

# **Annual Notice of Changes 2024**

UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan)



↑ Toll-free **1-866-633-4454**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week



UHCCommunityPlan.com myuhc.com/communityplan

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.

United Healthcare<sup>®</sup> **Community Plan** 



# 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 these documents will be available online by October 15, 2023.

# **Provider and Pharmacy Directory**

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

### Member Handbook

Review your 2024 Member Handbook for details about what your plan covers and other details. The Member Handbook 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 any of the documents listed above, please contact our Member Engagement Center at **1-866-633-4454** (TTY users should call **711**). Hours are 8 a.m.–8 p.m., local time, 7 days a week.



UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) offered by UnitedHealthcare

# **Annual Notice of Changes for 2024**

# Introduction



You are currently enrolled as a member of UnitedHealthcare Connected® for One Care.

Next year, there will be changes to the plan's benefits. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Member Handbook**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.

# **Table of Contents**

Α.	Disclaimers	5
В.	Reviewing your Medicare and MassHealth coverage for next year	5
	B1. Additional resources	6
	B2. Information about UnitedHealthcare Connected® for One Care	6
	B3. Important things to do:	6
C.	Changes to the network providers and pharmacies	7
D.	Changes to benefits for next year	8
	D1. Changes to benefits for medical services	8
	D2. Changes to prescription drug coverage	8
E.	How to choose a plan	9
	E1. How to stay in our plan	9
	E2. How to change plans	9
	E3. Leaving One Care	10
F.	How to get help	12
	F1. Getting help from UnitedHealthcare Connected® for One Care	12
	F2. Getting help from MassHealth Customer Service	13
	F3. Getting help from My Ombudsman	13
	F4. Getting help from the State Health Insurance Assistance Program (called SHINE)	
	F5. Getting help from Medicare	14

#### A. Disclaimers

UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UnitedHealthcare 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, large print, or you can ask for an interpreter. To ask for help, please call **1-866-633-4454**, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-866-633-4454**, TTY **711** de 8 a.m. a 8 p.m., los 7 días de la semana.

ATENÇÃO: Se você fala português, estão à sua disposição serviços de assistência lingüística, gratuitos. Ligue para **1-866-633-4454**, TTY **711** das 8h00 às 20h, 7 dias por semana.

# B. Reviewing your Medicare and MassHealth coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information. If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.

Your membership will end on the last day of the month that you tell Medicare or MassHealth you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits.

If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

- You will have a choice about how to get your Medicare benefits (refer to page 11).
- You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called "fee-for-service." Your MassHealth services include most longterm services and supports (LTSS) and behavioral health care.
- **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

#### **B1.** Additional resources

- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-866-633-4454**, TTY **711**, de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratuita.
- You can get this **Annual Notice of Changes** for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.
- · 請注意:如果您說中文,我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼
- You can call the Member Engagement Center and ask us to make a note in our system that you would like this document in Spanish, large print, braille, or audio now and in the future.

#### B2. Information about UnitedHealthcare Connected® for One Care

- UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- Coverage under UnitedHealthcare Connected® for One Care is qualifying health coverage
  called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care
  Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS)
  website at irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the
  individual shared responsibility requirement.
- 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.
- UnitedHealthcare Connected® for One Care is offered by UnitedHealthcare. When this **Annual Notice of Changes** says "we," "us," or "our," it means UnitedHealthcare Insurance Company. When it says "the plan" or "our plan," it means UnitedHealthcare Connected® for One Care.

#### **B3.** Important things to do:

- ☐ Check if there are any changes to our benefits that may affect you.
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in section D1 (Changes to benefits for medical services) for information about benefit changes for our plan.
- **1.866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

# ☐ Check if there are any changes to our prescription drug coverage that may affect you.

- Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 (Changes to prescription drug coverage) for information about changes to our drug coverage.

# ☐ Check if your providers and pharmacies will be in our network next year.

- Are your doctors, including your specialists, in our network? What about your pharmacy?
   What about the hospitals or other providers you use?
- Look in section C (Changes to the network providers and pharmacies) for information about our **Provider and Pharmacy Directory**.
- ☐ Think about whether you are happy with our plan.

If you decide to stay with UnitedHealthcare Connected® for One Care:	If you decide to change One Care plans or leave One Care:
If you want to stay with us next year, it's easy—you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide another One Care plan will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.
	If you leave One Care, your membership in the plan will end at the end of the month.
	Look in section E, page 10 (How to choose a plan) to learn more about your choices.

# C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are still in our network. An updated **Provider and Pharmacy Directory** is located on our website at **UHCCommunityPlan.com**. You may also call the Member Engagement Center at **1-866-633-4454** for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your **Member Handbook** (Using the plan's coverage for your health care and other covered services).

**If you have questions,** please call UnitedHealthcare Connected® for One Care at **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

# D. Changes to benefits for next year

# D1. Changes to benefits for medical services

There are no changes to your benefits for medical services. Your benefits will be exactly the same in 2024 as they were in 2023.

