



Summary of Benefits 2023

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
H7778-001-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Member Services or go online for more information about the plan.



Toll-free **1-844-368-5888**, TTY **711**, or your preferred relay service
8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



myuhc.com/communityplan

**United
Healthcare
Dual Complete**

Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Dual Complete® (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

A. Disclaimers



This is a summary of health services covered by UnitedHealthcare Dual Complete® (HMO-POS D-SNP) for January 1–December 31, 2023. Please read the **Evidence of Coverage** for the full list of benefits. You can view the **Evidence of Coverage** on our website at myuhc.com/communityplan. If you would like a print copy, call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services at the number of the bottom of this page.

- UnitedHealthcare Dual Complete® (HMO-POS D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UnitedHealthcare Dual Complete® (HMO-POS D-SNP) depends on contract renewal.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Member Services or read the **Evidence of Coverage**.
- UnitedHealthcare Dual Complete® is for people who:
 - Are at least 18 years of age and under age 65
 - Have a certified disability through the Social Security Administration or the State Medical Review Team or through the Developmental Disability Waiver
 - Live in the service area
 - Have Medicare Parts A and B and Medical Assistance (Medicaid)
- UnitedHealthcare Dual Complete® (HMO-POS D-SNP) you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A UnitedHealthcare Dual Complete® (HMO-POS D-SNP) care coordinator will help manage your health care needs.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- For more information about **Medicare**, you can read the **Medicare & You handbook**. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) 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**. For more information about **Medical Assistance (Medicaid)**, call the Minnesota Department of Human Services at **1-651-431-2203** or toll-free at **1-800-657-3739**. TTY users should call **1-800-627-3529**.
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services at the number at the bottom of this page. The call is free.
- **FIIRO GAAR AH:** Haddii aad kuhadasho af-soomaali, adeegyada kaalmada luuqadda, lacag la'aan, ayaa diyaar kuu ah. Ka wac UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Adeegyada Xubinta lambarka ku yaal boggan hoose. Wacitaanka waa bilaash.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

- You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.
- Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market.
- Benefits may change on January 1 of each year.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected enrollees about changes at least 30 days in advance.
- UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) is 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.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **medicare.gov** or **1-800-MEDICARE** to get information on all of your options.
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Dual Complete® (HMO-POS D-SNP) members, except in emergency situations. Please call our Member Services number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.
- OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-877-266-4832**, TTY **711**.
- Benefits and features vary by plan/area. Limitations and exclusions apply.
- OTC benefits have expiration timeframes. Call your plan or review your **Evidence of Coverage** (EOC) for more information.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

1-844-368-5888, TTY 711, or your preferred relay service

Attention. If you need free help interpreting this document, call Member Services at the number above. The call is free.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။*

កំណត់សម្គាល់: បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤနၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒဉ် လံာ်တီလံာ်မိတခါအံၤအဃိ ကိးလိတဲစိနီဉ်ဂံၢ် လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ ວິ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)

	Answers
What is a Special Needs BasicCare (SNBC) plan?	<p>Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home health care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our SNBC program is called UnitedHealthcare Dual Complete® (HMO-POS D-SNP).</p>
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in UnitedHealthcare Dual Complete® (HMO-POS D-SNP) that I get now?	<p>If you are coming to UnitedHealthcare Dual Complete® (HMO-POS D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medical Assistance (Medicaid) benefits directly from UnitedHealthcare Dual Complete® (HMO-POS D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in UnitedHealthcare Dual Complete® (HMO-POS D-SNP), you and your care team will work together to develop an Individualized Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that UnitedHealthcare Dual Complete® (HMO-POS D-SNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UnitedHealthcare Dual Complete® (HMO-POS D-SNP) to cover your drug, if medically necessary. For more information, call Member Services.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Frequently Asked Questions (FAQ)

