



Summary of Benefits 2026

UHC One Care MA-Y3 (HMO D-SNP)
UHC One Care MA-Y4 (HMO D-SNP)

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



UHCCommunityPlan.com



Toll-free **1-866-633-4454**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®
Community Plan**

Introduction

This document is a brief summary of the benefits and services covered by UHC One Care MA-Y3 (HMO D-SNP) and UHC One Care MA-Y4 (HMO 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 One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

A. Disclaimers



This is a summary of health services covered by UHC One Care for 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. Call Member Services to get a **Member Handbook** or view it on the **UHCCommunityPlan.com** website.

- UHC One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- It is for people with both Medicare and MassHealth (Standard) ages 21 through 64 at the time of enrollment and does not have any other comprehensive health insurance, except 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 (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call (339) 224-6831, Monday–Friday, 9 a.m.–4p.m.
- ATTENTION: If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call the Member Services at 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- ATENCIÓN: Si habla en español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-633-4454, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call the Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.
- Out-of-network/non-contracted providers are under no obligation to treat UHC One Care members, except in emergency situations. Please call our Member Engagement Center number or see your **Member Handbook** for more information, including the cost-sharing that applies to out-of-network services. Once Care members have \$0 costs.
- **Rewards Program:** Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.
- Under UHC One Care (HMO D-SNP) you can get your Medicare and MassHealth (Medicaid) services in one health plan called a One Care plan. A UHC One Care (HMO D-SNP) Care Coordinator will help manage your health care needs.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- **Estate Recovery Awareness:** MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit mass.gov/estaterecovery.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- **We provide free services to help you communicate with us** such as letters in other languages, large print, or you can ask for an interpreter. To ask for help, please call 1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week.
- **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-633-4454, TTY 711 de 8 a.m. a 8 p.m., los 7 días de la semana.
- **ATENÇÃO:** Se você fala português, estão à sua disposição serviços de assistência lingüística, gratuitos. Ligue para 1-866-633-4454, TTY 711 das 8h00 às 20h, 7 dias por semana.
- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at 1-866-633-4454, TTY 711, 8 a.m. to 8 p.m., 7 days a week. Someone that speaks English can help you. This is a free service.
- Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para pedir un intérprete, simplemente llámenos al 1-866-633-4454, TTY 711 de 8 a.m. a 8 p.m., los 7 días de la semana. Una persona que habla español puede ayudarle. Este servicio es gratuito.
- 我們提供免費口譯服務，能回答您對我們的健保或配藥計劃的任何疑問。欲申請口譯員，歡迎致電與我們聯絡，電話 1-866-633-4454, TTY 711。會有說中文的人員為您提供協助。這是免費服務。

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a One Care Plan?	A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. UHC One Care is a One Care Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care program.
What's a UHC One Care Coordinator?	A UHC One 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.
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's a Long-term Supports (LTS-C) Coordinator?	A UHC One Care LTS-C Coordinator is a person for you to contact and have on your Care Team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://uhccommunityplan.com)**.

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC One Care that I get now?	You'll get your covered Medicare and MassHealth (Medicaid) benefits directly from UHC One Care. 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. You may also get other benefits the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services. When you enroll in UHC One Care, you and your Care Team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D prescription drugs that UHC One Care does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your ICP is complete. If you are within our plan's 60 day period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, your MassHealth (Medicaid) coverage may end sooner than your Medicare coverage with us. When your MassHealth (Medicaid) coverage ends, we will not pay for your MassHealth (Medicaid) benefits including the Medicare cost sharing. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period. We will assist your efforts to regain your MassHealth (Medicaid) eligibility. If your MassHealth (Medicaid) eligibility is restored while you are still enrolled with us for your Medicare coverage, we will resume paying for your MassHealth (Medicaid) benefits and your enrollment with us will continue. If you regain MassHealth (Medicaid) eligibility after we disenroll you from our Medicare coverage you will need to reach out to reenroll with us.

