

# Summary of Benefits 2027

UHC Senior Care Options MA-Y001 (HMO D-SNP)

UHC Senior Care Options MA-YL (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.



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Call toll-free **1-888-867-5511**, TTY **711**

8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept



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## UHC Senior Care Options (HMO D-SNP): Summary of Benefits 2027

### Introduction

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

### Table of contents

|                                                                                                             |    |
|-------------------------------------------------------------------------------------------------------------|----|
| A. Disclaimers .....                                                                                        | 3  |
| B. Frequently asked questions (FAQ) .....                                                                   | 5  |
| C. List of covered services .....                                                                           | 11 |
| D. Benefits covered outside of UHC Senior Care Options (HMO D-SNP) .....                                    | 23 |
| E. Services that UHC Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't cover ..... | 23 |
| F. Your rights as a member of the plan.....                                                                 | 24 |
| G. How to file a complaint or appeal a denied service .....                                                 | 26 |
| H. What to do if you suspect fraud .....                                                                    | 27 |
| I. What to do if you want independent help with a complaint or concern .....                                | 27 |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan)**.

## A. Disclaimers



This is a summary of health services covered by UHC Senior Care Options (HMO D-SNP) for **January 1, 2027 to December 31, 2027**. This is only a summary. Please read the **Member Handbook** for the full list of benefits. You can view the **Member Handbook** on our website at [myUHC.com/CommunityPlan](http://myUHC.com/CommunityPlan). If you would like a print copy, call UHC Senior Care Options (HMO D-SNP) Member Services at the number listed at the bottom of this page.

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 Standard 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 will help manage your health care needs.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

**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](http://mass.gov/estaterecovery).

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](http://medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about 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.

You can get this document for free in other formats, such as large print, braille, language translations or audio. Call **1-888-867-5511** and TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.

If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you. This document is available for free in Spanish and other languages.

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

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

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** cost-sharing that applies to out-of-network services.

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

**Fitness program:** The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

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

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently asked questions                                                                                                                             | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>What's a Senior Care Options (SCO) Plan?</b>                                                                                                        | <p>Senior Care Options (SCO) is a managed care program that combines MassHealth (Medicaid) and Medicare benefits into a single plan with one card and one care team for people ages 65 or older.</p> <p>With SCO, you'll have a care coordinator to help you manage your care, stay healthy, and access the services you need. People eligible for SCO generally have no or low monthly premiums, no copays, and little to no out-of-pocket costs for most covered services. SCO covers medical care, mental health, and prescription medications, plus specialized geriatric support services.</p> <p>UHC Senior Care Options (HMO D-SNP) is a SCO Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the SCO program.</p> <p>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.</p> |
| <b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options (HMO D-SNP) that I get now? (continued on next page)</b> | <p>You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC Senior Care Options (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Frequently asked questions                                                                                                                             | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options (HMO D-SNP) that I get now? (continued on next page)</b> | <p>from a state agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in UHC Senior Care Options (HMO D-SNP), you and your Care Team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in UHC Senior Care Options (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.</p> <p>If you're taking any Medicare Part D prescription drugs that UHC Senior Care Options (HMO D-SNP) 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 Senior Care Options (HMO D-SNP) 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 assessment and care plan is complete. For more information, call Member Services at the numbers listed at the bottom of this page.</p> <p>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.</p> <p>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</p> |

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| Frequently asked questions                                                                                                                                   | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC Senior Care Options (HMO D-SNP) that I get now? (continued from previous page)</b> | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Can I use the same doctors I use now?</b>                                                                                                                 | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC Senior Care Options (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• 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 (HMO D-SNP) network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC Senior Care Options (HMO D-SNP)’s plan.</li></ul> <p>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 Senior Care Options (HMO D-SNP)’s <b>Provider and Pharmacy Directory</b> on the plan’s website at <b>myUHC.com/CommunityPlan</b>.</p> <p>If UHC Senior Care Options (HMO D-SNP) is new for you, we’ll work with you to develop a care plan to address your needs.</p> |
| <b>What’s a UHC Senior Care Options (HMO D-SNP) care coordinator?</b>                                                                                        | A UHC Senior Care Options (HMO 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| Frequently asked questions                                                                                          | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What are Long-term Services and Supports (LTSS)?</b>                                                             | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>What's a Geriatric Services Supports Coordinator (GSSC)?</b>                                                     | A UHC Senior Care Options GSSC is a person 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. Please tell your care coordinator if you're interested in a referral to a GSSC.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>What happens if I need a service but no one in UHC Senior Care Options (HMO D-SNP)'s network can provide it?</b> | Most services will be provided by our network providers. If you need a service that can't be provided within our network, UHC Senior Care Options (HMO D-SNP) will pay for the cost of an out-of-network provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Where's UHC Senior Care Options (HMO D-SNP)'s available?</b>                                                     | The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. You must live in one of these areas to join the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>What's prior authorization? (continued on next page)</b>                                                         | <p>Prior authorization means an approval from UHC Senior Care Options (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC Senior Care Options (HMO D-SNP) may not cover the service, procedure, item, or drug if you or your provider doesn't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UHC Senior Care Options (HMO D-SNP) 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 (HMO D-SNP) before the service is provided.</p> |