	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with UnitedHealthcare Dual Complete® (HMO-POS D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” In most cases, you must use the providers in UnitedHealthcare Dual Complete® (HMO-POS D-SNP)’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Dual Complete® (HMO-POS D-SNP)’s network. You may also use out-of-network providers when UnitedHealthcare Dual Complete® (HMO-POS D-SNP) authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Member Services or read UnitedHealthcare Dual Complete® (HMO-POS D-SNP)’s Provider and Pharmacy Directory on the plan’s website at myuhc.com/communityplan. If UnitedHealthcare Dual Complete® (HMO-POS D-SNP) is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Member Services.</p>
What happens if I need a service but no one in UnitedHealthcare Dual Complete® (HMO-POS D-SNP)’s network can provide it?	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, UnitedHealthcare Dual Complete® (HMO-POS D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

Frequently Asked Questions (FAQ)

	Answers
What is a care coordinator?	<p>A care coordinator is your main contact person. This person helps manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan
Where is UnitedHealthcare Dual Complete® (HMO-POS D-SNP) available?	<p>The service area for this plan includes the following counties in Minnesota: Scott and St. Louis County. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
What is prior authorization?	<p>Prior authorization means that you must get approval from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) before you can get a specific service or drug or use an out-of-network provider. UnitedHealthcare Dual Complete® (HMO-POS D-SNP) may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p>
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copayments under UnitedHealthcare Dual Complete® (HMO-POS D-SNP) already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>

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Frequently Asked Questions (FAQ)

	Answers
Do I pay a monthly amount (also called a premium) as a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP)?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance or another third party.
Do I pay a deductible as a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP)?	No. You do not pay deductibles in UnitedHealthcare Dual Complete® (HMO-POS D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP)?	There is no cost-sharing for medical services in UnitedHealthcare Dual Complete® (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.

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Frequently Asked Questions (FAQ)

	Answers
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services:</p> <p>Call 1-844-368-5888</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711, or your preferred relay service</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>If you have questions about your health, call the NurseLine:</p> <p>Call 1-877-440-9407</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711, or your preferred relay service</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, call the Behavioral Health Crisis Line:</p> <p>Call 1-844-368-5888</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p> <p>TTY 711, or your preferred relay service</p> <p>Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	Your provider must obtain prior authorization.
You want to use a health care provider	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are also covered outside of the U.S., including emergency transportation to a nearby medical facility within the foreign country. Contact the plan for details.
	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Services are also covered outside the U.S. and its territories. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	
	Screening tests, such as tests to check for cancer	\$0	

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	1 per year
	Hearing aids	\$0	Plan pays up to \$2,000 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), offered only by UnitedHealthcare Hearing. Your provider must obtain prior authorization.
You need dental care	Dental services, including preventive care	\$0	Preventative coverage for exams, cleanings, X-rays and fluoride. Root canals, fillings and dentures covered when medically necessary.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care	Eye exams	\$0	1 per year
	Eyeglass replacements	\$0	Covered as needed when medically necessary.
	Necessary contact lenses	\$0	Covered as needed in lieu of eyeglasses when medically necessary.
	Glasses or contact lenses	\$0	Covered as needed when medically necessary. Contact lenses are covered as needed in lieu of eyeglasses when medically necessary. One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work.
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	
You have a mental health condition	Mental or behavioral health services	\$0	State eligibility requirements may apply.
	Inpatient care for people who need long-term mental health services	\$0	State eligibility requirements may apply. Your provider must obtain prior authorization.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You have a substance use disorder	Substance use disorder services	\$0	
You need a place to live with people available to help you	Skilled nursing care	\$0	Your provider must obtain prior authorization.
	Nursing home care	\$0	Your provider must obtain prior authorization.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Your provider must obtain prior authorization.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting to health services	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	
	Transportation to other health services	\$0	
	Transportation to a health care provider for medical appointments	\$0	<p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.</p> <p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your health care provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs.</p> <p>Your provider may need to obtain prior authorization.</p>

