

Summary of Benefits 2027

UHC PathWays Dual Care IN-Y1 (PPO D-SNP)
H2385-003-000

Download the UnitedHealthcare app or visit [UHC.com/CommunityPlan](https://www.uhc.com/CommunityPlan) to view your benefits. For more information, call 1-800-832-4643.



Download the UnitedHealthcare app



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PathWays
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DUAL CARE

If you have questions, call 1-800-832-4643, ext. 711, or email community@smymh.org. For more information, visit smymh.org/CommunityPlan.

Routine dental benefits: We cover dental services for you and your family. This includes preventive care, basic restorative services, and major restorative services. We also cover dental services for you and your family that are medically necessary.

Fitness program: We offer a fitness program for you and your family. This program includes access to a fitness center, group fitness classes, and personal training. We also offer a fitness program for you and your family that is medically necessary.

OTC, healthy food, utilities + wellness support: We offer a variety of services to help you and your family stay healthy and well. This includes over-the-counter medications, healthy food, utilities, and wellness support. We also offer a variety of services to help you and your family stay healthy and well that are medically necessary.

Rewards Program: We offer a rewards program for you and your family. This program includes access to a rewards center, group rewards classes, and personal rewards training. We also offer a rewards program for you and your family that is medically necessary.

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Frequently asked questions	Answers
Will I get the same Medicare and Indiana Pathways for Aging benefits in UHC PathWays Dual Care IN-Y1 (PPO D-SNP) that I get now? (continued from previous page)	I^c> [~ t\$' < f%od ttf.to f š t~ Š g b o fšv fTM f'bf fłm x1 (o o n c r m o) t+ tTMš " • " f" fTM f'bf fłm x1 (o o n c r m o) t+ tTMš Y t [" Š t - c > š š f" f'bf fłm x1 (o o n c r m o) t+ tTMš tj t- š " • t g b o fšv fTM f'bf fłm x1 (o o n c r m o) š š f" f'bf fłm x1 (o o n c r m o) t+ tTMš " • t " • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš " > " " t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš I^c> [~ t...~ t" Š t f'bf fłm x1 (o o n c r m o) t+ tTMš " • t " • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš " • t " • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš Y f c > t " • Y. Š t " c > t " • t " g b o fšv fTM f'bf fłm x1 (o o n c r m o) t+ tTMš c > f'bf fłm x1 (o o n c r m o) t+ tTMš Y > Y • " Š t f'bf fłm x1 (o o n c r m o) t+ tTMš c > ~ Š t f'bf fłm x1 (o o n c r m o) t+ tTMš
Can I use the same providers I use now? (continued on next page)	s Š t f'bf fłm x1 (o o n c r m o) t+ tTMš t+ tTMš Š t f'bf fłm x1 (o o n c r m o) t+ tTMš b f fłm x1 (o o n c r m o) t+ tTMš c > f'bf fłm x1 (o o n c r m o) t+ tTMš • o ~ • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš " tš • " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš - 'f' s. Š fš t f'bf fłm x1 (o o n c r m o) t+ tTMš - 'f' f' t - • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš " > Š t f'bf fłm x1 (o o n c r m o) t+ tTMš b f fłm x1 (o o n c r m o) t+ tTMš - • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš " tš • " Š t - 'f' " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš • t " %TM • I^c> " t+ t > ~ % " š • t " t " % " . fš t " • š • t f t f t f'bf fłm x1 (o o n c r m o) t+ tTMš • > Š t f'bf fłm x1 (o o n c r m o) t+ tTMš c > f'bf fłm x1 (o o n c r m o) t+ tTMš • I^c> f t...~ t" Š t f'bf fłm x1 (o o n c r m o) t+ tTMš - • t " fš " f'bf fłm x1 (o o n c r m o) t+ tTMš l m x1 (o o n c r m o) t+ tTMš tš " Š t f'bf fłm x1 (o o n c r m o) t+ tTMš • t g b o fšv fTM f'bf fłm x1 (o o n c r m o) t+ tTMš

If you have questions, call 1-800-332-4643, ext. 711, or email info@myUHC.com. For more information, visit myUHC.com/CommunityPlan.