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| Frequently asked questions                                                                          | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's prior authorization? (continued from previous page)</b>                                   | <p>Refer to <b>Chapter 3</b>, of the <b>Member Handbook</b> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <b>Member Handbook</b> to learn which services require a prior authorization.</p> <p>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.</p>                                                                                                                                                                                                             |
| <b>What's a referral?</b>                                                                           | <p>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 Senior Care Options (HMO D-SNP) may not cover the services. UHC Senior Care Options (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the <b>Member Handbook</b> to learn more about when you'll need to get a referral from your PCP.</p> |
| <b>Do I pay a monthly amount (also called a premium) under UHC Senior Care Options (HMO D-SNP)?</b> | <p>Most members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage.</p> <p>Some MassHealth (Medicaid) members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth (Medicaid), you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage. For more information, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900 or 711 for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p>                                                                 |

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| Frequently asked questions                                                                                                            | Answers                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Do I pay a deductible as a member of UHC Senior Care Options (HMO D-SNP)?</b>                                                      | No. You don't pay deductibles in UHC Senior Care Options (HMO D-SNP).                                                                |
| <b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC Senior Care Options (HMO D-SNP)?</b> | There's no cost-sharing for medical services in UHC Senior Care Options (HMO D-SNP), so your annual out-of-pocket costs will be \$0. |

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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 and benefit information (rules about benefits)                                                                                               |
|---------------------------------------------------|-----------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hospital care</b>                     | 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.                                                                                                   |
| <b>You want a doctor (continued on next page)</b> | 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.<br>Referral required.                                                                             |
|                                                   | Wellness visits, such as a physical                 | \$0                                 | Annual routine physicals are limited to one per calendar year.                                                                                                       |

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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)                                                                                              |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You want a doctor (continued)</b> | 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                                 |                                                                                                                                                                     |
| <b>You need emergency care</b>       | Emergency room services                                                                                   | \$0                                 | <b>You pay \$0 as a member of the Senior Care Options Program.</b> You may use any emergency room, even if out-of-network and no prior authorization is needed.     |
|                                      | Urgent care                                                                                               | \$0                                 | <b>You pay \$0 as a member of the Senior Care Options Program.</b> You may use any urgent care center, even if out-of-network and no prior authorization is needed. |
| <b>You need medical tests</b>        | 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                                 |                                                                                                                                                                     |

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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)                                                                                                                                                                                                                                            |
|-------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hearing/auditory services</b> | 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.                                                                                                                                                                                                                                                |
| <b>You need dental care</b>               | Dental check-ups and preventive care  | \$0                                 | Covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures <ul style="list-style-type: none"> <li>• No annual deductible</li> <li>• Access to one of the largest national dental networks</li> </ul> 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.                                                                                                                                                                                                                                                |
| <b>You need eye care</b>                  | Eye exams                             | \$0                                 | Your provider may need to obtain prior authorization for services.                                                                                                                                                                                                                                                |
|                                           | Glasses or contact lenses             | \$0                                 |                                                                                                                                                                                                                                                                                                                   |
|                                           | Other vision 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)                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need mental health services</b>          | Mental health services                                                                            | \$0                                 | Please refer to your Member Handbook for more information on mental health services. Your provider may need to obtain prior authorization for services.                                                                                                                                                                                                                                                                                                 |
|                                                 | Inpatient and outpatient care and community-based services for people who need mental health care | \$0                                 | Please refer to your Member Handbook for more information on mental health services. Your provider may need to obtain prior authorization for services.                                                                                                                                                                                                                                                                                                 |
| <b>You need substance use disorder services</b> | Substance use disorder services                                                                   | \$0                                 | <p>Substance use disorder services may include: Medically Monitored Intensive Services - Acute Treatment Services (ATS) for substance use disorders, clinical stabilization services for substance use disorders, co-occurring enhanced residential rehabilitation services for substance use disorders, Transitional Support Services (TSS) for substance use disorders.</p> <p>Your provider may need to obtain prior authorization for services.</p> |

