Summary of Benefits 2023

UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

Look inside to learn more about the plan and the medical services and prescription drugs it covers. Call Customer Service or go online for more information about the plan.

Toll-free **1-844-560-4944**, TTY **711**
8 a.m.–8 p.m. local time, 7 days a week

UHCCommunityPlan.com

United Healthcare
Dual Complete

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Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Dual Complete® ONE (HMO 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® ONE. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

Table of Contents

A. Disclaimers

This is a summary of health services covered by UnitedHealthcare Dual Complete® ONE (HMO D-SNP) for January 1, 2023–December 31, 2023. This is only a summary. Read the **Evidence of Coverage** online at **UHCCommunityPlan.com** for the full list of benefits.

- UnitedHealthcare Dual Complete® ONE (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UnitedHealthcare Dual Complete® ONE depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

  Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and follow the rules on referrals. Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan at **1-800-514-4911** (TTY **711**) or read the **Evidence of Coverage**. You can read and download it online at **UHCCommunityPlan.com**, or you can call Customer Service toll-free at **1-800-514-4911** (TTY **711**) to request a copy.
- Benefits vary by plan/area. Limitations and exclusions apply.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call UnitedHealthcare Dual Complete® ONE Customer Service at the number listed at the bottom of this page. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UnitedHealthcare Dual Complete® ONE al número que aparece al final de esta página. La llamada es gratuita.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- We provide free services to help you communicate with us such as letters in other languages, braille, large print, audio. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- This information is available for free in other languages. Please call our customer service number located on the first page of this book.

- Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.
- Benefits may change on January 1 of each year.
- Premiums are covered for enrollees of UnitedHealthcare Dual Complete ONE (HMO D-SNP).
- Every year, Medicare evaluates plans based on a 5-star rating system.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and follow the rules on referrals. Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.
- 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. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at **1-877-266-4832**, TTY **711**.
- Participation in the Renew Active® by UnitedHealthcare 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 and other offerings. 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. The Renew Active program varies by plan/area. Gym network may vary in local market.
- The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

You can read the **Medicare & You** 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. If you don't have a copy of this booklet, you can access it online at the Medicare website (**medicare.gov**) or request a copy 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**.

If you have questions, please call UnitedHealthcare Dual Complete® ONE Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions

	Answers
What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care. If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up UnitedHealthcare Dual Complete® ONE's service area are listed on page 7 of this document.
Will I get the same Medicare and NJ FamilyCare benefits in UnitedHealthcare Dual Complete® ONE that I get now? (continued on the next page)	If you are coming to UnitedHealthcare Dual Complete® ONE from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from UnitedHealthcare Dual Complete® ONE.

Frequently asked questions

	Answers
Will I get the same Medicare and NJ FamilyCare benefits in UnitedHealthcare Dual Complete® ONE that I get now? (continued from the previous page)	When you enroll in UnitedHealthcare Dual Complete® ONE, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that UnitedHealthcare Dual Complete® ONE does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for UnitedHealthcare Dual Complete® ONE to cover your drug if medically necessary.
Can I use the same health care providers I use now?	That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with UnitedHealthcare Dual Complete® ONE and have a contract with us, you can keep using them. • Providers with an agreement with us are "in-network." You must use the providers in UnitedHealthcare Dual Complete® ONE's network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Dual Complete® ONE's network. To find out if your providers are in the plan's network, call Customer Service at the number listed at the bottom of this page or read UnitedHealthcare Dual Complete® ONE's **Provider and Pharmacy Directory**. You can also visit our website at UHCCommunityPlan.com for the most current listing. If UnitedHealthcare Dual Complete® ONE is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.

Frequently asked questions

	Answers
What is a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in UnitedHealthcare Dual Complete® ONE's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare Dual Complete® ONE will cover services provided by an out-of-network provider.
Where is UnitedHealthcare Dual Complete® ONE available?	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, NJ. You must live in one of these areas to join the plan.

Frequently asked questions

	Answers
What is prior authorization?	Prior authorization means that you must get approval from UnitedHealthcare Dual Complete® ONE before UnitedHealthcare Dual Complete® ONE will cover a specific service, item, or drug or out-of-network provider. UnitedHealthcare Dual Complete® ONE may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. UnitedHealthcare Dual Complete® ONE can provide you with a list of services or procedures that require you to get prior authorization from UnitedHealthcare Dual Complete® ONE before the service is provided. Refer to Chapter 3, of the **Evidence of Coverage** to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the **Evidence of Coverage** to learn which services require a prior authorization.
Do I pay a monthly amount (also called a premium) under UnitedHealthcare Dual Complete® ONE?	No. You will not pay any monthly premiums to UnitedHealthcare Dual Complete® ONE for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of UnitedHealthcare Dual Complete® ONE?	No. You do not pay deductibles in UnitedHealthcare Dual Complete® ONE.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UnitedHealthcare Dual Complete® ONE?	There is no cost sharing for medical services in UnitedHealthcare Dual Complete® ONE, so your annual out-of-pocket costs will be $0.

