

Annual Notice of Change 2027

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



Download the **UnitedHealthcare** app



Visit **myuhc.com/CommunityPlan**



Call toll-free **1-800-514-4911**, TTY **711**

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



**United
Healthcare®**

More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at myuhc.com/CommunityPlan after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Evidence of Coverage

Review your 2027 **Evidence of Coverage** for details about plan costs and benefits. The **Evidence of Coverage** 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 prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Member Services if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit myuhc.com/CommunityPlan to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

Annual Notice of Change for 2027

Introduction



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

Next year, there will be some changes to our benefits, coverage and 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 **myuhc.com/CommunityPlan**.

Call Member Services 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**.

Additional resources

- This document 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 Member Services Toll-free **1-800-514-4911**, TTY **711**, 8 a.m.-8 p.m. local time, 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 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, contact Member Services to have your preference updated for future communications.

OMB Approval 0938-1051 (Expires: July 31, 2029)



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. local time, 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. local time, 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 New Jersey Medicaid 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 New Jersey Medicaid benefits.

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 F2**.
- NJ FamilyCare services in **Section F2**.



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

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.
- 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 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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

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 F2** 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.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 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 Member Services 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's 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 Member Services 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.

	2026 (this year)	2027 (next year)
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the 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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

	2026 (this year)	2027 (next year)
		If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Evidence of Coverage for more information.
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 Ill	\$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 your credits to pay for healthy food and certain utility bills.	\$214 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 your credits



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

	2026 (this year)	2027 (next year)
	The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (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 more complex health needs. There may be other qualifying conditions not listed. You pay a \$0 copayment. Your credit amount expires at the end of each month.	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 Ill (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 more complex health needs. There may be other qualifying conditions not listed. We'll send you a letter with information about your eligibility for SSBCI benefits. You pay a \$0 copayment. Your credit amount 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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

	2026 (this year)	2027 (next year)
		You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. Visit member.uhc.com/community/benefits/ssbci or view your Evidence of Coverage after Oct.1, 2026, for more information.
Referral	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 will impact which specialists and hospitals you'll be able to see. Review your Evidence of Coverage for more details.	Physical therapy, speech therapy, and occupational therapy no longer require referrals. Only visits to specialists 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 D2 of the Evidence of Coverage.
Urgently needed services – worldwide	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the 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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

	2026 (this year)	2027 (next year)
		If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.

D2. Changes to drug coverage

Changes to our List of Covered Drugs

Our **List of Covered Drugs** is also called the “**Drug List**.” A copy of our **Drug List** is posted online at myuhc.com/CommunityPlan.

You can get the complete **Drug List** by calling Member Services at the number at the bottom of the page or visiting our website at myuhc.com/CommunityPlan.

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 that 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 Member Services at the numbers at the bottom of the page or contact your Care Manager to ask for a **Drug List** that treat 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 Member Services at the numbers at the bottom of the 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. local time, 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 need help asking for an exception, contact Member Services or your Care Manager. Refer to **Chapters 2 and 3** of your **Evidence of Coverage** to learn more about how to contact your Care Manager.
 - Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Evidence of Coverage**).
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

E. Administrative changes

	2026 (this year)	2027 (next year)
Prior Authorization - Meal benefit following a covered inpatient hospital or skilled nursing facility (SNF) stay	Prior authorization is required in addition to verification of a qualifying stay.	Prior authorization is no longer required. The plan will continue to confirm eligible stays before we send your order.
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits and earned rewards on eligible items.	You'll get 2 cards in separate mailings - a member ID card and a UCard. Use your new member ID card when visiting a provider or filling a prescription. Use your UCard as payment in-store or online to spend your OTC credits and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

		UnitedHealthcare app or your member site.
Deemed Continued Eligibility Period	If you're within our plan's 6 month period of deemed continued eligibility, we'll continue to provide all Medicare Advantage plan-covered Medicare-covered benefits.	If you're within our plan's 60 day period of deemed continued eligibility, we'll continue to provide all Medicare Advantage plan-covered Medicare-covered benefits.

F. Choosing a plan

F1. 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 2027.

F2. Changing plans

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

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

- The **Open 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) Open 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:

- 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



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change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three 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 **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our 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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

1. You can change to:

Another plan that provides your Medicare and most or all of your NJ FamilyCare 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 1-855-921-PACE (7223).

If you need help or more information:

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

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 coverage will also be shifted to the new D-SNP, 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. local time, 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). For more information or to find a local SHIP office in your area, please visit www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

OR

Enroll in a 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 plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at (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. local time, 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 if you have a valid disenrollment reason**

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), Monday through Friday from 8:30 a.m. to 4:30 p.m. For More information their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

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 New Jersey State Health Insurance Assistance Program (SHIP), 1-800-792-8820, (TTY). For more information or to find a local SHIP office in your area, please visit their website at www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

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 (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. local time, 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 **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**.

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 1-855-921-PACE (7223).

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 www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

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

Your NJ FamilyCare 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 (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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact the NJ FamilyCare at 1-800-701-0710, TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Member Services 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 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The **Evidence of Coverage** for 2027 will be available by October 15. An up-to-date copy of the **Evidence of Coverage** is available on our website at **MyUHC.com/CommunityPlan**. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a **Evidence of Coverage** for 2027.

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 **Drug List (List of Covered Drugs)**.

G2. State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Program (SHIP). In New Jersey the SHIP is called the New Jersey 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 **statewide** 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 www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml.



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

G3. Office of the Insurance Ombudsperson

State of New Jersey, Office of the Ombudsman for the Institutionalized Elderly 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

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO 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.

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 www.medicare.gov and click on "Find plans.")

Medicare & You 2027

You can read the **Medicare & You 2027** 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) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

G5. NJ FamilyCare

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



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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

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. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **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 المجانية والمراسلات المجانية بتثسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন।

請注意：如果您說中文 (Chinese)，您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。請致電您的會員身份卡上的免付費電話號碼。

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. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

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। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

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. Chiama il numero verde riportato sul Suo tesserino identificativo.

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

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 número gratuito que se encontra no seu cartão de identificação de membro.

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 по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

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. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

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 безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

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 đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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.

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.

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) Member Services:



Download the **UnitedHealthcare app**



Visit **myuhc.com/CommunityPlan**



Call **1-800-514-4911**

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 non-English speakers.

TTY 711

Calls to this number are free.

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



Write **UnitedHealthcare Community Plan**

P.O. Box 30769

Salt Lake City, 84130-0769 UT

Do we have the right address for you?

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

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850