



Summary of Benefits 2026

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (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 1-888-867-5511, TTY 711
8 a.m.–8 p.m. local time, 7 days a week

**United
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Senior Care Options
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Introduction

This document is a brief summary of the benefits and services covered by UHC Senior Care Options MA-Y001 (HMO D-SNP) and UHC Senior Care Options NHC MA-Y002 (HMO D-SNP) (UHC Senior Care Options). 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 Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**, otherwise known as the **Evidence of Coverage**.

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If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and 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 Senior Care Options for January 1, 2026 to December 31, 2026. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you don't have a **Member Handbook**, call UHC Senior Care Options Member Services at the number at the bottom of this page to get one or see it online at UHCCommunityPlan.com.

- UHC Senior Care Options is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- Under UHC Senior Care Options you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A UHC Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- 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](https://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. 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.–4 p.m.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on whether or not you receive Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs. SCO members have \$0 cost.
- This information is available for free in other languages. Please call our member services number located on the first page of this book.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.

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- 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 (<https://medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **MassHealth (Medicaid)**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call 1-888-867-5511 (TTY 711), 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-888-867-5511 (TTY 711), de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Trung, Việt, hoặc Nga, chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi **1-888-867-5511 (TTY 711)**, 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите на испанском, китайском, вьетнамском или русском языке, мы можем предложить вам бесплатные услуги перевода. Звоните по телефону **1-888-867-5511** (линия ТТТ: **711**), ежедневно с 8 часов утра до 8 часов вечера по местному времени. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-867-5511 and TTY 711, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call 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.
- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: 1-855-781-9898 (Toll-free) Videophone (Deaf and Hard of Hearing): 1-339-224-6831 (to call this number and it requires special telephone equipment). You can also write to them using e-mail: info@myombudsman.org or to their Office at 25 Kingston St 4th floor, Boston, MA 02111. The office is wheelchair accessible. You can also get information from their website myombudsman.org.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our member services number or see your **Member Handbook** 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. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2025.
- **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. Not all plans offer access to premium 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 (EOC) 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, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What is a Senior Care Options Plan?	A Senior Care Options (SCO) Plan is an organization made up of doctors, hospitals, pharmacies, and providers of long-term services and supports, and other providers. It also has Care Coordinators and Geriatric Support Services Coordinators (GSSC) to help you manage all your providers and services and supports. They all work together to provide the care you need. UHC Senior Care Options is a SCO Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the SCO program. Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth (Medicaid) coverage, and no other comprehensive health insurance who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued on the next page)	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC Senior Care Options. 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 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 Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care (ICP) to address your health and support needs, reflecting your personal preferences and goals.

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Frequently asked questions	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options that I get now? (continued from previous page)	If you're taking any Medicare Part D prescription drugs that UHC Senior Care Options 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 Senior Care Options 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. For more information, call Member Services at the numbers listed at the bottom of this page. 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	Answers
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Senior Care Options 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 Senior Care Options 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 Senior Care Options plan. To find out if your providers are in the plan’s network, call Member Services or read UHC Senior Care Options Provider Directory on the Plan’s website at UHCCommunityPlan.com. If UHC Senior Care Options is new for you, we’ll work with you to develop an Individualized Plan of Care to address your needs.
What’s a UHC Senior Care Options care coordinator/manager?	A UHC Senior Care Options care coordinator/manager 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 Geriatric Services Supports Coordinator (GSSC)?	A UHC Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.

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Frequently asked questions	Answers
What happens if I need a service but no one in UHC Senior Care Options network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UHC Senior Care Options will pay for the cost of an out-of-network provider.
Where is UHC Senior Care Options available?	The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from UHC Senior Care Options to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn'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 Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UHC Senior Care Options before the service is provided. 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 primary care provider 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 Senior Care Options may not cover the services. UHC Senior Care Options 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. Refer to the Member Handbook to learn more about when you'll need to get a referral from your PCP.

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Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Senior Care Options?	No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of UHC Senior Care Options?	No. You do not pay deductibles in UHC Senior Care Options.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UHC Senior Care Options?	There is no cost sharing for medical services in UHC Senior Care Options, so your annual out-of-pocket costs will be \$0. Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