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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapist, pharmacies, and other health care providers) work with UHC One Care and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” You must use the providers in UHC One Care’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC One Care’s plan. To find out if your doctors are in the plan’s network, call the Member Services or read UHC One Care’s Provider and Pharmacy Directory on the plan’s website at UHCCommunityPlan.com. If UHC One Care is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue using the doctors you use now for 90 days or until your ICP is completed.
What happens if I need a service but no one in UHC One Care’s network can provide it?	Most services will be provided by our network providers. If you need a covered service that can’t be provided within our network, UHC One Care will pay for the cost of an out-of-network provider.
Where’s UHC One Care available?	The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under UHC One Care?	You will not pay any monthly premiums to UHC One Care (HMO D-SNP) If you pay a premium to MassHealth (Medicaid) for CommonHealth, you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
What's prior authorization (PA)?	PA means an approval from UHC One Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC One Care may not cover the service, procedure, item, or drug if you don't get PA. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC One Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC One Care before the service is provided. Refer to Chapter 3 of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require PA. 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 or at the numbers in the footer of this document for help.
What's a referral?	A referral means that your primary care provider (PCP) 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 PCP, UHC One Care may not cover the services. UHC One Care can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists.
Do I pay a deductible?	No. You do not pay deductibles in UHC One Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC One Care?	There's no cost sharing for medical services in UHC One Care, so your annual out-of-pocket costs will be \$0.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	If you have general questions or questions about our plan, services, service area, billing, or member cards, please call the UHC One Care Member Services: Call 1-866-633-4454 Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week The Member Services also has free language interpreter services available for people who do not speak English. TTY 711 Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week If you have questions about your health, please call the NurseLine Call 1-866-385-6728 Calls to this number are free. 24 hours a day, 7 days a week TTY 711 Calls to this number are free. 24 hours a day, 7 days a week If you need immediate behavioral health services, please call the Behavioral Health Crisis Line Call 1-866-633-4454 Calls to this number are free. 24 hours a day, 7 days a week TTY 711 Calls to this number are free. 24 hours a day, 7 days a week

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

C. Overview of services

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

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the UHC One Care Member Handbook.

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	Your provider may need to obtain prior authorization for services. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	\$0	Your provider may need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.

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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 want a doctor	Visits to treat an injury or illness	\$0	No authorization is needed.
	Care to keep you from getting sick, such as flu shots	\$0	No authorization is needed.
	Wellness visits, such as a physical	\$0	No authorization is needed.
	“Welcome to Medicare” (preventive visit one time only)	\$0	We cover the “Welcome to Medicare” preventive visit only during the first 12 months that you have Medicare Part B.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services. Referral required.
	Transportation to a doctor’s office	\$0	No authorization is needed.
You need emergency care	Emergency room services	\$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out of network and no authorization is needed.
	Urgent Care	\$0	Coverage is within the U.S. and its territories only. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out of network and no authorization is needed.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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	Your provider may need to obtain prior authorization for services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Your provider may need to obtain prior authorization for services.
	Screening tests, such as tests to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
You need hearing/auditory services	Hearing Screenings	\$0	Your provider may need to obtain prior authorization for services. No prior authorization is needed for routine hearing exams.
	Hearing aids	\$0	Your provider may need to obtain prior authorization for services.
You need dental care	Dental check-ups and preventive care	\$0	You are covered for one routine exam, two cleanings, and X-rays every year. You are covered for one fluoride treatment every six months. Based on medical necessity, you have access to more fluoride treatments. Your provider may need to obtain prior authorization for services.
	Restorative and emergency dental care	\$0	Your provider may need to obtain prior authorization for services.

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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 eye care	Eye exams	\$0	Your provider may need to obtain prior authorization for services. No prior authorization is needed for routine eye exams.
	Glasses or contact lenses	\$0	You are covered for up to \$300 every year for one pair of contact lenses or eyeglasses (single, bi-focal, tri-focal or standard progressive) lenses and frames).
	Other vision care	\$0	Your provider may need to obtain prior authorization for services.
You need behavioral health services	Behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Your provider may need to obtain prior authorization for services.
You need substance use disorder services	Substance use services	\$0	Your provider may need to obtain prior authorization for services.

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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	Skilled nursing care	\$0	Your provider may need to obtain prior authorization for services.
	Nursing home care	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.
	Respite care	\$0	Your provider may need to obtain prior authorization for services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Your provider may need to obtain prior authorization for services. Referral required.
You need help getting to health services	Ambulance services	\$0	No authorization is needed. Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No authorization is needed.
	Transportation to medical appointments	\$0	No authorization is needed.
	Transportation to other services	\$0	Limited to 10 one-way trips per month.
	Routine transportation not for use in emergencies		

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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 on next page)	Generic drugs (no brand name)	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC One Care's List of Covered Drugs (Drug List) for more information. For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply. If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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)	Brand name drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UHC One Care's List of Covered Drugs (Drug List) for more information. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply. If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC One Care's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription 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 Member Handbook for more information on these drugs

Members living in a 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.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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)	Medicare Part D Drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty	\$0	There may be limitations on the types of drugs covered. Please refer to the One Care List of Covered Drugs (Drug List) for more information.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Diabetes supplies and services	\$0	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.

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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 help getting better or have special health needs	Abortion services	\$0	No authorization is needed.
	Dialysis services	\$0	No authorization is needed.
	Family planning	\$0	Prior authorization may be needed for genetic testing.
	Medical equipment for home care	\$0	Your provider may need to obtain prior authorization for services.
	Nurse midwife services	\$0	No authorization is needed.
	Rehabilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Skilled nursing care and home health services	\$0	Your provider may need to obtain prior authorization for services.
You need foot care	Podiatry services	\$0	Your provider may need to obtain prior authorization for services.
	Orthotic services	\$0	Your provider may need to obtain prior authorization for services.
You need durable medical equipment (DME)	Wheelchairs, crutches, and walkers	\$0	Your provider may need to obtain prior authorization for services.
Note: This is not a complete list of covered DME. For a complete list, contact the Member Engagement Center or refer to Chapter 4 of the Member Handbook .	Nebulizers	\$0	Your provider may need to obtain prior authorization for services.
	Oxygen equipment and supplies	\$0	Your provider may need to obtain prior authorization for services.