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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)                               |
|-------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>You need a place to live with people available to help you</b> | 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.                                   |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy           | \$0                                 | Your provider may need to obtain prior authorization for services.                                   |
| <b>You need help getting to health services</b>                   | Ambulance services                                  | \$0                                 | Your provider must obtain prior authorization for non-emergency transportation.                      |
|                                                                   | Emergency transportation                            | \$0                                 |                                                                                                      |
|                                                                   | Transportation to medical appointments and services | \$0                                 |                                                                                                      |
|                                                                   | Transportation to other services                    | \$0                                 | Limited to 10 one-way trips per month.                                                               |
|                                                                   | Routine Transportation not for use in emergencies   |                                     |                                                                                                      |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| 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) | Medicare Part B drugs                                                                                                                                    | \$0                                 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Member Handbook</b> for more information on these drugs.                                                                                                                                                                 |
|                                                                            | Medicare Part D drugs<br>Tier 1: Preferred Generic<br>Tier 2: Generic<br>Tier 3: Preferred Brand<br>Tier 4: Non-Preferred Drug<br>Tier 5: Specialty Tier | \$0 for a 30 day supply.            | There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options's <b>List of Covered Drugs (Drug List)</b> for more information.<br><br>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.<br><br>You will pay a maximum of \$0 for each 1-month supply of Part D covered insulin drugs. |

If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| Health need or concern                                               | Services you may need           | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                           |
|----------------------------------------------------------------------|---------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition (continued)</b> | Over-the-counter (OTC drugs)    | \$0                                 | There may be limitations on the types of drugs covered. Please refer to UHC Senior Care Options's <b>List of Covered Drugs (Drug List)</b> for more information. |
|                                                                      | Rehabilitation services         | \$0                                 | Your provider may need to obtain prior authorization for services.                                                                                               |
|                                                                      | Medical equipment for home care | \$0                                 | Prior authorization required for certain medical equipment. Please work with your care coordinator to determine if prior authorization is required.              |
| <b>You need help getting better or have special health needs</b>     | Dialysis services               | \$0                                 | Your provider may need to obtain prior authorization for services.                                                                                               |
|                                                                      | 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.                                                                                               |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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**.

| Health need or concern                                                                                                                                                                                                   | Services you may need              | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need durable medical equipment (DME)</b><br><br><b>Note:</b> This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <b>Member Handbook</b> . | 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.                                                                                          |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| Health need or concern              | Services you may need                                                                                 | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                             |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help living at home</b> | 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 to determine if prior authorization is required.    |
|                                     | Adult day health or other support services                                                            | \$0                                 | You must obtain prior authorization from your Health Plan. Please work with your care coordinator to find out if you are eligible.                 |
|                                     | 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. Please contact your care coordinator for more information about these services. |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| Health need or concern                              | Services you may need          | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|--------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional services (continued on next page)</b> | Chiropractic services          | \$0                                 | Up to 20 visits without authorization                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                     | Diabetes supplies and services | \$0                                 | <p>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, AccuChek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and AccuChek Aviva Plus. Other brands are not covered by your plan.</p> <p>Your provider may need to obtain prior authorization for some services.</p> |
|                                                     | Fitness program                | \$0                                 | <p>Your fitness you stay active and connected at the gym or in your community. It's available to you at no cost and includes:</p> <ul style="list-style-type: none"> <li>• Free gym membership at core and premium locations</li> <li>• Access to a large national network of gyms and fitness locations</li> </ul>                                                                                                                                                   |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| Health need or concern                 | Services you may need                           | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|-------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional services (continued)</b> | OTC, healthy food, utilities + wellness support | \$0                                 | <p>\$125 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying enrollees</p> <ul style="list-style-type: none"> <li>• Choose from thousands of OTC products, like first aid supplies, pain relievers and more</li> <li>• Buy healthy foods like fruits and vegetables, meat and seafood, dairy products and bottled water</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General, Target and at neighborhood stores near you</li> <li>• Pay home utilities like electricity, heat, water and internet</li> <li>• Get wellness support including in-home services, weight management counseling, caregiver relief, select fitness items and more</li> </ul> |
|                                        | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