Frequently asked questions	Answers
Can I use the same providers I use now? (continued from previous page)	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 PathWays Dual Care IN-Y1 (PPO D-SNP)'s Provider and Pharmacy Directory on the plan's website at myUHC.com/CommunityPlan. If UHC PathWays Dual Care IN-Y1 (PPO D-SNP) is new for you, we'll work with you to develop a person-centered care plan to address your needs. If you are undergoing treatment and switch, or newly enroll in a PathWays FIDE SNP plan there are rules to help you continue your care. During your first 90 days of starting UHC PathWays Dual Care IN-Y1 (PPO D-SNP) we may not require prior authorization for the active course of treatment, even when the treatment is being provided by an out-of-network provider.
What's a UHC PathWays Dual Care IN-Y1 (PPO D-SNP) care coordinator?	A UHC PathWays Dual Care IN-Y1 (PPO D-SNP) care 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. Call Member Services at the number listed at the bottom of this page if you need help reaching your care coordinator.
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. Some of these supports also help caregivers involved with you, such as family or friends who provide help. Most of these types of services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an Area Agency on Aging or another agency may administer these services, and your care coordinator will work with that agency.
What happens if I need a service but no one in UHC PathWays Dual Care's network can provide it? (continued on next page)	Most services will be provided by out-of-network providers. If you need a service that can't be provided within our network,
If you have questions, please call UHC PathWays Dual Care IN-Y1 (PPO D-SNP) at 1-800-832-4643, 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 .	

Frequently asked questions	Answers
What happens if I need a service but no one in UHC PathWays Dual Care network can provide it? (continued from previous page)	UHC PathWays Dual Care IN-Y1 (o o n c -r mo) Y' -f c ^~ sŠt .: Tš • f” •> š•^~” tšY •~ -• œtA~÷~•~ f> šŠ•~z fš•” “ f c „t~t→~t+.
Where’s UHC PathWays Dual Care IN-Y1 (PPO D-SNP)’s available?	s Št™ c f t f • Š™ f” <” ’.. t t™ l” t<f” fA t f“ A™” t” B f š•” “ tšB t” š” , B ’f..^~ tB ••” tB ~•Y” b f~•” b b™ f” ‘ b’ f c, b’ ” š” b~ fY^•~ t c f c™ t f” „ •~” c t f š” , c t j f” „ c t f Y f t > „ • d™” Š f f c t f” • c t, F•> ” š” F” f” ‘ ’” F” ’ š” t, <„ t™ f, ~ f” fš ~ t t” t, g f“ <” g f” •.g f~•™ g t” t<.g™ t” ~ c, g •Y f t g > ” š” %i, f’..™ i, f™ i, f c, t^~ t™ , i t” ” <” i, % Š” t™ j, ” • i j, • J™™ k fo •~ š, k f%” t f” t f Y~ t” t. f t™ l, f •” , l f Š” l, f š” l, <f“ l, •” ~• t, •” % t~ c, l •~ t™ t Y š” m •„ t š•~ f” t™ Y t” q f” ‘ t, o t~ c <’ t •~ š” q • t™ > ’ f™ > š f” q f” t•’-š q <-’ t c > Š” • š Š” „ c -t” t r, i š• f™ š r š” ‘ t, š” „ t” r, > ” c r, Y š t” f” t c -t f” • t, s<-š” t, ” <•” u f” t t” „ > ~ š” t” “ <” •” u •% f„ f Š™ v f~ t” v f~ <.v f Š™ % v f c” t t v™ š š, v š t••> “ > š” •” t• š t™ t f™ c” š -’ f” . b f” l t” „ t r t c t” > “ „ t” t f š „ • š” • š™ t” •~ “ •~ t” ^•~ “ fš” f„ •> š Y š t” t” t” -’ f” t™ f„ t Y š t” t c” ‘ c
What’s prior authorization? (continued on next page)	o ~•~ f, š•~z fš•” “ t f” š” •> “ > š” f--•~•~ “ t g b o f š” f c™ f” b f t m x 1 (o o n c r m o) š t™ t™ c™ t™ ••> ~” tšY •~ •~ š t™ c™ š•> š” t•. t t™ „ c” ~” tšY •~ ‘ before c” t™ c™ g b o f š” f c™ f” b f t l m x 1 (o o n c r m o) “ f c” • š. t™ c™ ~• t t” ~ t” “ ;~ t” > % > t•” t ~•~ f, š•~z fš•” . If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get prior authorization first t g b o f š” f c™ f” b f t m x 1 (o o n c r m o) f” -• c t c” •~ c” ~~• c t” Y š f

If you have questions, call 1-800-832-4643, extension 711, or email info@myUHC.com. For more information, visit myUHC.com/CommunityPlan.

