



# Annual Notice of Changes 2023

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)



Toll-free **1-800-690-1606**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept



**[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**

**Do we have the right address for you?**

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

# United Healthcare

# Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) to review the details online. All of the below documents will be available online by **October 15, 2022.**

## Provider Directory

Review the 2023 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

## Pharmacy Directory

Review the 2023 Pharmacy Directory online to see which pharmacies are in our network next year.

## Drug List (Formulary)

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

## Evidence of Coverage (EOC)

Review your 2023 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

## Would you rather get paper copies?

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

## Reduce the clutter and get plan documents faster.

Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) to sign up for paperless delivery.

**UnitedHealthcare Dual Complete® (HMO-POS D-SNP) offered by  
UnitedHealthcare**

# Annual Notice of Changes for 2023



**You are currently enrolled as a member of UnitedHealthcare Dual Complete® (HMO D-SNP).**

Next year, there will be changes to the plan's costs and benefits. Please see page 7 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at **UHCCommunityPlan.com**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

## What to do now

### 1. **Ask:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about your overall health care costs.
- Think about whether you are happy with our plan.

## 2. Compare: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2023 handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. Choose: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will be enrolled in UnitedHealthcare Dual Complete® (HMO-POS D-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with UnitedHealthcare Dual Complete® (HMO D-SNP).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## Additional Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio. You can also ask for an interpreter. Please contact our Customer Service number at 1-800-690-1606 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-690-1606, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About UnitedHealthcare Dual Complete® (HMO-POS D-SNP)**

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- The plan also has a written agreement with the Tennessee Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare Dual Complete® (HMO-POS D-SNP).
- Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits.

# Annual Notice of Changes for 2023

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## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for UnitedHealthcare Dual Complete® (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
<b>Monthly Plan Premium*</b> *Your premium may be higher than this amount. (See Section 2.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: \$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From network providers: \$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
<b>Doctor office visits</b>	Primary care visits: You pay a \$0 copayment per visit.  Specialist visits: You pay a \$0 copayment per visit.	Primary care visits: You pay a \$0 copayment per visit.  Specialist visits: You pay a \$0 copayment per visit.
<b>Inpatient hospital stays</b>	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.	You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days.
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible:  <input type="checkbox"/> \$0	Deductible:  <input type="checkbox"/> \$0



**Questions?** Call Customer Service at **1-800-690-1606**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept

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Cost	2022 (this year)	2023 (next year)
	For all covered drugs: <input type="checkbox"/> \$0 copayment	For all covered drugs: <input type="checkbox"/> \$0 copayment

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**Section 1 We Are Changing the Plan’s Name**

On January 1, 2023, our plan name will change from UnitedHealthcare Dual Complete® (HMO D-SNP) to UnitedHealthcare Dual Complete® (HMO-POS D-SNP).

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

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

**Section 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<b>Monthly Premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

**Section 2.2 Changes to Your Maximum Out-of-Pocket Amounts**

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

Cost	2022 (this year)	2023 (next plan year)
<b>Maximum out-of-pocket amount</b>  Because our members also get assistance from Division of TennCare (Medicaid), very few members ever reach this out-of-pocket maximum.	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Cost	2022 (this year)	2023 (next plan year)
<p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

### Section 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

### Section 2.4 Changes to Benefits and Costs for Medical Services

Please note that **the Annual Notice of Changes** only tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.

Cost	2022 (this year)	2023 (next year)
<p><b>Plan Change</b></p>	<p>As a member of UnitedHealthcare Dual Complete (HMO D-SNP), a Health Maintenance Organization plan, you may only receive covered services from network doctors and medical providers, with a few exceptions.</p>	<p>As a member of UnitedHealthcare Dual Complete (HMO-POS D-SNP), a Health Maintenance Organization POS plan, you may receive covered dental services from out-of-network dental providers. For additional information, please refer to the Evidence of Coverage.</p>
<p><b>Dental Services</b> Comprehensive and Preventive Dental</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$3,500 per year.</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p> <p>You are covered for up to \$5,000 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.</p>

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.

Cost	2022 (this year)	2023 (next year)
		The list of services covered by your plan has expanded. See your Evidence of Coverage for more information.
<b>Meal Benefit</b>	You pay a \$0 copayment for up to 84 meals for 28 days, 1 time a year after a hospital stay.	You pay a \$0 copayment for up to 28 meals for 14 days, unlimited times a year after a hospital stay.
<b>Food, over-the-counter (OTC) and utility bill credit</b>	<p>\$150 credit a month on a prepaid card for over-the-counter products and healthy food. Your credit amount expires at the end of each month.</p> <p>Utilities not covered.</p>	<p>\$230 credit a month loaded to your UnitedHealthcare UCard™ for over-the-counter products, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Use your UCard online or in-store to access your benefits.</p> <p>See your Evidence of Coverage for more information.</p>
<b>Vision Care</b> Additional Routine Eyewear	Receive a total credit of \$400 toward your purchase of frames/lenses and contact lenses each year.	Receive a total credit of \$600 toward your purchase of frames/lenses and contact lenses each year.