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 1 Generic drugs (no brand name)	\$0	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Dual Complete® (HMO-POS D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on medicare.gov.</p> <p>Your provider must get prior authorization from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) for certain drugs.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 1 Brand name drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Dual Complete® (HMO-POS D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on medicare.gov.</p> <p>Your provider must get prior authorization from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) for certain drugs.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Diabetes supplies and medications	\$0	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Dual Complete® (HMO-POS D-SNP)'s List of Covered Drugs (Drug List) at myuhc.com/communityplan for more information.</p> <p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.</p> <p>Your provider must get prior authorization from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) for certain drugs.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Over-the-counter benefits have expiration timeframes. Call your plan or review your Evidence of Coverage for more information.
	Rehabilitation services	\$0	
You need help getting better or have special health needs	Medical equipment for home care	\$0	
	Podiatry services	\$0	6 routine foot care visits are covered every year. Authorization is required for podiatry. Routine foot care visits do not require authorization.
You need foot care	Orthotic services	\$0	

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the Evidence of Coverage for more information.)	\$0	Your provider must obtain prior authorization.
You need help living at home	Home health care services	\$0	
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued on the next page)	Acupuncture	\$0	Acupuncture services are covered when provided by a licensed acupuncturist or by another Minnesota licensed practitioner with acupuncture training and credentialing. 20 units per year are covered with authorization.
	Care coordination	\$0	Care coordination services are covered, including the following: <ul style="list-style-type: none"> • Assisting you in assessments, tests, and health services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan
	Chiropractic services	\$0	1 evaluation per calendar year to determine medical necessity. Up to 24 sessions per calendar year, limited to six per month. Additional sessions require prior authorization.
	Family planning	\$0	Family planning, counseling, and treatment services are available. Please see the Evidence of Coverage for more information.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	Housing stabilization services	\$0	<p>Housing stabilization is covered only for MN Medical Assistance (Medicaid) and consists of 4 parts.</p> <ul style="list-style-type: none"> • Housing Stabilization – Covered benefit for MN Medical Assistance for members 18 years and older. • Housing Consultation – service to develop a person-centered plan for people without MA case management services • Housing Transition – service that supports a person to find housing • Housing Sustaining – service that supports a person to maintain housing <p>Limits</p> <p>Housing consultation services are available once annually. Additional sessions are allowed if a person wants to change housing transition or housing sustaining providers or experiences a significant change in circumstance that requires a new person-centered plan.</p> <p>Housing Transition services are limited to 150 hours per transition.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	Housing stabilization services (continued)		Housing Sustaining services are limited to 150 hours annually. Providers may request an additional 150 hours beyond these limits and we will determine necessity. State eligibility requirements may apply.
	Fitness benefit	\$0	Renew Active provides a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, and brain health challenges.
	Meal benefit	\$0	28 home-delivered meals unlimited times per year immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay Your provider must obtain prior authorization.
	NurseLine	\$0	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	Food, over-the-counter (OTC) and utility bill credit	\$0	\$130 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone.
	Personal Emergency Response System	\$0	Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation. You must have a working landline and/or cellular phone coverage to use PERS.
	Post-discharge medication reconciliation	\$0	Medication reconciliation provided after discharge from an inpatient facility.
	Prosthetic services	\$0	Authorization rules may apply.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	Routine Transportation	\$0	<p>UnitedHealthcare Dual Complete® (HMO-POS D-SNP) offers 48-one way trips to or from approved locations which are covered each year (limited to ground transportation only) in addition to what is covered under Medical Assistance (Medicaid).</p> <p>Additional Transportation services:</p> <p>Includes additional transportation to social services, including but not limited to food banks, WIC, Medicaid office, SNAP education programs.</p> <ul style="list-style-type: none"> • Paper bus passes or transit rides
	Sanvello	\$0	<p>Sanvello is a self-help mobile digital application that focuses on empowering individuals in improving their mental health, through interaction with their smart phone application tools and activities.</p>

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	Second Harvest Heartland FoodRx program	\$0	Provides a food prescription program for subset of members with chronic conditions and/or those who recently experienced an inpatient stay.
	Seeking Safety	\$0	Seeking Safety is a manual based model that helps individuals dealing with trauma/PTSD and substance abuse establish safety in their lives. Seeking Safety applies 25 coping skills to help attain and maintain safety in relationships, thinking, behaviors and emotions.
	Services to help manage your disease	\$0	
	Traditional Healing	\$0	Traditional healing used in or for traditional medicine or ceremonial purposes for American Indian members. Up to \$250 per calendar year. Eligibility requirements may apply.
	Virtual Medical Visits	\$0	Talk with a network telehealth provider online through live audio and video.
	Virtual Mental Health Visits	\$0	Talk with a network telehealth provider online through live audio and video.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional Services (continued)	White Bison	\$0	White Bison offers sobriety, recovery, addiction prevention, and wellness/Wellbriety learning resources to the Native American/Alaska Native community nationwide. Eligibility requirements apply.

