



Annual Notice of Changes 2024

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)



Toll-free **1-888-867-5511**, TTY **711**

8 a.m.-8 p.m. local time, 7 days a week



myuhc.com/communityplan

Do we have the right address for you?

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

United
Healthcare®
Community Plan

Y0066_ANOC_H2226_001_000_H2226_003_000_2024_M
UHCSCO_ANOC_H2226_001_000_H2226_003_000_2024_M

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to myuhc.com/communityplan to review the details online. All of the below documents will be available online by **October 15, 2023.**

Provider Directory

Review the 2024 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2024 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

Review the 2024 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Evidence of Coverage (EOC)

Review your 2024 EOC for details about what your plan covers and other details. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-888-867-5511 (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 days a week.

UHC Senior Care Options (HMO D-SNP) offered by UnitedHealthcare

Annual Notice of Changes for 2024



You are currently enrolled as a member of UnitedHealthcare® Senior Care Options (HMO D-SNP).

Next year, there will be changes to the plan's benefits. This document tells about the changes to your plan. To get more information, please review the Evidence of Coverage, which is located on our website at [UHCCommunityPlan.com](https://www.uhc.com/uhccommunityplan.com). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

What to do now

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

- Check the changes to our benefits to see if they affect you.
 - Review the changes to Medical care (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements.
- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **Compare:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your Medicare & You 2024 handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in UHC Senior Care Options (HMO D-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with UnitedHealthcare® Senior Care Options (HMO D-SNP).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 1-888-867-5511, for additional information. (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 days a week.
- 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 documents 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.**
- Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.
- Benefits, features and devices may vary by plan/area. Limitations and exclusions apply.
- Every year, Medicare evaluates plans based on a 5-star rating system.
- 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.

About UHC Senior Care Options (HMO D-SNP)

- UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have

MassHealth Standard (Medicaid), but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Standard Senior Care Option plan and receive all of your MassHealth Standard benefits through our SCO program. You must live in our service area to enroll.

- When this document says “we,” “us,” or “our,” it means UnitedHealthcare Insurance Company or one of its affiliates. When it says “plan” or “our plan,” it means UHC Senior Care Options (HMO D-SNP).
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit mass.gov/estaterecovery.

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Summary of important changes for 2024

The table below compares the 2023 costs and 2024 costs for UHC Senior Care Options (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** Since you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	\$0 premium	\$0 premium
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	In-network You pay a \$0 copayment for Medicare-covered hospital care.	In-network You pay a \$0 copayment for Medicare-covered hospital care.
Part D prescription drug coverage (See Section 1.4 for details.)	You pay \$0 per prescription.	You pay \$0 per prescription.



Questions? Call Customer Service at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

Section 1 We Are Changing the Plan's Name

On January 1, 2024, our plan names will change from UnitedHealthcare® Senior Care Options (HMO D-SNP) to UHC Senior Care Options MA-Y001 (HMO D-SNP) and UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) to UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at 1-888-867-5511 (TTY users should call 711) right away and we will send you a new card.

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

Section 2 Changes to Benefits for Next Year

Section 2.1 Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)	\$0	\$0

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

Section 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at myuhc.com/communityplan. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

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

Section 2.4 Changes to Benefits for Medical Services

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

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

Depending on your level of Medicaid eligibility, for Medicare-covered services:

If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your Medicare cost sharing.

If you are not a QMB or you do not have full Medicaid benefits, you must pay your Medicare cost sharing.

Medicare cost sharing includes copayment, coinsurance, and deductibles. Please contact Executive Office of Health and Human Services (Medicaid) at 1-800-841-2900 for more details.

Cost	2023 (this year)	2024 (next year)
Food, over-the-counter (OTC), home and bath safety devices and utility bill credit	<p>\$125 credit a month on a prepaid card for covered over-the-counter products, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Home and bath safety devices not covered.</p>	<p>\$125 credit a month on a prepaid card for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>See your Evidence of Coverage for more information.</p>

Section 2.5 Changes to Part D prescription drug coverage

Changes to our drug list

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to the Coverage Gap and Catastrophic Coverage stages

The other two drug coverage stages – the Coverage Gap stage and the Catastrophic Coverage stage – are for people with high drug costs. **Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage.**

Beginning in 2024, if you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.

Section 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in UHC Senior Care Options (HMO D-SNP)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UHC Senior Care Options (HMO D-SNP).

Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the **Medicare & You 2024 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section).

Step 2: Change your coverage

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

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

Section 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

Because you have MassHealth, you may be able to end your membership in our plan or switch to a different plan one time during each of the following Special Enrollment Periods:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

Section 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Massachusetts Serving the Health Insurance Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) at 1-800-AGE-INFO (1-800-497-4636), or locally 617-727-2250.