| Health need or concern                 | Services you may need                | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits)      |
|----------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| <b>Additional services (continued)</b> | 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 mental 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 isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the UHC Senior Care Options (HMO D-SNP) **Member Handbook**. If you don't have a **Member Handbook**, call UHC Senior Care Options (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **[myUHC.com/CommunityPlan](https://myUHC.com/CommunityPlan)**.

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan)**.

## D. Benefits covered outside of UHC Senior Care Options (HMO D-SNP)

There are some services that you can get that aren't covered by UHC Senior Care Options (HMO D-SNP) but are covered by Medicare or 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 the page to find out about other excluded services.

| Other services covered by Medicare, MassHealth (Medicaid), or a State Agency         | Your costs |
|--------------------------------------------------------------------------------------|------------|
| Certain hospice care services covered outside of UHC Senior Care Options (HMO D-SNP) | \$0        |
| Targeted case management                                                             | \$0        |
| Rest home room and board                                                             | \$0        |
| Transitional Support Services (TSS) for substance use disorders                      | \$0        |

## E. Services that UHC Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't cover

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

| Services UHC Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't 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'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. |
| Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization.<br>Reversal of sterilization procedures, penile | Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes,                                                                                                                  |

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](https://myUHC.com/CommunityPlan).

### Services UHC Senior Care Options (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't cover

|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| vacuum erection devices, or non-prescription contraceptive supplies.                                         | anti-aging, and mental performance), except when 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. Refer to <b>Chapter 3</b> of the <b>Member Handbook</b> for more information on clinical research studies. 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 that aren't medically necessary according to the standards of Medicare and MassHealth (Medicaid).   | Surgical treatment for morbid obesity, except when it's medically needed                                                                                                                                                                                                                                                                                                       |

## F. Your rights as a member of the plan

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

- You have the right to respect, fairness and dignity. This includes the right to:
  - o Receive covered services without concern about medical condition, health status, receipt of health services, claim experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - o Receive information in other languages and formats (for example, large print, braille, or audio) free of charge
  - o Be free from any form of physical restraint or seclusion

If you have questions, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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**.

- **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 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 (SCO members have \$0 cost sharing)
  - 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 (HMO 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 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 Member Services if you need help with this service.
  - Have your **Member Handbook** and any printed materials from UHC Senior Care Options (HMO D-SNP) 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.

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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**.

- **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 [myUHC.com/CommunityPlan](http://myUHC.com/CommunityPlan) has complaint forms and instructions available online.
  - Ask for an IMR of MassHealth (Medicaid) services or items that are medical in nature
  - Appeal certain decisions made by 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 also call UHC Senior Care Options (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the MassHealth (Medicaid) Office of the Ombudsman at 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.

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

If you have a complaint or think UHC Senior Care Options (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the **Member Handbook**. You can also call UHC Senior Care Options (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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

**For complaints/grievances or medical appeals:**

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](http://myUHC.com/CommunityPlan).

UnitedHealthcare Appeals and Grievance Department  
P.O. Box 6106, MS CA120-0360  
Cypress, CA 90630-0016.

**For Part D or Medicaid drug appeals only:**

UnitedHealthcare Part D Appeal and Grievance Department  
P.O. Box 6106, MS CA120-0368  
Cypress, CA 90630-0016

## **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 (HMO D-SNP) Member Services Phone numbers are on the cover of this summary.
- Or, call 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 (HMO D-SNP). 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 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.

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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**.

- 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](mailto: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](http://www.myombudsman.org).

**If you have questions**, please call UHC Senior Care Options (HMO D-SNP) at **1-888-867-5511**, 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](http://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 Senior Care Options (HMO D-SNP) Member Services:**



### **Call 1-888-867-5511**

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 members who require translation services.

### **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 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 Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Line are:



### **Call 1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for members who require translation services.

### **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 Optum Mental Health:**



### **Call 1-888-867-5511**

Calls to this number are free 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for members who require translation services.

### **TTY 711**

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