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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, & benefit information (rules about benefits) – services must be medically necessary
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider will need to obtain prior authorization for services.
	Doctor or surgeon care	\$0	Your provider may need to obtain prior authorization for services.
	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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You want a doctor	Visits to treat an injury or illness	\$0	Your provider may need to obtain prior authorization for services.
	Specialist care	\$0	Your provider may need to obtain prior authorization for services. Referral required.
	Wellness visits, such as a physical	\$0	Annual routine physicals are limited to one per calendar year.
	Care to keep you from getting sick, such as flu and COVID-19 shots and screenings to check for cancer	\$0	Your provider may need to obtain prior authorization for services.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Only covered within the first 12 months you have Medicare Part B.
	Transportation to a doctor’s office	\$0	
You need emergency care	Emergency room services	\$0	Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program. You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program. You may use any urgent care center, even if out-of-network and no authorization is needed.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
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 test, such as test to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.
	Hearing aids	\$0	Your provider may need to obtain prior authorization for services.
You need dental care	Preventive and comprehensive services	\$0	Covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks 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, & benefit information (rules about benefits) – services must be medically necessary
You need eye care	Eye exams	\$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	\$0	Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available through UnitedHealthcare Vision (select products only).
	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 care	\$0	Your provider may need to obtain prior authorization for services.
You need substance use disorder services	Substance use disorder 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, & benefit information (rules about benefits) – services must be medically necessary
You need a place to live with people available to help you	Skilled nursing care	\$0	Up to 100 days per calendar year. 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.
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	Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	Available worldwide and within the U.S and its territories without authorization.
	Transportation to medical appointments and services	\$0	Unlimited one-way trips to or from approved medically related appointments and the pharmacy within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required. Provided by SafeRide®.
	Transportation to other services Routine Transportation not for use in emergencies	\$0	Limited to 10 one-way trips per month.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need drugs to treat your illness or condition	Medicare Part D drugs	\$0 for a 30 day supply.	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. There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options's List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you. You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs.
	Tier 1: Preferred Generic		
	Tier 2: Generic		
	Tier 3: Preferred Brand		
You need help getting better or have special health needs	Tier 4: Non-Preferred Drug	\$0	Your provider may need to obtain prior authorization for services. Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required. Your provider may need to obtain prior authorization for services.
	Tier 5: Specialty Tier		
	Rehabilitation services		
	Medical equipment for home care		
	Dialysis services	\$0	Your provider may need to obtain prior authorization for services.

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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need foot care	Podiatry services	\$0	Six routine foot care visits and all medically necessary visits. 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) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook .	Wheelchairs, crutches, and walkers	\$0	Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required.
	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, & benefit information (rules about benefits) – services must be medically necessary
You need help living at home	Home health services	\$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	Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required.
	Adult day health or other support services	\$0	You must obtain prior authorization from your Health Plan.
	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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued on next page)	Chiropractic services	\$0	Up to 20 visits without authorization
	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. Other brands are not covered by your plan. Your provider may need to obtain prior authorization for some services.
	Fitness program	\$0	Your fitness program helps you stay active and connected at the gym, from home 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 • On-demand workout videos and live streaming fitness classes • Online memory fitness activities

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and 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, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued on next page)	OTC, health foods, utilities + wellness support	\$0	\$125 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, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more
	Prosthetic services	\$0	Your provider may need to obtain prior authorization for services.
	Radiation therapy	\$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, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued)	Services to help manage your disease	\$0	Your provider may need to obtain prior authorization for services.
	Virtual medical visits	\$0	Speak to network telehealth providers using your computer or mobile device.
	Virtual behavioral health visits	\$0	Speak to network telehealth providers using your computer or mobile device.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Senior Care Options **Member Handbook**. If you don't have a **Member Handbook**, call UHC Senior Care Options Member Services at the number at the bottom of this page to get one. If you have questions, you can also call UHC Senior Care Options Member Services or visit **UHCCommunityPlan.com**.

D. Benefits covered outside of UHC Senior Care Options

There are some services that you can get that aren't covered by UHC Senior Care Options but are covered by Medicare or MassHealth (Medicaid). This isn't a complete list. Call Member Services at the number at the bottom of this page to find out about these services.

Other services covered by Medicare or MassHealth (Medicaid)	Your costs
Certain hospice care services covered outside of UHC Senior Care Options	\$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.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

E. Services that UHC Senior Care Options, Medicare, and MassHealth (Medicaid) Standard doesn't cover

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

Services UHC Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it's medically necessary
Equipment or supplies that condition the air and other primarily non-medical equipment	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community.
Immunizations for foreign travel purposes	Naturopath services (uses natural or alternative treatments)
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Private room in a hospital, except when it's medically needed
Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth (Medicaid)	Surgical treatment for morbid obesity, except when it's medically needed

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and 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 Senior Care Options, 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 stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed or public assistance
 - Get information in other 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 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 (SCO members have no out-of-pocket costs)
 - Names of health care providers
- **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 Geriatric Support Services Coordinator (GSSC)
 - 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 Senior Care Options 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 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 time frames.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- 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 **1-888-867-5511** if you need help with this service.
- Have your **Member Handbook** and any printed materials from UHC Senior Options 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, 8 a.m.–5 p.m. local time, Monday–Friday. TTY users should call 1-800-497-4648. The UHC Senior Care Options website **UHCCommunityPlan.com** has complaint forms and instructions available online.
 - Appeal certain decisions made by MassHealth (Medicaid) or our providers.
 - 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 Senior Care Options Member Services at the number at the bottom of this page.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-800-872-0166 or Videophone (VP) 339-224-6831).

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.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and 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 Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of the **Member Handbook**. You can also call UHC Senior Care Options Member Services.

You can also write us a letter about your grievance (complaint) or appeal.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
PO Box 6103 MS CA120-0360
Cypress, CA 90630-0023

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
PO 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 Senior Care Options Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Member Services Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- 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 SCO. 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 SCO or your SCO plan, UHC Senior Care Options. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.

If you have questions, please call UHC Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- help with appeals. An appeal is a formal way of asking your SCO 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.

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 o 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 Senior Care Options at **1-888-867-5511** and 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 UnitedHealthcare UCard®, please call UHC Senior Care Options Member Services:



Call 1-888-867-5511

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. Member Services also has free language interpreter services available.

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 NurseLine. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for NurseLine are:



Call 1-866-385-6728

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

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 1-888-867-5511

Calls to this number are free. 24 hours a day, 7 days a week. UHC Senior Care Options also has free language interpreter services available.

TTY 711

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