



Summary of Benefits 2026

UHC Dual Complete NY-Y001 (HMO-POS D-SNP)

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Call Customer Service or go online for more information about the plan.



UHCCommunityPlan.com



Toll-free 1-844-560-4944, TTY 711
8 a.m.–8 p.m. local time, 7 days a week

**United
Healthcare®
Dual Complete**

Introduction

This document is a brief summary of the benefits and services covered by UHC Dual Complete NY-Y001 (HMO-POS 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 Dual Complete® NY-Y001 (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week 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 Dual Complete NY-Y001 (HMO-POS D-SNP) for January 1, 2026 to December 31, 2026. This is only a summary. Read the **Evidence of Coverage** for the full list of benefits. You can view the **Evidence of Coverage** on our website at myuhc.com/communityplan. If you would like a print copy, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at the number on the bottom of this page.

- UHC Dual Complete NY-Y001 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- For more information about **Medicare**, you can read the **Medicare & You** 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. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.
- Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.
- Your eligibility to enroll in this plan depends on your type of Medicaid.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+)**: You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays.
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- 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 Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at the number at the bottom of this page.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network size may vary by local market.

Fitness program

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration time-frames. Review your Evidence of Coverage (EOC) for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

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

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a Medicare Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called UHC Dual Complete NY-Y001 (HMO-POS D-SNP).
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete NY-Y001? (HMO-POS D-SNP) that I get now? (continued on the next page)	If you're coming to UHC Dual Complete NY-Y001 (HMO-POS D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and Medicaid benefits directly from UHC Dual Complete NY-Y001 (HMO-POS D-SNP). When you enroll in UHC Dual Complete NY-Y001 (HMO-POS D-SNP), you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D prescription drugs that UHC Dual Complete NY-Y001 (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for UHC Dual Complete NY-Y001 (HMO-POS D-SNP) to cover your drug if medically necessary.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Frequently asked questions	Answers
Will I get the same Medicare and Medicaid benefits in UHC Dual Complete NY-Y001? (HMO-POS D-SNP) that I get now? (continued from the previous page)	If you're taking any Medicare Part D drugs that UHC Dual Complete NY-Y001 (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for UHC Dual Complete NY-Y001 (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

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Frequently asked questions	Answers
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UHC Dual Complete NY-Y001 (HMO-POS 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 Dual Complete NY-Y001 (HMO-POS D-SNP)’s network. • If you need urgent or emergency care or behavioral health crisis. • Services or out-of-area dialysis services, you can use providers outside of UHC Dual Complete NY-Y001 (HMO-POS D-SNP)’s network. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read UHC Dual Complete NY-Y001 (HMO-POS D-SNP)’s Provider and Pharmacy Directory. You can also visit our website at myuhc.com/CommunityPlan for the most current listing. If UHC Dual Complete NY-Y001 (HMO-POS D-SNP) is new for you, we’ll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2026, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2026 by the same provider for the treatment of the same or related behavioral health condition.

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Frequently asked questions	Answers
What's a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of UHC Dual Complete NY-Y001 (HMO-POS D-SNP)).
What are Managed Long-Term Services and Supports (MLTSS)?	Managed Long-Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in UHC Dual Complete NY-Y001 (HMO-POS 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, such as due to shortage of staff with necessary expertise and/or availability to provide services, UHC Dual Complete NY-Y001 (HMO-POS D-SNP) will cover services provided by an out-of-network provider.
Where is UHC Dual Complete NY-Y001 (HMO-POS D-SNP) available?	The service area for this plan includes: Albany, Bronx, Broome, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Queens, Rensselaer, Richmond, Rockland, Schenectady, Seneca, St. Lawrence, Suffolk, Tioga, Ulster, Warren, Wayne, Westchester, Wyoming, and Yates, New York. You must live in one of these areas to join the plan.

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Frequently asked questions	Answers
What's prior authorization?	Prior authorization means that you must get approval from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) before UHC Dual Complete NY-Y001 (HMO-POS D-SNP) will cover a specific service, item, or drug or out-of-network provider. UHC Dual Complete NY-Y001 (HMO-POS D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. UHC Dual Complete NY-Y001 (HMO-POS D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) before the service is provided. Refer to Chapter 3, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage 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 written approval before you can use specialists or other providers in the plan's network. This can be done electronically however if you don't get approval, UHC Dual Complete NY-Y001 (HMO-POS D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. UHC Dual Complete NY-Y001 (HMO-POS 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. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page.

