



Annual Notice of Change 2026

UHC Dual Complete NJ-Y001 (HMO D-SNP)



MyUHC.com/CommunityPlan



Toll-free 1-800-514-4911, TTY 711

8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

**United
Healthcare®**

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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **MyUHC.com/CommunityPlan** to review the details online. All of the below materials will be available online after **October 15, 2025**.

Provider and Pharmacy Directory

Review the 2026 Provider and Pharmacy Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

List of Covered Drugs (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2026 EOC for details about plan benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at **1-800-514-4911** (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

Reduce the clutter and get plan materials faster.

Visit **MyUHC.com/CommunityPlan** to sign up for paperless delivery.

Annual Notice of Change for 2026

Introduction



You're currently enrolled as a member of our plan.

Next year, there will be some changes to our benefits, coverage, rules. This **Annual Notice of Change** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at **UHCCommunityPlan.com**.

Call Customer Service at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Evidence of Coverage**.

More resources

- This material is available for free in Spanish.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call Toll-free **1-800-514-4911**, TTY **711**, 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- Our members can request their preferred language other than English and/or alternate format by calling the Customer Service number at the bottom of this page. Members' information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, members can contact Customer Service to have their preference updated for future communications.

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit MyUHC.com/CommunityPlan.

A. Disclaimers

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) with a Medicare contract and a contract with the NJ FamilyCare program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full NJ FamilyCare benefits.
- UHC Dual Complete NJ-Y001 (HMO D-SNP) es un Plan Altamente Integrado para Personas con Necesidades Especiales que Tienen Elegibilidad Doble (Highly Integrated Dual Eligible Special Needs Plan, HIDE SNP). El plan tiene un contrato con Medicare y un contrato con el programa NJ FamilyCare. La inscripción en UHC Dual Complete NJ-Y001 (HMO D-SNP) depende de la renovación del contrato. Este plan está disponible para cualquier persona que tenga Medicare y beneficios completos de NJ FamilyCare.
- When joining this plan you must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into NJ FamilyCare coverage under our plan, and disenrolled from any NJ FamilyCare plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- Cuando se una a este plan, debe usar proveedores, proveedores de Equipos Médicos Duraderos (Durable Medical Equipment, DME) y farmacias de la red. Se le inscribirá automáticamente en la cobertura de NJ FamilyCare en virtud de nuestro plan y se cancelará su inscripción en cualquier plan de NJ FamilyCare en el que esté inscrito actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid estarán cubiertos por nuestro plan, y debe obtenerlos de proveedores dentro de la red. Se le inscribirá automáticamente en la cobertura de la Parte D en virtud de nuestro plan y se cancelará automáticamente su inscripción en cualquier otro plan de cobertura acreditable o de la Parte D de Medicare en el que esté inscrito actualmente. Debe comprender y seguir las reglas de nuestro plan sobre referidos.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- Home support benefits are covered in-home support services such as respite care, non-skilled in-home care, and weight management services.
- You can use your OTC credits for in-home support services. With this benefit, you'll get a credit loaded to your UCard each month to buy covered OTC items. Unused credit expires at the end of each month.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in UHC Dual Complete NJ-Y001 (HMO D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through UHC Dual Complete NJ-Y001 (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- The healthy food and utility benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as high blood pressure, high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.
- We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.** The call is free. **For more information, visit MyUHC.com/CommunityPlan.**
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-514-4911, TTY 711.**
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-514-4911, TTY 711.**

B. Reviewing your Medicare and NJ FamilyCare (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and NJ FamilyCare programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2**.
- NJ FamilyCare services in **Section E2**.

B1. Information about UHC Dual Complete NJ-Y001 (HMO D-SNP)

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.** The call is free. **For more information, visit MyUHC.com/CommunityPlan.**

- When this **Annual Notice of Change** says “we,” “us,” “our,” or “our plan,” it means UHC Dual Complete NJ-Y001 (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they’ll work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you’re happy with our plan.**

If you decide to stay with UHC Dual Complete NJ-Y001 (HMO D-SNP):

If you want to stay with us next year, it’s easy — you don’t need to do anything. If you don’t make a change, you automatically stay enrolled in UHC Dual Complete NJ-Y001 (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026. **Please review the 2026 Provider and Pharmacy Directory** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It is important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Evidence of Coverage** or call Customer Service at the number at the bottom of the page for help.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes. For details about the coverage for these services, see **Chapter 4, Medical Benefits Chart** (what is covered), in your **2026 Evidence of Coverage**. A copy of the **Evidence of Coverage** is located on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	You pay a \$0 copayment. We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.	You pay a \$0 copayment. 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. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically III (continued on next page)	\$303 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, healthy food, certain utility bills and home and bath safety devices. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. The healthy food and utility bills options are only available to qualifying members through the Value-Based Insurance Design (VBID) program. Fitness equipment, wearables, and extra support with in-home services, companion care and weight management are not covered by the credit. Important note: Medicare has decided to end the Value Based Insurance Design (VBID) program on Dec. 31, 2025. This is an industry-wide change that impacts all Medicare Advantage insurance carriers.	\$246 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, select fitness equipment and wearables, and extra support with in-home services, respite care and weight management. If you qualify, you can also use it to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically III (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically III (continued)	The VBIID program let Medicare Advantage insurance carriers provide members with tailored benefits, like grocery assistance or lowered costs for prescriptions. We were able to use this program to offer a healthy food and utility bills credit to members of your plan.	Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. Visit MyUHC.com/CommunityPlan or view your Evidence of Coverage for more information. Important note: Due to the VBIID program ending, we will use the SSBCI program to continue to offer benefits like healthy food and utilities. Because of this change, you will need to have a qualifying chronic condition to use your OTC credit to help pay for healthy food and utilities.
Housing Supports	Housing Supports aren't covered.	Housing Supports are covered.
Nutrition Supports	Nutrition Supports aren't covered.	Nutrition Supports are covered.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
Referral	A referral is not required in order for services to be covered.	Some network services — like visits to specialists, physical therapy, speech therapy, and occupational therapy — will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. For more information, view Chapter 3, Section B of the Evidence of Coverage.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

D2. Changes to drug coverage

Changes to your VBID Part D Benefit

Medicare has decided to end the Value Based Insurance Design (VBID) program on Dec. 31, 2025. This is an industry-wide change that impacts all Medicare Advantage insurance carriers. The VBID program let Medicare Advantage insurance carriers provide members of this plan with tailored benefits, like grocery assistance or lowered costs for prescriptions.

