

Summary of Benefits 2027

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

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



UHC One Care (HMO D-SNP): Summary of Benefits 2027

Introduction

This document is a brief summary of the benefits and services covered by UHC One Care (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UHC One Care (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).

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If you have questions, please call UHC One Care (HMO D-SNP) at **1-866-633-4454**, 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**.

A. Disclaimers



This is a summary of health services covered by UHC One Care (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. If you would like a print copy, call UHC One Care (HMO D-SNP) Member Services at the number listed at the bottom of this page.

UHC One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21 - 64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

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.

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

For more information about 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 **1-866-633-4454** 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.

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 One Care (HMO D-SNP) Member Services at the number at the bottom of this page.

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

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

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

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a One Care Plan?	One Care 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 aged 21 to 64 at the time of enrollment. With One Care, you'll have a care coordinator to help you manage your care, stay healthy, and access the services you need. People eligible for One Care generally have no or low monthly premiums, no copays, and little to no out-of-pocket costs for most covered services. One Care covers medical care, mental health services, and prescription medications, as well as support for recovery goals, daily tasks, and independent living. UHC One Care (HMO D-SNP) is a One Care Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care program.
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC One Care (HMO D-SNP) that I get now? (continued on next page)	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from UHC One Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator 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 One Care (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. 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

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Frequently asked questions	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in UHC One Care (HMO D-SNP) that I get now? (continued from previous page)	way you do now. When you enroll in UHC One Care (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs. If you're taking any Medicare Part D drugs that UHC One Care (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UHC One Care (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. 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.
Can I use the same doctors I use now? (continued on next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UHC One Care (HMO

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Frequently asked questions	Answers
Can I use the same doctors I use now? (continued from previous page)	D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” You must use the providers in UHC One Care (HMO D-SNP) ‘s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UHC One Care (HMO D-SNP)’s plan. To find out if your doctors are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC One Care (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at myUHC.com/CommunityPlan. If UHC One Care (HMO D-SNP) is new for you, we’ll work with you to develop a care plan to address your needs. You can keep using the doctors you use now for 90 days or until your Individualized Plan of Care is completed.
What’s a UHC One Care Coordinator?	A UHC One Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What happens if I need a service but no one in UHC One Care (HMO D-SNP)’s network can provide it?	Most services will be provided by our network providers. If you need a service that can’t be provided within our network, UHC One Care (HMO D-SNP) will pay for the cost of an out-of-network provider.

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Frequently asked questions	Answers
Where's UHC One Care (HMO D-SNP)'s available?	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.
What's prior authorization?	Prior authorization means that you must get an approval from UHC One Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. UHC One Care (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UHC One Care (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 One Care (HMO D-SNP) before the service is provided. Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, UHC One Care (HMO D-SNP) may not cover the services. UHC One Care (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. You don't need a referral to use certain specialists, such as women's health specialists. Refer to your 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 One Care (HMO D-SNP)?	Most members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage. Some MassHealth (Medicaid) CommonHealth members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth for CommonHealth, 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.
Do I pay a deductible as a member of UHC One Care (HMO D-SNP)??	No. You don't pay deductibles in UHC One Care (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of UHC One Care (HMO D-SNP)?	There's no cost-sharing for medical services in UHC One Care (HMO D-SNP), so your annual out-of-pocket costs will be \$0.
What's a Long-term Supports (LTS-C) Coordinator?	A UHC One Care LTS-C Coordinator is a person for you to contact and have on your Care Team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home. Please tell your care coordinator if you're interested in a referral to an LTS Coordinator.

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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)
You need hospital care	Inpatient hospital stay	\$0	Prior authorization may be needed. Please contact your Care Coordinator. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Doctor or surgeon care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You want a doctor (continued on next page)	Visits to treat an injury or illness	\$0	No prior authorization is needed.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	No prior authorization is needed.
	Wellness visits, such as a physical	\$0	No prior authorization is needed.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You want a doctor (continued)	"Welcome to Medicare" (preventive visit one time only)	\$0	We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B.
	Specialist care	\$0	Prior authorization may be needed. Please contact your Care Coordinator. Referral required.
	Transportation to a doctor's office	\$0	No authorization is needed.
You need emergency care	Emergency room services	\$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out of network and no authorization is needed.
	Urgent care	\$0	Coverage is within the U.S. and its territories only. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out of network and no authorization is needed.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization may be needed. Please contact your Care Coordinator. No prior authorization is needed for routine hearing exams.
	Hearing aids	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	You are covered for one routine exam, cleaning, and X-rays every year. You are covered for one fluoride treatment every six months. Based on medical necessity, you have access to more fluoride treatments. Prior authorization may be needed. Please contact your Care Coordinator.
	Restorative and emergency dental care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need eye care	Eye exams	\$0	Prior authorization may be needed. Please contact your Care Coordinator. No prior authorization is needed for routine eye exams.
	Glasses or contact lenses	\$0	You are covered for one pair of contact lenses or eyeglasses (single, bi focal, tri-focal or standard progressive lenses and frames) every 2 years.
	Other vision care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need mental health services	Mental health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
Please refer to your Member Handbook for more information on mental health services.	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need substance use disorder services	Substance use disorder services	\$0	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. Prior authorization may be needed. Please contact your Care Coordinator.
You need a place to live with people available to help you (continued on next page)	Skilled nursing care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Nursing home	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Respite care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need help getting to health services	Ambulance services	\$0	No authorization is needed. Your provider must obtain prior authorization for non-emergency transportation.
	Emergency transportation	\$0	No authorization is needed.
	Transportation to medical appointments and services	\$0	No authorization is needed.
	Transportation to other services	\$0	Limited to 10 one-way trips per month.
	Routine transportation not for use in emergencies		