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Frequently asked questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC PathWays Dual Care IN-Y1 (PPO D-SNP)?	There's no cost-sharing for medical services in UHC PathWays Dual Care IN-Y1 (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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hearing/auditory services	g f~ <" f~ <" %	\$0	n > Ź^" ±Ź•~' : \$ 0 •- fç •~3 0 % •."™ f" ±.
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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	o ~ †¢ šf” † •.. – †Š†” † †™¢™	\$0	\$ 2 5 0 0 •.. f¢”•Ÿ f” †. ^•~ f”•.¢ †††” \$’ †™¢™ \$ 0 •.. f¢•~.¢ †† –†¢” š¢ f” † •.. – †Š†” †™¢™ ’¢ ††f” ‹”%”% ~.Ÿ”™,†† ††” š ~ †™ • m• f””› f’ †††.š,,’† • A †™” †•^Š† ’f †™” f’††” \$’ ” †šŸ•~‘™ • F †††•“ š††f” ¢ ††” ™™ B †††š.“„ ‹” ††‹” f” † •, š^” †š•~‘. l f¢~†→ ‹† ¢•›~–•œ††~ š•%š~•~f› šš•~‹zfš•”
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You need eye care (continued on next page)			

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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	rental assistance, including help with security deposit	\$0	\$0 for up to 12 months of rental assistance. For more information, see the "Rental Assistance" section of the plan document. For more information, see the "Rental Assistance" section of the plan document.
	rental assistance, including help with security deposit	\$0	\$0 for up to 12 months of rental assistance. For more information, see the "Rental Assistance" section of the plan document. For more information, see the "Rental Assistance" section of the plan document.
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You need therapy after a stroke or accident	physical therapy, occupational therapy, speech therapy	\$0	For more information, see the "Therapy" section of the plan document. For more information, see the "Therapy" section of the plan document. For more information, see the "Therapy" section of the plan document.

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For more

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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)	1. Prescription drugs 2. Over-the-counter drugs	A. Prescription drugs B. Over-the-counter drugs	1. Prescription drugs 2. Over-the-counter drugs
	3. Medical equipment 4. Medical supplies	C. Medical equipment D. Medical supplies	3. Medical equipment 4. Medical supplies

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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 Customer Service or refer to Chapter 4 of the Member Handbook	v Š†Šf,™ ..Š.Š†™,f”† Ÿf”†™	\$0	n > Š^”†Š•’ : \$ 0 .-f¢ •~2 0 % .x”™f”†. f¢~†→ <†¢•~ -•œ†† Š %Š-~•~f> ŠŠ•~zfš•”.
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You need help living at home (continued on next page)	g •“†Š†f’Š f™¢™	\$0	f¢~†→ <†¢•~ -•œ†† Š %Š-~•~f> ŠŠ•~zfš•”.
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If you have questions, call 1-800-832-4643, ext. 711, or visit myUHC.com/CommunityPlan.

For more

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home (continued)	l" šť %fšœ† g ‡f'šš b f ‡b ••~ ‡' fš" f" ‡r š> š.~ ‡† Ff" ‡'œb f ‡(%)%o		
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Additional services (continued on next page)			\$ 0 œ.- fœ x •> ~^š ‡™~% š†'-œœ fšœ" ‡ œ.." ‡†fšœ• <" œ> ~ ..œ " >" šœ. lš™ fœf,, ‡šœ> fš•œš™ f" ‡' >..†™ • F ‡†œœ " ‡" „ ‡š™ fš. ‡f" ‡-~ ‡" œ " '• fš"™

If you have questions, ‡f™† g b o fšv fœ™ f'b f ‡m x 1 (o o n c r n 1-800-832-4643, s x 711, g. œ. '• fš" ‡c fœ™. f'l, FA ~ f ‡š†f"™†. For more information, œ™myUHC.com/CommunityPlan.

