



Annual Notice of Change 2026

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



MyUHC.com/CommunityPlan



Toll-free 1-800-690-1606, TTY 711
8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept

Do we have the right address for you?

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

**United
Healthcare®**

Find updates to your plan for next year

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

Provider Directory

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

Pharmacy Directory

Review the 2026 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

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

Evidence of Coverage (EOC)

Review your 2026 EOC for details about plan 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.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at **1-800-690-1606** (TTY users should call 711). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

Help reduce the clutter and get plan documents faster.

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

Annual Notice of Change for 2026

Introduction



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

Next year, there will be some changes to our benefits, coverage, rules, and costs. This **Annual Notice of Change** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at **MyUHC.com/CommunityPlan**. Call Customer Service at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Evidence of Coverage**.

Additional resources

- This document is available for free in Spanish and Arabic.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, accessible electronic document, or audio. Call Customer Service Toll-free **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- 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 documents in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please 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, documentos en otros idiomas, braille, en letra grande, o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

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A. Disclaimers

- 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 Tennessee Medicaid program to coordinate your Medicaid benefits.
- Out-of-network/non-contracted providers are under no obligation to treat UHC Dual Complete TN-Y001 (HMO-POS D-SNP) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.
- All trademarks are property of their respective owners.
- 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, high blood pressure and/or high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed. Contact us for details.

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

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

New members to UHC Dual Complete TN-Y001 (HMO-POS D-SNP): In most instances you'll be enrolled in UHC Dual Complete TN-Y001 (HMO-POS D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in UHC Dual Complete TN-Y001 (HMO-POS D-SNP). You may still receive your TennCare from your previous TennCare health plan for one additional month. After that, you'll receive your TennCare services through UHC Dual Complete TN-Y001 (HMO-POS D-SNP). There will be no gap in your TennCare coverage. Please call us at the number at the bottom of the page if you have any questions.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. The specific date your TennCare will end depends on when we take action on your case. Your notice will tell you when your TennCare ends, it may not be the last day of the month. You'll still be in the Medicare and TennCare programs as long as you're eligible.

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

- Medicare options in the table in **Section F2**.
- TennCare options and services in **Section F2**

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

- UHC Dual Complete TN-Y001 (HMO-POS D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this **Annual Notice of Change** says “we,” “us,” “our,” or “our plan,” it means UHC Dual Complete TN-Y001 (HMO-POS D-SNP).

B2. Important things to do

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



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

If you decide to stay with UHC Dual Complete TN-Y001 (HMO-POS D-SNP):	If you decide to change plans:
If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you automatically stay enrolled in UHC Dual Complete TN-Y001 (HMO-POS D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at **MyUHC.com/CommunityPlan**. The **Provider and Pharmacy Directory** will be available after October 15, 2025. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Evidence of Coverage**.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Adult Day Care	Covered	Not Covered



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
Chronic care management services, including chronic pain management and treatment plan services	This section did not exist in your 2025 Evidence of Coverage. If you have serious chronic conditions and receive chronic care management services, your provider develops a monthly comprehensive care plan that lists your health problems and goals, providers, medications, community services you have and need, and other information about your health. Your provider also helps coordinate your care when you go from one health care setting to another.	What you pay depends on who provides your chronic care management services. You will pay \$0 for services provided by your primary care provider, specialist, nurse practitioner, physician's assistant, or other non-physician health care professional.



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



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at 1-800-690-1606, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit MyUHC.com/CommunityPlan.

