Summary of Benefits 2027

UHC Dual Complete HI-YL (PPO D-SNP)
H6824-003-000

Look inside to learn more about the plan and the health and drug services it covers.
Contact us for more information about the plan.

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Call toll-free **1-866-622-8054**, TTY **711**
7:45 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

United Healthcare Dual Complete

H6824_SB_H6824_003_000_2027_M

UHC Dual Complete HI-YL (PPO D-SNP): Summary of Benefits 2027

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete HI-YL (PPO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC Dual Complete HI-YL (PPO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call UHC Dual Complete HI-YL (PPO D-SNP) at **1-866-622-8054**, TTY **711,** 7:45 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

This is a summary of health services covered by UHC Dual Complete HI-YL (PPO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. You can view the **Evidence of Coverage** on our website at **myUHC.com/CommunityPlan**. If you would like a print copy, call UHC Dual Complete HI-YL (PPO D-SNP) Member Services at the number listed at the bottom of this page.

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.

For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about UHC Dual Complete HI-YL (PPO D-SNP), you can check the Med-QUEST Division's website medquest.hawaii.gov/en/members- applicants/Dual-Eligible-Special-Needs-Plan or call us at the phone number listed at the bottom of this page.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-866-622-8054** and TTY **711**, 7:45 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.

This document is available for free in Spanish, Ilocano, Korean, Chinese, and Vietnamese.

To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call UHC Dual Complete HI-YL (PPO D-SNP) Member Services at the number at the bottom of this page.

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

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

Out-of-network/non-contracted providers are under no obligation to treat UHC Dual Complete HI-YL (PPO D-SNP) members, except in emergency situations. Please call our Member Services number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.

Routine dental benefits: If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

Fitness program: The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating

locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support: OTC, food and utility benefits have expiration timeframes. Review your **Evidence of Coverage** for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details.

Rewards Program: Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a FIDE-SNP?	A FIDE SNP is a Fully Integrated Dual Eligible Special Needs Plan. This is a type of health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. A FIDE SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has health coordinators to help you manage all your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete HI-YL (PPO D-SNP) that I get now? **(continued on next page)**	You'll get most of your covered Medicare and Medicaid benefits directly from UHC Dual Complete HI-YL (PPO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable. When you enroll in UHC Dual Complete HI-YL (PPO D-SNP), you and your Care Team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that UHC Dual Complete HI-YL (PPO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for UHC Dual Complete HI-YL (PPO D-SNP) to cover your drug if medically necessary. For more

Frequently asked questions	Answers
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete HI-YL (PPO D-SNP) that I get now? **(continued from previous page)**	information, call Member Services 1-866-622-8054 and 711 or at the numbers listed at the bottom of this page. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in UHC Dual Complete HI-YL (PPO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.
Can I use the same doctors I use now? **(continued on next page)**	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Dual Complete HI-YL (PPO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in UHC Dual Complete HI-YL (PPO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Dual Complete HI-YL (PPO D-SNP)'s plan. • If you are currently under treatment with a provider that is out of UHC Dual Complete HI-YL (PPO D-SNP)'s network, or have an established relationship with a provider that's out of UHC Dual Complete HI-YL (PPO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete HI-YL

Frequently asked questions	Answers
Can I use the same doctors I use now? **(continued from previous page)**	(PPO D-SNP)'s **Provider and Pharmacy Directory** on the plan's website at **myUHC.com/CommunityPlan.** If UHC Dual Complete HI-YL (PPO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a UHC Dual Complete HI-YL (PPO D-SNP) health coordinator?	A UHC Dual Complete HI-YL (PPO D-SNP) health coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community, but could be provided in a nursing home or hospital.
What happens if I need a service but no one in UHC Dual Complete HI-YL (PPO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Dual Complete HI-YL (PPO D-SNP) will pay for the cost of an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information.
Where's UHC Dual Complete HI-YL (PPO D-SNP) available?	The service area for this plan includes: Hawaii, Honolulu, Kalawao, Kauai, and Maui counties. You must live in one of these areas to join the plan. Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.
What's prior authorization? **(continued on next page)**	Prior authorization means that you must get an approval from UHC Dual Complete HI-YL (PPO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. UHC Dual Complete HI-YL (PPO