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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)			For a list of services covered by the plan, see the plan's Summary of Benefits and Description of Services. The plan covers the following services:
	q. Inpatient hospital care	\$0	The plan covers inpatient hospital care for the following conditions:
	q. Outpatient hospital care	\$0	The plan covers outpatient hospital care for the following conditions:
	v. Ambulatory surgical center care	\$0	The plan covers ambulatory surgical center care for the following conditions:
	l. Skilled nursing facility care	\$0	The plan covers skilled nursing facility care for the following conditions:

For a list of services covered by the plan, see the plan's Summary of Benefits and Description of Services. The plan covers the following services:

The plan covers inpatient hospital care for the following conditions:

The plan covers outpatient hospital care for the following conditions:

The plan covers ambulatory surgical center care for the following conditions:

The plan covers skilled nursing facility care for the following conditions:

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D . Benefits covered outside of UHC PathWays Dual Care IN -Y 1 (PPO D-SNP)

Service not covered by Medicare, Indiana Pathways for Aging, or a State Agency

Other services covered by Medicare, Indiana Pathways for Aging, or a State Agency	Your costs
Benefit for the first 90 days of the calendar year. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan.	\$0
Benefit for the first 90 days of the calendar year. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan.	\$0
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E . Services that UHC PathWays Dual Care IN -Y 1 (PPO D-SNP), Medicare, and Indiana Pathways for Aging don't cover

Service not covered by Medicare, Indiana Pathways for Aging, or a State Agency

Service not covered by Medicare, Indiana Pathways for Aging, or a State Agency	Your costs
Benefit for the first 90 days of the calendar year. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan.	\$0
Benefit for the first 90 days of the calendar year. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan. The first 30 days are covered by Medicare. The next 60 days are covered by the plan. The last 30 days are covered by the plan.	\$0

F . Your rights as a member of the plan

As a member of the plan, you have the right to:

- Get the services you need to stay healthy and safe.
- Get the services you need to live the best life possible.
- Get the services you need to keep your health.
- Get the services you need to keep your mind.
- Get the services you need to keep your spirit.

If you have questions, call 1-800-332-4643, ext. 711, or visit www.ushc.com/CommunityPlan. For more information, visit www.ushc.com/CommunityPlan.

your rights, please read the Member Handbook. 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 care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - ‘ Choose a Primary Medical Provider (PMP) and change your PMP 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 PathWays Dual Care IN-Y1 (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

If you have questions, please call UHC PathWays Dual Care IN-Y1 (PPO D-SNP) at 1-800-832-4643, 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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- You have the right to seek emergency and urgent care when you need it.

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- You have a right to confidentiality and privacy

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- You have the right to make complaints about your covered services or cares § 1557.201

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

For questions about complaints and appeals, you can also review **Chapter 9** of the **Member Handbook**.

If you have questions, call 1-800-832-4643 or visit www.ushc.com/CommunityPlan.

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H. What to do if you suspect fraud

If you suspect fraud, call the Indiana FSSA Program Integrity Hotline at (800) 457-4515 or you may send an email to ProgramIntegrity.FSSA@fssa.in.gov. Or, call the Medicaid Customer Service Center at 1-800-403-0864. For TTY needs, members may call 1-877-466-8722.

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, 24 hours a day, 7 days a week.

- Call us at UHC PathWays Dual Care IN-Y1 (PPO D-SNP) Member Services Phone numbers are the numbers listed at the bottom of this page.
- The Indiana FSSA Program Integrity Hotline at **(800) 457-4515** or you may send an email to **ProgramIntegrity.FSSA@fssa.in.gov**. Or, call the Medicaid Customer Service Center at **1-800-403-0864**. For TTY needs, members may call **1-877-466-8722**.
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For more

information, visit myUHC.com/CommunityPlan.

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



Call 1-800-832-4643

Calls to this number are free. 8 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 Primary Medical Provider (PMP). Follow your PMP's instructions for getting care when the office is closed. If your PMP's office is closed, you can also call UHC PathWays Dual Care NurseLine. A nurse will listen to your problem and tell you how to get care. Example: urgent care, emergency room.



Call 1-800-832-4643

Available 24 hours a day, 7 days a week. Calls to this number are free. UHC PathWays Dual Care IN-YL (PPO D-SNP) also has free language interpreter service 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.

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. 8 a.m.-8 p.m. local time, 7 days Oct-Mar, M-F Apr-Sept. UHC PathWays Dual Care IN-YL (PPO D-SNP) 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.