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Frequently asked questions	Answers
Do I pay a monthly amount (also called a premium) under UHC Dual Complete NY-Y001 (HMO-POS D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of UHC Dual Complete NY-Y001 (HMO-POS D-SNP)?	No. You don't pay deductibles in UHC Dual Complete NY-Y001 (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member UHC Dual Complete NY-Y001 (HMO-POS D-SNP)?	There's no cost sharing (copays or deductibles) for medical services in UHC Dual Complete NY-Y001 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.

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C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your health care provider must tell the plan of your hospital admission. May require your provider to get prior authorization from the plan for in-network benefits.
	Outpatient hospital services (including surgery and outpatient treatment by a doctor or a surgeon)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Outpatient hospital observation services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Ambulatory surgical center (ASC) services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use an outpatient health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	May require your provider to get prior authorization from the plan for in-network benefits. Specialists require a referral from your doctor.
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services are worldwide. You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services AREN'T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgent care	\$0	Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care is covered worldwide. Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	X-rays or other pictures, such as CAT scans	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Screenings, such as tests to check for cancer	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Therapeutic radiology	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures No annual deductible Access to one of the largest national dental networks Freedom to see any dentist May require your provider to get prior authorization from the plan for in-network benefits. Benefits are combined in and out-of-network

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Vision services (including annual eye exams)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
Annual health related social needs screening and navigation to services	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	\$0	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (This service is continued on the next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Centers (ATC), Inpatient addition rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Adult outpatient rehabilitative mental health care Assertive Community Treatment (ACT) Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Personalized Recovery Oriented Services (PROS)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services: Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services — peer supports Family Support and Training (FST)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Adult mental health crisis services Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services Crisis Residential Programs	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care) (Note: This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. May require your provider to get prior authorization from the plan for in-network benefits.
You're having a mental health or substance use crisis	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	\$0	Any approved mobile crisis or licensed crisis residence provider in New York State. May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition or a substance use disorder	CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence). (Note: For more information about CORE Services and to determine whether you're eligible for them, call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage.)	\$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Our plan covers up to 100 days in a Skilled Nursing Facility. May require your provider to get prior authorization from the plan for in-network benefits.
	Nursing home	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. May require your provider to get prior authorization from the plan for in-network benefits.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	\$0	Requires a referral from your doctor. May require your provider to get prior authorization from the plan for in-network benefits.
You need help getting to health services	Emergency transportation	\$0	\$0 copay for ground \$0 copay for air Your provider must obtain prior authorization for non-emergency transportation.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the Evidence of Coverage for more information on these drugs. May require your provider to get prior authorization from the plan for in-network benefits.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Brand Tier 4: Non- Preferred drug Tier 5: Specialty NOTE: If you do qualify for Low-Income Subsidy (LIS) this explains what you pay. If you don't qualify for LIS, you pay the Medicare Part D cost-share outlined in the Member Handbook.	\$0 for a 30-day or 100-day supply from a retail network pharmacy (Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.) Generic (including brand drugs treated as generic): \$0, \$1.60 or \$5.10 copay for a 30-day supply All other drugs: \$0, \$4.90, or \$12.65 copay Drugs in Tier 1 are always \$0 copay. (Some covered drugs are limited to a 30-day supply)	There may be limitations on the types of drugs covered. Refer to UHC Dual Complete NY-Y001 (HMO-POS D-SNP)'s List of Covered Drugs at myuhc.com/CommunityPlan for more information. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Evidence of Coverage for more information on this stage. UHC Dual Complete NY-Y001 (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. You pay no more than 25% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0. Your provider must get prior authorization from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) for certain drugs.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare. Our plan's mail-order service allows you to order up to a 100-day supply.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to UHC Dual Complete NY-Y001 (HMO-POS D-SNP)'s List of Covered Drugs (Drug List) for more information.
You need foot care	Podiatry services (including routine exams)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Orthotic services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **myuhc.com/CommunityPlan**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This isn't a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the Evidence of Coverage for more information.)	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	Acupuncture	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Plan Care coordination	\$0	
	Chiropractic services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	OTC, healthy food, utilities + wellness support	\$310 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members • Choose from thousands of OTC products, like first aid supplies, pain relievers and more • Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water • Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you • Pay home utilities like electricity, heat, water and internet • Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more	

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$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. May require your provider to get prior authorization from the plan for in-network benefits.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age. May require your provider to get prior authorization from the plan for in-network benefits.

