

Annual Notice of Change 2027

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



Download the **UnitedHealthcare** app



Visit **myUHC.com/CommunityPlan**



Call toll-free **1-800-690-1606**, TTY **711**

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



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 includes \$5,000 toward preventive and comprehensive dental services. Sign in to your member site for more details.



Your plan includes a \$550 vision allowance. You can use it to buy a pair of eyeglasses (lenses and frames) or contacts.

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 helps 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 Member Services 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.

More information will be available online after October 15, 2026

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

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



Provider Directory

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



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

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



Evidence of Coverage

Review your 2027 **Evidence of Coverage** for details about plan costs and benefits. The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

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

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

Your enrollment will continue automatically

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

Annual Notice of Change for 2027

Introduction



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

Next year, there will be some changes to our benefits, coverage, 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 Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your **Evidence of Coverage**.

Additional resources

- This document is available for free in Spanish and Arabic.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call Member Services Toll-free **1-800-690-1606**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.
- Our members can request their preferred language other than English and/or alternate format by calling the number at the bottom of this page. Members' information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, contact Member Services to have your preference updated for future communications.

OMB Approval 0938-1444 (Expires: 5/31/2029)



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

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

A. Disclaimers

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.

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.

B. Reviewing your Medicare and TennCare 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 E** for more information on changes to your benefits for next year.

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. 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 G2**.
- TennCare options and services in **Section G2**. For more information about your TennCare, you can contact your Managed Care Organization (MCO). If you need your MCO's contact information, you can visit www.tn.gov/tenncare/contact-us and look under Additional Help or if you aren't sure who your MCO is you can contact TennCare Connect at 1-855-259-0701 or 1-800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST.



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

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

- UHC Dual Complete TN-YL (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-YL (HMO-POS D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they’ll work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? 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 E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **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 D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - 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-YL (HMO-POS D-SNP) at **1-800-690-1606, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

If you decide to stay with UHC Dual Complete TN-YL (HMO-POS D-SNP):

If you want to stay with us next year, it's easy—you don't need to do anything.

If you don't make a change, you automatically stay enrolled in UHC Dual Complete TN-YL (HMO-POS D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** 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 plan name

On January 1, 2027, our plan name changes from UHC Dual Complete TN-Y001 (HMO-POS D-SNP) to UHC Dual Complete TN-YL (HMO-POS D-SNP).

We will mail you a new UnitedHealthcare UCard®. If you have questions, or if your UnitedHealthcare UCard is damaged, lost or stolen, call Member Services at **1-800-690-1606** (TTY users should call **711**) right away and we will send you a new card.

You'll see the new plan name reflected on future communications where the plan name is referenced.

D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered **only** if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located on our website at myUHC.com/CommunityPlan. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

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



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

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2026 (this year)	2027 (next year)
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the Plan. If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Evidence of Coverage for more information.



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

	2026 (this year)	2027 (next year)
Hearing services Hearing aids	You receive a \$3,200 allowance for up to 2 OTC or prescription hearing aids every 2 years. You pay a \$0 copayment. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a \$3,200 allowance for up to 2 prescription hearing aids every 2 years. You pay a \$0 copayment. You must use network providers to access this benefit. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered.
OTC, home and bath safety devices, fitness, in-home support services, caregiver support, and weight management credit Healthy food and utilities - Special Supplemental Benefits for the Chronically III	\$395 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. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically III (SSBCI). These options are only available to chronically ill	\$500 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. The healthy food and utility bills options are provided through the Special Supplemental Benefits for the Chronically III (SSBCI).



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	2026 (this year)	2027 (next year)
	enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. You pay a \$0 copayment. Your credit amount expires at the end of each month.	These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. We'll send you a letter with information about your eligibility for SSBCI benefits. You pay a \$0 copayment. Your credit amount expires at the end of each month. You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. Visit member.uhc.com/community/benefits/ssbci or view your



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	2026 (this year)	2027 (next year)
		Evidence of Coverage after Oct.1, 2026, for more information.
Referral	Some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose will impact which specialists and hospitals you'll be able to see. Review your Evidence of Coverage for more details.	Physical therapy, speech therapy, and occupational therapy no longer require referrals. Only visits to specialists will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. For more information, view Chapter 3 Section 2.2 of the Evidence of Coverage.
Urgently needed services – worldwide	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Vision care Additional routine eyewear	Receive a total credit of \$600 toward your purchase of	Receive a total credit of \$550 toward your purchase of 1 pair of



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	2026 (this year)	2027 (next year)
	frames/lenses and contact lenses every year. Limited to 1 pair of frames/lenses and contact lenses every year. You pay a \$0 copayment.	frames/lenses or contact lenses every year. Limited to 1 pair of frames/lenses or contact lenses every year. You pay a \$0 copayment.

