# Annual Notice of Change 2027

**UHC Dual Complete NY-YL (HMO-POS D-SNP)**

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call toll-free **1-866-547-0772,** TTY **711**
8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

United Healthcare®

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# Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

## Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

## What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this UnitedHealthcare plan still fits your needs.

Here are a few benefit highlights for your 2027 plan:



Your plan will still have an over-the-counter (OTC) credit to help with your everyday needs, but the amount will change next year. Use your credits and earned rewards to buy thousands of covered OTC products, plus healthy food and utilities for members who qualify.

Your plan may have other changes. Please review this Annual Notice of Change for full details.

## New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your member ID card – Use this at the doctor's office and pharmacy
- Your UnitedHealthcare UCard® – Use this for plan benefits like: OTC credits and earned rewards

Having separate cards help protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

## Guidelines for using your OTC credits

To keep using OTC credits for healthy food and utilities, we're required to confirm you have a qualifying chronic health condition and complex health needs. The good news is we're already reviewing your eligibility. We'll send you an update soon.

## How to prepare for next year

- ✔ Review your 2027 Annual Notice of Change.
- ✔ Visit the **Prepare for Next Year** page on your member site or UnitedHealthcare® app. You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.
- ✔ Watch for more information from us about your benefits and coverage for next year.

## Your enrollment will renew automatically

If this plan still meets your needs, you don’t need to do anything. Your enrollment will renew automatically. You’ll continue to have access to the UnitedHealthcare plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We’ll be happy to help you explore other options that may better meet your health care needs and budget.

## Thank you for trusting us with your Medicare experience

If you have questions, call Customer Service at the toll-free number on your member ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.

Scan the QR code or visit **uhc.care/covered** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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# 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 (EOC)

Review your 2027 EOC for details about plan costs and 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 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 Customer Service 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.

**UHC Dual Complete NY-YL (HMO-POS D-SNP) offered by UnitedHealthcare**

# Annual Notice of Change for 2027

**You're enrolled as a member of UHC Dual Complete NY-Y001 (HMO-POS D-SNP).**

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in UHC Dual Complete NY-YL (HMO-POS D-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 handbook.
- You don't need to take any action to stay enrolled in this plan for next year - your enrollment will continue automatically.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at myuhc.com/CommunityPlan or call Customer Service at 1-866-547-0772 (TTY users call 711) to get a copy by mail.

## More Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your UnitedHealthcare UCard® or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su UCard® de UnitedHealthcare o en la portada de la guía de su plan.

## About UHC Dual Complete NY-YL (HMO-POS D-SNP)

- Plans are 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.
- Our plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UHC Dual Complete NY-YL (HMO-POS D-SNP).
- On January 1, 2027, our plan name will change from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) to UHC Dual Complete NY-YL (HMO-POS D-SNP). We'll send you a new UnitedHealthcare UCard® with our new name. From here on, our new name, UHC Dual Complete NY-YL (HMO-POS D-SNP), will be on all materials.
- On January 1, 2027, UnitedHealthcare Insurance Company or one of its affiliates will be transitioning you from UHC Dual Complete NY-Y001 (HMO-POS D-SNP) to UHC Dual Complete NY-YL (HMO-POS D-SNP). This material tells you about the differences between your current benefits in UHC Dual Complete NY-Y001 (HMO-POS D-SNP) and the benefits you'll have on January 1, 2027, as a member of UHC Dual Complete NY-YL (HMO-POS D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in UHC Dual Complete NY-YL (HMO-POS D-SNP)**. Starting January 1, 2027, you'll get your medical and drug coverage through UHC Dual Complete NY-YL (HMO-POS D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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# Summary of important costs for 2027