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
	Medicare Part D Drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty	\$0 for a 30 day supply.	There may be limitations on the types of drugs covered. Please refer to the One Care List of Covered Drugs (Drug List) for more information. 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.
	Over-the-counter drugs (OTC)	\$0	There may be limitations on the types of drugs covered. Please refer to UHC One Care's List of Covered Drugs (Drug List) for more information.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	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.
You need help getting better or have special health needs	Abortion services	\$0	No authorization is needed.
	Dialysis services	\$0	No authorization is needed.
	Family planning	\$0	Prior authorization may be needed for genetic testing.
	Medical equipment for home care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Nurse midwife services	\$0	No authorization is needed.
	Rehabilitation services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Skilled nursing care and home health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Orthotic services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact the Member Engagement Center or refer to Chapter 4 of the Member Handbook .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Nebulizers	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Oxygen equipment and supplies	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home	Home health services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Adult day health or other support services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Day habilitation services	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Services to help you live on your own (Home health care services or personal care attendant services)	\$0	Prior authorization may be needed. Please contact your Care Coordinator.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be needed. Please contact your Care Coordinator.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional covered services	Acupuncture	\$0	Prior authorization is needed.
	Chiropractic services	\$0	You are covered for up to 20 visits every year.
	Tobacco cessation	\$0	Covered – please see the Member Handbook to learn more.
	Prosthetic services	\$0	Prior authorization is needed.
	Radiation therapy	\$0	Prior authorization is needed.
	Virtual mental health visits	\$0	Covered Please see the Member Handbook to learn more.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the UHC One Care (HMO D-SNP) **Member Handbook**. If you have questions, you can also call Member Services or visit myUHC.com/CommunityPlan.

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D. Benefits covered outside of UHC One Care (HMO D-SNP)

There are some services that you can get that aren't covered by UHC One Care (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 One Care (HMO D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Transitional Support Services (TSS) for substance use disorders	\$0
Doula Services	\$0

E. Services that UHC One Care (HMO D-SNP), Medicare, and MassHealth (Medicaid) don'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 One Care (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 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	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance,

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

of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies.	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

F. Your rights as a member of the plan

As a member of UHC One Care (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 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, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion

If you have questions, please call UHC One Care (HMO D-SNP) at **1-866-633-4454**, 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 Long-term Supports (LTS) Coordinator
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion UHC One Care (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 care 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 One Care (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 One Care (HMO D-SNP) at **1-866-633-4454**, 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. TTY users should call 711. The UHC One Care website **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 One Care (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 One Care (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 One Care (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals:

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

If you have questions, please call UHC One Care (HMO D-SNP) at **1-866-633-4454**, 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**.

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

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 One Care (HMO D-SNP) Member Services Phone numbers are on the cover of this summary.
- Or, call MassHealth (Medicaid) Customer Service 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 One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with One Care or your One Care plan, UHC One Care (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 One Care plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

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.

If you have questions, please call UHC One Care (HMO D-SNP) at **1-866-633-4454**, 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 Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
- Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org.

If you have questions, please call UHC One Care (HMO D-SNP) at **1-866-633-4454**, 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**.

If you have general questions or questions about our plan, services, service area, billing or your Member ID Cards, please call UHC One Care (HMO D-SNP) Member Services:



Call 1-866-633-4454

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 UHC One Care's 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 UHC One Care's Nurse Line are:



Call 1-866-633-4454

Calls to this number are free 24 hours a day, 7 days a week. UHC One Care (HMO D-SNP) also has free language interpreter service 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 mental health care, please call Optum Mental Health



Call 1-800-690-1606

Calls to this number are free 24 hours a day, 7 days a week. UHC One Care (HMO D-SNP) 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.