If you have questions, please call UHC Dual Complete HI-YL (PPO D-SNP) at **1-866-622-8054**, TTY **711,** 7:45 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.**

Frequently asked questions	Answers
What's prior authorization? **(continued from previous page)**	D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** UHC Dual Complete HI-YL (PPO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Dual Complete HI-YL (PPO D-SNP) before the service is provided. Refer to **Chapter 3,** of the **Evidence of Coverage** to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the **Evidence of Coverage** to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your care team must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, UHC Dual Complete HI-YL (PPO D-SNP) may not cover the services. UHC Dual Complete HI-YL (PPO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the **Evidence of Coverage** to learn more about when you'll need to get a referral from your care team PCP.
Do I pay a monthly amount (also called a premium) under UHC Dual Complete HI-YL (PPO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.

Frequently asked questions	Answers
Do I pay a deductible as a member of UHC Dual Complete HI-YL (PPO D-SNP)?	No. You don't pay deductibles in UHC Dual Complete HI-YL (PPO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Dual Complete HI-YL (PPO D-SNP)?	There's no cost-sharing for medical services in UHC Dual Complete HI-YL (PPO D-SNP), so your annual out-of-pocket costs will be $0. The maximum out-of-pocket that you will pay each year from is $0 or $14,800 for Medicare covered services and supplies received from any out-of-network provider.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Out-of-network: $0 copay or $1,910 copay per stay Except in an emergency, your health care provider must tell the plan of your hospital admission. May require your provider to get prior authorization from the plan.
	Outpatient hospital services, including observation	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan.
	Ambulatory surgical center (ASC) services	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan.
	Doctor or surgeon care	$0	May require your provider to get prior authorization from the plan.
You want a doctor (continued on next page)	Visits to treat an injury or illness	$0	
	Virtual Medical Visits	$0	Talk with a network telehealth provider online