	2025 (this year)	2026 (next year)
Hearing services Hearing aids	You receive a \$3,200 allowance for up to 2 OTC or prescription hearing aids every year (select products only). Home-delivered hearing aids are available nationwide through network providers (select products only). You must use UnitedHealthcare Hearing providers to access this benefit.	You receive a \$3,200 allowance for up to 2 OTC or prescription hearing aids every two years (select products only). Home-delivered hearing aids are available nationwide through network providers (select products only). You must use UnitedHealthcare Hearing providers to access this benefit.
Medicare Part B Premium Reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B unless it is paid for you by TennCare.	\$0.40 If your Medicare Part B premium is paid by TennCare, or others on your behalf, you will not see the reduction.	\$0.70 If your Medicare Part B premium is paid by TennCare, or others on your behalf, you will not see the reduction.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at 1-800-690-1606, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

	2025 (this year)	2026 (next year)
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically Ill (continued on next page)	\$336 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. If you qualify, you can also use it to pay for healthy food. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. The healthy food option is only available to qualifying members through the Special Supplemental Benefits for the Chronically Ill (SSBCI). Utility bills are not covered by the credit.	\$395 credit a month loaded to your UnitedHealthcare UCard® for covered OTC products, home and bath safety devices, fitness equipment, and extra support with in-home services, companion care and weight management. If you qualify, you can also use it to pay for healthy food and certain utility bills. The healthy food and utility bills options are provided through the SSBCI. These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at 1-800-690-1606, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan).

	2025 (this year)	2026 (next year)
OTC , home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities — Special Supplemental Benefits for the Chronically Ill (continued)		Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each month. Visit MyUHC.com/CommunityPlan or view your Evidence of Coverage for more information.
Referral	A referral is not required from your primary care provider (PCP) in order for services to be covered.	Some network services — like visits to specialists, physical therapy, speech therapy, and occupational therapy — will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. For more information on which services require a referral, view Chapter 3, Section B of the Evidence of Coverage .

D2. Changes to drug coverage

Changes to our Drug List

An updated **List of Covered Drugs** is located on our website at **MyUHC.com/CommunityPlan**. The **Drug List** will be available after October 15, 2025. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at 1-800-690-1606, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

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

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

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your care coordinator to ask for a **List of Covered Drugs** that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Evidence of Coverage**.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Changes to drug costs

Important note: In 2026, the amount you pay for covered Part D prescription drugs is determined by Medicare and depends on what drug stage you're in, the level of Extra Help you receive and whether it's a brand or generic drug. For more details, view your **Evidence of Coverage**.

Depending on your TennCare eligibility qualifying you for Extra Help, you may have to pay a cost share for covered Part D drugs. Since you have full TennCare benefits, your Part D cost share with Extra Help will most likely be a \$0 copayment. See below for LIS cost sharing related to all levels of Extra Help.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1: Initial Coverage Stage	Stage 2: Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your **Evidence of Coverage** for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our **Drug List**.

The following table shows your costs for a one-month supply filled at a network pharmacy based on your Extra Help copay. These amounts apply only during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions go to **Chapter 6, Section D** of your **Evidence of Coverage**.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at 1-800-690-1606, TTY 711, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit [MyUHC.com/CommunityPlan](https://myuhc.com/CommunityPlan).

	2025 (this year)	2026 (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)	• \$0 copayment or • \$1.60 copayment or • \$4.90 copayment	If you are enrolled in Medicare A and B and receive Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts: • \$0 copayment or • \$1.60 copayment or • \$5.10 copayment
For all other covered drugs	• \$0 copayment or • \$4.80 copayment or • \$12.15 copayment	If you are enrolled in Medicare A and B and receive Division of TennCare (Medicaid) benefits, depending on your income and institutional status, you pay one of the following amounts: • \$0 copayment or • \$4.90 copayment or • \$12.65 copayment

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. The plan covers all of your Part D drugs until the end of the year. You may have cost-sharing for excluded drugs that are covered under our enhanced benefit or Medicaid. Refer to **Chapter 6** of your **Evidence of Coverage** for more information about how much you pay for drugs.



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D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit \$2,100 for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** in your **Evidence of Coverage**.