For questions about your MassHealth benefits, contact MassHealth at 1-800-841-2900 (TTY 1-800-497-4648), 8 a.m. - 5 p.m. ET, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth coverage.

Section 6 Questions?

Section 6.1 Getting Help from UnitedHealthcare® Senior Care Options

Questions? We're here to help. Please call Customer Service at 1-888-867-5511. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m. local time, 7 days a week. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits)

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2024. For details, look in the 2024 **Evidence of Coverage** for UHC Senior Care Options (HMO D-SNP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the

Evidence of Coverage is located on our website at myuhc.com/communityplan. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

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

Section 6.2 Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read Medicare & You 2024

Read the **Medicare & You 2024** handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid), you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.

The company complies with applicable federal and state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

If you believe you were treated in a discriminatory way, you can send a complaint to:

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

UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail:

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

We can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call Member Services at **1-888-867-5511**, TTY **711**, between 8 a.m.–8 p.m. EST, 7 days a week.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call **1-888-867-5511 TTY 711**, 8 a.m. to 8 p.m., 7 days a week.

Español (Spanish)

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 TTY 711**, de 8 a.m. a 8 p.m., los 7 días de la semana.

Português (Portuguese)

ATENÇÃO: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue para o número de telefone **1-888-867-5511 TTY 711**, das 08:00 às 20:00, 7 dias por semana.

中文 (Chinese)

請注意：如果您說中文，我們免費為您提供語言協助服務。請致電 **1-888-867-5511 TTY 711**，服務時間為每週 7 天，上午 8 點至晚上 8 點。

Kreyòl ayisyen (Haitian Creole)

ATANSYON: Si w pale Kreyòl ayisyen, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan **1-888-867-5511 TTY 711**, ant 8 a.m. ak 8 p.m., 7 jou sou sèt.

Tiếng Việt (Vietnamese)

XIN LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại **1-888-867-5511 TTY 711**, 8 giờ sáng đến 8 giờ tối, 7 ngày một tuần.

Русский (Russian)

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским. Звоните по телефону **1-888-867-5511 (TTY 711)**, с 8:00 до 20:00 без выходных.

ភាសាខ្មែរ (Khmer)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ សូមទូរសព្ទទៅលេខ **1-888-867-5511 TTY 711** ពីម៉ោង 8 ព្រឹក ដល់ 8 ល្ងាច 7 ថ្ងៃក្នុងមួយសប្តាហ៍។

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez composer le **1-888-867-5511 télécscripteur 711**, de 8h à 20h, 7 j/7.

Italiano (Italian)

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero **1-888-867-5511 TTY 711**, tutti i giorni dalle 08:00 alle 20:00.

(Arabic) العربية

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة من أجلك. من فضلك اتصل على رقم **1-888-867-5511** أو الهاتف النصي **711** من الساعة 8 صباحًا وحتى 8 مساءً في أي يوم على مدار الأسبوع.

한국어 (Korean)

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-867-5511**(TTY 711)번으로 주 7일 오전 8시부터 오후 8시까지 전화하십시오.

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το **1-888-867-5511** Αριθμός τέλεξ: **711**, 7 ημέρες την εβδομάδα από τις 8 π.μ. έως τις 8 μ.μ.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer **1-888-867-5511** TTY **711**, dostępnu przez 7 dni w tygodniu, w godzinach od 8:00 do 20:00.

हिंदी (Hindi)

कृपया ध्यान दें: यदि आप हिंदी बोलते/ती हैं, आपको भाषा सहायता सेवाएं निशुल्क उपलब्ध हैं। कृपया **1-888-867-5511** टीटीवाई **711** पर सुबह 8 से रात 8 बजे तक सप्ताह के 7 दिन कॉल करें।

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. મહેરબાની કરીને **1-888-867-5511** TTY **711** નંબર પર અઠવાડિયાના 7 દિવસ સવારે 8 થી રાત્રે 8 સુધી કોલ કરો.

ລາວ (Lao)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃຫ້ແກ່ທ່ານ. ກະລຸນາຕິດຕໍ່ຫາເບີ **1-888-867-5511** TTY **711**, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ.

For more information, please call customer service at:

UHC Senior Care Options (HMO D-SNP) Customer Service:



Call **1-888-867-5511**

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.
8 a.m.-8 p.m. local time, 7 days a week.



Write: **UnitedHealthcare Community Plan P.O. Box 30770**
Salt Lake City, UT 84130-0770



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