



Summary of Benefits 2023

UnitedHealthcare Connected® (Medicare-Medicaid Plan)
H7833-001-000



Toll-free **1-800-256-6533**, TTY **711**
8 a.m.–8 p.m. local time, M–F



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Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare Connected®. 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 Connected®. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

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If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhc.com/communityplan).

A. Disclaimers



This is a summary of health services covered by UnitedHealthcare Connected® for 2023. This is only a summary. Please read the **Member Handbook** for the full list of benefits. If you have questions, please call UnitedHealthcare Connected at **1-800-256-6533** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com**.

- UnitedHealthcare Connected® (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Texas Medicaid.
- Under UnitedHealthcare Connected you can get your Medicare and Texas Medicaid services in one health plan. A UnitedHealthcare Connected Service Coordinator will help manage your health care needs.
- 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 or read the **Member Handbook**.
- Limitations, copays and restrictions may apply. For more information, call UnitedHealthcare Connected Member Services or read the UnitedHealthcare Connected Member Handbook.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.
- Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-800-256-6533** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-800-256-6533** (TTY **7-1-1**), de 8 a.m. a 8 p.m., hora local, de lunes a viernes. La llamada es gratuita.
- 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, or you can ask for an interpreter. Please contact our Customer Service number at **1-800-256-6533** (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F, for additional information.
- You can call Member Services 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.
- 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.

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B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently asked questions

	Answers
What is a Medicare-Medicaid Plan?	<p>A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.</p> <p>A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Service Coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
What is a UnitedHealthcare Connected Service Coordinator?	<p>A UnitedHealthcare Connected Service Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.</p>
What are long-term services and supports?	<p>Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>

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Frequently asked questions

	Answers
Will I get the same Medicare and Texas Medicaid benefits in UnitedHealthcare Connected that I get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from UnitedHealthcare Connected. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Texas Medicaid benefits directly from UnitedHealthcare Connected, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in UnitedHealthcare Connected, you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that UnitedHealthcare Connected does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UnitedHealthcare Connected to cover your drug, if medically necessary.</p>

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Frequently asked questions

	Answers
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with UnitedHealthcare Connected 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.” You must use the providers in UnitedHealthcare Connected’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare Connected’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read UnitedHealthcare Connected’s Provider and Pharmacy Directory on the plan’s website at UHCCommunityPlan.com.</p> <p>If UnitedHealthcare Connected is new for you, you can continue using the doctors you use now for 90 days.</p>
What happens if I need a service but no one in UnitedHealthcare Connected’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare Connected will pay for the cost of an out-of-network provider.</p>
Where is UnitedHealthcare Connected available?	<p>The service area for this plan includes: Harris County, Texas. You must live in this area to join the plan.</p>
Do I pay a monthly amount (also called a premium) under UnitedHealthcare Connected?	<p>You will not pay any monthly premiums to UnitedHealthcare Connected for your health coverage.</p>

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Frequently asked questions

	Answers
What is prior authorization (PA)?	<p>PA means that you must get approval from UnitedHealthcare Connected before you can get a specific service or drug or use an out-of-network provider. UnitedHealthcare Connected 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 Member Handbook to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the Member Handbook to learn which services require a PA.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, UnitedHealthcare Connected may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about when you will need to get a referral from your PCP.</p>
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy" or "LIS".</p> <p>Your prescription drug copays under UnitedHealthcare Connected 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 may call 1-800-325-0778.</p>

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Frequently asked questions

	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 ID Cards, please call UnitedHealthcare Connected Member Services:</p> <p>Call 1-800-256-6533 8 a.m.–8 p.m. local time, M–F Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 7-1-1 Calls to this number are free. 8 a.m.–8 p.m. local time, M–F</p> <p>If you have questions about your health, please call the NurseLine:</p> <p>Call 1-844-222-7323 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>TTY 7-1-1 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>Call 1-877-604-0564 Calls to this number are free. 24 hours a day/7 days a week.</p> <p>TTY 7-1-1 Calls to this number are free. 24 hours a day/7 days a week.</p>

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C. Overview of services

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

Benefits and limits as described in the Texas Medicaid Provider Procedures Manual unless otherwise noted.

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Covered once every 12 months.
	Specialist care	\$0	Prior authorization is needed for specialist services – please talk to your PCP or Service Coordinator.
	Care to keep you from getting sick, such as flu, COVID-19, or other immunizations	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	Please call your Service Coordinator or your Primary Care Provider (PCP).
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need drugs to treat your illness or condition	Generic drugs (no brand name)	<p>\$0 copay; \$1.45 copay; or \$4.15 copay for a one-month (31-days for Long-term care) supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected’s List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</p>
	Brand name drugs	<p>\$0 copay; \$4.30 copay; or \$10.35 copay for a one-month (31-days for Long-term care) supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected’s List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you.</p>