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Fitness program	\$0	Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service. You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can visit one of our family planning providers as well.
	Hospice care	\$0	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	\$0	Diagnostic Mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are medically necessary. Screening Mammograms: Covered once every 12 months (11 full months must have passed since the last screening).
	Managed Long-Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Requires a referral from your doctor.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	NurseLine	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

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If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Personal emergency response system (PERS)	\$0	A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
	Personal Care Assistance (PCA)	\$0	Assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care.
	Prosthetic services	\$0	May require your provider to get prior authorization from the plan for in-network benefits.
	Services to help manage your disease	\$0	May require your provider to get prior authorization from the plan for in-network benefits.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UHC Dual Complete NY-Y001 (HMO-POS D-SNP)'s **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at the number listed at the bottom of this page.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

D. Additional services UHC Dual Complete NY-Y001 (HMO-POS D-SNP) covers

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

Additional services UHC Dual Complete® NY-Y001 (HMO-POS D-SNP) covers	Your costs
Chiropractic Care	\$0
Home Health Care	\$0
Renal Dialysis	\$0

E. Benefits covered outside of UHC Dual Complete NY-Y001 (HMO-POS D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by UHC Dual Complete NY-Y001 (HMO-POS D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service (This service is continued on next page)	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Other services covered directly by Medicaid fee-for-service (Continued)	Your costs
Crisis Intervention Services for Youth ages 18–20	\$0
Non-emergency Medical Transportation	\$0

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

F. Services that UHC Dual Complete NY-Y001 (HMO-POS D-SNP), Medicare and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services UHC Dual Complete NY-Y001 (HMO-POS D-SNP), Medicare and Medicaid don't cover

Personal and Comfort items

Cosmetic surgery if not medically necessary

Services of a provider that isn't part of the plan, unless the plan sends you to that provider

G. Your rights and responsibilities as a member of the plan

As a member of UHC Dual Complete NY-Y001 (HMO-POS D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can 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, read the **Evidence of Coverage**.

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 race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UHC Dual Complete NY-Y001 (HMO-POS D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit myuhc.com/CommunityPlan.

- UHC Dual Complete NY-Y001 (HMO-POS D-SNP)
- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and Care Managers
- Your rights and responsibilities
- **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. You can call **1-866-547-0772** if you want to change your PCP.
 - 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 as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. UHC Dual Complete NY-Y001 (HMO-POS 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
 - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-866-547-0772** if you need help with this service
 - Have your **Evidence of Coverage** and any printed materials from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - Use an out-of-network urgent or emergency care provider, when necessary

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit myuhc.com/CommunityPlan.

- **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. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by UHC Dual Complete NY-Y001 (HMO-POS D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but aren't limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you're a UHC Dual Complete NY-Y001 (HMO-POS D-SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772, TTY 711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **myuhc.com/CommunityPlan**.

- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from UHC Dual Complete NY-Y001 (HMO-POS D-SNP).** You should:
 - Get all your health care from UHC Dual Complete NY-Y001 (HMO-POS D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UHC Dual Complete NY-Y001 (HMO-POS D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member ID Card to obtain healthcare services
 - Notify UHC Dual Complete NY-Y001 (HMO-POS D-SNP) when you believe that someone has purposely misused UHC Dual Complete NY-Y001 (HMO-POS D-SNP) benefits or services

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can also call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information**, visit **myuhc.com/CommunityPlan**.

H. How to file a complaint or appeal a denied service

If you have a complaint or think UHC Dual Complete NY-Y001 (HMO-POS D-SNP) should cover something we denied, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) at **1-866-547-0772**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of the **Evidence of Coverage**. You can also call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

For complaints/grievances or medical appeals:

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

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
P.O. Box 6103
MS CA120-0368
Cypress, CA 90630-0023

I. 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, contact us.

- Call us at UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- 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.
- Or, call the New York State Medicaid Fraud hotline **1-877-87 FRAUD**.

If you have questions, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services at **1-866-547-0772**, TTY **711**, 8 a.m.–8 p.m., 7 days a week 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 Member ID Cards, call UHC Dual Complete NY-Y001 (HMO-POS D-SNP) Member Services:



1-866-547-0772

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September. 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. 7 days a week from October through March, Monday–Friday from April through September.

If you have questions about your health:

New York UnitedHealthcare Community Plan | UnitedHealthcare Community Plan

Medical questions and situations sometimes happen at inconvenient times. When you have questions about your health, you can call a nurse 24 hours a day, 7 days a week:



1-877-597-7801, TTY 711

Our nurses will:

- Listen to your symptoms
- Help with self-care
- Advise if you can get care at your next doctor visit or need an urgent care center
- Help you know when it is time to go to the emergency room

If you need immediate behavioral health care, call the Behavioral Health Crisis Line:



1-866-547-0772

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

UHC Dual Complete NY-Y001 (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711

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