

Annual Notice of Change 2027

UHC Dual Complete TX-Y1 (HMO-POS D-SNP)



Download the **UnitedHealthcare** app



Visit **myuhc.com/CommunityPlan**



Call toll-free **1-866-944-4983**, TTY **711**

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



**United
Healthcare®**

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 \$2,500 toward preventive and comprehensive dental services. Sign in to your member site for more details.



Your plan includes a \$200 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.



Member Handbook

Review your 2027 **Member Handbook** for details about plan costs and benefits. The **Member Handbook** 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 **Member Handbook**, 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 **Member Handbook**.

Additional resources

- This document is available for free in Spanish.
- You can get this **Annual Notice of Change** for free in other formats, such as large print, braille, or audio. Call Member Services Toll-free **1-866-944-4983**, TTY **711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free.
- Our members can request their preferred language other than English and/or alternate format by calling the number at the bottom of this page. Members' information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, contact Member Services to have your preference updated for future communications.

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



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983**, 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 TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

A. Disclaimers

UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is a Fully Integrated Dual Eligible Special Needs health plan that contracts with both Medicare and STAR+PLUS Medicaid to provide benefits of both programs to enrollees. Continued enrollment depends on contract renewal with both Medicare and Medicaid.

B. Reviewing your Medicare and STAR+PLUS coverage for next year

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

If you choose to leave our plan, your 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 STAR+PLUS 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**.
- STAR+PLUS options and services in **Section F2**.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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 TX-Y1 (HMO-POS D-SNP)

- UHC Dual Complete TX-Y1 (HMO-POS D-SNP) is a health plan that contracts with both Medicare and STAR+PLUS 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 TX-Y1 (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 D1** 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 D2** 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 C** 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 if you’re happy with our plan.**



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If you decide to stay with UHC Dual Complete TX-Y1 (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 TX-Y1 (HMO-POS D-SNP) for both your Medicare and STAR+PLUS coverage.

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.

If you move to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to match that choice.

If you choose to move to Original Medicare, then your STAR+PLUS plan will remain the same.

C. 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 **Member Handbook** or call Member Services at the number at the bottom of the page for help.

D. Changes to benefits and costs for next year

D1. 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.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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)
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	Covered	Not covered
Hearing services Hearing aids	You receive a \$2,200 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 \$2,200 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.

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



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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)
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	\$185 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 Ill (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more complex health needs. There may be other qualifying conditions not listed. You pay a \$0 copayment.	\$265 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 Ill (SSBCI). These options are only available to chronically ill enrollees with a qualifying condition, such as chronic high blood pressure, chronic high cholesterol, chronic and disabling mental health conditions, diabetes and/or cardiovascular disorders – and more complex health needs.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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)
	Your credit amount expires at the end of each month.	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 Evidence of Coverage after Oct.1, 2026, for more information.

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



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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)
Referral	Some network services require a referral in order to be covered. Review your Evidence of Coverage for more details.	Fewer network services will require a referral in order to be covered. 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.

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

D2. 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.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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.

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 HHSC 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 **Member Handbook** or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your **Member Handbook** 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 **Member Handbook**).
 - 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 STAR+PLUS (Medicaid), you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Member Handbook Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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.

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 **Member Handbook** 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 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 **Member Handbook**.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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)
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 During this stage, you pay \$0 for drugs on Tier 1 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.	\$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: \$130 During this stage, you pay \$0 for drugs on Tier 1 (in-network standard retail 30-day supply), \$0 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