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a $0 copayment for your deductible, doctor office visits, and inpatient hospital stays.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** *Your premium can be higher than this amount. (Go to Section 1.1 for details.) | $0 | $0 |
| **Maximum out-of-pocket amounts** This is the **most** you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.) | From network providers: $0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | From network providers: $0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |
| **Primary care office visits** | You pay a $0 copayment per visit. | You pay a $0 copayment per visit. |
| **Specialist office visits** | You pay a $0 copayment per visit. | You pay a $0 copayment per visit. |
| **Inpatient hospital stays** Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | You pay a $0 copayment for each Medicare-covered hospital stay for unlimited days. | You pay a $0 copayment for each Medicare-covered hospital stay for unlimited days. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Part D drug coverage deductible**<br>(Go to Section 1.7 for details.) | **If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| | $0 | $0 |
| | **If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| | $0 Tier 1<br>$615 Tier 2, Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines. | $0 Tier 1<br>$700 Tier 2, Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines. |
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | **If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| | If you are enrolled in Medicare A and B and receive New York State Medicaid Program (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:<br>For generic drugs (including brand drugs treated as generic):<br>• $0 copayment or<br>• $1.60 copayment or<br>• $5.10 copayment<br>For all other covered drugs: | If you are enrolled in Medicare A and B and receive New York State Medicaid Program (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts:<br>For generic drugs (including brand drugs treated as generic):<br>• $0 copayment or<br>• $1.65 copayment or<br>• $5.80 copayment<br>For all other covered drugs:<br>• $0 copayment or |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | • $0 copayment or<br>• $4.90 copayment or<br>• $12.65 copayment<br>If the total amount you pay for copayments and coinsurance reaches $2,100, you pay nothing for your covered Part D drugs. | • $5 copayment or<br>• $14.40 copayment<br>If the total amount you pay for copayments and coinsurance reaches $2,400, you pay nothing for your covered Part D drugs. |
| | **If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| | Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: | Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: |
| | Drug Tier 1: Standard retail cost-sharing (in-network) $0 per prescription. | Drug Tier 1: Standard retail cost-sharing (in-network) $0 per prescription. |
| | Drug Tier 2: Standard retail cost-sharing (in-network) 25% of the total cost. | Drug Tier 2: Standard retail cost-sharing (in-network) 25% of the total cost. |
| | Drug Tier 3: Standard retail cost-sharing (in-network) 25% of the total cost. | Drug Tier 3: Standard retail cost-sharing (in-network) 25% of the total cost. |
| | You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1] | You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1] |
| | Drug Tier 4: Standard retail cost-sharing (in-network) 25% of the total cost. | Drug Tier 4: Standard retail cost-sharing (in-network) 25% of the total cost. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Drug Tier 5: Standard retail cost-sharing (in-network) 25% of the total cost.<br><br>Catastrophic Coverage Stage:<br>• During this payment stage, you pay nothing for your covered Part D drugs. | Drug Tier 5: Standard retail cost-sharing (in-network) 25% of the total cost.<br><br>Catastrophic Coverage Stage:<br>• During this payment stage, you pay nothing for your covered Part D drugs. |

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 25% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

# Section 1 Changes to Benefits & Costs for Next Year

## Section 1.1 Changes to the Monthly Plan Premium

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | **$0** | **$0** |

## Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br>Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **do not** count toward your maximum out-of-pocket amount. | $0<br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | $0<br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 Provider Directory (myuhc.com/CommunityPlan) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at myuhc.com/CommunityPlan.
- Call Customer Service at 1-866-547-0772 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-547-0772 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 Pharmacy Directory (myuhc.com/CommunityPlan) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at myuhc.com/CommunityPlan.
- Call Customer Service at 1-866-547-0772 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-866-547-0772 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

The amount you pay for Medicare-covered services depends on your level of Medicaid eligibility:

- If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a $0 copayment for your Medicare cost sharing.
- If you are not a QMB or you don't have full Medicaid benefits, you must pay your Medicare cost sharing.

Medicare cost sharing includes copayments, coinsurance, and deductibles. If you don't have Extra Help, you're responsible for all Part D cost sharing amounts. Contact New York State Medicaid Program (Medicaid) at 1-800-541-2831,8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept for more details.

The healthy food 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. Contact us for details.

| | 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.<br>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.<br>You pay a $0 copayment.<br>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.<br>You pay a $0 copayment.<br>There are no fees for standard membership services when you use network providers.<br>Digital fitness, memory fitness and mail-order kits are no longer covered.<br>View your Evidence of Coverage for more information. |

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit**<br><br>**Healthy food and utilities - Special Supplemental Benefits for the Chronically Ill** | $310 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.<br><br>The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI).<br><br>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.<br><br>There may be other qualifying conditions not listed.<br><br>You pay a $0 copayment.<br><br>Your credit amount expires at the end of each month. | $425 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.<br><br>If you qualify, you can also use your credits to pay for healthy food and certain utility bills.<br><br>The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically Ill (SSBCI).<br><br>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. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | There may be other qualifying conditions not listed.<br>We'll send you a letter with information about your eligibility for SSBCI benefits.<br>You pay a $0 copayment.<br>Your credit amount expires at the end of each month.<br>You can use your current UCard through Dec.31, 2026.<br>We'll mail you a new UCard before the new plan year begins.<br>Visit member.uhc.com/community/benefits/ssbci or view your Evidence of Coverage after Oct.1, 2026, for more information. |