C. Overview of services

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

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$0	Your provider may need to obtain prior authorization for services.
	Ambulatory surgical center (ASC) services	$0	Your provider may need to obtain prior authorization for services.
You want to use a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	$0	Your provider may need to obtain prior authorization for Specialist services.
	Visits to treat an injury or illness	$0	Your provider may need to obtain prior authorization for services.
	Preventive care (care to keep you from getting sick, such as flu, COVID-19, and other immunizations)	$0	
	Wellness visits, such as a physical	$0	
	“Welcome to Medicare” preventive visit (one time only)	$0	

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & 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** covered outside of the U.S. and its territories except under certain circumstances. Contact the plan for details.
	Urgently needed services	$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services **are** covered outside the U.S. and its territories except under certain circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	$0	Your provider may need to obtain prior authorization for services.
	X-rays or other pictures, such as CAT scans	$0	Your provider may need to obtain prior authorization for services.
	Screenings, such as tests to check for cancer	$0	Your provider may need to obtain prior authorization for services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/ auditory services	Hearing screenings (including routine hearing exams)	$0	Your provider may need to obtain prior authorization for services.
	Hearing aids (as well as fittings and associated accessories and supplies)	$0	Your provider may need to obtain prior authorization for services.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	$0	Your provider may need to obtain prior authorization for services.
You need eye care	Vision services (including annual eye exams)	$0	Your provider may need to obtain prior authorization for services.
	Glasses or contact lenses	$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	$0	Your provider may need to obtain prior authorization for services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Your provider may need to obtain prior authorization for services.
	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management) (**Note:** This is not a complete list of the plan's expanded outpatient mental health services. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** for more information.)	$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Your provider may need to obtain prior authorization for services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (**Note:** This is not a complete list of the plan's expanded substance use disorder services. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** for more information.)	$0	Your provider may need to obtain prior authorization for services.
You need a place to live with people available to help you	Skilled nursing care	$0	Your provider will need to obtain prior authorization for services.
	Nursing home care	$0	Your provider will need to obtain prior authorization for services.
	Custodial care (long-term care in a Nursing Facility)	$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Your provider may need to obtain prior authorization for services.
You need help getting to health services	Ambulance services	$0	Your provider may need to obtain prior authorization for non-emergency transportation.
	Emergency transportation	$0	No prior authorization is needed.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0	Read the **Evidence of Coverage** for more information on these drugs. Your provider may need to obtain prior authorization for certain drugs.
	Medicare Part D prescription drugs Tier 1 Generic and brand name drugs (all covered drugs are in this tier)	$0	There may be limitations on the types of drugs covered. Refer to UnitedHealthcare Dual Complete® ONE's **List of Covered Drugs (Formulary)** at UHCCommunityPlan.com for more information. UnitedHealthcare Dual Complete® ONE may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Your provider must get prior authorization from UnitedHealthcare Dual Complete® ONE for certain drugs. 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 (Formulary)**, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on **medicare.gov**. An extended day supply is only available at a subset of the retail pharmacy network. Contact the Plan for details.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered.
	Diabetes medications	$0	There may be limitations on the types of drugs covered. Your provider may need to obtain prior authorization for certain drugs.
You need foot care	Podiatry services (including routine exams)	$0	Your provider may need to obtain prior authorization for services.
	Orthotic services	$0	Your provider may need to obtain prior authorization for services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & 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 Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** for more information.)	$0	Your provider may need to obtain prior authorization for services/certain equipment.
You need interpreter services	Spoken language interpreter	$0	
	Sign language interpreter	$0	
Other covered services (This service is continued on the next page)	Acupuncture	$0	
	Care coordination	$0	
	Chiropractic services	$0	Your provider may need to obtain prior authorization for services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	$0	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 the plan. Your provider may need to obtain prior authorization for some services.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	$0	EPSDT is for members under 21 years of age.
	Family planning	$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	$0	
	Mammograms	$0	Your provider may need to obtain prior authorization for some services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	$0	Your provider may need to obtain prior authorization for some services.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Prosthetic services	$0	Your provider may need to obtain prior authorization for services.
	Services to help manage your disease	$0	Your provider may need to obtain prior authorization for services. Read the **Evidence of Coverage** for more information.
	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.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read UnitedHealthcare Dual Complete® ONE's **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete® ONE Customer Service at the number listed at the bottom of this page.

D. Additional services UnitedHealthcare Dual Complete® ONE covers

This is not a complete list. Call Customer Service at the number listed at the bottom of this page or read the **Evidence of Coverage** to find out about other covered services.