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 per prescription.	There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare Connected’s List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization may be needed – please talk to your PCP or Service Coordinator.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP. For individuals not enrolled in and receiving HCBS STAR+PLUS waiver services: Benefits and limits as described in the Texas Medicaid Provider Procedures Manual.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need emergency care	Emergency room services	\$0	Coverage is within the U.S. and its territories only. You may use any emergency room, even if out-of-network and no authorization is needed.
	Urgent care	\$0	Coverage is within the U.S. and its territories only. If you require Urgent care services, you should first try to get them from a network provider. You may use any urgent care center, even if out-of-network and no authorization is needed.
You need hospital care	Hospital stay	\$0	You are covered for an additional 30 calendar days after your Medicare-covered days are used. Prior authorization is needed. Please call your Service Coordinator or your PCP. Benefits and limits as described in the Texas Medicaid Provider Procedures Manual. For example, 30-day spell of illness applies.
	Doctor or surgeon care	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.
	Medical equipment for home care	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Skilled nursing care	\$0	Notification is needed.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need eye care	Eye exams	\$0	One routine eye exam every two years.
	Glasses or contact lenses	\$0	Eligible Members ages 21 and older. Must use in-network provider. Up to \$105 maximum benefit 24 months, aligning with Medicaid benefit, to cover upgrades for frames, lenses, contact lenses, or for loss or damage that are not covered by the Medicaid benefit. The benefit period is measured from the date of service. Cannot be used for a second or spare pair.
You need dental care	Dental check-ups	\$0	For members ages 21 and older we cover dental services up to \$1000 per year. Service include but are not limited to routine exam and cleaning once per calendar year, full-mouth x-ray, scaling, dentures, dentures repair and root planning, if medically necessary. \$5,000 limit per year for waiver members.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	One hearing aid for either the left or right ear and evaluation for fitting of that aid every five years. Prior authorization is needed. Please call your Service Coordinator or your PCP.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$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 your plan.
You have a mental health condition	Mental or behavioral health services	\$0	
You have a substance abuse problem	Substance abuse services	\$0	
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need durable medical equipment (DME) (continued on the next page)	Wheelchairs	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Nebulizers	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Crutches	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Walkers	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Oxygen equipment and supplies	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Powered mattress systems	\$0	Benefits and limits as described in the Texas Medicaid Provider Procedures Manual. Includes disposable medical supplies. Prior authorization may be needed. Please call your Service Coordinator or your PCP.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need durable medical equipment (DME) (continued from previous page)	Diabetic supplies	\$0	<p>Prior authorization may be needed. Please call your Service Coordinator or your PCP.</p> <p>Diabetic Insoles. Eligible diabetic Members may request to receive two pair of full-length foot insoles. Eligible for MMP Members ages 18 and older. Two pair of foot insoles offered each calendar year. Member must reside in Community. Excludes Bedbound individuals</p>
	Hospital beds ordered by a provider for use in the home	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	IV infusion pumps	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.
	Speech generating devices	\$0	Prior authorization may be needed. Please call your Service Coordinator or your PCP.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need help living at home (continued on the next page)	Meals brought to your home	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/benefit. Texas Medicaid will tell you if you qualify.
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	\$7,500 lifetime limit and \$300 per year for repairs. Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/ benefit. Texas Medicaid will tell you if you qualify.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.
	Training to help you get paid or unpaid jobs	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/benefit. Texas Medicaid will tell you if you qualify.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need help living at home (continued from previous page)	Home health care services	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.
	Services to help you live on your own	\$0	\$2,500 lifetime limit. Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/ benefit. Texas Medicaid will tell you if you qualify.
	Adult day services or other support services	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/ benefit. Texas Medicaid will tell you if you qualify.
	Nursing home care	\$0	Please call your Service Coordinator or your PCP.
Your caregiver needs some time off	Respite care	\$0	30 days per year. Prior authorization is needed. Please call your Service Coordinator or your PCP. You must be on the STAR+PLUS waiver program for this service/ benefit. Texas Medicaid will tell you if you qualify.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
You need transportation	Ambulance services	\$0	Prior authorization is needed for non-emergent ambulance services. Please call your Service Coordinator or your PCP.
	Nonemergency Medical Transportation (NEMT) services to the doctor, dentist, hospital, pharmacy, and other places you get health care services	\$0	Refer to Chapters 3 and 4 of the Member Handbook to learn more about NEMT services.
Additional services (continued on the next page)	Allergy-free mattress cover and pillowcase	\$0	One each year for members who have a diagnosis of asthma or COPD. This applies to Community Members only.
	LiveandWorkWell.com	\$0	Access to LiveandWorkWell.com, which provides access to articles, videos, legal resources, and provider searches. This applies to Community Members only.
	Meal Support for Eligible non-Waiver members in the Community.	\$0	You must be recently discharged from the hospital or skilled nursing facility (Immediately following surgery or inpatient hospitalization). Up to 12 home-delivered meals for two weeks, with maximum of 24 meals for four weeks (28 days), each year after getting out of hospital or nursing facility or when a doctor asks as part of a supervised program to ease the effects of a chronic illness. This applies to Community Members only.