Changes to our List of Covered Drugs

An updated **List of Covered Drugs** is located on our website at **MyUHC.com/CommunityPlan**. You can also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.

We made changes to our **Drug List**, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the **Drug List** to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online **Drug List** at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page to ask for a drug that treats the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Evidence of Coverage** or call Customer Service at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Customer Service. Refer to **Chapters 2 and 3** of your **Evidence of Coverage** to learn more about how to contact your Care Manager.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

Starting in 2026, we may immediately remove brand name drugs or original biological products on our **Drug List** if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our **Drug List**, but immediately add new rules.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your **Evidence of Coverage**. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Customer Service at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Annual Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **[MyUHC.com/CommunityPlan](https://www.MyUHC.com/CommunityPlan)**.

- you moved out of our service area,
- your eligibility for NJ FamilyCare or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Annual Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:

Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-792-8820 (TTY: 711).

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/.

OR

Enroll in a new integrated D-SNP, or in a PACE plan.

You'll automatically be disenrolled from our plan when your new plan's coverage begins.

Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new D-SNP or PACE plan, and will be covered through that new plan.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/. OR Enroll in a different Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare (Medicaid) plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).
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If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

3. You can change to:**Original Medicare without a separate Medicare drug plan**

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare (Medicaid) plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

4. You can change to:

Any Medicare health plan during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Annual Enrollment Period** or other situations described in Section A.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For PACE inquiries, call 1-800-792-8820 (TTY: 711).

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/.

You will automatically be disenrolled from our plan when your coverage with the new plan begins.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).

Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at 1-800-701-0710 (TTY: 711). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your Evidence of Coverage

Your **Evidence of Coverage** is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit MyUHC.com/CommunityPlan.

An up-to-date copy of the **Evidence of Coverage** is available on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you an **Evidence of Coverage** for 2026.

Our website

You can visit our website at **MyUHC.com/CommunityPlan**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **List of Covered Drugs (Drug List)**. These materials will be available online after October 15, 2025.

F2. State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In New Jersey the SHIP is called the State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP isn't connected with us or with any insurance company or health plan. SHIP has trained counselors in every county and services are free. The SHIP phone number is 1-800-792-8820 (TTY: 711). For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/.

F3. Office of the Insurance Ombudsperson

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-800-446-7467 (TTY: 711).

F4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at Medicare.gov/talk-to-someone
- write to Medicare at P.O. Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [medicare.gov](https://www.medicare.gov) and click on "Find plans.")

Medicare & You 2026

You can read the **Medicare & You 2026** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

F5. NJ FamilyCare (Medicaid)

You're enrolled in both Medicare and in Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare (Medicaid) coverage, call the NJ Department of Human Services, Division of Medical Assistance and Health Services at 1-800-701-0710 (TTY: 711).



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

G. Administrative changes

	2025 (this year)	2026 (next year)
Emergency care — Worldwide reimbursement	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable.	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The EOC now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. Please see Chapter 7 Section 1 of the EOC for complete information.
Transplant services — Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The EOC has been updated to include more details explaining allowable transplant-related travel and lodging expenses. Please see Chapter 4, Section 3 of the EOC for more details.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at 1-800-514-4911, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call us at 1-800-514-4911; TTY: 711.

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك

خدمات المساعدة اللغوية والمراسلات بتنسيقات أخرى، مثل

الطباعة بأحرف كبيرة. اتصل بالرقم 1-800-514-4911; TTY: 711.

মনোযোগ দেবেন: আপনি যদি বাংলায় (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবাগুলি এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটগুলিতে বিনামূল্যে যোগাযোগ, আপনার জন্য উপলব্ধ। আমাদের 1-800-514-4911; TTY: 711 নম্বরে কল করুন।

請注意：如果您說中文 (Chinese)，可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電

1-800-514-4911; TTY: 711。

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. અમને 1-800-514-4911 પર કોલ કરો; TTY: 711.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak komunikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nou nan 1-800-514-4911; TTY: 711.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। हमें 1-800-514-4911 पर कॉल करें; TTY: 711.

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Ci chiami al numero 1-800-514-4911; TTY: 711.

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 1-800-514-4911; TTY: 711 번으로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i komunikaty w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-800-514-4911; TTY: 711.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o 1-800-514-4911; TTY: 711.

ВНИМАНИЕ! Если вы говорите на **русском** языке (**Russian**), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните 1-800-514-4911; TTY: 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llámenos al 1-800-514-4911; TTY: 711.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa 1-800-514-4911; TTY: 711.

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер 1-800-514-4911; лінія TTY: 711.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi số 1-800-514-4911; TTY: 711.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

UHC Dual Complete NJ-Y001 (HMO D-SNP) Customer Service

 **MyUHC.com/CommunityPlan**



Call 1-800-514-4911

Calls to this number are free. 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. Customer Services also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.

8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept



Write P.O. Box 30769

Salt Lake City, UT 84130-0769