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor (continued)			through live audio and video.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	Out-of-network: $0 copay or 40% coinsurance
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization from the plan.
You need emergency care	Emergency room services	$0 per visit	For emergency and urgent care services, prior authorization is not required for out-of-network providers.
	Urgent care	$0 per visit	Urgent care services must be provided OON and without prior authorization requirements.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
	Lab tests and diagnostic procedures, such as blood work	$0	Out-of-network: $0 copay or 40% coinsurance May require your provider to get prior authorization from the plan for in-network benefits.
You need hearing/auditory services	Hearing screenings	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization.
	Hearing aids	$0	May require your provider to get prior authorization.
You need dental care (continued on next page)	Preventative and comprehensive services	$0	$2,500 allowance for all covered dental services $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care (continued)			• Freedom to see any dentist Benefit is combined in and out-of-network
	Restorative and emergency dental care	$0	May require your provider to get prior authorization from the plan.
You need eye care	Eye exams	$0	Out-of-network: $0 copay or 30% coinsurance May require your provider to get prior authorization.
	Glasses or contact lenses	$0	
	Other vision care	$0	
You need behavioral health services (continued on next page)	Behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need behavioral health services (continued)			members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
	Virtual mental health visits	$0	Talk with a network telehealth provider online through live audio and video
You need substance use disorder services	Substance use disorder services	$0	May require your provider to get prior authorization from the plan. Out-of-network: $0 copay or 30% coinsurance
You need a place to live with people available to help you (continued on next page)	Skilled nursing care (SNF)	$0 copay per day: days 1–100	$0 copay per day: 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 copay per day: days 1–20 $217 copay per day: days 21–100 May require your provider to get prior authorization.
	Nursing home care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Out-of-network: $0 copay or 30% coinsurance
You need help getting to health services	Ambulance services	$0	$0 copay or 20% coinsurance for ground $0 copay or 20% coinsurance for air Your provider must obtain prior authorization for non-emergency transportation
	Transportation to medical appointments and services	$0	$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies Out-of-network: 75% coinsurance Benefit is combined in and out-of-network
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			more information on these drugs. Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan.
	Medicare Part D drugs	$0 Some covered drugs are limited to a 30-day supply	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete HI-YL (PPO D-SNP)'s **List of Covered Drugs (Drug List)** for more information. You will pay $0 for each 1-month supply of Part D covered insulin drugs. 30-day or 100-day supply from a retail or mail order network pharmacy Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy. You pay a maximum of $0 for each 1-month supply of Part D covered insulin.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			UHC Dual Complete HI-YL (PPO D-SNP)'s **List of Covered Drugs (Drug List)** for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	May require your provider to get prior authorization from the plan.
	Medical equipment for home care	$0	Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan.
	Dialysis services	$0	May require your provider to get prior authorization from the plan. Out-of-network: $0 copay or 20% coinsurance
You need foot care	Podiatry services	$0	May require your provider to get prior authorization from the plan. Out-of-network: 30% coinsurance, 4 visits per year
	Orthotic services	$0	May require your provider to get prior authorization from the plan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact **Member Services** or refer to **Chapter 4 of the Evidence of Coverage.**	Wheelchairs, crutches, and walkers	$0	Out-of-network: $0 copay or 20% coinsurance May require your provider to get prior authorization from the plan.
	Nebulizers	$0	Out-of-network: $0 copay or 20% coinsurance
	Oxygen equipment and supplies	$0	Out-of-network: $0 copay or 20% coinsurance
You need help living at home	Home health services	$0	May require your provider to get prior authorization from the plan.
	Home maintenance such as grab bars and ramps	$0	May require your provider to get prior authorization from the plan.
	Adult day health, adult day care, or other support services	$0	Medicaid covers these services for eligible beneficiaries. Prior authorization is required. For more information, refer to the QUEST Member Handbook.
	Home delivered meals	$0	
	Personal care attendant services	$0	
Additional services (continued on next page)	Chiropractic services	$0	20 visits per year Out-of-network: $0 copay or 30% coinsurance Benefit is combined in and out-of-network

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)			May require your provider to get prior authorization from the plan for in-network benefits.
	Routine acupuncture services	$0	20 visits per year, Out-of-network: 30% coinsurance Benefits are combined in and out-of-network
	Diabetes supplies and services	$0	Out-of-network: $0 copay or 20% coinsurance We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. May require your provider to get prior authorization from the plan.
	Prosthetic services	$0	May require your provider to get prior authorization from the plan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Radiation therapy	$0	May require your provider to get prior authorization. Out-of-network: $0 copay or 20% coinsurance
	Services to help manage your disease	$0	
	OTC, healthy food, utilities + wellness support	$0	$247 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water • Shop at thousands of participating stores, including Walmart, Walgreens, Target and at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)			services, weight management counseling, caregiver relief, select fitness items and more If you use an out-of-network store, you pay 90% of the total cost.
	Fitness program	$0	$0 copay Your fitness program helps you stay active and connected at the gym or in your community. It's available to you at no cost and includes: • Free gym membership at core and premium locations • Access to a large national network of gyms and fitness locations • If you use an out-of-network provider, you pay 90% of the total cost.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Dual Complete HI-YL (PPO D-SNP) **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UHC Dual Complete HI-YL (PPO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **myUHC.com/CommunityPlan.**

If you have questions, please call UHC Dual Complete HI-YL (PPO D-SNP) at **1-866-622-8054**, TTY **711,** 7:45 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.**

D. Benefits covered outside of UHC Dual Complete HI-YL (PPO D-SNP)

There are some services that you can get that aren't covered by UHC Dual Complete HI-YL (PPO D-SNP) but are covered by Medicare or Medicaid, or a State or county agency.This isn't a complete list. Call Member Services at the numbers listed at the bottom of the page to find out about other excluded services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of UHC Dual Complete HI-YL (PPO D-SNP)	$0
Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division)	$0
State of Hawaii Organ and Tissue Transplant (SHOTT)	$0
Specialized behavioral health services by the Community Care Services (CCS) Program Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MDQ)	$0
Dental Services	$0 If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount.