E2. Changes to drug coverage

Changes to our Drug List

Our **List of Covered Drugs** is also called the **Formulary** or **Drug List**. A copy of our **Drug List** is posted online at myUHC.com/CommunityPlan.

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

We made changes to our **Drug List**, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs 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 find out if there are 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 and/or the state that will affect you during the calendar year. We update our online **Drug List** at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
- You can call Member Services at the numbers at the bottom of the page or contact your care 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.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
- You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
- To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Evidence of Coverage** or call Member Services at the numbers at the bottom of the page.



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

- If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your **Evidence of Coverage** to learn more about how to contact your care coordinator.
- 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

Because you're eligible for TennCare, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and 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, 2027. 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 \$2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all 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.



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

E3. 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 with standard copays in each of our **five** drug tiers. 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 for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your **Evidence of Coverage**.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$0 (Look at the separate insert, the LIS Rider, for your deductible amount.) If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs: \$615	Because we have no deductible, this payment stage doesn't apply to you.

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 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.

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



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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	For all covered drugs: • \$0 copayment¹
Generic drugs (including brand drugs treated as generic)	For generic drugs (including brand drugs treated as generic) • \$0 copayment or • \$1.60 copayment or • \$5.10 copayment	
For all other covered drugs	For all other covered drugs: • \$0 copayment or • \$4.90 copayment or • \$12.65 copayment	



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	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 25% of the total cost. ¹	You pay \$0 per prescription.
Tier 2 - Generic		You pay \$0 per prescription.
Tier 3 - Preferred Brand		You pay \$0 per prescription. You pay \$0 per month supply of each covered insulin product on this tier ¹ .
Tier 4 - Non-Preferred Drug		You pay \$0 per prescription.
Tier 5 - Specialty Tier		You pay \$0 per prescription.

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 \$0 copay or 0% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to \$0.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,400**. At that point, the Catastrophic Coverage Stage begins. The 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.

E4. Stage 2: Catastrophic Coverage Stage

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage



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Stage until the end of the calendar year. You may have copays for Medicaid covered drugs or excluded drugs that are covered under our enhanced benefit.

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



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

	2026 (this year)	2027 (next year)
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 Medicaid.	Up to \$0.70 If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	\$0



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

F. Administrative changes

	2026 (this year)	2027 (next year)
Prior Authorization - Comprehensive Dental Services	Your provider may need to request prior authorization.	Your provider no longer needs to request prior authorization.
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.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have TennCare you have some choices to end your membership in our plan.

If you want to join a Dual Eligible Special Needs Plan (D-SNP) from our organization, you must first be enrolled in our Medicaid health plan (also called a Managed Care Organization, or MCO). Once you are enrolled in our Medicaid plan, you can then join our D-SNP.

For your TennCare plan, TennCare members may change their Medicaid 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 (Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton and Weakley Counties) with changes effective May 1, in May for members in Middle Tennessee (Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson,



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

Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson Counties) with changes effective July 1, and in July for members in East Tennessee (Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union and Washington Counties) with changes effective September 1.

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 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 G2**. By choosing one of these options, you automatically end your membership in our plan.



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

1. You can change to:

Program of All-Inclusive Care for the Elderly (PACE) plan, if you qualify.

Here is what to do:

For Program of All-inclusive Care for the Elderly (PACE) inquiries, visit www.tn.gov/tenncare/long-term-servicesupports/the-program-for-all-inclusive-carefor-the-elderly-pace-program.html



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

2. You can change to:**Original Medicare with a separate Medicare drug plan****Here is what to do:**

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

If you need help or more information:

- Call TN SHIP at the Department of Disability and Aging 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 <https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html>.

AND

Enroll in a Medicare 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-YL (HMO-POS D-SNP) at **1-800-690-1606, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

3. You can change to:

Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason.

