

Annual Notice of Change 2027

UHC Dual Choice DC-Y2 (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®**

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 **Enrollee Handbook** for details about plan costs and benefits. 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. 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 Enrollee Services 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

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**.

Additional resources

- This document 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 Enrollee Services Toll-free **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.
- Our enrollees can request their preferred language other than English and/or alternate format by calling the number at the bottom of this page. Enrollees' 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, contact Enrollee Services to have your preference updated for future communications.

OMB Approval 0938-1444 (Expires: 5/31/2029)



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

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If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

A. Disclaimers

UHC Dual Choice DC-Y2 (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.

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 D** 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**.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

B1. Information about UHC Dual Choice DC-Y2 (PPO D-SNP)

- UHC Dual Choice DC-Y2 (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-Y2 (PPO D-SNP).

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? Are they in a different cost-sharing tier? 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.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **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 C** 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 have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

If you decide to stay with UHC Dual Choice DC-Y2 (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-Y2 (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 F2** 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

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered **only** if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 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**.

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.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myUHC.com/CommunityPlan.

	2026 (this year)	2027 (next year)
Annual medical deductible	For 2026, your plan has a \$0 or \$283 combined in and out-of-network deductible. The deductible does not apply to insulin furnished through durable medical equipment (DME).	Your deductible is \$0 or the Original Medicare Part B deductible amount, combined in and out-of-network. The 2026 Original Medicare deductible amount is \$283. The 2027 amount will be set by CMS in the fall of 2026. Our plan will provide updated rates as soon as they are released. The deductible does not apply to insulin furnished through durable medical equipment (DME).

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.



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	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.

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.



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	2026 (this year)	2027 (next year)
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. In-network You pay a \$0 copayment. There are no fees for standard membership services when you use network providers. Out-of-network You pay 90% of the total cost if you use an out-of-network fitness provider. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Enrollee Handbook for more information.
Inpatient hospital care	You pay a \$0 copayment or a \$2,230 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).	You pay a \$0 copayment or a \$1,800 copayment for each Medicare-covered hospital stay for unlimited days (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.



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	2026 (this year)	2027 (next year)
Inpatient mental health care	You pay a \$0 copayment or a \$2,080 copayment for each Medicare-covered hospital stay (out-of-network).	You pay a \$0 copayment or a \$1,800 copayment for each Medicare-covered hospital stay (out-of-network).
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.



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	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	\$115 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.	\$109 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.



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	2026 (this year)	2027 (next year)
	Out-of-network 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 Enrollee Handbook after Oct.1, 2026, for more information.



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	2026 (this year)	2027 (next year)
Skilled nursing facility (SNF) care	You pay a \$0 copayment each day for days 1-100, or: You pay the Original Medicare cost sharing amount for inpatient services: \$0 copayment each day for days 1 to 20 (out-of-network). \$217 copayment each day for days 21 to 100 (out-of-network).	You pay a \$0 copayment each day for days 1-100, or: You pay the Original Medicare cost sharing amount for 2027 which will be set by CMS in the fall of 2026. These are 2026 cost sharing amounts and may change for 2027. Our plan will provide updated rates as soon as they are released. \$0 copayment each day for days 1 to 20 (out-of-network). \$217 copayment each day for days 21 to 100 (out-of-network).
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.

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.



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D2. Changes to drug coverage

Changes to our Drug List

Our **List of Covered Drugs** is also called the **Formulary** or **Drug List**. A copy of our **Drug List** is posted online at myUHC.com/CommunityPlan.

You can get the complete **Drug List** by calling Enrollee Services at the number at the bottom of the page or visiting our website at myUHC.com/CommunityPlan.

We made changes to our **Drug List**, which could include removing or adding drugs, changing drugs we cover and changes to 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 find out if there are 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 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 or contact your care management team 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.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Enrollee Handbook** or call Enrollee Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Enrollee Services or your care management team. Refer to **Chapters 2 and 3** of your **Enrollee Handbook** to learn more about how to contact your care management team.
- 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.



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- 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

Because you're eligible for DC Medicaid, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Enrollee Handbook Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Enrollee Services and ask for the "LIS Rider."

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

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, 2027. 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 \$2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all 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



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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 for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your **Enrollee Handbook**.

	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: \$310 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.



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Drug Costs in Stage 1: 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



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	2026 (this year)	2027 (next year)
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.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,400**. At that point, the Catastrophic Coverage Stage begins. The 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.

D4. Stage 2: Catastrophic Coverage Stage

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage



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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** of your **Enrollee Handbook**.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

	2026 (this year)	2027 (next year)
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 \$0.80 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	\$0



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

E. Administrative changes

The table below describes administrative changes to your plan, including updates to your UCard and enrollee ID card, and explains how these changes may affect you.

	2026 (this year)	2027 (next year)
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 - an 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 enrollee site.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. 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'll automatically stay enrolled as an enrollee of our plan for 2027.

F2. Changing plans

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

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

- The **Open 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 **Open 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-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

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.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the DC State Health Insurance Assistance Program (SHIP), 1-202-727-8370, (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 their website at 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.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

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), 1-202-727-8370, TTY 711, Monday through 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.

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), 1-202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.–4:30 p.m., dacl.dc.gov/service/health-insurance-counseling.

You will 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-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. 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 **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**.

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.

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.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

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.

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 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The **Enrollee Handbook** for 2027 will be available by October 15. 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 a **Enrollee Handbook** for 2027.

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)**.

G2. DC State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Program (SHIP). In District of Columbia 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. DC SHIP has trained counselors who serve the entire District and services are free. The DC SHIP phone number is 1-202-727-8370, 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.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myUHC.com/CommunityPlan.

G3. Office of Health Care Ombudsman 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 ombudsperson'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 1-202-724-7491

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048
- chat live at 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). 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 www.medicare.gov and click on "Find plans.")

Medicare & You 2027

You can read the **Medicare & You 2027** 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) 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 Commence Health.



If you have questions, please call UHC Dual Choice DC-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

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 711 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.

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-Y2 (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. 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, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket 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. 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-Y2 (PPO D-SNP) at **1-866-242-7726, TTY 711**, 8 a.m.–8 p.m. local time, 7 Days Oct–Mar, M–F Apr–Sept. 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.

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 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.

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-Y2 (PPO D-SNP) Enrollee Services:



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.

Enrollee Services 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 **UnitedHealthcare Community Plan**

P.O. Box 30769

Salt Lake City, 84130-0769 UT

Do we have the right address for you?

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

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