Annual Notice of Change 2027

UHC Dual Complete VA-Y002 (HMO-POS D-SNP)

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call toll-free **1-844-368-7151,** TTY **711**
8 a.m.-8 p.m. local time, 7 Days Oct-Mar, M-F Apr-Sept

United Healthcare® Dual Complete

CardinalCare Managed Care

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Feel confident and prepared for next year

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

Medicare industry changes may affect some plan benefits

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

What's changing for your plan in 2027

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

Here are a few benefit highlights for your 2027 plan:

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

Your plan 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.

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More information will be available online after October 15, 2026

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

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

Provider Directory

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

Pharmacy Directory

See which pharmacies are in our network next year.

Drug List (Formulary)

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

Evidence of Coverage

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.

UHC Dual Complete VA-Y002 (HMO-POS D-SNP) offered by UnitedHealthcare

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, Korean, Vietnamese, Chinese, Arabic, Amharic, Urdu, Tagalog, Farsi, French, Bengali, Telugu, Hindi, Nepali, and Russian.
- 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 **1-844-368-7151**, 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)

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A. Disclaimers

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

B. Reviewing your Medicare and Cardinal Care Managed Care (Medicaid) coverage for next year

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

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Cardinal Care Managed Care 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.**
- Cardinal Care Managed Care options and services in **Section F2.**

B1. Information about UHC Dual Complete VA-Y002 (HMO-POS D-SNP)

- UHC Dual Complete VA-Y002 (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 VA-Y002 (HMO-POS D-SNP).

B2. Important things to do

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

If you decide to stay with UHC Dual Complete VA-Y002 (HMO-POS D-SNP):	**If you decide to change plans:**
If you want to stay with us next year, it's easy–you don't need to do anything. If you don't make a change, you automatically stay enrolled in UHC Dual Complete VA-Y002 (HMO-POS D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 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.

D. Changes to benefits for next year

D1. Changes to benefits 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.
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.

	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**	$371 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.	$315 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.

	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.

	2026 (this year)	2027 (next year)
Referral	Some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose will impact which specialists and hospitals you'll be able to see. 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.

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.

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

Most of the changes in the **Drug List** are new for the beginning of each year. However, we might make other changes 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 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 Cardinal Care Managed Care, you get Extra Help from Medicare to help pay for your Medicare Part D drugs.

The following table shows your costs for drugs.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

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

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

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)
For all covered drugs	$0 copayment[1]	$0 copayment[1]

[1] In 2026 and 2027, you pay no more than $0 for each 1-month supply of Part D covered insulin drugs.

	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 Cardinal Care Medicaid.	**Up to $1.50** If your Medicare Part B premium is paid by Medicaid, or others on your behalf, you will not see the reduction.	**$0**

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.
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.
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.

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.

F2. Changing plans

Most people with Medicare can end theirmembership during certain times of the year. Because you have Cardinal Care Managed Care, you have some choices to end your membership in our plan including any month of the year.

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

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

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

- you moved out of our service area,
- your eligibility for Cardinal Care Managed Care 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. If you change plans to a non-DSNP Medicare Advantage plan or choose to enroll in Original Medicare, you can remain a member of our Cardinal Care Managed Care plan, or you can change your Cardinal Care Managed Care plan by visiting the Virginia Medicaid Managed Care website at www.virginiamanagedcare.com/en or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday – Friday, 8:30 a.m. – 6 p.m.

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2.** By choosing one of these options, you automatically end your membership in UHC Dual Complete VA-Y002 (HMO-POS D-SNP). If you enroll in a dual eligible special needs plan (D-SNP), your Medicaid health plan assignment will automatically match your D-SNP choice. If you enroll in Original Medicare or in a non-D-SNP Medicare Advantage plan, you can choose to remain in our Cardinal Care Managed Care Medicaid health plan or enroll with any of the other four Cardinal Care Managed Care Medicaid health plans.

1. You can change to:	Here is what to do:
Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-Inclusive Care for the Elderly (PACE) plan, if you qualify.	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 Virginia Insurance Counseling and Assistance Program (VICAP), 1-804-662-9333 Toll Free: 1-800-552-3402. You can visit their website here: www.vda.virginia.gov/vicap.htm. For more information or to find a local VICAP office in your area, please visit www.vda.virginia.gov/vicap.htm. **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from UHC Dual Complete VA-Y002 (HMO-POS D-SNP) when your new plan's coverage begins. The Virginia Department of Medical Assistance Services (DMAS) will also disenroll you from our Cardinal Care Managed Care Medicaid health plan and enroll you into the Cardinal Care Managed Medicaid health plan aligned with your new integrated D-SNP.

2. You can change to:	Here is what to do:
Original Medicare with a separate Medicare drug plan	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 Virginia Insurance Counseling and Assistance Program (VICAP), 1-804-662-9333 Toll Free: 1-800-552-3402. You can visit their website here: www.vda.virginia.gov/vicap.htm. For more information or to find a local VICAP office in your area, please visit www.vda.virginia.gov/vicap.htm. **OR** Enroll in a Medicare drug plan. You'll automatically be disenrolled from UHC Dual Complete VA-Y002 (HMO-POS D-SNP) when your Original Medicare coverage begins. If you choose to enroll in Original Medicare you can remain a member of our Cardinal Care Managed Care health plan, or you can change your Cardinal Care Managed Care plan by visiting Virginia Managed Care website at: www.virginiamanagedcare.com/en or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday – Friday, 8:30 a.m. – 6 p.m.