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

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

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

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



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	2026 (this year)	2027 (next year)
If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs		
Generic drugs (including brand drugs treated as generic)	For generic drugs (including brand drugs treated as generic) • \$0 copayment or • \$1.60 copayment or • \$5.10 copayment	For generic drugs (including brand drugs treated as generic) • \$0 copayment or • \$1.65 copayment or • \$5.80 copayment
For all other covered drugs	For all other covered drugs: • \$0 copayment or • \$4.90 copayment or • \$12.65 copayment	For all other covered drugs: • \$0 copayment or • \$5 copayment or • \$14.40 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 \$0 per prescription.	You pay \$0 per prescription.
Tier 2 - Generic	You pay 25% of the total cost.	You pay \$0 per prescription.
Tier 3 - Preferred Brand	You pay 25% of the total cost. You pay 25%, up to \$35 per month supply of each covered insulin product on this tier ¹ .	You pay 25% of the total cost. You pay 25%, up to \$35 per month supply of each covered insulin product on this tier ¹ .
Tier 4 - Non-Preferred Drug	You pay 25% of the total cost.	You pay 25% of the total cost.
Tier 5 - Specialty Tier	You pay 25% of the total cost.	You pay 31% of the total cost.

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

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 **Member Handbook** for more information on how much you'll pay for drugs.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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.

D4. 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 Stage until the end of the calendar year.

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



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E. 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.
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits and earned rewards on eligible items.	You'll get 2 cards in separate mailings - a member ID card and a UCard. Use your new member ID card when visiting a provider or filling a prescription. Use your UCard as payment in-store or online to spend your OTC credits and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the UnitedHealthcare app or your member site.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983**, 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. Choosing a plan

F1. Staying in our plan

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

If you decide to stay with your current Medicare plan, your STAR+PLUS plan will remain the same and you don't have to take any actions.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have STAR+PLUS, you can end your membership in our plan any month of the year. If you decide to change your Medicare plan to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to the same plan that also provides your Medicare benefits. You don't have to take any action for this to occur. For additional information on changing your plan please see the table below.

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 STAR+PLUS 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.

For additional information on changing your plan, please see the table below.

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



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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.

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 TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

1. You can change to:

Another plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan. If you choose another Medicare plan that also provides your STAR+PLUS benefits, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur.

Or

You can enroll in the Program of All-Inclusive Care for the Elderly (PACE). PACE is available in Potter, Randall, El Paso, and Lubbock Counties. If you choose to enroll in PACE, the benefits include, but aren't limited to, all Medicaid and Medicare covered services including prescription drugs. You must receive all needed health care services, including primary care and specialist physician services (other than emergency services), from the PACE organization or an entity authorized by the PACE organization.

To get more information about PACE, call Texas PACE Program at 1-512-487-3450.

Here is what to do:

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

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a local Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit <https://hhs.texas.gov/services/health/medicare>.

OR

Enroll in a plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan.

If you enroll in a new plan, you'll automatically be disenrolled from our plan when your new plan's coverage begins.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983**, 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 if you have a valid disenrollment reason.

If you choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.

Here is what to do:

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

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a local Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit <https://hhs.texas.gov/services/health/medicare>.

OR

Enroll in a Medicare drug plan.

You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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 choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.

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

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, from 8:00 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit <https://hhs.texas.gov/services/health/medicare>.

Here is what to do:

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

If you need help or more information:

- Call the Texas Department of Aging and Disability Services (HICAP), 1-800-252-9240, (TTY). For more information or to find a local SHIP office in your area, please visit their website at <https://hhs.texas.gov/services/health/medicare>.

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

In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/services/health/medicare.

You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

4. You can change to:

Any Medicare health plan during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**.

If you choose another Medicare plan that also provides your STAR+PLUS benefits during certain times of the year, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur. If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, during certain times of the year, then your STAR+PLUS plan will remain the same. In this situation, if you want to change your STAR+PLUS plan, you can change at any time by contacting the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday.

Here is what to do:

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

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-512-487-3450.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

For more information or to find a **Health Information Counseling & Advocacy Program of Texas (HICAP)** office in your area, please visit www.hhs.texas.gov/services/health/medicare.

You will automatically be disenrolled from UHC Dual Complete when your Original Medicare coverage begins.

OR

Enroll in a new Medicare plan.

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

If you choose another Medicare plan that also provides your STAR+PLUS benefits, you don't need to take any action for your STAR+PLUS plan to automatically align with your new Medicare plan.

