:



Download the **UnitedHealthcare app**



Visit **myuhc.com/CommunityPlan**



Call **1-866-242-7726**

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.
Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.

8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept.



Write: **P.O. Box 30769**

Salt Lake City, UT 84130-0769

Do we have the right address for you?

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