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the **Evidence of Coverage** to find out about other covered services.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

D. Services covered outside of UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

This is not a complete list. Call Member Services to find out about other services not covered by UnitedHealthcare Dual Complete® (HMO-POS D-SNP) but available through Medicare or Medical Assistance (Medicaid).

Other services covered by Medicare or Medical Assistance (Medicaid)

	Your costs
Some hospice care services	\$0
Personal care assistant services	\$0
Home care nursing services	\$0

E. Services not covered by UnitedHealthcare Dual Complete® (HMO-POS D-SNP), Medicare, or Medical Assistance (Medicaid)

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by UnitedHealthcare Dual Complete® (HMO-POS D-SNP), Medicare, or Medical Assistance (Medicaid)

Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance (Medicaid)

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Cosmetic surgery or other cosmetic work unless criteria is met

Lasik surgery

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

E. Your rights as a member of the plan

As a member of UnitedHealthcare Dual Complete® (HMO-POS D-SNP), you have certain rights concerning your health care. You can exercise these rights without being punished. You can also use these rights without losing your health care services. You also have certain responsibilities to the health care providers who are taking care of you. For more information on your rights and responsibilities, please read the **Evidence of Coverage**.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way UnitedHealthcare Dual Complete® (HMO-POS D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Coordinators
 - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call **1-844-368-5888** if you want to change your PCP.
 - See a women’s health care provider without a referral

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

- Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Interdisciplinary Care Team (ICT) advises you to have. UnitedHealthcare Dual Complete® (HMO-POS D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-844-368-5888** if you need help with this service.
 - Have your **Evidence of Coverage** and any printed materials from UnitedHealthcare Dual Complete® (HMO-POS D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
- Ask for a state appeal (Fair Hearing)
- Get a detailed reason why services were denied

For more information about your rights, you can read the UnitedHealthcare Dual Complete® (HMO-POS D-SNP) **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services.

G. What to do if you want to file a complaint or appeal a denied service or drug

If you have a complaint or think UnitedHealthcare Dual Complete® (HMO-POS D-SNP) should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UnitedHealthcare Dual Complete® (HMO-POS D-SNP) **Evidence of Coverage**. You can also call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services.

You can also write us a letter about your grievance (complaint) or appeal.

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievance
Department
P.O. Box 6106, MS CA124-0187
Cypress, CA 90630-0016

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance
Department
P.O. Box 6106, MS CA124-0197
Cypress, CA 90630-0016

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a health care provider, hospital, or pharmacy is doing something wrong, please contact us.

- Call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services. Phone numbers are at the bottom of the page.
- Call the Minnesota Department of Human Services at **1-800-657-3739**. TTY users may call **1-800-627-3529**.
- Call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at **1-800-627-9977**. The call is free.

If you have questions, please call Member Services at **1-844-368-5888**, TTY **711**, or your preferred relay service, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UnitedHealthcare Dual Complete® (HMO-POS D-SNP) Member Services:



Call 1-844-368-5888

The call is free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September Member Services also has free language interpreter services available for non-English speakers.

TTY 711, or your preferred relay service

The call is free. 8 a.m.–8 p.m., 7 days a week, October– March; Monday–Friday, April–September

If you have questions about your health:

Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.

If your clinic is closed, you can also call the NurseLine. A nurse will listen to your problem and tell you how to get care. The numbers for the NurseLine are:



Call 1-877-440-9407

Calls to this number are free. 24 hours a day, 7 days a week
UnitedHealthcare Dual Complete® (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711, or your preferred relay service

The call is free. 24 hours a day, 7 days a week