Additional services UnitedHealthcare Dual Complete® ONE covers

	Your Costs
Fitness Program through Renew Active®. Renew Active includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device.	$0

Additional services UnitedHealthcare Dual Complete® ONE covers

	Your Costs
Food, over-the-counter (OTC) and utility bill credit — $300 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.	$0
Meal Benefit — $0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay	$0
Personal Emergency Response System — 24/7 emergency response services through a monitoring system we install in your home	$0
Home support services — $150 credit per quarter to spend on extra support at home like companionship, pest control, home repair and errands.	$0

E. Benefits covered outside of UnitedHealthcare Dual Complete® ONE

This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other services not covered by UnitedHealthcare Dual Complete® ONE but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service

	Your Costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	$0
Targeted case management (chronic mental illness)	$0
Behavioral Health Home (Care Management)	$0
PACT (Program in Assertive Community Treatment)	$0
CSS (Community Support Services)	$0

Other services covered directly by Medicaid fee-for-service

	Your Costs
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	$0

F. Services not covered by UnitedHealthcare Dual Complete® ONE (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Customer Service at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by UnitedHealthcare Dual Complete® ONE (exclusions)
Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare
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 required criteria are met
LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of UnitedHealthcare Dual Complete® ONE, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, 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® ONE 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® ONE
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - 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) and change your PCP at any time during the year. You can call **1-800-514-4911** if you want to change your PCP.

  - Use a women's health care provider without a referral
  - 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 Care Team advises you to have. UnitedHealthcare Dual Complete® ONE 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 **1-800-514-4911** if you need help with this service
  - Have your **Evidence of Coverage** and any printed materials from UnitedHealthcare Dual Complete® ONE translated into your primary language, 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 use 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
  - Use 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® ONE

If you have questions, please call UnitedHealthcare Dual Complete® ONE Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

  - 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 (State Fair Hearing)
  - Get a detailed reason why services were denied

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

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you are a UnitedHealthcare Dual Complete® ONE member
  - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify UnitedHealthcare Dual Complete® ONE Customer Service if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from UnitedHealthcare Dual Complete® ONE.** You should:
  - Get all your health care from UnitedHealthcare Dual Complete® ONE, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless UnitedHealthcare Dual Complete® ONE provides a prior authorization for out-of-network care
  - Not allow anyone else to use your UnitedHealthcare Dual Complete® ONE Member ID Card to obtain healthcare services

If you have questions, please call UnitedHealthcare Dual Complete® ONE Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

  - Notify UnitedHealthcare Dual Complete® ONE when you believe that someone has purposely misused UnitedHealthcare Dual Complete® ONE benefits or services

For more information about your rights, you can read UnitedHealthcare Dual Complete® ONE's **Evidence of Coverage**. If you have questions, you can also call UnitedHealthcare Dual Complete® ONE Customer Service at the number listed at the bottom of this page.

H. How to file a complaint or appeal a denied service

If you have a complaint or think UnitedHealthcare Dual Complete® ONE should cover something we denied, call UnitedHealthcare Dual Complete® ONE at **1-800-514-4911**. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of UnitedHealthcare Dual Complete® ONE's **Evidence of Coverage**. You can also call UnitedHealthcare Dual Complete® ONE Customer Service at the number listed at the bottom of this page.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Appeals and Grievances Department
PO Box 6103
MS CA124-0187
Cypress, CA 90630-0023

For Part D or Medicaid drug appeals only:

UnitedHealthcare Part D Appeal and Grievance Department
PO Box 6103
MS CA124-0197
Cypress, CA 90630-0023

I. 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 doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at UnitedHealthcare Dual Complete® ONE Customer Service. Phone numbers are in the footer of this document
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling **1-888-937-2835**. Calls to this number are free.

If you have questions, please call UnitedHealthcare Dual Complete® ONE Customer Service at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week Oct–Mar, M–F, Apr–Sept. The call is free. **For more information,** visit **UHCCommunityPlan.com**.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UnitedHealthcare Dual Complete® ONE Customer Service:

Call **1-800-514-4911**
Calls to this number are free. 8 a.m.–8 p.m., 7 days a week from October through March, Monday–Friday from April through September Customer Service also has free language interpreter services available for people who do not speak English.

TTY 711
Calls to this number are free. 8 a.m.–8 p.m. 7 days a week from October through March, Monday–Friday from April through September.

If you have questions about your health, please call the NurseLine:

Call **1-877-440-9407**
Calls to this number are free. 24 hours a day, 7 days a week.

TTY 711
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:

Call **1-800-514-4911**
Calls to this number are free. 24 hours a day, 7 days a week.

TTY 711
Calls to this number are free. 24 hours a day, 7 days a week.