3. You can change to:	Here is what to do:
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 Virginia Insurance Counseling and Assistance Program (VICAP) at 1-804-662-9333 V/TTY or Toll Free: 1-800-552-3402 V/TTY. You can visit their website here: www.vda.virginia.gov/vicap.htm	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 Virginia Insurance Counseling and Assistance Program (VICAP), 1-804-662-9333, You can visit their website here: www.vda.virginia.gov/vicap.htm. You'll automatically be disenrolled from UHC Dual Complete VA-Y002 (HMO-POS D-SNP) when your Original Medicare coverage begins. If you choose to enroll in Original Medicare without a separate Medicare drug plan, you can remain a member of our Cardinal Care Managed Care plan or change your Cardinal Care Managed Care plan by visiting Virginia Medicaid Managed Care website at: www.virginiamanagedcare.com/en or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday – Friday, 8:30 a.m. – 6 p.m.

4. You can change to:	Here is what to do:
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 F2.**	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 1-833-522-5582 (TDD: 1-888-221-1529). If you need help or more information: • Call the Virginia Insurance Counseling & Assistance Program (VICAP) at 1-804-662-9333 V/TTY or Toll Free: 1-800-552-3402 V/TTY. You can visit their website here: www.vda.virginia.gov/vicap.htm **OR** Enroll in a new Medicare plan. You'll automatically be disenrolled from UHC Dual Complete VA-Y002 (HMO-POS D-SNP) when your new plan's coverage begins. If you choose to enroll in a non-D-SNP Medicare health plan, you can change your Cardinal Care Managed Care plan by visiting Virginia Managed Care website at: www.virginiamanagedcare.com/en or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday – Friday, 8:30 a.m. – 6 p.m. If you choose to enroll in a different D-SNP, your Cardinal Care Managed Care coverage will automatically be switched to match your D-SNP choice.

Your Cardinal Care Managed Care services

For questions about how to get your Cardinal Care Managed Care services after you leave our plan, contact the Virginia Managed Care Helpline by calling Toll-free: 1-800-643-2273 (TTY: 1-800-817-6608) or visiting our website at:www.virginiamanagedcare.com/en. Hours of operation: Monday – Friday, 8:30 a.m. – 6 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Cardinal Care Managed Care 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 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)**.

G2. Virginia Insurance Counseling and Assistance Program (VICAP)

You can also call the state health insurance assistance program (SHIP). In Virginia the SHIP is called the Virginia Insurance Counseling and Assistance Program (VICAP). VICAP can help you understand your plan choices and answer questions about switching plans. VICAP isn't connected with us or with any insurance company or health plan. VICAP has trained counselors **statewide** and services are free. The VICAP phone number is 1-804-662-9333, TTY or Toll Free: 1-800-552-3402. For more information or to find a local VICAP office in your area, please visit dars.virginia.gov/aging/home-community/medicare-counseling/.

G3. Office of the State Long-Term Care Ombudsman

Ombudsmen advocate for older adults and persons with disabilities receiving long term care services, whether the care is provided in a nursing home or assisted living facility, or through community-based

services to assist persons still living at home. Ombudsman provide older Virginians, their families and the public with information, advocacy, and assistance to help resolve care problems.
The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- 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 1-800-552-5019, Toll Free: 1-800-552-5019, TTY 711

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.

G5. Cardinal Care Managed Care

You can receive general information about the Cardinal Care Managed Care program by visiting our website (www.dmas.virginia.gov/).

You can learn about health care coverage, learn how to apply for Medicaid, and get more information by visiting the Cover Virginia website (coverva.dmas.virginia.gov/) or by calling 1- 833-5CALLVA (TTY: 1-888-221-1590). Cover Virginia Call Center operates Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m.

If you wish to learn more about your health plan choices or change your health plan you can visit the Managed Care HelpLine website (www.virginiamanagedcare.com) or by calling 1-800- 643-2273 (TTY: 1-800-817-6608). The HelpLine operates Monday – Friday, 8:30 a.m. – 6 p.m.

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 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.

- Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-804-662-9333 V/TTY or Toll-Free: 1-800-552-3402 V/TTY You can visit their website here: www.vda.virginia.gov/vicap.htm

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)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায়** (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文** (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

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.

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।

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ア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.

लक्ष द्या: जर तुम्ही **मराठी** (Marathi) बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉरमॅटमध्ये 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, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

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.

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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 కొరకుమీ 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 فری 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 ṣọ **Yorùbá** (Yoruba), àwọn iṣẹ́ àtìlẹ́yìn èdè ọ̀fẹ́ àti àwọn ìbániṣọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jáde ńlá, wà fún ọ. Pe nọ́mbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ́ rẹ.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at:**http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at:**https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

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UHC Dual Complete VA-Y002 (HMO-POS D-SNP) Member Services:

Download the **UnitedHealthcare app**

Visit **myuhc.com/CommunityPlan**

Call **1-844-368-7151**

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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