E. Services that UHC Dual Complete HI-YL (PPO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call **Member Services** at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Complete HI-YL (PPO D-SNP), Medicare, and Medicaid don't cover
Cosmetic surgery or procedures.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance

F. Your rights as a member of the plan

As a member of UHC Dual Complete HI-YL (PPO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and health coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion UHC Dual Complete HI-YL (PPO D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency.
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with UHC Dual Complete HI-YL (PPO D-SNP) at 1-866-622-8054 and TTY 711. The UHC Dual Complete HI-YL (PPO D-SNP) website MyUHC.com/CommunityPlan has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask for an IMR of Medicaid services or items that are medical in nature

If you have questions, please call UHC Dual Complete HI-YL (PPO D-SNP) at **1-866-622-8054**, TTY **711,** 7:45 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.**

- Appeal certain decisions made by UHC Dual Complete HI-YL (PPO D-SNP) or our providers
- Ask for a State Administrative Hearing for appeals not resolved wholly in your favor
- Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete HI-YL (PPO D-SNP) Member Services at the numbers listed at the bottom of this page.

G. How to file a complaint or appeal a denied service

If you have a complaint or think UHC Dual Complete HI-YL (PPO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.
For questions about complaints and appeals, you can read **Chapter 9** of the **Evidence of Coverage.** You can also call UHC Dual Complete HI-YL (PPO D-SNP) Member Services at the numbers listed at the bottom of this page.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or pharmacy is doing something wrong, please contact us.

- Call us at UHC Dual Complete HI-YL (PPO D-SNP) Member Services Phone numbers are listed at the bottom of this page.
- Or, call the Medicaid Member Services Center at 1-808-586-5390. TTY users may call 711.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227).** TTY users may call **1-877-486-2048.** You can call these numbers for free**.**

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

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 such as audio and braille for persons with disabilities.

If you need these services, call the toll-free number **1-888-980-8728,** TTY **711.**

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 **1-888-980-8728,** TTY **711.**

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

ATTENTION: Free language assistance services and free communications in other formats, such as large print, and auxiliary aids are available to you. Call member services at 1-800-980-8728, TTY 711.

ATENSYON: Available para kanimo ang mga serbisyo sa libre nga tabang sa sinultihan ug libre nga komunikasyon sa ubang mga pormat, sama sa dako nga imprinta, ug auxillary nga mga panabang. Tawagi ang mga serbisyo sa myembro sa 1-800-980-8728, TTY 711.

请注意：您可以获得免费的语言协助服务、免费的其他格式材料例如大字版与辅助服务。请致电会员服务部，电话 1-800-980-8728，听力语言残障服务专线 (TTY) 711。

請注意：您可以獲得免費的語言協助服務、免費的其他格式資料例如大字版與輔助服務。請致電會員服務部，電話 1-800-980-8728，聽力語言殘障服務專線 (TTY) 711。

ASINEI NGENI MEINISIN: Iwe mi wor áninnisin kapasen fénúwomw ewe, ekkóóch mettóóch kosapw mééni ómw kopwe ánisi ngonuk, áweewe ren pwóróus epwe mesemwóng makkan, pwan ekkóóch sakkopaaten peekin áninnis. Kopwe Kékkééri Ekkewe Peekin Áninnis Mi Kawor Fáániten Méénún Ewe Neeni/Ámwiicheichan Aramas (Member Services) wóón nampaan tengewa 1-800-980-8728, TTY 711.

E nānā! Hiki iā ʻoe ke komo i nā lawelawe kōkua ʻōlelo manuahi, nā mea manuahi ma nā ʻano like ʻole, e like me ka paʻi nui, a me nā lawelawe kōkua. Kāhea i nā lawelawe lālā ma 1-800-980-8728, TTY 711.

ATENSION: Available para kenka ti libre a serbisio iti lengguahe, libre a material iti sabali a format, kas iti dadakkel a letra, ken kanayonan a serbisio. Tawagam ti Serbisio iti Miembro iti 1-800-980-8728, TTY 711.