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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 help living at home (continued on next page)	Home health services	\$0	Your provider may need to obtain prior authorization for services.
	Changes to your home, such as ramps and wheelchair access	\$0	Your provider may need to obtain prior authorization for services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Your provider may need to obtain prior authorization for services.
	Adult day health or other support services	\$0	Your provider may need to obtain prior authorization for services.
	Day habilitation services	\$0	Your provider may need to obtain prior authorization for services.
	Services to help you live on your own (Home health care services or personal care attendant services)	\$0	Your provider may need to obtain prior authorization for services.
	Adult Foster Care and Group Adult Foster Care	\$0	Your provider may need to obtain prior authorization for services.

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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 covered services	Acupuncture	\$0	Prior authorization is needed.
	Chiropractic services	\$0	You are covered for up to 20 visits every year.
	Tobacco cessation	\$0	Covered – please see the Member Handbook to learn more.
	Prosthetic services	\$0	Prior authorization is needed.
	Radiation therapy	\$0	Prior authorization is needed.
	Virtual behavioral health visits	\$0	Covered Please see the Member Handbook to learn more.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the UHC One Care **Member Handbook**. If you have questions, you can also call UHC One Care’s Member Engagement Center.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

D. Benefits covered outside of UHC One Care

There are some services that you can get that aren't covered by UHC One Care but are covered by Medicare, MassHealth (Medicaid), or a State or county agency. This isn't a complete List. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of UHC One Care	\$0
Psychosocial rehabilitation	Please call MassHealth (Medicaid) for more information.
Targeted case management	Please call MassHealth (Medicaid) for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.
Doula Services	\$0

E. Services that UHC One Care, Medicare, and MassHealth (Medicaid) do not cover

This isn't a complete list. Call the Member Services to find out about other excluded services.

Services UHC One Care, Medicare, and MassHealth (Medicaid) do not cover	
Services that aren't medically necessary according to the standards of Medicare and MassHealth (Medicaid).	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Refer to Chapter 3 for more information on clinical research studies. Experimental treatment and items are those that aren't generally accepted by the medical community.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically necessary.	Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that is malformed. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

F. Your rights as a member of the plan

As a member of UHC One Care, 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 **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 stereotype 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 coordinators.
- **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.
 - Choose a Long-term Supports (LTS) Coordinator.
 - 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 One Care will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive.

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care for covered services within the time frames described in the **Member Handbook** and to file an appeal if you don't receive your care within those timeframes.
 - 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 doctors, other providers, and your health plan. Call **1-866-633-4454**, TTY **711**, if you need help with this service.
 - Have your **Member Handbook** and any printed materials from UHC One Care translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **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.
 - 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 MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 711. The UHC One Care website myuhc.com/communityplan has complaint forms and instructions available online.
 - Appeal certain decisions made by MassHealth (Medicaid).
 - Ask for a State Hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Member Handbook**. If you have questions, you can call UHC One Care Member Services at **1-866-633-4454** (TTY **711**) or the Medicaid Office of the Ombudsman at 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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

If you have a complaint or think UHC One Care should cover something we denied, call UHC One Care at **1-866-633-4454**, TTY **711**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the UHC One Care **Member Handbook**. You can also call UHC One Care's Member Services.

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

For complaints/grievances or drug appeals for Part D or MassHealth (Medicaid) or CommonHealth drugs:

UnitedHealthcare Community Plan
Attn: Part D/MassHealth (Medicaid)
Standard Appeals
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

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 other pharmacy is doing something wrong, please contact us.
- Call us at UHC One Care Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. 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, 24 hours a day, 7 days a week.

I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with One Care or your One Care plan, UHC Once Care. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

If you have questions, please call UHC One Care at **1-866-633-4454** (TTY **711**), 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111
 - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org

If you have questions, please call UHC One Care at **1-866-633-4454 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

If you have general questions or questions about our plan, services, service area, billing, or your UCard, please call UHC One Care Member Services:



Call 1-866-633-4454

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week, including on the use of alternative technologies. Member 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 a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call UHC One Care's Nurse Line. A nurse will listen to your problem and tell you how to get care. The numbers for the UHC One Care's Nurse Line are:



Call 1-866-385-6728

Calls to this number are free 24 hours a day, 7 days a week. UHC One care also has free language interpreter service available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

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



Call 1-866-633-4454

Calls to this number are free. 24 hours a day, 7 days a week.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.