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued from previous page)	Online Social Service Directory	\$0	Members and caregivers will have access to FindHelp.org, a web-based social care network that connects members to free or reduced-cost community resources and need-based social services to proactively address member Social Determinants of Health. This applies to Community and Nursing Facility Members.
	Oximeter with Health Tracker Booklet	\$0	<p>Oximeter with Health Tracker Booklet Eligible members who do not qualify for the oximeter DME and who are under active case management will receive one finger pulse oximeter, two reusable cloth face masks, and a health tracker booklet. This will be sent directly to the qualifying member from the UnitedHealthcare Connected® (Medicare-Medicaid Plan).</p> <p>Must have a diagnosis of Asthma, COPD, Heart Failure, Sickle cell disease, or are immunocompromised. Members who have received all CDC recommended COVID-19 Vaccine doses are not eligible. This applies to Community Members only.</p>

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Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued from previous page)	Herb Garden Kits with Recipe Cards	\$0	One herb garden kit with recipe cards for members who are interested in improving their health through healthier home cooking. This applies to Community Members only.
	Exercise Kit	\$0	One pedometer, one pack of resistance bands, and one water bottle for members who are interested in losing weight or adopting an active lifestyle. This applies to Community and Nursing Facility Members.
	Pill organizer with Health Tracker Booklet	\$0	One pill organizer and health tracker booklet per fiscal year. This will allow for members to independently manage their medications and track their health. This applies to Community Members only.
	Waterproof Clothing Labels	\$0	One pack (100) of preprinted member name waterproof clothing labels for members in a nursing facility to keep their clothes/items from getting lost. This applies to Nursing Facility Members only.
	Bonsai Kit	\$0	Bonsai kit available for members in a nursing facility (as allowed) for stress relief and cognitive engagement. This applies to Nursing Facility members only.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhccommunityplan.com).

Health need or concern

	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary
Additional services (continued from previous page)	Pest Control Plug-ins	\$0	One 6-pack of roach repellent wall plug-ins for eligible members who are under active case management with a diagnosis of asthma or COPD. This applies to Community Members only.
	Nursing Facility Welcome Kit	\$0	Eligible Members who enter a nursing facility will receive a Welcome Kit upon admission to an in-network facility. This applies for Nursing Facility Members only.
	Adult Activity Books	\$0	Adult Activity Books to stimulate engagement and decrease cognitive decline. Eligible Members may receive adult activity books: word search, crossword puzzle, Sudoku, coloring book, and prepaid postage post cards. Member will also receive a pack of colored pencils. This applies to Community and Nursing Facility Members.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhccommunityplan.com).

D. Services covered outside of UnitedHealthcare Connected

This is not a complete list. Call Member Services to find out about other services not covered by UnitedHealthcare Connected but available through Medicare or Texas Medicaid.

Other services covered by Medicare or Texas Medicaid

	Your Costs
Some hospice care services	\$0
Pre-admission screening and resident review (PASRR)	\$0

E. Services not covered by UnitedHealthcare Connected, Medicare or Texas Medicaid

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

Services not covered by UnitedHealthcare Connected, Medicare or Texas Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	A private room in a hospital, except when it is medically needed.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Chiropractic care, other than diagnostic X-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Texas Medicaid coverage guidelines.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit [UHCCommunityPlan.com](https://www.uhccommunityplan.com).

E. Your rights as a member of the plan

As a member of UnitedHealthcare Connected, you have certain rights. You can exercise these rights without being punished. You can also 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, please read the **Member Handbook**. 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, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and care managers.
- **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.
 - 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, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. UnitedHealthcare Connected will pay for the cost of your second opinion visit.
- **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 and your health plan.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://www.uhccommunityplan.com)**.

- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval (PA) in an emergency.
 - 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.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the UnitedHealthcare Connected Member Handbook. If you have questions, you can also call UnitedHealthcare Connected Member Services.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://www.uhc.com/communityplan)**.

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

If you have a complaint or think UnitedHealthcare Connected should cover something we denied, call UnitedHealthcare Connected at **1-800-256-6533** (TTY **7-1-1**). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UnitedHealthcare Connected **Member Handbook**. You can also call UnitedHealthcare Connected Member Services.

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

For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 6103 MS CA124-0187
Cypress, CA 90630

For Part D or Texas Medicaid drug appeals only:

UnitedHealthcare Community Plan
Attn: Part D/Texas Medicaid Standard Appeals
P.O. Box 6103 MS CA124-0197
Cypress, CA 90630

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

- Call us at UnitedHealthcare Connected Member Services. Phone numbers are on the cover of this summary.
- Or, 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.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCCommunityPlan.com**.

I. Ways to report fraud, waste, or abuse:

- Call the OIG Hotline at **1-800-436-6184**;
- Visit oig.hhs.texas.gov/ and click “Report Fraud” to complete the online form; **or**
- You can report directly to your health plan:
UnitedHealthcare Connected (Medicare-Medicaid Plan);
P.O. Box 30770, Salt Lake City, UT 84130-0770
1-800-256-6533 (TTY 7-1-1).

II. To report fraud, waste, or abuse, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.), include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Texas Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person’s name
 - The person’s date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, or abuse

If you have questions, please call UnitedHealthcare Connected at 1-800-256-6533 (TTY **7-1-1**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit UHCCommunityPlan.com.