If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, then your STAR+PLUS plan will remain the same. If you want to change your STAR+PLUS plan, you can change at any time by contacting the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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 STAR+PLUS services

For questions about how to get your STAR+PLUS services after you leave our plan, call the Texas Enrollment Broker at 800-964-2777, 8 a.m. to 6 p.m. CST, Monday-Friday. Ask how joining another plan or returning to Original Medicare affects how you get your STAR+PLUS coverage.

G. Getting help

G1. Our plan

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

Read your Member Handbook

Your **Member Handbook** 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 **Member Handbook** for 2027 will be available by October 15. An up-to-date copy of the **Member Handbook** 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 **Member Handbook** for 2027.

Our website

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

G2. Health Information Counseling & Advocacy Program of Texas (HICAP)

You can also call the state health insurance assistance program (SHIP). In Texas the SHIP is called the Texas Department of Aging and Disability Services (HICAP). The HICAP can help you understand your plan choices and answer questions about switching plans. The HICAP isn't connected with us or with any insurance company or health plan. HICAP has trained counselors **statewide** and services are free. The HICAP phone number is 1-800-252-9240, TTY: 711. For more information or to find a local HICAP office in your area, please visit <https://hhs.texas.gov/services/health/medicare>.

G3. Health and Human Services (HHS) Office of the Ombudsman

The HHS Office of the Ombudsman helps STAR+PLUS members answer questions and file complaints about STAR+PLUS services, for example, nursing services, minor home modifications, and adaptive aids.



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit **myuhc.com/CommunityPlan**.

- The ombudsman's services are free.
- They can answer questions if you have a problem or complaint about your STAR+PLUS services and can help you understand what to do.
- The HHS Office of the Ombudsman can help you file a complaint and understand your appeal rights with our plan related to your STAR+PLUS services. They can help you if you are having a problem with STAR+PLUS.
- The HHS Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns related to your STAR+PLUS services resolved.
- The HHS Office of the Ombudsman isn't connected with us or with any insurance company or health plan. The phone number for the HHS Office of the Ombudsman is 1-800-252-2412.

G4. Medicare

To get information directly from Medicare:

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

Medicare's Website

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

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

Medicare & You 2027

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

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



If you have questions, please call UHC Dual Complete TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, 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.

G5. STAR+PLUS

You can visit the STAR+PLUS website for general information about the benefits and services offered through the program, hhs.texas.gov/services/health/medicaid-chip/medicaidchipmembers/starplus.

If you choose to disenroll from our STAR+PLUS plan and need more information on how to join another plan or returning to Original Medicare affects how you get your Medicaid services, call the Texas Enrollment Broker 800-964-2777, 8 a.m. to 6 p.m. Central Time, Monday through Friday.

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. 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 Texas' 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 TX-Y1 (HMO-POS D-SNP) at **1-866-944-4983, TTY 711**, 8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept. The call is free. For more information, visit myuhc.com/CommunityPlan.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ጉልቅ 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 بتتسيقات 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.

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

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

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.

लक्ष्म्या: जर तुम्ही **मराठी (Marathi)** बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉर्मॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

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

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

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.

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

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.

ÀKÍYÈSÍ: Tí o bá ń sọ **Yorùbá (Yoruba)**, àwọn isẹ àtìlẹ̀yìn èdè ọfẹ àtì àwọn ìbáńsẹ̀rẹ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jádé ńlá, wà fún ọ. Pe nọmbà tí kò nílò owó lórí kààdì ìdánimọ ọmọ ẹgbẹ ẹ.

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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>



UHC Dual Complete TX-Y1 (HMO-POS D-SNP) Member Services:



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Call **1-866-944-4983**

Calls to this number are free.

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

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

TTY 711

Calls to this number are free.

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



Write **UnitedHealthcare Community Plan**

P.O. Box 30769

Salt Lake City, 84130-0769 UT

Do we have the right address for you?

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

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