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

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call TN SHIP at the Tennessee Department of Disability and Aging 1-877-801-0044 TTY 1-800-848-0299, <https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html>.

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 Department of Disability and Aging 1-877-801-0044 TTY 1-800-848-0299, <https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html>.

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-YL (HMO-POS D-SNP) at **1-800-690-1606, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myUHC.com/CommunityPlan**.

4. You can change to:

Any Medicare Advantage health plan except for those D-SNPs that are exclusive aligned with a Medicaid MCO (they're operated by the same organization) during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**.

Here is what to do:

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

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, visit www.tn.gov/tenncare/long-term-services-supports/the-program-for-all-inclusive-care-for-the-elderly-pace-program.html.

If you need help or more information:

- Call the TN SHIP at the Department of Disability and Aging 1-877-801-0044 TTY 1-800-848-0299, <https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html>.

OR

Enroll in a new Medicare plan.

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

Your TennCare enrollment won't be affected by this change.



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

Your TennCare services

For questions about how to get your TennCare services if you leave our health plan (MCO), contact TennCare Connect at 1-855-259-0701 or 1-800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST.

H. Getting help

H1. Our plan

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

Read your Evidence of Coverage

Your **Evidence of Coverage** is a legal, detailed description of our plan's benefits. It has details about benefits for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

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

Our website

You can visit our website at myUHC.com/CommunityPlan. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **Drug List (List of Covered Drugs)**.

H2. 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 Tennessee Commission on Aging & Disability - 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. The TN SHIP phone number is 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 <https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html>.

H3. The Ombudsman Program

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



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

discharge. Also included are questions regarding nursing homes, homes for the aged, assisted care living facilities, Medicaid, and Medicare.

Tennessee Commission on Aging & Disability, Office of the Ombudsman can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-615-741-2633

H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044

Medicare's Website

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

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

Medicare & You 2027

You can read the **Medicare & You 2027** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

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



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

H5. 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.

H6. 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. 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, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket 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. 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-YL (HMO-POS D-SNP) at **1-800-690-1606, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myUHC.com/CommunityPlan.

Notice of availability of language assistance services and alternate formats

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

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.

Spanish: Español

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

Arabic: اللغة العربية

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

Chinese: 中文

請注意：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。

Vietnamese: Tiếng Việt

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

Korean: 한국어

알림 사항: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 제공 받으실 수 있습니다. 연락처: 1-800-690-1606 (TTY: 711).

French: Français

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

Amharic: አማርኛ

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

Gujarati: ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ ઉપલબ્ધ
છે. 1-800-690-1606 પર કોલ કરો, TTY: 711.

Lao: ພາສາລາວ

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ
1-800-690-1606, TTY: 711.

German: Deutsch

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

Tagalog: Tagalog

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

Hindi: हिंदी

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

Russian: Русском

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

Japanese: 日本語

注意事項：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。

Farsi: **فارسی**

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

Swahili: **Kiswahili**

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

Thai: **ภาษาไทย**

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

Portuguese: **Português**

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

Telugu: **తెలుగు**

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

Ukrainian: **Українською**

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

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.

ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستثوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتأسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

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。

توجه: اگر به زبان فارسی (Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

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.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान आपो: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

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.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

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.

ZINGATIA: Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha za bila malipo na mawasiliano ya bila malipo katika miundo mingine, kama vile maandishi makubwa, zinapatikana kwako. Piga nambari isiyolipishwa ya simu kwenye kadi yako ya kitambulisho cha mwanachama.

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.

గమనించండి: మీరు **తెలుగు (Telugu)** మాట్లాడేవారైతే, మీకు ఉచిత భాషా సహాయ సేవలు మరియు పెద్ద ముద్రణ వంటి ఇతర ఫార్మాట్‌లలో కమ్యూనికేషన్‌లు ఉచితంగా లభిస్తాయి. వాటి కొరకు మీ మెంబరు ఐడింటిఫికేషన్ కార్డులోని టోల్-ఫ్రీ నెంబరుకి కాల్ చేయండి.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ ไทป์ยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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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.

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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:

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

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

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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>**
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Call **1-800-690-1606**

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

Member Services also has free language interpreter services available for non-English speakers.

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Calls to this number are free.

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



Write **UnitedHealthcare Community Plan**

P.O. Box 30769

Salt Lake City, 84130-0769 UT

Do we have the right address for you?

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