E. Administrative Changes

	2025 (this year)	2026 (next year)
Emergency care — Worldwide Reimbursement	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable	Foreign emergencies and urgently needed services are covered while you are traveling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The Evidence of Coverage now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. See Chapter 7, Section A of the Evidence of Coverage for complete information.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January–December). You may be participating in 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 2026. To learn more about this payment option, call us at 1-800-690-1606 (TTY users call 711) or visit Medicare.gov
Transplant Services — Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The Evidence of Coverage has been updated to include more details explaining allowable transplant-related travel and lodging expenses. See the Chapter 4, Section F for more details.

F. Choosing a plan

F1. Staying in our plan

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



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

F2. Changing plans

For your TennCare plan, TennCare members may change their Managed Care Organization (MCO) one (1) time within the initial ninety (90) calendar days from the date of the letter informing them of their MCO assignment. You'll remain a member of the designated MCO until you're given an opportunity to change once each year during an annual change period. The annual change period will occur each year in March for members in West Tennessee, in May for members in Middle Tennessee, and in July for members in East Tennessee. Most people with Medicare can end their membership during certain times of the year. Because you have TennCare you can end your membership in our plan any month of the year.

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

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

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

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

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

1. You can change to: Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-Inclusive Care for the Elderly (PACE) plan, if you qualify.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 423-698-0802. If you need help or more information: • Call the TN SHIP at the Tennessee Commission on Aging and Disability 1-877-801-0044 TTY 1-800-848-0299, For more information or to find a local TN SHIP office in your area, please visit tnmedicarehelp.com. OR Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your TennCare enrollment won't be affected by this change.
2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call TN SHIP at the Tennessee Commission on Aging and Disability 1-877-801-0044 TTY 1-800-848-0299, For more information or to find a local TN SHIP office in your area, please visit tnmedicarehelp.com. OR Enroll in a new prescription drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your TennCare enrollment won't be affected by this change.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

3. You can change to: Original Medicare without a separate Medicare drug plan NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call TN SHIP at the Tennessee Commission on Aging and Disability 1-877-801-0044 TTY 1-800-848-0299, tnmedicarehelp.com.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call TN SHIP at the Tennessee Commission on Aging and Disability 1-877-801-0044 TTY 1-800-848-0299, tnmedicarehelp.com. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your TennCare enrollment won't be affected by this change.
4. You can change to: Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 423-698-0802. If you need help or more information: Call TN SHIP at the Tennessee Commission on Aging and Disability 1-877-801-0044 TTY 1-800-848-0299, tnmedicarehelp.com. OR Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your TennCare enrollment won't be affected by this change.

Your TennCare services

For questions about how to get your TennCare services after you leave our plan, contact the TN SHIP at 1-877-801-0044, TTY 1-800-848-0299, tnmedicarehelp.com. Ask how joining another plan or returning to Original Medicare affects how you get your TennCare coverage.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

G. Getting help

G1. Our plan

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

Read your Evidence of Coverage

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

The **Evidence of Coverage** for 2026 will be available by October 15. An up-to-date copy of the **Evidence of Coverage** is available on our website at **MyUHC.com/CommunityPlan**. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you an **Evidence of Coverage** for 2026.

Our website

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

G2. TN SHIP (TN State Health Insurance Assistance Program)

You can also call the state health insurance program (SHIP). In Tennessee the SHIP is called the TN SHIP. TN SHIP can help you understand your plan choices and answer questions about switching plans. TN SHIP isn't connected with us or with any insurance company or health plan. TN SHIP has trained counselors **statewide** and services are free. TN SHIP phone number is 1-877-801-0044. For more information or to find a local TN SHIP office in your area, please visit tnmedicarehelp.com.

G3. Long-Term Care Ombudsman

The Ombudsman works with many agencies and may be able to help resolve questions or concerns that involve state and federal agencies administering services to the elderly. Concerns can include quality of care, financial information, resident rights, admissions, transfer, and discharge. Also included are questions regarding nursing homes, homes for the aged, assisted care living facilities, TennCare, and Medicare.

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



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-877-236-0013.