# D2. Changes to prescription drug coverage

# **Changes to our Drug List**

An updated **List of Covered Drugs** is located on our website at **UHCCommunityPlan.com**. You may also call the Member Engagement Center at **1-866-633-4454** for updated drug information or to ask us to mail you a **List of Covered Drugs**.

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.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - -You can call the Member Engagement Center at **1-866-633-4454** or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
  - -This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - -This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the **Member Handbook** (Getting your outpatient prescription drugs through the plan).
  - -When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
  - A new formulary exception needs to be submitted every year. If you or your prescriber believes your health may be harmed by waiting 72 hours, you can ask for an expedited exception and we will give you an answer within 24 hours after we get your prescriber's supporting statement.

#### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

**If you have questions,** please call UnitedHealthcare Connected® for One Care at **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2023 (This year)	2024 (Next year)	
Drugs in Tier 1 (Generic Drugs)	Your copay for a one- month (30-day) supply is \$0 per prescription.	Your copay for a one- month (30-day) supply is	
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy		\$0 per prescription.	
Drugs in Tier 2 (Brand Drugs)	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy			
Drugs in Tier 3 (Non-Medicare OTC Drugs)	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy			

# E. How to choose a plan

# E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

# E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

Most people with Medicare can end their membership during certain times of the year. 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

**? If you have questions,** please call UnitedHealthcare Connected® for One Care at **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

- · April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in UnitedHealthcare Connected® for One Care will end on December 31 and your membership in the new plan will start on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- Medicare or Massachusetts have enrolled you into a One Care plan,
- · Your eligibility for MassHealth or Extra Help has changed,
- You recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital, or
- You have moved out of our service area.

# E3. Leaving One Care

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits. If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called "fee-for-service." Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

You will have a choice about how to get your Medicare benefits.

# 1. You can change to:

A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)

#### Here is what to do:

Call Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048** to enroll in a Medicare health plan or PACE.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.

Your coverage with UnitedHealthcare Connected® for One Care will end on the last day of the month before your new plan's coverage begins.

# 2. You can change to:

Original Medicare with a separate Medicare prescription drug plan

#### Here is what to do:

Call Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048** to enroll in Original Medicare with a separate Medicare prescription drug plan.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.

Your coverage with UnitedHealthcare Connected® for One Care will end on the last day of the month before your new plan's coverage begins.

# 3. You can change to:

# Original Medicare without a separate Medicare prescription drug plan

**NOTE:** 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 tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.

#### Here is what to do:

Call Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048** to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.

Your coverage with UnitedHealthcare Connected® for One Care will end on the last day of the month before your Original Medicare coverage begins.

# F. How to get help

# F1. Getting help from UnitedHealthcare Connected® for One Care

Questions? We're here to help. Please call the Member Engagement Center at **1-866-633-4454** (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.

#### Your 2024 Member Handbook

The **2024 Member Handbook** is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The **2024 Member Handbook** will be available by October 15. An up-to-date copy of the **2024 Member Handbook** is available on our website at **UHCCommunityPlan.com**. You may also call the Member Engagement Center at **1-866-633-4454** to ask us to mail you a **2024 Member Handbook**.

#### Our website

You can also visit our website at **UHCCommunityPlan.com**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our Drug List (**List of Covered Drugs**).

If you have questions, please call UnitedHealthcare Connected® for One Care at 1-866-633-4454, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. For more information, visit UHCCommunityPlan.com.

# F2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at **1-800-841-2900**. TTY: **711** (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 a.m. to 5:00 p.m.

# F3. Getting help from My Ombudsman

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, UnitedHealthcare Connected® for One Care. My Ombudsman's staff will listen, investigate the issue, **and** discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman's staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, email, write, or visit My Ombudsman at its office.

- Call **1-855-781-9898** 
  - -Use **7-1-1** to call **1-855-781-9898**. This number is for people who are deaf, hard of hearing, or speech disabled.
  - Use Videophone (VP) **339-224-6831**. This number is for people who are deaf or hard of hearing.
- Email **info@myombudsman.org** or contact My Ombudsman through its website at **myombudsman.org**.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

# F4. Getting help from the State Health Insurance Assistance Program (called SHINE)

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

**? If you have questions,** please call UnitedHealthcare Connected® for One Care at **1-866-633-4454**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. For more information, visit **UHCCommunityPlan.com**.

# F5. Getting help from Medicare

To get information directly from Medicare, 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**.

#### Medicare's Website

You can visit the Medicare website (**medicare.gov**). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to **medicare.gov** and click on "Find plans.")

#### Medicare & You 2024

You can read the **Medicare & You 2024** handbook. Every year in the 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 (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.

# Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务,解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员,请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務,可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員,請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khoẻ hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة محانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृष्ट 🛘 अधमो सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। खापकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

# **UnitedHealthcare Connected® for One Care Member Engagement Center:**



# € Call **1-866-633-4454**

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

Website myuhc.com/communityplan