注：無料の言語支援サービスや、拡大文字など他の形式での無料の資料、補助サービスをご利用いただけます。メンバーサービス、1-800-980-8728、TTY 711 までお電話でお問い合わせください。

알림 사항: 언어 지원 서비스와 큰 글씨 등 다른 형식의 안내 자료, 보조 서비스를 무료로 이용하실 수. 회원 서비스에 1-800-980-8728, TTY 711 번으로 문의하십시오.

ໝາຍເຫດ: ທ່ານມີການເຂົ້າເຖິງການບໍລິການການຊ່ວຍເຫຼືອພາສາໂດຍບໍ່ເສຍຄ່າ, ອຸປະກອນການຟຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະຫນາດໃຫຍ່, ແລະການບໍລິການຊ່ວຍເຫຼືອ. ໂທຫາ Member Services ທີ່ 1-800-980-8728, TTY 711.

KŌJELLĀ: Ejjelok wōnāān jerbalin jipañ ko ikkijjien kajin im ejjelok wōnāān wāween ko jet ikkijjien kōnono, āinwōt jeje ko relap, menin jipañ ko jet rej pellok ñan eok. Kall e jikin jipañ ro uwaan ilo 1-800-980-8728, TTY 711.

FA'AALIGA: E mafai ona e maua fua auaunaga fesoasoani i le gagana, mea e maua fua i isi faatulagaga, e pei o tusitusiga tetele, ma auaunaga fesoasoani. Fa'afeso'ota'i le Auaunaga a Sui Usufono i 1-800-980-8728, TTY 711.

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia con el idioma, materiales gratuitos en otros formatos como letra grande y servicios auxiliares. Llame a Servicio al Cliente al 1-800-980-8728, TTY 711.

PAUNAWA: May makukuha kang libreng serbisyo ng tulong sa wika, libreng materyal sa ibang format, tulad ng malalaking letra, at mga karagdagang serbisyo. Tumawag sa Serbisyo sa Miyembro sa 1-800-980-8728, TTY 711.

โปรดทราบ คุณจะเข้าถึงบริการช่วยเหลือด้านภาษาได้ฟรี สื่อฟรีในรูปแบบอื่นๆ เช่น ตัวอักษรขนาดใหญ่ และบริการเสริมต่างๆ โทรติดต่อฝ่ายบริการสมาชิกที่หมายเลข 1-800-980-8728, TTY 711

FAKATOKANGA: 'Oku ke ma'u ha faingamalie ki ha sevesi liliulea ta'etotongi, naunau ta'etotongi 'i ha founga kehekehe, hange ko ha matalalahi e tohi, mo ha toe ngaahi sevesi tokoni. Taa ki he Sevesi Kau Memipa he 1-800-980-8728, TTY 711.

LƯU Ý: Quý vị có thể nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hình thức giao tiếp miễn phí khác, chẳng hạn như bản in cỡ chữ lớn và các phương tiện hỗ trợ bổ sung. Hãy gọi cho ban Dịch vụ Hội viên theo số 1-800-980-8728, TTY 711.

If you have general questions or questions about our plan, services, service area, billing or your member ID Cards, please call UHC Dual Complete HI-YL (PPO D-SNP) Member Services:

Call 1-866-622-8054

Calls to this number are free. 7:45 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

If you have questions about your health:

Call your care team. Follow your care team's instructions for getting care when the office is closed. If your care team's office is closed, you can also call. A nurse will listen to your problem and tell you how to get care.

UHC Dual Complete HI-YL (PPO D-SNP) also has free language interpreter services available for non-English speakers.

Call1-866-622-8054

Calls to this number are free. UHC Dual Complete HI-YL (PPO D-SNP) also has free language interpreter service available for non-English speakers.

TTY 711

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line

Call 1-800-690-1606

Calls to this number are free. 7:45 a.m.-8 p.m. local time, 7 days Oct-Mar, M-F Apr-Sept. UHC Dual Complete HI-YL (PPO D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711