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **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.<br>Review your Evidence of Coverage for more details. | Physical therapy, speech therapy, and occupational therapy no longer require referrals.<br>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.<br>For more information, view Chapter 3 Section 2.2 of the Evidence of Coverage. |
| **Transportation (additional routine)** | Not covered | Get up to 60 one-way trips to or from plan-approved locations, such as medically related appointments, the pharmacy and certain other locations that help you use your benefits.<br>You pay a $0 copayment. |

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

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

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, then your deductible, coinsurance, and/or copayment may be less for services that are covered under Original Medicare. Please refer to the **Changes to Benefits and Costs for Medical Services** chart.

## Section 1.6 Changes to Part D Drug Coverage

**Changes to Our Drug List**

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-866-547-0772 (TTY users call 711) or visiting our website (**myuhc.com/CommunityPlan**). This material will be available online after **October 15, 2026.**

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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 rules 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-866-547-0772 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

**Do you get Extra Help to pay for your drug coverage costs?**
If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don't get this material, call Customer Service at 1-866-547-0772 (TTY users call 711) and ask for the LIS Rider to be sent to you.

**Drug Payment Stages**
There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2, Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

**Drug Costs in Stage 1: Yearly Deductible**
The table shows your cost per prescription during this stage.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Yearly Deductible** | $0<br>(Look at the separate insert, the LIS Rider, for your deductible amount.)<br>If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs:<br>$615<br>During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail | $0<br>(Look at the separate insert, the LIS Rider, for your deductible amount.)<br>If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs:<br>$700<br>During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible. | 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible. |

**Drug Costs in Stage 2: Initial Coverage**
Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 2, Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your **Evidence of Coverage**.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | **If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| **Generic drugs (including brand drugs treated as generic)** | For generic drugs (including brand drugs treated as generic)<br>• $0 copayment or<br>• $1.60 copayment or<br>• $5.10 copayment | For generic drugs (including brand drugs treated as generic)<br>• $0 copayment or<br>• $1.65 copayment or<br>• $5.80 copayment |
| **For all other covered drugs** | For all other covered drugs:<br>• $0 copayment or<br>• $4.90 copayment or<br>• $12.65 copayment | For all other covered drugs:<br>• $0 copayment or<br>• $5 copayment or<br>• $14.40 copayment |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | **If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs** | |
| **Tier 1 - Preferred Generic** | You pay $0 per prescription. | You pay $0 per prescription. |
| **Tier 2 - Generic** | You pay 25% of the total cost. | You pay 25% of the total cost. |
| **Tier 3 - Preferred Brand** | You pay 25% of the total cost.<br>You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1]. | You pay 25% of the total cost.<br>You pay 25%, up to $35 per month supply of each covered insulin product on this tier[1]. |
| **Tier 4 - Non-Preferred Drug** | You pay 25% of the total cost. | You pay 25% of the total cost. |
| **Tier 5 - Specialty Tier** | You pay 25% of the total cost. | You pay 25% of the total cost. |

[1] In 2026, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2027, you'll pay no more than a $35 copay or 25% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

## Section 2 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. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **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.<br>Use your new member ID card when visiting a provider or filling a prescription.<br>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.<br>To check your balance, find participating stores and eligible items, visit the UCard Hub on the UnitedHealthcare app or your member site. |

## Section 3 How to Change Plans

**To stay in our plan, you don't need to do anything.** Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our UHC Dual Complete NY-YL (HMO-POS D-SNP).
If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from UHC Dual Complete NY-YL (HMO-POS D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from UHC Dual Complete NY-YL (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (myuhc.com/CommunityPlan). Call Customer

Service at 1-866-547-0772 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.

- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the **Medicare & You 2027 handbook,** call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

## Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  — 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

  — Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.

  — Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called New York State EPIC Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call 1-800-542-2437 or 1-844-682-4058, (TTY 711), Monday - Friday, 9:00AM - 5:00PM. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of

income level. To learn more about this payment option, call us at 1-866-547-0772 (TTY users call 711) or visit Medicare.gov.