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

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

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

Medicare & You 2026

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

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

G5. TennCare

TennCare is the state of Tennessee's Medicaid program. It provides healthcare to mostly low-income pregnant women, parents or caretakers of a minor child, children, and individuals who are elderly or have a disability. Have questions about your TennCare coverage? Call your health plan or call TennCare Connect at 1-855-259-0701 or TTY 1-800-848-0298.



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. **For more information**, visit **MyUHC.com/CommunityPlan**.

G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

Extra Help from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [medicare.gov](https://www.medicare.gov).



If you have questions, please call UHC Dual Complete TN-Y001 (HMO-POS D-SNP) at **1-800-690-1606**, TTY **711**, 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept. The call is free. For more information, visit **MyUHC.com/CommunityPlan**.

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>

Notice of availability of language assistance services and alternate formats

Do you need free language or an auxiliary aid or service?

ATTENTION: If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you. We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-690-1606, TTY: 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ እገዛ አገልግሎቶች ይገኛሉ። ወደ 1-800-690-1606፣ (TTY:- 711) ይደውሉ።

إذا كنت تتحدث **اللغة العربية**، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم
1-800-690-1606, TTY: 711.

如果您說**中文**，可獲得免費的語言協助服務。請致電 1-800-690-1606，聽力語言殘障服務專線 (TTY)：711。

اگر به زبان **فارسی** صحبت می‌کنید، خدمات کمک‌زبانی رایگان در دسترس شماست. با شماره
1-800-690-1606 (TTY: 711) تماس بگیرید.

Si vous parlez **français**, des services d'aide linguistique sont à votre disposition gratuitement. Appelez le 1-800-690-1606, TTY : 711.

Falls Sie **Deutsch** sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Rufen Sie an unter 1-800-690-1606, TTY: 711.

જો તમે ગુજરાતી બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ ઉપલબ્ધ છે.

1-800-690-1606 પર કોલ કરો, TTY: 711.

यदि आप **हिंदी** बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-690-1606, TTY: 711।

日本語をお話しになる場合、無料の言語支援サービスをご利用いただけます。

1-800-690-1606、TTY:711 までお電話ください。

한국어한국어를 사용하시는 경우, 무료 언어 지원 서비스를 제공 받으실 수 있습니다.

연락처: 1-800-690-1606 (TTY: 711).

ຖ້າທ່ານເວົ້າ**ພາສາລາວ**, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ 1-800-690-1606, TTY: 711.

Se você fala **português**, serviços gratuitos de assistência idiomática estão disponíveis. Ligue para 1-800-690-1606, TTY: 711.

Если вы говорите на **русском** языке, для вас доступны бесплатные услуги языковой поддержки. Звоните по номеру: 1-800-690-1606 (линия TTY: 711).

Si habla **español**, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-800-690-1606 (TTY: 711).

Ikiwa unazungumza **Kiswahili**, huduma za msaada wa lugha bila malipo zinapatikana. Piga simu namba 1-800-690-1606, TTY: 711.

Kung nagsasalita ka ng **Tagalog**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-800-690-1606, TTY: 711.

మీరు **తెలుగు** మాట్లాడే, ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. 1-800-690-1606 కు కాల్ చేయండి, TTY: 711.

หากคุณพูด **ภาษาไทย** บริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่ายมีให้บริการ ติดต่อ 1-800-690-1606, TTY: 711.

Якщо ви розмовляєте **українською**, ви можете безоплатно скористатися послугами мовної підтримки. Телефонуйте на номер 1-800-690-1606 (лінія TTY: 711).

Nếu quý vị nói **Tiếng Việt**, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi 1-800-690-1606, TTY: 711.

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

Customer Service



MyUHC.com/CommunityPlan



Call 1-800-690-1606

Calls to this number are free. 8 a.m.–8 p.m.: 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.: 7 Days Oct–Mar; M–F Apr–Sept.



Write P.O. Box 30769

Salt Lake City, UT 84130-0769