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.

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## Section 2.5 Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website ([myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)).

We made changes to our Drug List, including changes to the 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 see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.**

There are four “drug payment stages.”

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your Part D deductible. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than \$0 for a one-month supply of each insulin product covered by our plan, even if you haven’t paid your Part D deductible.

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly (Part D) Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

**Changes to Your Cost-sharing in the Initial Coverage Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>For all covered drugs:</b></p> <p><input type="checkbox"/> \$0 copayment</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>For all covered drugs:</b></p> <p><input type="checkbox"/> \$0 copayment</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

**Section 3 Deciding Which Plan to Choose**

**Section 3.1 If You Want to Stay in UnitedHealthcare Dual Complete® (HMO-POS D-SNP)**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UnitedHealthcare Dual Complete® (HMO-POS D-SNP).

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## Section 3.2 If You Want to Change Plans

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We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- **OR**– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the **Medicare & You 2023 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a **reminder**, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare Dual Complete® (HMO-POS D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - **or** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

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## Section 4 Changing Plans

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 to December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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## Section 5 Programs That Offer Free Counseling about Medicare and Medicaid

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The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Tennessee, the SHIP is called Tennessee Commission on Aging & Disability - TN SHIP.

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Tennessee Commission on Aging & Disability - TN SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Tennessee Commission on Aging & Disability - TN SHIP at 1-877-801-0044.

For questions about your Division of TennCare benefits, contact Division of TennCare, at 1-800-342-3145, 8 a.m. - 4:30 p.m. CT, Monday - Friday. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Division of TennCare coverage.

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## Section 6 Programs That Help Pay for Prescription Drugs

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You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- “Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:



- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

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## Section 7 Questions?

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### Section 7.1 Getting Help from UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

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Questions? We're here to help. Please call Customer Service at 1-800-690-1606. (TTY only, call 711.) We are available for phone calls 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 **Evidence of Coverage** for UnitedHealthcare Dual Complete® (HMO-POS D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

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### Section 7.2 Getting Help from Medicare

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To get information directly from Medicare:

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

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

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read Medicare & You 2023**

Read the **Medicare & You 2023** handbook. Every 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. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Section 7.3****Getting Help from Medicaid**

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To get information from Division of TennCare (Medicaid), you can call Division of TennCare (Medicaid) at 1-800-342-3145. TTY users should call 711.

## Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

### Spanish: Español

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

### Kurdish: کوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمتهی زمان، بهخوڕایی، بۆ تو بهردهسته. پهپوهندی به 1-800-690-1606 (TTY:711)..بکه

### Arabic: ربيّة عا

وظة حلم: اذا ملكتتة غللا ربيّة عا اتمدخدة عاسملا وبيّة غللا رةفوتم كة انجام. اتصل مقبر: 1-800-690-1606 (TTY: 711) مقرر فتاه صملا و مكبلا

### Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-690-1606 (TTY:711)。

### Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-690-1606 (TTY:711).

### Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-690-1606 (TTY:711) 번으로 전화해 주십시오.

### French: Français

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

### Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-690-1606 (መስማት ለተሳናቸው: TTY:711)።

### Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-690-1606 (TTY:711).

**Laotian: ພາສາລາວ**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY:711).

**German: Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY:711).

**Tagalog: Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY:711).

**Hindi: हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY:711). पर कॉल करें।

**Serbo-Croatian: Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Russian: Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-690-1606 (телетайп: TTY:711).

**Nepali: नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-690-1606 (टि टि वाइ: TTY:711).

**Persian: فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 تماس بگیرید. (TTY:711)

- **Do you need help talking with us or reading what we send you?**
- **Do you have a disability and need help getting care or taking part in one of our programs or services?**
- **Or do you have more questions about your health care?**

**Call us for free at 1-800-690-1606. We can connect you with the free help or service you need. (For TTY call: 711)**

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex.

Do you think we did not help you or you were treated differently because of your race, color, birthplace, language, age, disability, religion, or sex?

You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

**TennCare, Office of Civil Rights Compliance**

310 Great Circle Road, 3W  
Nashville, TN 37243

Email: [HCFA.Fairtreatment@tn.gov](mailto:HCFA.Fairtreatment@tn.gov)

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at:

<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>

**Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance**

P.O. Box 30608  
Salt Lake City, UT 84130

Email: [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Phone: 1-800-690-1606

**U.S. Department of Health & Human Services, Office for Civil Rights**

200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201

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

You can get a complaint form online at: <http://www.hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

For more information, please call customer service at:

## UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Customer Service:



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

Calls to this number are free. 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free.  
8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.



Write: **P.O. Box 30769**  
**Salt Lake City, UT 84130-0769**



**[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)**