## Section 5 Questions?

### Get Help from UHC Dual Complete NY-YL (HMO-POS D-SNP)

- **Call Customer Service at 1-866-547-0772. (TTY users call 711).**

  We're available for phone calls 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Evidence of Coverage** for UHC Dual Complete NY-YL (HMO-POS D-SNP). 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. Get the **Evidence of Coverage** on our website at myuhc.com/CommunityPlan or call Customer Service at 1-866-547-0772 (TTY users call 711) to ask us to mail you a copy.

- **Visit myuhc.com/CommunityPlan**

Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list). The Provider Directory and Formulary will be available after **October 15, 2026**.

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information, Counseling, and Assistance Programs (HIICAP).

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call HIICAP at 1-800-701-0501**.** Learn more about HIICAP by visiting https://aging.ny.gov.

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**Get Help from Medicaid**
Call New York State Medicaid Program (Medicaid) at 1-800-541-2831, Monday-Friday 8 a.m.-8 p.m. ET, Saturday 9 a.m.-1 p.m. ET. TTY users can call 711 for help with Medicaid enrollment or benefit questions.

**Independent Consumer Advocacy Network (ICAN)**
Phone: 1-844-614-8800 Monday-Friday 8 a.m. - 6 p.m.
TTY: 711.
Mail: Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017

**Community Health Access to Addiction and Mental Healthcare Project (CHAMP)**
Communi Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
Phone: 1-888-614-5400 (TTY Relay Service: 711)
Web: https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ
Email: ombuds@oasas.ny.gov

**The New York State Long Term Care Ombudsman Program**
1-855-582-6769 Monday-Friday 9 a.m. - 5 p.m.
2 Empire State Plaza, 5th FL
Albany, NY 12223
Email: ombudsman@aging.ny.gov
www.aging.ny.gov/long-term-care-ombudsman-program

## LANGUAGE ASSISTANCE

| | |
|---|---|
| ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-866-547-0772, TTY/TDD 711. | English |
| ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-866-547-0772, TTY/TDD 711. | Spanish |
| 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-866-547-0772, TTY/TDD 711。 | Chinese |
| 1-866-547-0772, اتصل بالرقم .TTY/TDD 711 | Arabic |
| 주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-866-547-0772, TTY/TDD 711 번으로 연락해 주십시오. | Korean |
| ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие помощи. Звоните по 1-866-547-0772, TTY/TDD 711. | Russian |
| ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-866-547-0772, TTY/TDD 711. | Italian |
| ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-866-547-0772, TTY/TDD 711. | French |
| ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-866-547-0772, TTY/TDD 711. | French Creole |
| .רופט 1-866-547-0772, TTY/TDD 711 | Yiddish |
| UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń pod numer 1-866-547-0772, TTY/TDD 711. | Polish |
| ATENSYON: Available ang mga libreng serbisyo ng tulong sa wika at iba pang tulong. Tumawag sa 1-866-547-0772, TTY/TDD 711. | Tagalog |
| মনোযোগ নামমূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-866-547-0772, TTY/TDD 711-এ ফোন করুন। | Bengali |
| VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe Telefononi 1-866-547-0772, TTY/TDD 711. | Albanian |
| ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα σας, δωρεάν. Κ1-866-547-0772, TTY/TDD 711. | Greek |
| 1-866-547-0772 کریں TTY/TDD 711 | Urdu |

# 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 the toll-free number on your member identification card.

**ملاحظة:** إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات 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。**

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

**ΠΡΟΣΟΧΗ**: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

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

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. Chiami 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.

**ਧਿਆਨ ਦਿਓ**: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫ਼ਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੀਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੀਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।

**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.

**توجہ دیں**: اگر آپ **اردو** (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

**אויפמערק**: אויב איר רעדט **אידיש** (Yiddish), קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

**ÀKÍYÈSÍ**: Tí o bá ń ṣọ **Yorùbá** (Yoruba), àwọn iṣẹ́ àtìlẹ́yìn èdè ọ̀fẹ́ àti àwọn ìbánisọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jáde ńlá, wà fún ọ. Pe nọ́mbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ́ rẹ.

## 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**

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# UHC Dual Complete NY-YL (HMO-POS D-SNP)

## Customer Service:

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call **1-866-547-0772**
Calls to this number are free. 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. Customer Service 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: **P.O. Box 30769**
**Salt Lake City, UT 84130-0769**

**Do we have the right address for you?**
If not, please let us know so we can keep you informed about your plan.